



Survivor benefit claim form for nominated cohabiting partner

Please use block capitals, and black ink if possible.

1. Your full name

2. Your address and postcode.....

3. Your phone number

4. Your National Insurance number

5. Your date of birth

7. Your partner's full name

8. Date of death.....

9. Were you living with your partner on this date? Yes No

10. Are you receiving child benefit for a dependant child or children? Yes No

Which bank or building society account should we pay your pension into?

11. Name of bank or building society.....

12. Their address.....

13. Sort code

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14. Account number

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15. Name on account (must be in your name)

16. Building society reference (if any)

17. If your partner paid contributions to a hospital fund and they covered you too, do you want to continue paying for yourself? Yes No

18. Only tick this box if you don't want to receive offers about products and services from WYPF

Declaration

I confirm that for a continuous period of at least two years before my nominated partner's death:

- We were able to marry or form a civil partnership
- We lived together as if we were husband and wife or civil partners
- Neither of us have been living with somebody else as if we were husband and wife or civil partners
- Our financial affairs have been interdependent (or my nominated partner has been financially dependent on me).

I have enclosed my **birth certificate** and my partner's **death certificate** (please send the original certificates, which we'll return straightaway).

Signed Date

