

**Armed Forces and Reserve Forces Pension Schemes**

**Nomination/ Revocation of Death Benefit (AFPS05/ RFPS05 /AFPS15)**

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| **Important Information – This form should be submitted when you wish to make a nomination to an organisation or an individual who is not your Spouse, Civil Partner or Eligible Partner.**  **Under Armed Forces Pension Scheme (AFPS) rules, if you die without making a valid nomination, your lump sum will normally be paid to your Spouse, Civil partner, Eligible partner.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please Note - This form must be returned by post. Copies received by e-mail will not be accepted.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Part A – Your Details** | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Part B – Nomination of Benefit (Please tick the appropriate box)**  **Important Note -** You cannot nominate lump sum payments from AFPS75 or FTRS97. If your pension is from any other Armed Forces Pension Scheme, you can use this form to make nominations for receipt of lump sums from those schemes, even if they include benefits from AFPS75 or FTRS97. The percentage of pension you opt to nominate as a lump sum will be applied to each and all of the pension schemes you are a member of with the exception of AFPS75 and FTRS97. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | I wish to nominate my Death Benefit Lump Sum in the event of my death | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |
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|  | I wish to nominate my Deferred Pension Lump Sum in the event of my death before the Deferred Pension Benefits come into payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |
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|  | I wish to revoke any previous nomination and replace with that detailed below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  |
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|  | **Part C – Nominee Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Please note:** Nominees must be an existing contact on JPA.  Please add nominee(s) to your JPA contacts before submitting this form. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | If you do not have access to JPA please tick box | | | | | | | | | | | | | | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |
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|  | Organisation Nominated | | | | | | | | | | | | | | | | |  | Percentage | | | | | | | | | |  |  |  |  |  |  |  |  |  |
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|  | Is this person your legal next of kin? | | | | | | | | | | | | | | | | |  |  | |  | Yes | | |  | |  | No | | |  |  |  |  |  |  |  |
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|  | Is this person your additional nominee? | | | | | | | | | | | | | | | | |  |  | |  | Yes | | |  | |  | No | | |  |  |  |  |  |  |  |
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|  | Is this nominee to be provided with communications from the Service Welfare Organisations? | | | | | | | | | | | | | | | | |  |  | |  | Yes | | |  | |  | No | | |  |  |  |  |  |  |  |
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|  | **Part D - Data Protection**  The Ministry of Defence (MOD) is a Data Controller for the Data Protection Act (DPA) 1998. Under the act you have a right of access to your personal information held by Veterans UK. If you want to ask for a copy of that information, please write to us quoting your National Insurance number.  The MOD is committed to ensuring that all your personal data is processed in accordance with the DPA1998.  The personal data (including sensitive personal data, for example information about your physical or mental health or condition) collected and contained within this form will be retained on your physical file and may be used for all lawful purposes including   * by the MOD and its agents in connection with any claims made to Veterans UK or any other claims against the MOD. * by other Government Departments which have a legitimate interest in this information for example for the purposes of research or for the prevention and detection of crime.   **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 nomination that I have made.   **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.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **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  Insurance number, medical details and any other information that could compromise my  identity.   * 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Do you wish to correspond via email? | | | | | | | | | | | | | | | | | |  |  |  | | Yes | | |  |  | | No | |  |  |  |  |  |  |  |
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|  | **Part G – Signature of Applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | |  | I have | | |  |  | |  | I have not | | | |  | completed a continuation sheet | | | | | | | | | | | | | | | | | | | | |  |
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|  | Fully completed and signed forms should be sent to:  **Veterans UK, Pension Team, MP 335, Kentigern House, 65 Brown Street, Glasgow G2 8EX** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

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|  | **Armed Forces and Reserve Forces Pension Schemes**  **Nomination of Death Benefit (AFPS 05 / RFPS05 / AFPS 15)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Part H -** **Continuation sheet** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **PLEASE NOTE - THIS FORM MUST BE RETURNED BY POST.**  **Copies received by e-mail will not be accepted** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | **Part A – Your Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | First name | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **Part B – Additional Nominee Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Is this person your legal next of kin? | | | | | | | | | | | | | | | | |  |  | |  | Yes | |  | |  | No | |  |  |  |  |  |  |  |  |  |
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|  | Is this person your additional nominee? | | | | | | | | | | | | | | | | |  |  | |  | Yes | |  | |  | No | |  |  |  |  |  |  |  |  |  |
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|  | Is this nominee to be provided with communications from the Service Welfare Organisations? | | | | | | | | | | | | | | | | |  |  | |  | Yes | |  | |  | No | |  |  |  |  |  |  |  |  |  |
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|  | **Part B – Additional Nominee Details (Continued)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | Is this person your legal next of kin? | | | | | | | | | | | | | | | | |  |  | |  | Yes | |  | |  | No | |  |  |  |  |  |  |  |  |  |
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|  | Is this person your additional nominee? | | | | | | | | | | | | | | | | |  |  | |  | Yes | |  | |  | No | |  |  |  |  |  |  |  |  |  |
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|  | Is this nominee to be provided with communications from the Service Welfare Organisations? | | | | | | | | | | | | | | | | |  |  | |  | Yes | |  | |  | No | |  |  |  |  |  |  |  |  |  |
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|  | **Part I – Acknowledgement** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | ***With compliments*** | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | Your AFPS Form 2 dated / / has been received | | | | | | | | | | | | | | | | | | | | | |  |  |  | Freephone 0800 085 3600 | | | | | | | | | | |  |
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