



## PLEASE COMPLETE THIS FORM IN BLACK INK

Please read the accompanying information before you decide to opt-out of the Local Government Pension Scheme (**LGPS**). If after reading this information you still wish to opt-out of the LGPS, please complete this form in BLOCK CAPITALS throughout and return it to your employer.

If you have any questions please call the **Help Desk** on **0845 230 1665** who will be pleased to assist you, or see our website for further information [www.westmids-pensions.com](http://www.westmids-pensions.com)

## ABOUT YOU

Surname/Family Name:

First Name(s):  Title:  MR  MRS  MISS  OTHER

Date of Birth:  D  D /  M  M /  Y  Y  Y  Y  Please specify 'OTHER':

Home Address:

Post Code:

Telephone number(s):  
Home:  0            
Work:  0            
Mobile:  0  7

Employer's Name:

Department:  Job Title:

Payroll Number:

**If you have less than three months' membership that does not include a transfer from another pension scheme, will you require a return of contributions?**

**Your attention is drawn to the following:**

### A refund of contributions is not payable if:

- (i) You rejoin the **LGPS** prior to a refund being paid.
- (ii) You have a previous period of **LGPS** membership which entitles you to a Preserved Benefit.
- (iii) You are already have an entitlement to an **LGPS** pension.
- (iv) You have left the **LGPS** in the tax year that you attain State Pensionable Age.
- (v) You have already attained State Pensionable Age.

You are reminded that any refund of contributions that is paid illegally, will have to be repaid to the Fund. Interest on any illegal payment will also be charged as appropriate. You should be aware that the Fund has a legal responsibility to pursue any illegal payments.

(Please tick appropriate box) YES  NO  NOT APPLICABLE

If YES, payment can only be made after 1 month and 1 day has elapsed following the date membership ceased and will be made direct to either your Bank or Building Society account - (give details overleaf).

## Bank Account Details

Name of Bank:  Branch:

Account Number:  Sort Code:

Account Name:

## Building Society Account Details

Name of Building Society:  Branch:

Account Number:  Sort Code:

Please also provide your Building Society's Bank details (these can be obtained from your Building Society on request):

Building Society Bank Name:  Building Society Bank Branch:

Building Society Bank Account No:

Building Society Bank Sort Code:

## DECLARATION

I hereby declare that I no longer wish to be a member of the Local Government Pension Scheme (LGPS) in my current employment.

I have read the accompanying information and understand that this important decision will mean that I and my dependants will not be entitled to claim any future LGPS benefits relative to my period of non-Scheme membership. I confirm that it is not my intention to rejoin the Scheme prior to the payment of any such refund.

I further understand Wolverhampton City Council, as the Scheme administrators, or my employer cannot accept any liability whatsoever arising from this personal decision.

Signed:

Date:

**PLEASE RETURN THIS FORM TO YOUR EMPLOYER'S PENSION OFFICER  
NOT THE WEST MIDLANDS PENSION FUND**