



Registered Office:- 67/68 Long Acre, Covent Garden, London WC2E 9FA

APPLICATION FOR BEREAVEMENT BENEFIT

To the Secretary of: _____ Branch. Date: _____

DEATH OF MEMBER

Name of Member: _____ Registration Number: _____

Date of Birth: _____

Normal occupation: _____

I have to inform you of the death of the above-named member, which occurred on: _____

(1) Relationship to Member _____

(2) Are you the next of kin? _____

(3) What other relatives are living? _____

(4) Did the late Member leave a will? _____ Or sign a Nomination form? _____

(5) If so, was it in your favour? _____

Signature of Claimant _____ Print Name _____

Address _____

FOR HEAD OFFICE USE ONLY

Joining Date: _____ Years Membership: _____ Status: Working Member / Community / Retired / Other

Termination Benefit Claimed?: Yes No Years @ £200 p.y.: _____ Amount: £ _____

If yes, when?: _____ Years @ £ 10 p.y.: _____ Amount: £ _____

How much?: £ _____ Total Years: _____ Total: £ _____

Benefit payable: £ _____

Retired / Other description _____
Workings _____

NOTE: This form (duly completed in ink) must be forwarded to Head Office together with a copy of the Death Certificate and the Membership Card of the member.