

Local Government Pension Scheme (LGPS)
Personal Information Form



The information we ask for this form is needed to make sure that your pension record has complete and correct personal information. **You must complete and return this form.** If you do not return the form then this may mean that pension benefits will be worked out incorrectly.

Personal details	
Pensions reference:	Title: Mr / Mrs / Ms / Miss / Other (please state)* _____
Surname:	Forename(s):
Date of birth:	National Insurance number:
Home address (please include post code):	
Telephone number:	Email:
Marital/Partnership status: Single / Civil Partnership / Married / Divorced / Widowed / Cohabiting Partner*	
Date of marriage / Civil partnership (if applicable):	
Date of divorce / Dissolution of civil partnership (if applicable):	
Name of spouse / civil partner / cohabiting partner*:	
Date of birth of spouse / civil partner / cohabiting partner*:	
Signed:	Date:

*Please delete as appropriate

An eligible cohabiting partner who would be entitled to a survivors benefit is a partner who, at the date of your death, has met all of the following conditions for a continuous period of at least two years:

- you and your co-habiting partner are, and have been, free to marry each other or enter into a civil partnership with each other, and
- you and your co-habiting partner have been living together as if you were husband and wife, or civil partners, and
- neither you or your co-habiting partner has been living with someone else as if you/they were husband and wife or civil partners, and
- either your co-habiting partner is, and has been, financially dependent on you or you are, and have been, financially interdependent on each other.

Once completed, please upload the form using 'My Uploads' on My Pension Online.