A black text on a white background

AI-generated content may be incorrect. 

|  |  |  |
| --- | --- | --- |
| Bedfordshire Local Pension Board  Local Government Pension Scheme (LGPS)  Scheme Member Representative application form | | |
| First name |  | |
| Surname |  | |
| Address |  | |
| Phone number |  | |
| Email address |  | |
| Are you a member of the Local Government Pension Scheme? | Yes | No |
| Tell us about your experience, knowledge and understanding of public sector pensions and the LGPS (in no more than 500 words) | | |

|  |  |  |
| --- | --- | --- |
| What skills would you bring to the Local Pension Board? | | |
| Please give details of any working groups/committees/bodies you are involved in, through work or otherwise | | |
| Please confirm that you can commit to a term of membership of four years | | Yes |
| Please confirm that you will be able to attend the quarterly Pension Board meetings and are willing to undertake training and attend workshops as necessary for the role | | Yes |
| I agree to Bedford Borough Council, as the administering authority for Bedfordshire Pension Fund, collecting my personal data so that they can process my Local Pension Board application | | Yes |
| Signature: | Date: | |
| Please email your completed application form to liz.manuel@bedford.gov.uk | | |