APPLICATION FOR A WIDOW’S/WIDOWER’S ALLOWANCE/GRATUITY

Please use BLOCK CAPITALS when filling out this form. BE SURE TO ANSWER ALL QUESTIONS.

When completed, this Form should be taken or sent to:

DEPARTMENT OF SOCIAL INSURANCE
Ground Floor
Government Administration Building
30 Parliament Street, Hamilton HM 12
Bermuda

CONTRIBUTORY PENSIONS ACT, 1970
A widow/widower shall be entitled to an allowance at the date of the deceased spouse’s death, where he/she satisfied the relevant contribution conditions.

PARTICULARS OF CLAIMANT

<table>
<thead>
<tr>
<th>1. Claimant’s Surname</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Names (in full)</td>
<td></td>
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</tbody>
</table>

2. Permanent Address

3. Telephone Number(s) / Email Address

4. Bank Name

5. Bank Address

6. Account Number

7. Your Insurance No. or Claim No. (if any)

8. Name and address of employer (if any)

9. Date and place of birth

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Place</th>
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</thead>
</table>

Please submit your birth certificate or passport. It will be returned as soon as possible.

10. Date and place of marriage

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<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Place</th>
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Please submit documentary evidence.

11. Does your income from all sources (excluding the non-contributory pension) exceed $4,000 per year?

☐ Yes  ☐ No

PARTICULARS OF DECEASED SPOUSE

9. (a) Surname

(b) First and other names

(c) Date of birth

<table>
<thead>
<tr>
<th>Day</th>
<th>Month</th>
<th>Year</th>
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(d) Date and place of death

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<th>Day</th>
<th>Month</th>
<th>Year</th>
<th>Place</th>
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(e) Please submit documentary evidence.

10. Was he/she receiving a contributory pension at the date of death?

☐ Yes  ☐ No

If yes, please state Claim Number

| Claim No. |
12. What was his/her Insurance Number?

13. Name and address of deceased's last employer

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11. Particulars of child(ren) under school-leaving age:

<table>
<thead>
<tr>
<th>Surname</th>
<th>Other Names</th>
<th>Date of Birth (Submit documentary evidence)</th>
<th>Is the child living with you?</th>
<th>Is the child wholly or mainly maintained by you?</th>
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<td>Yes</td>
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</table>

If the child has been legally adopted, please send the adoption certificate.

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**DECLARATION**

(WARNING: Giving false information may result in prosecution.)

I DECLARE
That I am the widow/widower of the person named at Item 10 and that information given on this form is true to the best of my knowledge.

(Claimant's usual signature or mark if unable to write)

Date:

IMPORTANT
The applicant, in addition to signing the above Declaration should sign again in the space to the right.

This additional signature is required for record purposes.

WITNESS TO SIGNATURE
The signature opposite was made or acknowledged by the claimant in my presence.

Signature: ___________________________________________

Address: ___________________________________________

The Claimant's signature must be witnessed by a house-holder (not a relative) or by an officer of the Department of Social Insurance.

USUAL SIGNATURE OF CLAIMANT TO BE WRITTEN BELOW DO NOT USE BLOCK CAPITALS. MUST BE WRITTEN IN INK.

Claim No.: ___________________________________________