

**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:

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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

Please note that original Birth Certificate(s) must be provided in support of Claim. These documents will be returned once Claim is processed.

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)