NOW UNDER HARDSHIP – NEED INCOME AND ASSETS FORM AS WELL AS THIS



Employee ref: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Funeral Grant Application Form

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **1. About you, the person applying for the grant on behalf of the deceased** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Title | | | First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | |  | |  | |  | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Home telephone number  *(include dial code)* | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Mobile number | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | |  | | |
| Email address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NI Number | | |  | |  | |  | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | |  | | |
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| Date of Birth  *dd mm yyyy* | | |  | |  | |  | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | |  | | |
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| Please tell us why you are filling in the form (circle as appropriate) | | | | | | | | | | | | | | | | | | | I am their next of kin | | | | | | | | | | | | | | | | | | | | | | | I have power of attorney | | | | | | | | | | | | | | | | | | | | | I am their appointee | | | | | | | | | | |
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| **2.1 About the person who has died** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Their Title | | | Their First Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Their Surname | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Their Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postcode | | |  | |  | |  | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |  | |  | | |
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| Date of Birth  *dd mm yyyy* | | |  | |  | |  | | | |  | | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | |  | |  | | |
|  | ***Please tick as appropriate*** | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | |  | | |  | | | | |  | |  |
|  | Is the person who has died a former employee of Mansfield Brewery? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | |  |
|  | Is the person who has died the spouse of a former employee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | |  |
|  | Is the person who has died a dependant child of the former employee? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | |  | | | |  |
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|  | If the person who has died was a former employee of Mansfield Brewery, do they have a surviving spouse/partner*? (Please circle as appropriate)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | | | | | |  | | | | | | | | | | |  | | | |  | | | |  |
|  | If you answered ‘Yes’, please give their full name and address | | | | | | | | | | | | | | | | | | | | | | | | Name:  Address: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Their home telephone number | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | **3. About the funeral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Date of the funeral *(if known)* | | | | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | | | | | | | | |
| Who has taken responsibility for the funeral expenses? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Why has this person taken responsibility? | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you used a funeral director to arrange the funeral? | | | | | | | | | No | | | | | | |  | | | | | | | | | | Please tell us why | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | |  | | | | | | | | | | Please tell us their details below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of the Funeral Director | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Their address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Their telephone number | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. About the estate** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any money available or due to you, to pay for the funeral? | | | | | | | | No | | | | | | |  | | | | | | Please go to section 5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | | | | | | |  | | | | | | Please answer the remaining questions in this section | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did the person who has died have a prepaid funeral plan? | | | | | | | | No | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | | | | |  |
| Yes | | | | | | |  | | | | | | Please tell us the value of this £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did the person who has died have funeral insurance or a life insurance policy? | | | | | | | | No | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | | | | |  |
| Yes | | | | | | |  | | | | | | Please tell us the value of this £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did the person who has died have a private company pension? | | | | | | | | No | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | | | | |  |
| Yes | | | | | | |  | | | | | | Please tell us the value of this £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any money in cash belonging to the person who has died? | | | | | | | | No | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | | | | |  |
| Yes | | | | | | |  | | | | | | Please tell us how much £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there any money due to the estate from the sale of the deceased’s property? | | | | | | | | No | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | |  | | | | |  |
| Yes | | | | | | |  | | | | | | Please tell us the value of this £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5. Procedure** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | | | | No | | | | | | | | | |  | | | | | | | | | | | | |
| Contacted the Department for Work and Pensions to establish eligibility for bereavement benefits. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| Completed an Income and Assets section of the application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| Included a copy of the death certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
| Included the funeral directors’ invoice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |
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| **7. Privacy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baily Thomas Provident Fund is committed to protecting your privacy. We will use the information you have supplied on this form to process your application and to update the Trustees’ records relating to the employee beneficiaries. Full details of how we process your personal data can be found in our Privacy Policy. To request a printed copy please contact us using the details below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **8. Declaration** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| * I declare the information I have provided in this form is, to the best of my knowledge, accurate and true and will update the Baily Thomas Provident Fund if my information changes. * I understand that the information I have provided will be used to process this application and to update beneficiary records. * I understand that to comply with the legal reporting obligations for trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register. * I understand that the information I have provided will be processed in accordance with the Baily Thomas provident Fund Privacy Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Your Signature (applicant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date  *dd mm yyyy* |  | |  | |  | | | |  | | | |  | | | |  | | | | | | |  | | | | |  | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Your completed form should be returned to:**  **Baily Thomas Provident Fund,**  **Mansfield Business Centre**  **Ashfield Avenue**  **Mansfield**  **NG18 2AE**  **Contact us:**  **T**elephone: 01623 473290  Email: enquiries@bailythomasprovidentfund.org.uk  Web: [www.bailythomasprovidentfund.org.uk](http://www.bailythomasprovidentfund.org.uk) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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