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| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)**Death of a Deferred Member**  |
| **Resource Name** | Template Form - Child (**under 18 years of age or permanently incapacitated**) Pension Benefit Acknowledgement Form  |
| **Resource Reference** | SPS.DTH.DOD.TF.06 (Phase 1) |
| **Version**  | V1.0 |

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| **PLEASE NOTE:** Administratorsmay accesslegislation, Circulars or Letters to Personnel Officers noted in this Procedure by accessing the Circulars & Legislation Section of the Single Scheme Website at [www.singlepensionscheme.gov.ie/circulars](http://www.singlepensionscheme.gov.ie/circulars) |

**CONFIDENTIAL**

***Single Public Service Pension Scheme***

**Benefit Acknowledgement Form for a Deceased Member’s eligible child who is under 18 years of age or permanently incapacitated**

**From:** <<Title>><<Forename>><<Surname>>

**To:** <<Relevant Authority, Address 1, Address 2, Address 3, Address 4. >>

**Re:** <<Deceased Member’s Name>> (deceased)

<<Name of Child Beneficiary>> **PPSN:** <<Child’s PPSN>>

* I acknowledge receipt of correspondence dated <<dd/mm/yyyy>> enclosing a Survivor Child Pension Benefit Statement(s) for the Single Public Service Pension Scheme in respect of the child named above.
* I confirm that all details on the Survivor Child Pension Benefit Statement are correct and that I am the Parent/Step-Parent/Legal Guardian for the child named above. *(Please note, in the event that these details are incorrect, you should* ***not*** *return this form. Instead, you should make contact with us immediately as your details may need to be reviewed).*
* I direct that the Child Pension for the child named above will be paid to my bank account specified on the enclosed Bank Payment Mandate Form and that the Child Pension Benefit payments will be used for the benefit of the child named above.

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| **Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_/\_\_\_\_/\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Relationship** **to child:** Parent 🞏 Step-parent 🞏 Legal Guardian 🞏 |