Help using this Veterans UK PDF form

About this form

- · You must download and save this form to your computer before using it
- You can save data typed into this PDF form if you use the latest version of Adobe Acrobat Reader
- To download the latest version of Adobe Acrobat Reader free of charge go to the Adobe website
- This means that you do not have to complete this form in one session

Helpful information for using this form

- Save the form to your computer
- After completion print the form
- Sign the form in black pen
- Post the form using the address given
- If you have an enquiry for the Armed forces Pension Scheme, please call the JPAC Enquiry Centre on 0800 085 3600 or email DBS-PensionsHelp@dbspv.mod.uk

The form will not save in

- older versions of Adobe Acrobat Reader
- other pdf readers, for example Preview on a Mac or Foxit on a PC

We have been made aware of issues when using Apple products such as Iphones and Ipads to complete this form.

You may be unable to save or re-open it due to updates to Apple products since this form was created.

Work is being undertaken to transform our forms and systems but until this is complete, we ask that you find an alternative device, if possible, or print the form and complete it by hand.

Feedback

- We would like your feedback about this form. We will only use any comments to improve future versions
- Please email your comments to: DBS-OPTaC@mod.gov.uk
- Please do not send this form or any personal information to this email address. It is for feedback comments only

PLEASE NOTE YOU MUST SIGN THIS FORM USING A BLACK PEN. WE CANNOT ACCEPT THIS FORM BY EMAIL





Armed Forces and Reserve Forces Pension Schemes AFPS15 – Added Pension Purchase or Cancellation

You are advised to read <u>JSP 905</u> along with the Member Voluntary Contributions (MVC) Factsheet at **GOV.UK** before completing this form. Part A - Your Details Service Section Unit Unit Phone Number and Dial Code Rank First Name Surname (in block capitals) Service number National Insurance number DD/MM/YYYY Date of Birth Please provide the address you want us to send your correspondence to Address Postcode Telephone Number **Email Address** Please make sure you answer all the relevant questions. If you need help, contact your unit HR admin staff or JPAC on 0800 085 3600. If you wish to start Added Pension payments, please complete Part B.

If you wish to stop Added Pension payments, please complete Part C.

Part B – Added Pension re	Part B – Added Pension request to start my payments							
You MUST read the rules relating to Added Pension before completing this section. (Please refer to your Form 6 Quotation)								
I want to purchase Ad	ded Pension for I	myself.						
<u>OR</u>								
I want to purchase Added Pension for myself and my dependants.								
Lwant to start my Ada	dad Danaian mant		DD/MM/Y	YYY		DD/I	MM/Y	ΥΥΥ
I want to start my Add deductions from*	ied Pension mont	rniy			to			
Please choose <u>ONE</u> of the options below								
You must complete the Method of payment so we can process your request								
I want to purchase £		of Added	Added Pension d pay		mont	hly	y by lump sur	
Lump sum will be deducted from salary unless a cheque is attached, made payable to HMG3601 (Please refer to your form 6 Quotation for details of the amount). OR								
I want to pay £		a month	month via my salary					
OR								
My preferred method is to pay		in a lump sum via)	my salary		bank transfer		cheque
By bank transfer using the details below: Account Name: MOD DBS MIL PERS UK RECEIPTS Sort Code: 60-70-80 Account Number: 10021116								
If paying from abroad, please us the following: IBAN Number: GB87NWBK60708010021116 SWIFT Code: NWBKGB2L								
In all bank transfers please use your service number followed by the reference Added Pension in all cases, as in Service Number/Added Pension.								
Cheques must be made pay	able to HMG360	1						
I have previously purchased Added Pension through another public Service scheme to a value								
of £								
*Subject to payroll cycles, deductions may start from the next available pay run.								
In scope Remedy members only: For more details, please see the Member Voluntary Contributions (MVC) Factsheet referenced at the top of this form.								
I confirm that I am in scope for Remedy, and I am re-purchasing Added Pension. I wish to apply for compensation due to the lower value of Added Pension I will now receive due to the change in valuation factors and loss of growth since my original purchase. I understand the compensation I will receive will be in the form of an Added Pension top-up. Signature								

Part C – Added Pension – request to stop my payments					
DD/MM/YYYY					
I want to stop my monthly payments for Added Pension on subject					
to payroll cycles. I understand that I cannot re-start payments for Added Pension until the 1st April of the next scheme year.					
Part D - Data Protection					
How the MOD collects and uses personal information					
The Ministry of Defence (MOD) is committed to protecting the privacy and security of your personal data and the MOD Privacy notice explains your rights and provides information that you are entitled to under UK data protection legislation. It is important that you read this notice, together with any other privacy notice that may be provided when we collect or process personal information about you so that you are aware of how and why we are using such information. The MOD Personal information charter contains the standards you can expect when we ask for, hold, or share your personal information and your rights under the law.					
Part E - Declaration					
I confirm that:					
 the information I have given is accurate and complete to the best of my knowledge and belief. this supersedes any previous allocation that I have made. 					
I understand that:					
 I must immediately tell the MOD of anything that may affect my entitlement to, or the amount of, payment made under any scheme administered by Veterans UK, including any change of address. if I knowingly give false information, I may be liable to prosecution. 					
Remember – You must sign this form yourself if you can, even if someone else has filled it in for you. If a representative who acts as a Power of Attorney or Appointee for the claimant is signing this form, they must enclose evidence to show that they are the legal representative.					
Part F - Consent for email correspondence					
Veterans UK is happy to conduct correspondence with customers via a nominated email address if that is their preference. There are some types of personal information we would not be able to include in an email correspondence, which are listed below:					
I authorise Veterans UK of the MOD to use email whenever possible in its correspondence with me via my nominated email address shown on the front of this claim form. I accept that the information may include my personal details excluding bank account numbers. National					

No

Insurance number, medical details and any other information that could compromise my

I understand that correspondence transmitted by email may be open to abuse because it is transmitting over an unsecured network. I accept that the MOD will not be liable for any loss, interception or unauthorised use of information transmitted this way. I am content for Veterans

UK to correspond with me from the email address shown at the front of this claim form.

Yes

identity.

Do you wish to correspond via email?

Part G – Signature of Applicant						
Signature						
	Date					
Please return the completed form to: Veterans UK, Process Team, MP335, Kentigern House, 65 Brown Street, Glasgow, G2 8EX						