



Pension wise guidance declaration:

| Declaration: | Yes | No |
|---|------------|-----------|
| I confirm that I have received guidance from Pension Wise in connection with my application to take my AVCs in the LGPS | | |
| I confirm that I wish to opt out of receiving guidance from Pension Wise | | |

Your details:

| | |
|----------------------------|-------|
| Full name: | |
| National Insurance number: | |
| Signature: | Date: |