**LOCAL GOVERNMENT PENSION SCHEME 2014 - OPT-OUT NOTIFICATION - Please complete**

 **this form for members who have opted out within three months of joining and have received a refund**

 **through payroll.**

|  |  |
| --- | --- |
| **TRUST OR EMPLOYER NAME** |  |
| **\*NAME OF SCHOOL OR ACADEMY** (if applicable) |  |
| **PAY REFERENCE** |  |
| **POST NUMBER** |  |

 **Please complete this form using black ink**

****

|  |
| --- |
| **PERSONAL DETAILS** |
| SURNAME |  | FORENAMES |  |
| TITLE | Mr / Mrs / Miss / Ms / Other | DATE OF BIRTH |  |
| ADDRESS |   |
|  |
| POSTCODE |  | NI NO: |
| **E-MAIL** |  |
| **DATE MEMBER COMMENCED LGPS CONTRIBUTIONS** |  |
| **CONTRIBUTION RATE AT DATE OF LEAVING THE SCHEME** |  |
| **DATE CEASED LGPS CONTRIBUTIONS**  |  |
| **DATE CONTRIBUTIONS REFUNDED****THROUGH PAYROLL** |  |
| **Please attach a copy of the member’s signed LGS1E opt-out form to this notification.** |
| **\* NAME OF SCHOOL OR ACADEMY: If you are a trust providing a service on behalf of a school or  academy please provide the name of the school or academy in this box.** |
| **COMPLETED BY** |
| **SIGNED** |  | **DATE** |  |
| **NAME OF AUTHORISED****SIGNATORY** |  |
| **POSITION** |  |
| **TEL. NO** |  |