



**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):

Email Address:

Personal 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@richmondandwandsworth.gov.uk](mailto:pensions@richmondandwandsworth.gov.uk)