

WEST YORKSHIRE FIRE AND RESCUE SERVICE LOCAL PENSION BOARD

DECLARATION OF INTERESTS

Section 5(4) of the Public Service Pensions Act 2013 (PSPA 2013) requires that any member of the Local Pension Board (LPB) must not have a conflict of interest ie. a “financial or other interest which is likely to prejudice the person’s exercise of functions as a member of the board” (this does not include a financial or other interest arising merely by virtue of being a member of any connected scheme).

A conflict of interest exists where there is a divergence between the individual interests of a person and their responsibility towards the Local Pension Board, such that it may be reasonably questioned whether the actions or decisions of that person are influenced by their own interests.

Please answer all questions to ensure fulfilment of the “no conflict of interest” requirements of the PSPA 2013. Please also note that the information will be published on the Authority’s website in a Register of Interests of LPB members.

1. Name (please print)	Michael Pollard	
2. Are you currently in receipt of a FFPS pension?		No
3. If you are currently in paid employment please give details and nature of your employer.	Not employed but in receipt of elected member allowances from CBMDC	
b) Do you believe that your employment creates a potential conflict of interest with your role on the Local Pension Board?	N/A	
4. Is any member of your immediate family employed by the financial services industry?		No
b) Do you believe that their employment creates a potential conflict of interest with your role on the Local Pension Board?		No

5. Please detail below any other commitments, connections or responsibilities you may have which could be reasonably perceived to be relevant to your role on the Local Pension Board?

I am currently an "alternate" (and therefore liable to be called to act as substitute) member of the Governance and Audit Committee of CBMDC, the council financial regulations require the minutes of the WYPF to be submitted to that committee.

Declaration:

I declare that the information given on this questionnaire is complete and correct to the best of my knowledge.

Signed : *M Pollard*

Name : Michael Pollard

Date : 03/08/2023

This form should be returned to: The Monitoring Officer, WYFRA, Oakroyd Hall, Birkenshaw BD11 2DY or email to committee.services@westyorkshire.gov.uk

Received by Monitoring Officer (signed)

Dated