MY PENSION CHOICE - NEW ENTRANTS TO SCHEME

Pensions

WHAT YOU MUST DO - Complete Section A and B in all cases
If you wish to join the Pension Scheme also complete Section C and D

Section A - (please complete in <u>all cases</u> and return to your employer BLOCK CAPITALS)					
SURNAME:	MAIDEN NAME:				
FIRST NAME(S)	TITLE (Mr/Mrs/Miss/Ms)				
HOME ADDRESS:					
	The state of the s				
DATE OF BIRTH: NI NUMBER (verified: initials of checker)					
EMPLOYER DEPARTMENT					
JOB TITLE EMPLOYEE NO (if existing employee)					
DATE OF COMMENCEMENT IN A	BOVE JOB				
MARITAL STATUS (single/married/	divorced/separated/co-	-habiting/civil partnership)			
DATE OF MARRIAGE/CIVIL PART	NERSHIP (if applicable	e)			
DATE OF DIVORCE (if applicable)					
SPOUSE'S/PARTNER'S FULL NAM	ИЕ				
SPOUSE'S/PARTNER'S DATE OF	BIRTH				
Section B (to be complet	ed in all cases)	(Tick)			
I wish to join the Local Government Pension Scheme					
Signature		Date			
		Date please provide the details below:-			
Section C If you have any pre Name and Address of Pension Provider and Identity Number (if	evious pension rights Period of Service	please provide the details below:- Please tick the appropriate box below, indicating what action you wish taken with these rights:-			
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Section C If you have any pre Name and Address of Pension Provider and Identity Number (if	evious pension rights Period of Service	please provide the details below:- Please tick the appropriate box below, indicating what action you wish taken with these rights:- (a) you would like transfer details (b) your pension rights are to be preserved			
Section C If you have any pre Name and Address of Pension Provider and Identity Number (if	Period of Service From To	please provide the details below:- Please tick the appropriate box below, indicating what action you wish taken with these rights:- (a) you would like transfer details (b) your pension rights are to be preserved (c) your contributions were refunded (d) your pension benefits are in payment			
Section C If you have any present the young the section C If you have any present the young the	Period of Service From To Elevant information on a ransferring my pension orders Council. I, there	Please tick the appropriate box below, indicating what action you wish taken with these rights:- (a) you would like transfer details (b) your pension rights are to be preserved (c) your contributions were refunded (d) your pension benefits are in payment a separate sheet. benefits to the Local Government Pension efore, authorise details of the transfer value			
Section C If you have any present the section C If you have any present the section Provider and Identity Number (if known) and Job Title Please attach details of any other results to consider the possibility of the Scheme administered by Scottish B	Period of Service From To elevant information on a ransferring my pension orders Council. I, there inistrators of the Scottistics.	Please tick the appropriate box below, indicating what action you wish taken with these rights:- (a) you would like transfer details (b) your pension rights are to be preserved (c) your contributions were refunded (d) your pension benefits are in payment a separate sheet. benefits to the Local Government Pension efore, authorise details of the transfer value sh Borders Council Pension Fund.			
Name and Address of Pension Provider and Identity Number (if known) and Job Title Please attach details of any other related by Scottish B available to be released to the administered by Scottish B available to the a	Period of Service From To elevant information on a ransferring my pension orders Council. I, then nistrators of the Scottis	Please tick the appropriate box below, indicating what action you wish taken with these rights:- (a) you would like transfer details (b) your pension rights are to be preserved (c) your contributions were refunded (d) your pension benefits are in payment a separate sheet. benefits to the Local Government Pension efore, authorise details of the transfer value of Borders Council Pension Fund. Date:			

Section D - Death Grant - Expression of wish

If you die while a current or retired member of the Pension Scheme, a lump sum is payable. This lump sum is called a Death Grant. If you are in employment when you die, the death grant would be equal to three times your final pay. If you have retired, the death grant is equal to five years pension less any pension paid up to date of death. You can nominate a person(s) or organisation(s) to whom the money should be paid. This will help to speed up the payment of the death grant.

In the event of my death, I wish that any death grant, which may be payable under the Local Government Pension Scheme (Scotland) Regulations to be paid to the following person(s) –

Please use BLOCK capitals:-

Full name	Relationship (if any)	Address	Proportion %

Please ensure that the proportion of death grant you have detailed equals 100%

I understand that Scottish Borders Council is not bound by this nomination.

I understand that any nomination form, which I submit to Scottish Borders Council in the future, will supersede this nomination.

Signature	Date:	

NOTES

- Your nomination must be on this form or on a Scottish Borders Council Death Grant Expression of Wish form.
- You can nominate more than one person or organisation but you must say how much money you want to go to whom. e.g. brother 60%, sister 40%(the total must be 100%)
- You can change or cancel your nomination at any time but you must do this by completing a new form. Scottish Borders Council will provide further forms on request.
- If you get married after making a nomination, you must fill in a new form to confirm or change the nomination.
- If Scottish Borders Council has been unable to pay the death grant to the nominees within 2 years of your death, it will be paid to your estate.
- The administrators of the scheme are not bound by any nomination made, however, they will have to take account of the member's wishes. In most cases it is expected that the wishes of the member would be followed.

The main benefits of the facility to nominated beneficiaries is that death gratuities can be paid more quickly, and where payment is not made to the member's estate, will exempt the payment from inheritance tax.

Please return this form to the Pensions Team, HR Shared Services, Scottish Borders Council, Council Headquarters, Newtown St Boswells, TD6 OSA (Tel: 01835 825205 or 01835 826577)