

**CLAIM FOR PAYMENT OF  
PRESERVED PENSION BENEFITS**

To be completed in BLOCK CAPITALS

*In accordance with the Data Protection Act 1998, the  
Ministry of Defence will collect, use, protect and retain  
the information on this form in connection with all  
matters relating to personnel administration and policy.*

**AFPS Form 8**  
(Revised 04/07)

**This form should be completed and dispatched to the address given below 3 months before your 60<sup>th</sup> birthday (AFPS 75)  
or 3 months before your 65<sup>th</sup> birthday (AFPS 05) or immediately if permanently incapacitated.**

**Part A - (Declaration of entitlement and application for payment)**

I declare that I, the undersigned, am

Previous service details

Forenames (in full)	Surname (in block capitals)	Rank	Number							

Service in which served  National Insurance Number 

and I hereby claim my Preserved Pension and any lump sums having:

My address is:

\*(a) reached the age of 60 or 65 years on  or

\*(b) become permanently incapable of employment.

**\*Delete as applicable**Email Address  Telephone  Postcode **Part B - (Payment Details)**

Please indicate below how you would like your pension and any lump sums paid.

**Method 1.** I would like my Pension and any lump sums paid into my account with:

Bank/Building Society name	<input type="text"/>	Address	<input type="text"/>
Bank Sort Code	<input type="text"/>		<input type="text"/>
Account Number	<input type="text"/>		<input type="text"/>

**Method 2.** I would like payment of my pension and any lump sums by Paymaster (1836) Ltd's Draft to my private address.(Please tick the box if you wish to choose method 2). ☐**Part C - Important declaration, regarding the recycling of retirement lump sums****(You MUST complete this declaration, otherwise any lump sum payments due to you cannot be made)**

If you have used or are intending to use some or all of your pension lump sum to fund additional contributions to the Armed Forces pension schemes (such as the purchase of added years) or to any other pension arrangement (known as recycling) special rules apply. The recycling rule (which came into effect on 1 April 2006) does not affect you if your retirement lump sum is less than 1% of the Life Time Allowance (ie £1,500,000 [2006/07 rate] x 1% = £15,000). If you are in breach of the recycling rules, it is deemed by Her Majesty's Revenue and Customs (HMRC) to be an unauthorised member payment and liable to tax on the amount at 40% + 15% as a surcharge. SPVA has a duty to record any recycling of lump sums and inform HMRC of any breaches.

Details on the recycling of retirement lump sums can be found on the following HMRC website  
**[www.hmrc.gov.uk/pensionschemes/fb\\_guidance.pdf](http://www.hmrc.gov.uk/pensionschemes/fb_guidance.pdf)** or by calling the HMRC helpline on 0115 974 1600.

I confirm that I **\*have/have not** used and **\*do/do not** intend to use any part of my lump sum to fund additional contributions to the Armed Forces Pension Scheme (such as the purchase of added years) or to any other pension arrangement. Please answer the following questions.

Does your retirement lump sum exceed 1% of the Lifetime Allowance?  
(i.e. £1,500,000 [2006/07 rates] x 1% = £15,000)

**\*YES / NO**

Does the amount you have invested/are investing exceed 30% of your retirement lump sum?

**\*YES / NO****\* (delete as appropriate)**

**Part D – (Current pensions since leaving the Armed Forces)**

Do you have any other pension in payment?

No

☐

Yes

☐

(If yes, please complete the details below.)

Pension Scheme provider

Reference Number

LTA %

**Part E – (Signatures of Applicant and Witness)**

Date

Signature of Applicant

**Witness**

I certify that the person named at Part A, signed this form in my presence.

Title

Address

Surname

First name

Postcode

Date

Signature of Witness

Please enter your address and personal details in Part F below and send the completed form to:  
SPVA (GI), Pensions Division, MP 480, Kentigern House, 65 Brown St, Glasgow, G2 8EX

**Part F (SPVA acknowledgement receipt)**

Rank	Initials	Surname ( <i>in block capitals</i> )	Number							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This receipt acknowledges your preserved pension application dated

Name

SPVA representatives name

Signature

Postcode

Date