COMMUNICATIONS WORKERS' UNION
ORHPANS' PENSION FUND – CLAIM FORM

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

GUARDIAN'S NAME _____ **MOBILE** _____

HOME ADDRESS _____

_____

Branch Secretary to insert:

MEMBER'S NAME _____ **STAFF NO** _____

BANK DETAILS:

If there is more than one account for payment, please include the information on a separate page(s)

NAME OF BANK: _____ *PLEASE PRINT*

NAME ON ACCOUNT: _____ *PLEASE PRINT*

IBAN:

ACCOUNT NO: _____ **SORT CODE:** _____

I wish to claim from the Orphans' Pension Fund for the child(ren) named below

FULL NAME(S) OF CHILD(REN)	**DATE(S) OF BIRTH**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

DATA PROTECTION:

The information collected here will only be used for the purpose of processing claims from the Orphans' Pension Fund and will not be shared with any third-party. If you consent to the use of your data for this purpose, please sign the form below.

SIGNED: _____ **DATE:** _____

(Guardian)