



National LGPS  
**Frameworks**

By LGPS Funds, for LGPS Funds

**Joining instructions for the  
National LGPS Legal Services  
Framework**

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

 **The Norfolk Pension Fund, (National LGPS Frameworks), 4<sup>th</sup> Floor Lawrence House, 5 St Andrews Hill, Norwich, NR2 1AD**

 **NationalLGPSFrameworks@norfolk.gov.uk**

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

- |                          |  |                          |  |                          |  |
|--------------------------|--|--------------------------|--|--------------------------|--|
| <input type="checkbox"/> | Lot 1 - Full Service<br>England & Wales                | <input type="checkbox"/> | Lot 2 - Full Service<br>Scotland                           | <input type="checkbox"/> | Lot 3 - Full Service<br>Northern Ireland       |
| <input type="checkbox"/> | Lot 4 -<br>Investment                                  | <input type="checkbox"/> | Lot 5 - Benefits<br>Administration<br>England and<br>Wales | <input type="checkbox"/> | Lot 6 - Benefits<br>Administration<br>Scotland |
| <input type="checkbox"/> | Lot 7 - Benefits<br>Administration<br>Northern Ireland | <input type="checkbox"/> | All Lots   |                          |  |

Before we send you this commercially sensitive information, we need a confidentiality statement from you.

This is attached as **Form A** to these Joining instructions. 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 (Form A)**

**Option 2: I would like to use the framework. I am interested in:**

Lot 1 - Full Service  
England & Wales

Lot 2 - Full Service  
Scotland

Lot 3 - Full Service  
Northern Ireland

Lot 4 -  
Investment

Lot 5 - Benefits  
Administration  
England and  
Wales

Lot 6 - Benefits  
Administration  
Scotland

Lot 7 - Benefits  
Administration  
Northern  
Ireland

All Lots

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

**I have enclosed a signed copy of the confidentiality statement (Form A)**

Or

**I have previously signed a copy of the confidentiality statement (Form A)**

Please send the Members Access Agreement and framework details to:

Organisation Name: .....

Officer Name: .....

Address: .....

.....

Email address: .....

Telephone: .....