

Suffolk Pension Fund
The Local Government Pension Scheme



Request to Re-join Form

You should this form if you have previously opted out of the scheme but wish to re-join.

Personal Details (Please complete in BLOCK CAPITALS and black ink only)

Forename(s)	
Surname	
Title	
National Insurance Number	
Date of Birth (dd/mm/yyyy)	
Address (line 1)	
Address (line 2)	
Town	
County	
Postcode	
Employer	
Employee Payroll Number	

Authorisation

Signed		Date	
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Please send the completed form to your Employer's HR/Payroll department.