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|  | ***The Greater Gwent (Torfaen) Pension Fund*****administered by Torfaen County Borough Council** | **LOCAL GOVERNMENT PENSION SCHEME** |
| **Change of Circumstances Form** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **Forename(s)** |  |
| **Pay Number** |  | **Post Ref** |  | **N.I. Number** |  |
| **Election to pay reduced contributions for a temporary period** (join the 50/50 section) |
|  Date joined main section |  | Date Joined 50/50 section |  |
| **Election to re-join the main section from the 50/50 section** |
|  Date Joined 50/50 section |  | Date re-joined main section |  |
| **Change of post reference** (e.g. post name or post number) |
|  Changed from |  | Changed to |  | Date of change |  |
| **Change of pension contribution rate** |
|  Old % rate |  | New % rate |  | Date of change |  |
| **Change of Contractual Hours** (per week) – **you must include % of FT if member works Term Time** |
|  New hours |  | FT hours |  | % of FT |  | Date of change |  |
|  Previous hours |  | FT hours |  | % of FT |  | Date of change |  |
| **Change of Contractual Weeks** (per year) – **you must include % of FT if member works Term Time** |
|  New weeks |  | % of FT |  | Date of change |  |
|  Previous weeks |  | % of FT |  | Date of change |  |
| **Break in Pensionable Service** |
|  From |  | To |  | Reason |  |
| **Change of Name** - **a copy of the Marriage or Deed Poll Certificate must be attached** |
|  New name |  | Date of change |  |
| **Change of Address** |
|  |
|  | Post Code |  |
| **Change of personal email address** |
|  New personal email address | @ |
|  |  |
| **If your organisation has already made an arrangement with the Fund to send some of the required Change of Circumstances information to us electronically, you don’t need to duplicate your notification of that Change of Circumstance on a hardcopy form****Scheme Employer Certification** *I am an authorised signatory of the Scheme Employer, named below, for sending instruction to the Greater Gwent (Torfaen) Pension Fund (the Fund) and hereby certify that the information provided on this form is correct. I confirm that we will indemnify the Fund against any costs or claims which may arise if any information provided on this form is not correct* |
| Name |  | Position |  |
| Email Address |  | Phone Number |  |
| Scheme Employer |  |
| Signature |  | Date |  |