Inverse commutation AFPS 05 / RFPS

Please complete in BLOCK CAPITALS



Part A - Applicants details					
Service	Originating	Unit	Section	Ext	
Rank	Initials	Surname		Service number	
Contact telephone number			My correspondence address is:		
			Postco	ode	
I wish to make an inverse commutation of a portion of my tax-free lump sum (in multiples of £100) to increase my or my and my dependant's taxable annual pension. I understand that the scheme actuary will					
calculate the cost and the lump sum is to be reduced once the exchange is agreed. The decision is not reversible. I also understand that if I make this exchange to increase my spouse's, civil partner's or partner's					
benefits but he/she dies before me, the exchange will not be reversed.					
I wish to convert £ of my lump sum to increase my annual pension.					
or					
I wish to con	ivert £	of my lump sum to ind dependant listed belo	crease my annual pension w.	and that of my	
See booklet MMP/123 (RFPS) or MMP/124 (AFPS 05) or visit the MoD website for more information.					
Part B - Beneficiary details					
Title		Surname			
First name		Other names			
Relationship		Address			
Telephone					
number			Postco	odo	
Country			Postco	Jue	

Part C - Signature of applicant (To be completed by ALL personnel)			
I have read and understood the notes. I also declare that I am the person named at Part A and the details I have given are, to the best of my knowledge, correct. I also hereby apply to make the inverse commutation of my pension lump sum as stated above.			
Signature of Applicant			
Date			
Please enter your address and personal details in Part D below and send the completed form to: SPVA (GI), Pensions Division, MP 480, Kentigern House, 65 Brown St, Glasgow, G2 8EX			

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.

Part D - SPVA acknowledgement receipt		This receipt acknowledges your	
Rank	Service No	AFPS application dated SPVA representative's name	
Name			
Address		SPVA Signature	
	Postcode	Date	