

## TRANSFER OPTION FORM

Please complete in block capitals.

### Part 1 - Personal Details

Full Name:  Service No.

Address:

Marital Status: Married ☒, Single ☐ Widow/  
Widower ☐ Civil Partnership ☐

### Part 2 - Declaration of Intent

Please delete paragraph 1 or 2 below

1. I wish to transfer my accrued pension rights, or notional pension rights conferred by the Social Security Pensions Act 1975, in the Armed Forces Pension Scheme (AFPS) to:

(Insert Name of New Pension Scheme)

I understand this decision is irrevocable, and when the transfer has been effected I relinquish all rights to any pension benefits from the Armed Forces Pension Scheme (AFPS).  
(This includes the terminal grant.)

2. I do not wish to transfer my accrued pension rights from the Armed Forces Pension Scheme.

### Part 3 - Signature of Applicant

I have read and understood Part 2. I declare I am the person named above.

Signature:  Date:

On completion please send via your new scheme administrator - - to the address below:

Service Personnel and Veterans Agency  
Pension Transfer Value Team  
Mail Point 480, Kentigern House  
65 Brown Street  
Glasgow G2 8EX

NB: PAYMENT CANNOT BE MADE WITHOUT AN ORIGINAL SIGNATURE

**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: Mrs A A W Cran

SERVICE NUMBER: B0522082

NI NUMBER: NB002936C

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 \*: Melwyn Kate Llewellyn

ADDRESS OF WITNESS: 8 Wyld Court

Blunsdon St Andrew

SN25 2EE

TELEPHONE NUMBER: 01793 728261 DATE: \_\_\_\_\_

SIGNATURE OF WITNESS: Melwyn

- *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 –  
PAYMENT INSTRUCTIONS**

*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*

**AA050**

**Part A – Service Persons Details**

Service Number

Surname

B0522082

Cran

**Part B – Payee Details (Please fill in appropriate section)**

**Payee name and Address for Transfer Value Cheque to be sent**

Payee Name for Cheque

Address line 1

Address line 2

Address line 3

Postcode

**Bank Details for BACS payment of Transfer Value**

Bank Name

Account  
Name

Sort Code:

Account No:

Address line 1

Address line 2

Postcode

**Once completed form should be returned to:**

**Service Personnel and Veterans Agency  
Pension Transfer Value Team  
Mail Point 480, Kentigern House  
65 Brown Street  
GLASGOW, G2 8EX**