

Local Government Pension Scheme



Notification by a member who wishes to opt out of the Scheme

You can leave the LGPS at any time by giving your employer notice in writing. If you opt-out, you can opt back into the Scheme provided at that time you have a contract of employment that is for at least three months and you are under 75. You may wish to obtain independent financial advice before you make a decision to opt-out of the LGPS.

If you opt out of the LGPS you will have the same options as anyone leaving their job before retirement except you cannot draw deferred benefits or, normally, transfer any pre 6 April 1988 benefits to another pension scheme until unless you have left your job. You can find details of these options in the leaflet 'Leaving the LGPS' which your employer will provide to you as part of the leaving process.

Please read the statements below carefully before signing if you wish to opt out of the Scheme and then forward the form to your payroll department.

- I understand that by opting out of the Scheme I will not be accruing any further rights in the LGPS and that, unless I make other arrangements (such as contributing to a personal pension scheme), I will have reduced benefits available for my retirement.
- I understand that my "take-home pay" will not rise by the same amount that I am currently paying in pension contributions as I will be re-instated into the State Second Pension and my National Insurance contributions and tax deductions will increase.
- I understand that if the last day of the pay period in which I last pay contributions is within three months of the date that I joined the Scheme, I will be treated as never having been a member and a refund of the pension contributions taken will be paid to me, minus a deduction for tax and National Insurance.
- I understand that if I have paid contributions for more than three months, the benefits that I have accrued in the Scheme will be held in the Fund until I either request a transfer out of those benefits, or I reach normal retirement age (and am no longer in the employment from which my benefits have accrued).

To be completed by the member:

I confirm that I wish to opt-out of the Scheme and cease paying contributions in respect of my employment as _____ with my employer _____ with effect from my next pay period / with effect from* _____.

Signed _____ Date _____

Surname _____

Forenames _____

Mr/Mrs/Miss/Ms/other* _____ National Insurance Number _____

* *Delete as appropriate*

To be completed by the above member's payroll department:

I confirm that the above employee ceased membership of the Scheme in respect of their employment as _____ on _____

and that I have arranged the necessary payroll adjustments.

I confirm that I have completed an online leaver form, unless they were a member of the scheme for less than three months in which case I have refunded their contributions through the payroll.

Employer _____ LPFA employer code _____

Signed _____ Date _____
(by responsible Officer)

Name in block capitals _____

Designation/Grade _____

Telephone number _____

Please send a completed copy of this form to:

London Pensions Fund Authority, Dexter House, 2 Royal Mint Court, London EC3N 4LP