

Avon Pension Fund

LOCAL GOVERNMENT PENSION SCHEME

Bath & North East Somerset Council
Floor 3 South, Riverside, Temple Street, Keynsham, BS31 1LA
Tel: 01225 477000 ~ Fax: 01225 395258 ~ Email: pensionsedi@bathnes.gov.uk
Web: www.avonpensionfund.org.uk



COUNCILLORS PENSIONS

MEMBERSHIP FORM

LGPS 01 (Councillors)

PART A – TO BE COMPLETED BY THE COUNCILLOR

COUNCIL: _____
SURNAME: _____
FORENAME(S): _____ TITLE: _____
ADDRESS: _____

DATE OF BIRTH: _____ N.I. NUMBER: _____
TELEPHONE: _____
E-MAIL ADDRESS: _____
ARE YOU ALREADY A MEMBER OF AVON PENSION FUND FROM EMPLOYMENT: _____
EMPLOYER (IF YES): _____

Please tick the relevant box below to indicate your current relationship status

- (A) MARRIED / CIVIL PARTNERSHIP (B) DIVORCED / DISSOLVED CIVIL PARTNERSHIP
(C) WIDOWED (From Status (A)) (D) ALWAYS SINGLE

I elect to join the Local Government Pension Scheme and authorise contributions to be deducted from my allowances. I understand that I will be brought into the Scheme from the 1st of the month following receipt of this form by my payroll department.

SIGNED: _____ DATE: _____

PART B – TO BE COMPLETED BY THE COUNCIL'S PAYROLL SECTION

DATE JOINED THE PENSION SCHEME: _____
CONTRIBUTION RATE: **6%**
DATE STARTED WORK: _____

SIGNED: _____ DATE: _____
Authorised Officer

Councillor to complete PART A and send to their Council's Payroll Section
Payroll to complete PART B and send form to:
Avon Pension Fund, Floor 3 South, Riverside, Temple Street, Keynsham, BS31 1LA