LOCAL Pensions Partnership Administration

Police Pension Scheme Enrolment Form

Phone:0300 323 0260Web:Ippapensions.co.ukContact us:Ippapensions.co.uk/contact-Ippa

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Notes for Guidance

By completing this form, you are electing to join the Police Pension Scheme 2015.

Please read the following notes before completing all sections of this form.

Section A ~ Personal Details

Please provide full and accurate information including your National Insurance number and date of birth.

Previous surnames may be required in order to find previous pension rights.

Section B ~ Previous Pension Rights

As you **may** have the opportunity to transfer previous pension rights into the Police Pension Scheme it is essential that you let us know about any other pensionable service you may have, a personal pension or any other pension arrangement.

Please give us as much information as possible; if you have copies of correspondence from your previous pension arrangement you may find it easier to forward such copies.

Note:

Please note you only have 12 months from the point you originally join the scheme to transfer any previous pension rights. You will not be given the opportunity to transfer after this period unless your employer allows an extension to this 12 month deadline.

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Section A ~ P	ersonal Deta	ils:			
Full Name					
Rank/Collar No.			Payroll Ref No.		
Place of Work					
Date of Appoin	tment DD/MI	Μ/ΥΥΥΥ			
NI Number					
Date of Birth	DD/MM/YYYY				
Marital status					
Single	Married	Divorced	Civil Partnership	Seperated	Widowed
Previous Surna	mes				

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Section B ~ Previous Pension Rights: It is important that you tell us, in the followinterested in transferring. By filling in this set transfer will not actually proceed until you here the set of th	ing section, if you have any ction, you are only stating th	nat you are interested in transferring;	
Remember, transfers can be made not only pension type schemes. Previous Pension Scheme Membership	from other employers' pensi		
Employing Body Name & Address	Job Title	Period of Employment From To	

Personal Pension Type Policies

Personal Pension Scheme Name and Address

Policy Number/s

Approximate Dates From To

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Tick this box if you do not have c	any previous pension rights. Please see note under Section B.
Please note that it may be a while before arrangement, therefore it may take a litt	e we receive the necessary information from the previous pension tle time before we contact you.
	e correct and, if details of a transfer value are required from the bodies Local Pensions Partnership Administration to request and obtain the priate body.
	DATE
SIGNED	(DD/MM/YYYY)

Returning your completed form

You can return the completed form back to LPPA simply by visiting <u>lppapensions.co.uk/contact-lppa</u>, completing the contact form and attaching this PDF.