



Janet Senior  
Executive Director of Resources and  
Regeneration  
5<sup>th</sup> Floor Laurence House  
Catford  
London SE6 4RU

direct line 020 8314 6680  
[Janet.senior@lewisham.gov.uk](mailto:Janet.senior@lewisham.gov.uk)

date dd/mm/yy

Dear Member of Lewisham Pension Fund

**Re: Invitation to apply to be a representative on the London Borough of  
Lewisham Pension Board**

In the last few years a number of legislative changes have impacted the arrangements for public service pension provision. The Public Service Pension Act 2013 requires that each administering authority of Local Government Pension Funds set up a local Pension Board. The purpose of a local Pension Board is to assist the Lewisham Council as the administering authority to comply with scheme regulations and other legislation relating to the governance and administration of the scheme, and any requirements imposed by the centrally appointed Pensions Regulator.

Lewisham is now appointing representatives to the Pension Board. Membership of the Pension Board will comprise two employer and two employee representatives and an independent member who will act as Chair. The role of the representatives is important to overseeing the performance, compliance and value for money delivered by the Administering Authority. It is therefore a requirement that representatives of the Pension Board have a good working knowledge and experience of pensions.

Lewisham is giving you the opportunity to nominate an employer representative, or yourself as an employee representative who meets the criteria in the attached Job description/person specification.

Deadline for nominations is 14 April 2015.

If you would like to nominate a representative, please complete the attached form and email to [adeola.odeneye@lewisham.gov.uk](mailto:adeola.odeneye@lewisham.gov.uk) with the heading "Application for Pension Board". If you have any queries, please do not hesitate to contact a member of the Pensions team at:

Adeola Odeneye 020 8314 6147

Yours sincerely

**Janet Senior**  
Executive Director for Resources and Regeneration

# LOCAL PENSION BOARD MEMBERSHIP FORM



I would like to be considered for the Local Pension Board of the London Borough of Lewisham as an:

Employer Representative

Employee Representative

Name:	
Employers Name*	
Email	
Telephone	

\* or previous fund employer if deferred or pensioner member.

**Statement of Support:** Please review the Job description and person specification and demonstrate how you meet the criteria for being a member of the Local Pension Board. (max. 500 words) continue overleaf or on a separate sheet as necessary

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