



Ministry
of Defence

Defence Business Serv
Veterans UK
Mail Point 480
Kentigern House
65 Brown Street
Glasgow
G2 8EX

Pension Practioner.com
Daws House
33-35 Daws Lane
London
NW7 4SD

Our Reference: 25008469/PTV

Date: 25 November 2014

Telephone: (Civ) 0800
(Mil) 9
Facsimile: (Civ) 0141
(Mil) 9

Dear ~~Mr~~ Madam,

ARMED FORCES PENSION SCHEME – TRANSFER OF PENSION RIGHTS
MR P A BROWN, NI NUMBER: NW762522B

Receipt is acknowledged of transfer documentation relating to the above-named.

I have enclosed a blank Annex C for Mr Brown to complete and return to us. Unfortunately we are unable to accept the first one as this was witnessed by G Millington who is an IFA involved with transferring Mr Browns pension.

I have highlighted the relevant section at the bottom of the page which explains who can be used as a witness.

Please be advised that payment will not be made until we receive the above documents.

Thank you.

Yours faithfully

Denise Casey
for Chief Executive
CSC BPO PTV Desk Officer

TRANSFER OF PENSION RIGHTS
FOR ALL OTHER SCHEMES INCLUDING
APPS, COMPS, STAKEHOLDERS OR CONTRACTED IN SCHEMES

This Annex should be returned to us through your new pension scheme administrators
in order for us to receive their payment instructions.

Please complete and delete relevant sections including option A, B or C.

NAME: Mr P A Brown

SERVICE NUMBER: 25008469

NI NUMBER: NW762522B

ADDRESS: _____

TELEPHONE NUMBER: _____

A. I wish to transfer the **total value** of my preserved pension benefits in the Armed Forces Pension Scheme to: _____

[Insert Name of Pension Administrators].

B. I wish to transfer **only the value of my Protected Rights/ Guaranteed Minimum Pension (GMP)/ Non-Protected Rights** in the Armed Forces Pension Scheme to: _____

_____ [Insert Name of Pension Administrators].

C. I do not wish to proceed with the transfer out of the Armed Forces Pension Scheme.

MARITAL STATUS: _____ DATE: _____

SIGNATURE: _____

NB: Payment will not be made without the original signatures on this form.

WITNESS

I certify that the above was signed in my presence:

NAME OF WITNESS *: _____

ADDRESS OF WITNESS: _____

TELEPHONE NUMBER: _____ DATE: _____

SIGNATURE OF WITNESS: _____

• *The witness must not be a relative, an employee of the Insurance/ Pension Scheme or an IFA involved with the transfer or a friend staying at the same address as the member.*

**TRANSFER OF PENSION RIGHTS
FOR ALL OTHER SCHEMES INCLUDING
APPS, COMPS, STAKEHOLDERS OR CONTRACTED IN SCHEMES**

This Annex should be returned to us through your new pension scheme administrators
in order for us to receive their payment instructions.

Please complete and delete relevant sections including option A, B or C.

NAME: Mr P A Brown

SERVICE NUMBER: 25008469

NI NUMBER: NW762522B

ADDRESS:

34 ST ANDREWS ROAD

BURGESS HILL

WEST SUSSEX

RH15 0PH

TELEPHONE NUMBER:

07808 - 532556

☒ A. I wish to transfer the **total value** of my preserved pension benefits in the Armed Forces Pension Scheme to: P.A. BROWN LABOUR SUSSEX Ltd. RBS

[Insert Name of Pension Administrators].

B. I wish to transfer **only the value of my Protected Rights/ Guaranteed Minimum Pension (GMP)/ Non-Protected Rights** in the Armed Forces Pension Scheme to: _____

_____ [Insert Name of Pension Administrators].

C. I do not wish to proceed with the transfer out of the Armed Forces Pension Scheme.

MARITAL STATUS:

SINGLE

DATE: 16.10.14.

SIGNATURE:



NB: Payment will not be made without the original signatures on this form.

WITNESS

I certify that the above was signed in my presence:

NAME OF WITNESS *:

Gill Millington

ADDRESS OF WITNESS:

34 LEHART RD
SLEEFIELD
S17. 4LA.

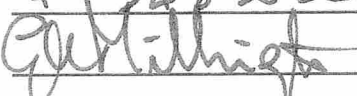
TELEPHONE NUMBER:

0114 - 3483030

DATE:

16.10.14.

SIGNATURE OF WITNESS:



Gill Millington

- The witness must not be a relative, an employee of the Insurance/ Pension Scheme or an IFA involved with the transfer or a friend staying at the same address as the member.