

Local Pension Board Member Representative Application Form

Title		Name	
Address			
		Post code	
Email Address			
Phone Number			
National Insurance no. (to confirm LGPS membership)			

Tell us about your experience, knowledge and understanding of public sector pensions and the LGPS (in no more than 500 words)

Tell us why you want to be a Member Representative of the Pension Board (in no more than 500 words).

I confirm I have read the Pension Board member role profile and, if appointed, agree to comply with the roles and responsibilities contained therein.

Signature		Date	
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