

Refund Claim Form

Please complete this form and email to preserved.refunds@wolverhampton.gov.uk

Pension reference number:	
Surname:	First name(s):
Date of birth:	National insurance number:
Address:	
Telephone number:	Mobile number:

Please select one of the options below:

<input type="checkbox"/> Refund of contributions	
Name of bank:	
Branch:	
Account number:	Sort code:
Name of account holder(s):	
*Please note we cannot pay to a building society account which requires an additional roll or reference number	
I declare that	
<ul style="list-style-type: none">• I have not rejoined the LGPS employment prior to this refund being paid• I have not rejoined the LGPS within one month and one day of ceasing scheme membership• I am not ceasing active membership of the LGPS at age 75• I have not paid national insurance contributions as an active member <u>and then</u> left the LGPS in the tax year that I have attained state pension age• I am not an active member of the LGPS in another employment• I do not have deferred benefits and I am not in receipt of a pension from the LGPS	
I confirm I wish to take a refund of my contributions, and that any 'unlawful' payment must be returned to the Fund.	
Signed:	Date: