



| FOR REGIONAL OFFICE USE | |
|-----------------------------|--|
| Branch | |
| Member's Name | |
| Amount Paid £ | |
| Date Claim Paid | |
| Paid by | |
| Serial No. of Receipt | |

FUNERAL BENEFIT CLAIM FORM

FromBranch
 Branch Secretary
 Address

To the Regional Secretary,Region

1. Members' Details

Name

Address

2. Membership Number

3. Date of death

4. Length of GMB membership
 (Funeral benefit is paid only to members with at least eight years' continuous membership)

Date last joined Union

5. Death Certificate
 Tick to confirm death certificate is enclosed

6. Membership of HM Forces
 If member was in HM Forces at any time in the past eight years, please complete this section.

Date of joining HM Forces

Date of discharge

Period, if any, when contributions were not paid
 From To

7. Branch Secretary's Declaration

I confirm that our late member was financial according to Rule 55(1) and that the details given above are accurate. Payment of £250.00 will be made as noted below to the person responsible for the funeral expenses.

Signature Date

8. Funeral Benefit Recipient

Payment should be made to the following. If our late member completed a nomination form, this should be included with the application.

Name

Address

Relation

Funeral Benefit is not payable where a member was more than six weeks in arrears with contributions, or where the claim is made more than twelve months after the member's death.