

Death Benefits Claim Form

Section 4 - Bank Details

Failure to complete this section will delay payment of your benefits.
Note. The account must be in your own name.

| | |
|---|---|
| Name of Account Holder | Name and branch of Bank or Building Society |
| <input type="text"/> | <input type="text"/> |
| Bank or Building Society Sort Code | Account Number |
| <input type="text"/> | <input type="text"/> |
| Account Holder's Building Society Roll Number (if applicable) | |
| <input type="text"/> | |

If children's pensions are being claimed and will be paid to the child's individual accounts then please use the additional space below to detail each account.

| | |
|---|---|
| Name of Account Holder | Name and branch of Bank or Building Society |
| <input type="text"/> | <input type="text"/> |
| Bank or Building Society Sort Code | Account Number |
| <input type="text"/> | <input type="text"/> |
| Account Holder's Building Society Roll Number (if applicable) | |
| <input type="text"/> | |

| | |
|---|---|
| Name of Account Holder | Name and branch of Bank or Building Society |
| <input type="text"/> | <input type="text"/> |
| Bank or Building Society Sort Code | Account Number |
| <input type="text"/> | <input type="text"/> |
| Account Holder's Building Society Roll Number (if applicable) | |
| <input type="text"/> | |

| | |
|---|---|
| Name of Account Holder | Name and branch of Bank or Building Society |
| <input type="text"/> | <input type="text"/> |
| Bank or Building Society Sort Code | Account Number |
| <input type="text"/> | <input type="text"/> |
| Account Holder's Building Society Roll Number (if applicable) | |
| <input type="text"/> | |

Death Benefits Claim Form

Guidance Notes

Section 1 - to be completed by the claimant. If there is more than one claimant for a Death Grant, a separate form is required for each claimant. The only exception to this will be minors without a bank account, where a parent or guardian can include details of a child or children on the same form.

Section 2 - to be completed by the claimant. The Committee has complete discretion when paying the Scheme Death Grant. Please provide any information that you may feel relevant in the Additional Information box. The Committee will consider this information.

Section 3(a) - to be completed by the surviving spouse or Civil Partner provided they were not divorced or that their Civil Partnership was not dissolved at the date of death. If claiming as a Nominated Cohabiting Partner, the following conditions must have applied to both you and your partner continuously for a period of two years leading up to your partner's death:

- both you and your partner were free to marry each other or enter into a civil partnership with each other, **AND**
- you and your partner were living together as if you were husband and wife, or civil partners, **AND**
- neither you nor your partner were living with someone else as if you/they were husband and wife or civil partners, **AND**
- you were financially dependent on your partner or you were financially interdependent on each other

Section 3(b) - to be completed for each child who is:

- Under age 18 , or
- Over 18 and undertaking full-time education or training (full address of Education/Training establishment is required) and has remained in full-time education or training without a break since age 18 and up to a maximum age of 23 years, or
- Over age 18 and incapacitated by reason of ill health or infirmity of mind or body which arose before age 18 or during full-time education or training as mentioned above

A long birth certificate is required for each child. Please detail the National Insurance numbers if the child is old enough to have one. The Committee will determine whether or not the child is entitled to a child's pension.

Section 4 - Contact your bank if you are unsure of your bank account details or if your account will accept a BACS credit.

Document Checklist

Please ensure that you have enclosed the following **original** certificates, if applicable:

Death Certificate or Coroner's Certificate

Marriage or Civil Partnership Certificate

Claimant's Birth Certificate

Children's Long Birth Certificates

If you are claiming as a nominated cohabiting partner, we may request evidence to show that the qualifying conditions were met.

Death Benefits Claim Form

Section 1 - Deceased's Details

| | |
|----------------------|--------------------------|
| Surname | Pension Reference Number |
| <input type="text"/> | <input type="text"/> |
| First Name | Mr/Mrs/Miss/Ms |
| <input type="text"/> | <input type="text"/> |
| Date of Birth | Date of Death |
| <input type="text"/> | <input type="text"/> |

The following sections are for completion by the claimant of the Death Benefits. A separate form is required from each claimant. The only exception to this will be minors without a bank account, where a parent or guardian can include details of a child or children on the same form.

Section 2 - Claim for Death Grant

I apply for the Death Grant payable on the death of the above member. I enclose an original copy of the Death Certificate / Coroner's Certificate.

| | |
|-----------------------|--------------------------|
| Claimant's Surname | Mr/Mrs/Miss/Ms |
| <input type="text"/> | <input type="text"/> |
| Claimant's First Name | Claimant's Date of Birth |
| <input type="text"/> | <input type="text"/> |

Claimant's Address

Postcode

Telephone Number

Reason for Claiming i.e Nominated Cohabiting Partner / Widow(er) / Next of Kin / Surviving Civil Partner / Other (please state)

If claiming on behalf of a minor without a bank account, I declare that the Death Grant paid to me will be used for his / her benefit.

| | |
|------------------------------|----------------------|
| Signature of Claimant | Date |
| <input type="text"/> | <input type="text"/> |

Additional Information

If you are claiming the Death Grant only then proceed to Section 4 to complete your bank details for payment. Please ensure that you have enclosed the required documentation as per the Document Checklist in the Guidance Notes section.

If you are claiming a Pension then proceed to Section 3 - Claim for Pension

Death Benefits Claim Form

Section 3 - Claim for Pension

3(a) - Claim for Widow's/Widower's/Nominated Cohabiting Partner's/Surviving Civil Partner's Pension

| | |
|-----------------------|--------------------------|
| Claimant's Surname | Mr/Mrs/Miss/Ms |
| <input type="text"/> | <input type="text"/> |
| Claimant's First Name | Claimant's Date of Birth |
| <input type="text"/> | <input type="text"/> |

Claimant's Address

Postcode

| | |
|----------------------|--------------------------------------|
| Telephone Number | Claimant's National Insurance Number |
| <input type="text"/> | <input type="text"/> |

Reason for Claiming (Please Circle)
Widow / Widower / Nominated Cohabiting Partner / Surviving Civil Partner

Date of Marriage / Civil Partnership (if applicable)

If married or civil partnered, I declare I am the widow / widower or surviving partner of and was not divorced from him/her or our civil partnership was not dissolved on the date of his/her death.

If claiming as a Nominated Cohabiting Partner, I declare that our relationship met the qualifying conditions on the date of his/her death.

| | |
|------------------------------|----------------------|
| Signature of Claimant | Date |
| <input type="text"/> | <input type="text"/> |

3(b) - Claim for Child's Pension

| Full Name of Child | Date of Birth | National Insurance Number (if over 15 years old) | Full Address of School, College, University (if over age 18) |
|----------------------|----------------------|--|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

I declare that I am the Parent / Guardian of the child(ren) named above. Any child's pension paid to me will be used for his / her / their benefit. I enclose the necessary long Birth Certificates.

| | |
|--|----------------------|
| Signature of Parent or Guardian | Date |
| <input type="text"/> | <input type="text"/> |