**Application for the Secretary of State’s Direction to substitute an LGPS Fund**

1. Name of the LGPS employer(s) requesting the Direction.

|  |  |
| --- | --- |
| Employer Name |  |
| Contact name |  |
| Address |  |
| Telephone |  |
| Email |  |

1. Can you please also provide the contact and email addresses of the relevant pension funds. Please add further boxes if there is more than one authority in either category.

Exporting Administering Authority

|  |  |
| --- | --- |
| Name of Authority |  |
| Contact name  |  |
| Address |  |
| Telephone |  |
| Email |  |

Receiving Administering Authority

|  |  |
| --- | --- |
| Name of Authority |  |
| Contact name  |  |
| Address |  |
| Telephone |  |
| Email |  |

1. Proposed date you wish the direction to take effect from.

|  |
| --- |
|  |

1. Reason for request and background to the change that has led to the request for this direction.

|  |
| --- |
| [Note: not more than 200 words please] |

1. Are assets and liabilities to be transferred to the receiving Administering Authority in respect of all members i.e. active, deferred and pensioner members?

Yes/No [*please delete as appropriate*]

If No, please explain which assets and liabilities are transferring and which are remaining.

|  |
| --- |
| [Note: not more than 200 words please] |

1. Please attach evidence that there is consent to the move from the employer(s) and funds (eg letters or emails).
2. Please provide details of how active members with AVC contracts would be dealt with.

|  |
| --- |
| [Note: not more than 200 words please] |

8. (***Where application is made by legal representatives)***  Please attach your proposed draft direction wording.

On behalf of the Secretary of State, we may ask for any other such information that is needed to enable him to make a decision. Failure to provide all relevant information may lead to a delay in processing your application.

Please send applications electronically to:

LGPensions@communities.gsi.gov.uk