



London Borough
of Hounslow



Survivor benefit claim form for registered civil partnership

Please write using block capitals and black ink if possible

1. Your full name	<input type="text"/>
2. Your address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
3. Your phone number	<input type="text"/>
4. Your national insurance number	<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"/>
5. Your date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> attach your birth certificate
6. Date of civil ceremony	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> attach your registered civil partnership certificate
7. Your partner's full name	<input type="text"/>
8. Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> attach the death certificate
9. Were you living with your partner at this date?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Are you receiving child benefit for a dependant child or children?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Which bank or building society account shall we pay your pension into?	
11. Name of bank /building society	<input type="text"/>
12. Their address	<input type="text"/> <input type="text"/>
13. Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
14. Sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
15. Name on account (must be in your name)	<input type="text"/>
16. Building society reference (if any)	<input type="text"/>
17. If your partner paid contributions to a hospital fund and they covered you too, do you want to continue paying for yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Only tick this box if you do not wish to receive offers about products and services from WYPF	<input type="checkbox"/> <input checked="" type="checkbox"/>

Declaration

I declare that I am the registered partner of the late.....
and that I was their legal partner at the time of their death.

I have enclosed my **birth certificate**, **civil partnership certificate** and my partner's **death certificate**.
Please send the original certificates. We'll return them straight away.

I apply for any pension to which I might be entitled. The information I have given is correct to the best of my knowledge and belief.

Signed.....Date.....