

Financial Dependency Confirmation Form

Please confirm if you were financially dependent on the member at the time of their passing:
Place a tick in the relevant box

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If **yes**, please enclose evidence of financial dependency and confirm what documents you have sent below.

Signature:	Date:
Name:	
Have we written to the correct address for you? Yes / No please see correct address below:	
Relationship to deceased:	
Telephone number:	
Email address:	