

Request to Join Form

By signing this form I elect to join the LGPS and understand that I will pay pension contributions from the next available pay date.

Personal Details (Please complete in BLOCK CAPITALS and black ink only)

Forename(s)	
Surname	
Title	
National Insurance Number	
Date of Birth (dd/mm/yyyy)	
Address (line 1)	
Address (line 2)	
Town	
County	
Postcode	
Employer	
Employee Payroll Number	
Job Title*	

* If you have one more than one job, you will need to complete a separate form for each one.

Authorisation

Signed		Date	
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Please send the completed form to your Employer's HR/Payroll department

The Suffolk Pension Fund is a Data Controller under the General Data Protection Regulations. This means we store, hold and manage your personal data in line with statutory requirements to enable us to provide you with pension administration services. To enable us to carry out our statutory duty, we are required to share your information with certain bodies, but will only do so in limited circumstances. For more information about how we hold your data, who we share it with and what rights you have to request information from the Fund, please visit www.suffolkpensionfund.org