

# OPTING IN FORM FOR COUNCILLORS

PLEASE COMPLETE IN BLOCK CAPITALS

Full Name : (Mr/Mrs/Miss) \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code : \_\_\_\_\_

NI Number : \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
(Please attach your birth certificate)

Employing Authority : \_\_\_\_\_

Post Held : **County Borough Councillor**

Date Employment Commenced : \_\_\_\_\_  
(Deductions from next available pay period)

Pay Reference : \_\_\_\_\_  
(This will be found on your pay slip)

I wish to enjoy the benefits of the Local Government Pension Scheme and elect to become a Councillor Member.

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

**\*\*THIS FORM SHOULD BE RETURNED TO THE PAYROLL MANAGER AT YOUR  
RELEVANT PENSION SECTION\*\***

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## This Section To Be Completed By The Payroll Department

I certify that the above details have been noted and that pension contributions have been deducted from the above Councillors pay with effect from :

Pay Period : \_\_\_\_\_ Date : \_\_\_\_\_

Signed : \_\_\_\_\_ Date : \_\_\_\_\_

Contact Name : \_\_\_\_\_ Contact No. : \_\_\_\_\_