NHS Pension Scheme – Application to commute age retirement benefits on grounds of serious ill health

The form is in 2 parts

Part A

to be completed by you, the applicant

·	Part B	to be completed by your treating doctor. This can be your GP, hospital doctor or consultant
Part A - To be comple	eted by the	e applicant.
Membership number	SD	
Title (Mr, Mrs, Dr)		
Surname		
Other names		
I wish to have my age	retirement	benefits paid as a once and for all lump sum.
		ayment will not affect any benefits that may become payable to my nce will be paid to them in the normal way.
		of the lump sum causes me to exceed the lifetime allowance, then the lowance will be taxed at 55%.
		elication form AW8 and return it to the Pension Officer at your place of form in a sealed envelope attached to the AW8 form if you wish.
Signature		
Date	/	

Part B - To be completed by the doctor.

Date

Details of the doctor completing this form

Name
Address

Telephone number

Fax number

Post code

Fax number													
					Pos	t code							
Email Address													
NHS Pensions may NHS benefits to a si	•		e expectar	nc	y is less than a ye	ear to c	hoo	se to	o cor	nm	ute t	heir	
By signing this form life expectancy is less	-	_	in your op	in	ion								•••
Please tick the boxe	es that ap	oply to you.											
I am this person's:	s: General Practitioner												
		Consultant / Ho	ospital Dod	ctc	or								
Signature													