

Teacher's Ref No: TR _____

TEACHERS' SUPERANNUATION SCHEME

APPLICATION FOR FAMILY PENSIONS

To be completed by the widow(er)/beneficiary of:-

- Please fill in this form and return it to us as soon as possible
- If you need any help with this form, please phone us on (028) 71319000.
- Please send with this form a copy of:
 - your Marriage Certificate;
 - a full Birth Certificate for each dependant child (i.e. certificate showing names of parents);
 - a Death Certificate for the deceased teacher.

1. To be filled in by all applicants. - Please use CAPITAL LETTERS.

Your Surname Mrs Mr Miss Ms

Your First Names

Your Present Address
Postcode

Your National Insurance Number

Your Daytime Telephone Number

Your Date of Birth

Do you wish your pension to be paid Yes No *If 'yes' fill in this part*
 → into your bank/building society (Tick Box) No *If 'no' go on to Part 2.*

Sort Code	-	-						
Account No.								
Name & Address of Bank/Building Society								

2. If you are the widow(er) fill in this part. If not, please go to Part 3.

Were you married to the teacher/pensioner named above Yes
 at the time of his/her death? (Tick Box) No *Now go to part 3 below.*

3. To be filled in by all applicants. - Please use CAPITAL LETTERS.

Were there any children **16 years of age or under** completely or mainly dependent on the deceased? (Tick Box)

Yes If 'yes' give details
opposite.

No

Full Name of Child (including Surname)	Date of Birth

Please Turn Over

4. To be filled in by all applicants.

(Tick Box)

Were there any children **aged 17 or over** completely or mainly dependent on the deceased teacher/pensioner?

Yes No

If 'YES' are they in: * full-time education; or

Yes No

* training for a profession or

trade?

If 'YES', give details below.

Full Name of Child (including Surname)	Date of Birth	Name of School/Educational Institute/ or Employer (if any)	What Income Does He/She Get Per Year? ie salary/wages	When Did He/She Start This Course/ Training?	When Do You Think He/She Will Finish The Course/Training

5. Are there any dependent children (of whatever age) incapacitated? (Tick Box)

Yes

No

IMPORTANT

- * Before any pension can be paid, you must sign the declaration below **in the presence of a witness.**
- * The witness **must be registered** on the Electoral Register.
- * The witness **must not be** related to you.

DECLARATION

- As far as I know, the answers I have given on this form are true.
- I understand that if anything happens to change the information I have given, I must tell the Teachers' Pensions Branch immediately.

Signature: **Date:**

DECLARATION BY WITNESS

- I certify that this declaration was signed in my presence by the person whom I believe to be the beneficiary.
- I am registered on the Electoral Register and I am not related to the applicant.

Full Name: **Address:**

Signature:

.....

Date:

.....

CHECK LIST

* signed the declaration?

Have you

* *Have you enclosed your marriage certificate, the death certificate & birth certificates for each child?*

Please post this application to:

***Department of Education
Teachers' Pensions Branch
Waterside House
75 Duke Street, Londonderry BT47 6FP***