

Bereavement benefit application form

About the member:

His/her name			
Membership no.		His/her date of birth	
Date of death			

About you:

Your name			
Are you the next of kin?	Yes/No	Are you acting on behalf of other relatives/beneficiaries?	Yes/No
If you answered No to either question, please give details			
Other beneficiaries (eg. 2 sons, 1 daughter etc)			
Your address			

Your signature:

Signed			
Print name		Date	

Please send this completed form together with a copy of the death certificate to:

Finance Department, Community, 465c Caledonian Road, London N7 9GX

HEAD OFFICE USE ONLY:

Joining date	Years membership	Status			
		Working	Community	Retired	Other
Termination Benefit claim?	Yes/No	Years@£200		Amount (£)	
TB claim date		Years@£20		Amount (£)	
TB claim amount		Total years		Total (£)	
Total Benefit payable		Retired/Other description			
Notes/workings					