

The Cardiff and Vale of Glamorgan Pension Fund Local Government Pension Scheme Regulations Pension Starter Form

Please contact the Pensions Team if you would like this form in Welsh.
 Cysylltwch â'r Tîm Pensiynau os hoffech gael y ffurflen hon yn Gymraeg.

New employees with a contract of 3 months or more

You will join the Local Government Pension Scheme (LGPS) from your start date. Please read the attached leaflet before completing this form. If you decide you do not wish to stay a member of the LGPS, please complete an opt out form. You can download an opt out form from www.cardiffandvalepensionfund.org.uk/members/leaving-the-scheme or email pensions@cardiff.gov.uk or telephone 029 2087 2334

New employees with a contract of less than 3 months

You will need to apply to join the Scheme, please ask your employer for an opt in form. **You don't need to complete this form.**

1. PERSONAL DETAILS– Please complete in block capitals

Surname:	<input style="width: 95%;" type="text"/>	Title:	<input style="width: 95%;" type="text"/>
Forenames:	<input style="width: 95%;" type="text"/>		
Address:	<input style="width: 95%; height: 40px;" type="text"/>		
DOB:	<input style="width: 150px;" type="text"/>	Marital Status	<input style="width: 150px;" type="text"/>
		N.I. No:	<input style="width: 150px;" type="text"/>
Employer:	<input style="width: 300px;" type="text"/>	Date started work:	<input style="width: 150px;" type="text"/>

2. PREVIOUS PENSION RIGHTS – please tick one of the following boxes

- I have no previous pension rights which could be transferred into the Cardiff and Vale of Glamorgan Pension Fund
- I do have previous pension rights but do not wish to transfer them into the Cardiff and Vale of Glamorgan Pension Fund - see note below*
- I do have previous pension rights and I would like you to contact my previous pension provider(s) – if you choose this option you will also need to complete a **Transfer Authorisation Form 4FPE002 for each provider**

You must decide to transfer previous pension benefits into the Cardiff and Vale of Glamorgan Pension Fund **within 12 months of joining the LGPS**. If you have previous membership of LGPS these benefits may be transferred automatically, unless you opt not to within the first twelve months of joining Cardiff and Vale of Glamorgan Pension Scheme.

Information collected using this form will be processed by, or on behalf of, the Cardiff and Vale of Glamorgan Pension Fund, for the purposes of administering the scheme. Further details can be found in our data protection notice, available on the website.

3. PREVIOUS MEMBERSHIP OF PENSION SCHEMES - if you don't have any previous pension benefits state none

Please list below full details of any previous employment and previous pension scheme membership, including previous membership of Local Government Pension Scheme (LGPS). We need this information even if you have decided you do not want to transfer your pension benefits. This information is needed when you retire, to ensure your benefits are calculated correctly. **Failure to supply this information could adversely affect your pension rights and could lead to penalties under HMRC rules.**

Name and address of Previous Employer	Type of Pension Occupational, Personal Pension etc.	Title of Position	Employment Dates To and From	Status of pension e.g. refunded, frozen, transferred, paid as pension

4. DATA PROTECTION ACT – to be completed by all employees

I the undersigned, understand that:

1. The employers, managers and administrators have a legal obligation and a legitimate interest under the Data Protection Act 2018 in processing data relating to me and people who may benefit from my membership of the Scheme
2. This may include passing such data to the Scheme's employer, prospective employers, administrators, auditors, actuary, insurers, medical advisors, lawyers and other such third parties as deemed necessary for the operation of the Scheme
3. Cardiff County Council is, for these purposes, the Data Controller under the Data Protection Act 2018

I confirm that the information I have provided on this form is correct and complete and that, for the purposes of administering the Local Government Pension Scheme outlined above.

Signed: _____ **Date:** _____

Please return this completed form to:

Cardiff Council, Pensions Team, Room 252, County Hall, Cardiff, CF10 4UW.

The Cardiff and Vale of Glamorgan Pension Fund Local Government Pension Scheme Regulations Transfer Authorisation Form



Please contact the Pensions Team if you would like this form in Welsh.
Cysylltwch â'r Tîm Pensiynau os hoffech gael y ffurflen hon yn Gymraeg.

If you would like to investigate the possibility of transferring your previous pension benefits, into the Cardiff and Vale of Glamorgan Pension Fund, please complete this form. When we receive your completed form, we will contact your previous pension provider and request transfer out figures. There is no obligation for you to proceed with the transfer at this stage. We will write to you with details of the transfer available. If you have more than one previous pension scheme, a Transfer Authorisation Form will need to be completed for each pension provider. Please photocopy this blank form as necessary.

1. Your details – please complete in block capitals

Surname:	<input type="text"/>	Title:	<input type="text"/>
Previous Surname:	<input type="text"/>		
Forenames:	<input type="text"/>		
Address:	<input type="text"/>		
	Postcode:	<input type="text"/>	
Marital Status:	<input type="text"/>	DOB:	<input type="text"/>
		N.I. No:	<input type="text"/>
Employing Authority or Council:	<input type="text"/>		

2. Previous Pension details – please complete in block capitals

Name of Previous Pension:	<input type="text"/>
Name and Address of Previous Pension Administrator:	<input type="text"/>
Postcode:	Policy/Scheme Membership Number:
<input type="text"/>	<input type="text"/>
Dates of Scheme Membership:	
From:	To:
<input type="text"/>	<input type="text"/>

3. Declaration

I authorise the administrators of my previous pension provider, named above to disclose any information relating to my pension benefits to the Corporate Director Resources of Cardiff County Council.

Signed: _____ **Date:** _____

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The Cardiff and Vale of Glamorgan Pension Fund
 Local Government Pension Scheme Regulations
Death Grant Nomination Form

1. PERSONAL DETAILS– Please complete in block capitals

Surname: Title:

Forenames:

Address:

DOB: Marital Status N.I. No:

Employer: Date started work:

Name: Total to equal 100%

Address: %

Relationship to you (if any):

Date of Birth (if under age 18):

Name: Total to equal 100%

Address: %

Relationship to you (if any):

Date of Birth (if under age 18):

Name: Total to equal 100%

Address: %

Relationship to you (if any):

Date of Birth (if under age 18):

I understand that the above is an indication of my wishes, which I may alter at any time. I acknowledge that you are not bound to act in accordance with my wishes. Without creating any trust, or binding obligation, and without overriding in anyway your discretion, I request that you take note of my wishes.

Sign: Date:

Information collected using this form will be processed by, or on behalf of, the Cardiff and Vale of Glamorgan Pension Fund, for the purposes of administering the scheme. Further details can be found in our data protection notice, available on the website. Where you have provided us with personal data about other individuals, such as family members, dependants or potential beneficiaries under the Fund, please ensure that those individuals are aware of the information contained within this notice.

The Cardiff and Vale of Glamorgan Pension Fund Local Government Pension Scheme Regulations Death Grant Nomination Form

1. If a lump sum is payable on your death, your Death Nomination Form tells the Scheme Managers know who you would like to receive the money.
2. The Scheme Managers cannot be legally bound by a nomination, and must retain absolute discretion as to the payment of a death grant. However, they will make their decision taking your wishes into account.
3. You can nominate any person, organisation or charity and the money can be divided as many ways as you like, but please remember that the total needs to add up to 100%. We are unable to accept a nomination that substitutes one nominee for another i.e. in the event of nominee 'A' dying, I wish to nominate nominee 'B'.
4. The advantage of completing a nomination form, means we can pay the death grant quickly without waiting for the Estate to be settled, and usually without any liability to Inheritance Tax.
5. A nomination will become invalid if any of the following circumstances apply at the time of your death:
 - The nominee has died
 - The nominee was your spouse, civil partner or cohabiting partner at the time of the nomination (or later), but is not at the date of your death
 - The nomination has been cancelled by you, or replaced by a newer Death Nomination Grant form
 - If the Scheme Managers of the Pension Fund decide it is not reasonable, or justified to make a payment to a nominee
6. Please take a copy of your completed Death Grant Nomination Form and these notes, and keep in a safe place.
7. You can update your nomination form at any time, but each new form we receive, replaces all previous nomination forms. If you wish to change your nomination in the future, please contact the Pensions Team on telephone 029 2087 2334 or email pensions@cardiff.gov.uk .
8. This form only tells us your wishes on how you would like us to pay your death payment from Cardiff and Vale of Glamorgan Pension Fund. Please consider making a Will to ensure the rest of your finances are distributed as per your wishes. To avoid confusion, please reference within your Will that the death grant will be paid in accordance with your Death Grant Nomination.

Please return this form to:

Cardiff Council, Pensions Team, Room 252, County Hall, Cardiff. CF10 4UW