



Parliamentary Contributory Pension Fund - CARE sections

Dependants' pension payment form

To apply for a dependant's and/or children's pension under the Rules of the Scheme, please complete part A, as well as part B and C or D, as appropriate.

You must also remember to complete the declaration overleaf.

Part A: Member's details (please complete in BLOCK CAPITALS)

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no:

PCPF member no:
(if known)

Home address:

Postcode:

Telephone no:

Mobile no:

Email:

Part B: Dependant's details

Title: (please specify)

Mr Mrs Miss Other

Forenames:

Surname:

NI no:

Date of birth:

Email:

Home address:

Postcode:

Telephone no:

Mobile no:

Part C: Dependant's bank details

Bank/building society sort code:

Bank/building society account no:

Bank/building society roll no. (if applicable):

Account holder name:

Part D: Children's pensions

Name of child 1:

Name of child 2:

Please attach:

- a full digital birth certificate (not the short form) or passport for each child
- a letter on headed paper from the educational establishment for each child aged between 18 and 23

Child 1 bank account

Please tick if the details are the same as Part C

Bank/building society sort code:

Bank/building society account no:

Bank/building society roll no. (if applicable):

Account holder name:

Child 2 bank account

Please tick if the details are the same as Part C

Bank/building society sort code:

Bank/building society account no:

Bank/building society roll no. (if applicable):

Account holder name:

If there are more than two children, please provide their name and bank details (if different from those in Part C) on a separate sheet of paper in the same format as above and sign and date the extra sheet.

Declaration

I declare that:

- I am the dependant of the deceased member named overleaf and I am entitled to a dependant's pension
- The child(ren) listed in Part D were dependent on the deceased member and meet the requirements detailed in the attached letter

I enclose the following documents: (please tick as appropriate ✓)

- original death certificate
- original marriage or civil partnership certificate
- my original birth certificate or passport
- original full birth certificate or passport for each child named in Part D
- letter confirming full-time education for each child between ages 18 and 23 or a medical declaration (whichever is applicable)

Signed:

Date: / /

Please return this form to: PCPF Administration Team, RPMI, PO Box 193, Darlington DL1 9FP

Administered by RPMI: PCPF, PO Box 193, Darlington DL1 9FP. T: 0845 555 3377 F: 01325 343 177 e: PCPF@rpmico.uk
Calls cost 5p per minute plus your phone company's access charge.

The Trustees, the Secretariat and their advisers, and the administrators of the Fund, will process personal data in relation to you in order to administer the Fund. This may include sensitive data (as defined in the Data Protection Act 1988). In accordance with the Data Protection Act 1998, all information concerning Fund members and their dependants will be treated by the Trustees and their advisers as confidential. If you wish to inspect any data that is held about you, please contact the administrators of the Fund.