

 **Public service pensions scheme**

**Pensions history form**

|  |  |
| --- | --- |
| **1** | **Member’s personal information** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | Name: |  | NI number: |  |
|  |
|  | Email address: |  | Date of birth: |  |
|  |
|  | Home address: |  |
|  |

|  |  |
| --- | --- |
| **2** | **Previous pension scheme membership** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Scheme name\*** | **Reference / plan number** | **Date from and to** | **Contributions refunded?** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  | \* If you were a member of the LGPS, Firefighters’ Pension Scheme or Police Pension Scheme, please include the name of the relevant LGPS Pension Fund, Fire and Rescue Authority or Police Authority. |  |

|  |  |
| --- | --- |
| **3** | **Declaration** |

|  | I give my consent for the information about previous pension scheme membership from the scheme named above to be shared with LPPA. |  |
| --- | --- | --- |
|  | Signature: |  | Date: |  |
|  | Please complete the sections below if you are completing this form on behalf of a member who has died |  |
|  | Your name: |  | Relationship to member: |  |
|  |  |  |  |  |
|  | Your email address: |  |
|  |  |  |  |  |
|  | Your home address: |  |
|  |  |  |

|  |  |
| --- | --- |
| **4** | **(To be completed by the Previous Scheme) – Confirmation of Service** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  | **Scheme name\*** | **Reference / plan number** | **Date from and to** | **Contributions refunded?** |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | YES |  | NO |  |  |  |
|  |  |  |  |  |  |  |
|  | Please email the completed form to LPPA at **Transfer.Team@localpensionspartnership.org.uk** |