

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****

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. : _____