

# National LGPS Framework for Pensions Administration Software

# Option Form

# 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 documentation before I go any further.**

Before we provide you access to this commercially sensitive information, we need a Confidentiality Statement from you.

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

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

Email address ......................................................................... Tel: ...........................................

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

Please see next page for **Option 2**

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

**Please send me a copy of the Members Access Agreement to sign**

**I have previously signed a Members Access Agreement and enclose a signed Annex A**

**I have enclosed a signed copy of the Confidentiality statement / I have previously signed a copy of the Confidentiality statement**

Please send the Members Access Agreement and user documentation to: Organisation name .......................................................................................................................

Officer name.......................................................................................................................................

Email address ......................................................................... Tel: ...................................................

Please send the invoice for the Joiners Fee to:

(Officer name) ....................................................................................................................................

Organisation name ..........................................................................................................................

Invoice address..................................................................................................................................

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Email address .....................................................................................................................................

Preferred payment method:

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Is a Purchase Order number required: **Yes / No**

If **Yes**, please provide the Purchase Order number..............................................................