National LGPS Framework for Pensions Administration Operational Support Services

Please complete either Option 1 or Option 2 below, then return this form to:

[NationalLGPSFrameworks@norfolk.gov.uk](mailto:NationalLGPSFrameworks@norfolk.gov.uk)

**Option 1: I would like to see the User Manual, Terms and Conditions and Provider Catalogues before I go any further.**

I am interested in:

Lot 1 - Pensions Administration Operational Services

Lot 2 - Specialist Pensions Communications and Engagement Services

All Lots

Before we send you this commercially sensitive information, we need a Confidentiality Statement from you.

Once we receive this, we can forward the Framework documentation to you.

Please send the details to (name).…………………………………………………………….

Email address:…………………………………………

Tel:…………………………………...........................

**I have enclosed a signed copy of the Confidentiality Statement**

**Option 2: I would like to use the Framework.**

I am interested in:

Lot 1 - Pensions Administration Operational Services

Lot 2 - Specialist Pensions Communications and Engagement Services

All Lots

**Please send me 2 copies of the Members Access Agreement to sign**

**I have enclosed a signed copy of the Confidentiality Statement**

Or

**I have previously signed a copy of the Confidentiality Statement**

Please send the Members Access Agreement and Framework details to:

Organisation Name: ………………………………………………………………………………..

Officer Name: ……………………………………………………………………………………….

Address:……………………………………………………………………………………………..

……………………………………………………………………………………………....

……………………………………………………………………………………………....

……………………………………………………………………………………………....

Email address: …………………………………………

Telephone: ……………………………………………..

Please send the invoice for the Joiners Fee to: (Officer Name).……………………………...

Organisation Name: ………………………………………………………………………………..

Invoice address: …………………………………………………………………………………..

………………………………………………………………………………….….

………………………………………………………………………………….….

………………………………………………………………………………….….

Email address: …………………………………………

Preferred Payment Method e.g. CHAPS, BACS, Cash, Debit Card etc..

…………………………………………………………………………………..

Is a Purchase Order Number required: Yes/No

If Yes, please provide the Purchase Order Number:…………………………………………