

Appendix 'A'

Form of option for commutation of Additional Pension for those retired/discharged/invalided out from Service on or after 01.01.2016 and whose PPOs have been issued at pre-revised pension rates

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I, Personal/Service/Regimental No. ----- Rank -----

Name----- granted pension vide PPO No. ----- hereby give the following option for commutation of my revised pension becoming due to revision of my pay/pension.

1. I opt to commute the additional commutable amount, which become due on account of revision of my pay/pension.

OR

2.* I do not opt to commute the additional commutable amount which become due on account of revision of my pay/pension

Signature _____

Name in full _____

Address _____

Date :

Place :

(*) To be scored if not applicable.