



Local Government Pension Scheme Regulations

London Borough of Richmond Local Government Pension Scheme

I elect to join the Local Government Pension Scheme with effect from my next pay period.

Name:

Payroll No:

National Insurance number:

Place(s) of Employment:

Post(s) / Job Title(s):

Address:

Postcode:

Signed: _____

Date: _____

The completed form should be returned to:

Pensions Shared Service
PO Box 72351
London
SW18 9LQ

Alternatively a scanned copy of the completed form can be sent to:
pensions@wandsworth.gov.uk