



WILTSHIRE PENSION FUND

Wiltshire Pension Fund, County Hall, Trowbridge, Wiltshire BA14 8JN
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www.wiltshirepensionfund.org.uk

Authorised contacts with Wiltshire Pension Fund

LGPS

Scheme Employer	
Employer Number	
Employer group, if applicable	

Wiltshire Pension Fund will only accept and use information received from an individual who is authorised to provide that information by an employer. Please confirm who is authorised to send us information by completing this form and providing the individual's details and signature. You must also indicate what information the person is authorised to send us by completing the "authorised actions" boxes.

Full Name of Authorised Person 1				
Authorised Actions	New members	Leavers	Ill Health approvals	Exercise employer discretions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature				
Post held				
E-mail address				
Contact number				
Full Name of Authorised Person 2				
Authorised Actions	New members	Leavers	Ill Health approvals	Exercise employer discretions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature				
Post held				
E-mail address				
Contact number				
Full Name of Authorised Person 3				
Authorised Actions	New members	Leavers	Ill Health approvals	Exercise employer discretions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature				
Post held				
E-mail address				
Contact number				

Full Name of Authorised Person 4				
Authorised Actions	New members	Leavers	Ill Health approvals	Exercise employer discretions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature				
Post held				
E-mail address				
Contact number				
Full Name of Authorised Person 5				
Authorised Actions	New members	Leavers	Ill Health approvals	Exercise employer discretions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature				
Post held				
E-mail address				
Contact number				
Full Name of Authorised Person 6				
Authorised Actions	New members	Leavers	Ill Health approvals	Exercise employer discretions
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signature				
Post held				
E-mail address				
Contact number				

This form must be signed by the Head of Establishment i.e. the Chief Executive (or the Director of Human Resources or Finance) of the Scheme Employer. N.B. Foundation and Trust Schools are not Scheme Employers under the LGPS Regulations and their HR and Finance staff can only complete pension documentation if authorised to do so by the Local Education Authority.

NUMBER OF USERS AUTHORISED

SIGNED:

FULL NAME:

POST HELD:

DATE:

COMPANY STAMP

Please email your scanned completed form to: pensionenquiries@wiltshire.gov.uk or post to Wiltshire Pension Fund, County Hall, Trowbridge, Wiltshire, BA14 8JN.