



**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   
AFPS application dated

Rank

Service No

SPVA representative's name

Name

Address

SPVA Signature

Postcode

Date