



# QPSU MORTALITY BENEFIT BENEFICIARY FORM

---

*Please print clearly:*

## Beneficiary Details

Surname

---

Given Names

---

Address

---

Contact number

---

Relationship to member:

Nominee     Executor     Administrator     Spouse     Next of Kin

## Member details

Surname

---

Given Names

---

Address

---

Contact number

---

QPSU Membership Number:

---

*I understand that it is my responsibility to keep the QPSU informed of any change to the above.  
I also understand that for the benefit to be paid:*

- I must remain a financial member of the QPSU*
- The application for benefit must be received at the Union office within 12 months of my death*

*I also acknowledge the benefit ceases and is not payable once I reach 65 years of age.*

Signed

Date



# QPSU MORTALITY BENEFIT CLAIM FORM

*Please print clearly:*

## Member details

Surname

Given Names

QPSU Membership Number:

Date of Birth

*(Please note benefit not payable if member was 65 years of age or over)*

## Beneficiary Details

Surname

Given Names

Address

Contact number

Relationship to member:

Nominee     Executor     Administrator     Spouse     Next of Kin

*I declare the above details to be true and correct and I attach appropriate proof of death.*

Signed

Date

OFFICE USE ONLY

Proof of death provided    Yes     No

Financial    Yes     No     Date Deceased