## AFPS 75 In-scheme AVCs authorisation and disclaimer by member



Please com	plete in BLOCK CAPITA	LS				& Veteralis Agency	
Part A - Ap	oplicants details						
Service	Originating	Unit		Section		Ext	
Rank	Initials	Surname				Service number	
If you wish to make an AVC in order to buy benefits <b>other than added years</b> please complete Part A and B of this form. You must confirm that you have read and understood the contents of Part B by signing and dating the form.							
Part B - De	eclaration and Authori	sation					
1 I am currently a serving member of the Armed Forces. I am a member of AFPS 75.							
2 I am not under notice of invaliding or premature retirement, nor have I any reason to believe that my							
health may prevent me from continuing in the Service until the completion of my commission/engagement.  3 I wish to:							
Make AVCs within AFPS 75 to increase the lump sum payable in the event of my death in service from 3 times actual representative pay to 4 years full career representative pay for my rank at the date of my death.							
Maximise my Widow's/Widower's entitlement to a pension, based on representative pay rates for my rank at the date of my retirement or earlier death.							
Enable my total retirement benefits and all benefits payable to my survivors or estate on my death, other than attributable death or invaliding benefits, to be calculated on the same general basis as AFPS benefits, but derived from my final taxable salary excluding additional pay and allowances, rather than from representative pay for my rank.							
4 I hereby authorise the Ministry of Defence to deduct from my gross pay, the AVCs required to purchase the benefits indicated in para 3 above in accordance with the contribution tables available at: http://defenceintranet.diiweb.r.mil.uk/DefenceIntranet/Admin/FindOutAboutArmedForcesPensions/FindOut							
AboutAVCs.							
5 I understand that the Scheme imposes limits on the total tax-deductible contributions that can be made in							
<ul> <li>each tax year towards pension and death benefits of 15% of total taxable salary.</li> <li>6 I understand that the deductions will commence in the next pay period following receipt of this option form by the pension awarding authority shown below, and will continue until I reach the age of 55, or until I retire if earlier.</li> </ul>							
Note: Or	nce the completed appliced it, the decision to con					and they have	
			indi diid ii			address and personal	
Signature of Applicant				Please enter your address and personal details in Part C below and send the completed form to:  SPVA (GI), Pensions Division, MP 480,			
Date  Kentigern House, 65 Brown St, Glasg 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 C - SI	PVA acknowledgemen	treceipt		•	vledges your		
Rank	Service No		AVC in-so		olication dated A representati		
Name					,		
Address				SPV	A Signature		
71441000							
	Postcode			Date			