

THE CHARLES WRAY IN MEMORIUM PENSION FUND

The Pension Fund is governed by an Order made by Mr Justice Clauson, 27th April 1936, as amended by the Charity Commissioners in January 2002.

The Pensions Trustees may pay pensions to eligible persons of an amount which they approve from time to time.

The following qualify as applicants for pensions:

1. Persons who are members or former members of any rank and rating of the Naval Military and Air Forces of the Crown and served in such forces in any war or on active service or members or former members of any rank and rating of the Merchant Navy or Fishing Fleets who served afloat during any hostilities outside examination area and
2. Persons who at the time the pensions are first granted are suffering from any physical nervous or mental incapacity or disablement either permanent or temporary which is attributable to or has been aggravated by such service and is not due to their own serious negligence or misconduct.
3. In awarding pensions, Trustees must give priority to:

Persons who were born of parents ordinarily resident at the time of the pensioners birth in the County of Yorkshire or the County Borough of Croydon (or other local government unit of area which comprised the town of Croydon before the County Borough of Croydon was created) or who were ordinarily resident themselves in Yorkshire or Croydon as aforesaid at the commencement of or during the service in the course of which or as the result of which the incapacity was acquired.

Applications should be made on the enclosed form to the Trustees of Haig Housing Trust who are also the Trustees of the Charles Wray in Memoriam Pension Fund, and marked for the attention of the Director of Corporate Services.

Charity Commission No. 1125556

Registered Address: Alban Dobson House
Green Lane
Morden, Surrey
SM4 5NW
Tel: 020 8685 5777
Fax: 020 8685 5778
Email: enquiries@haighousing.org.uk

APPLICATION FOR A PENSION TO THE TRUSTEES OF THE CHARLES WRAY IN MEMORIAM PENSION FUND

1. PARTICULARS OF APPLICANT

Name:	Telephone No:
Address:	
Date of Birth:	Marital Status:
Service, Corp, Regiment:	
Service dates: from: to:	
Rank on leaving Service:	Service No:

2. ELIGIBILITY

Please state in what capacity you qualify to apply. See qualifications 1, 2 and 3 on enclosed information sheet.

--

4. MEDICAL DETAILS

Please describe your medical condition and provide evidence to support your claim that your condition is due to or has been aggravated by your active service:

--

5. WEEKLY INCOME OF HOUSEHOLD

Income	£
Wages/Salary (Applicant)	
Wages/Salary (Spouse/Partner)	
Maintenance/CSA Receipts	
Income from Savings, Investments	
Pensions (Applicant)	
Service Retirement Pension	
Service Invalidity Pension	
Occupational Pension	
State Retirement Pension	
War Disablement Pension	
State Widows Pension/Bereavement Allowance	
War Widows/Widowers Pension (<i>£10 disregard allowed</i>)	
Widowed Parent's Allowance (<i>£10 disregard allowed</i>)	
Pension (Spouse/Partner)	
Service Retirement Pension	
Service Invalidity Pension	
Occupational Pensions	
State Retirement Pension	
War Disablement Pension	
State Widows Pension/Bereavement Allowance	
War Widow's Pensions/AFFP Pension	
Non Means Tested Benefits	
Contribution Based Job Seekers Allowance (Applicant)	
Contribution Based JSA (Spouse/Partner)	
Severe Disablement Allowance	
Incapacity Benefit	
Statutory Maternity/Paternity pay	
Child Benefit	
Carer's Allowance	
Attendance Allowance (<i>not counted as income</i>)	
Disability Living Allowance (<i>not counted as income</i>)	
Means Tested Benefits	
Child Tax Credit	
Working Tax Credit	
Pension Credit	
Income Based Job Seekers Allowance	
Income Support	
Other benefits – specify	
All other income	
Eg contributions from other household members	
TOTAL INCOME:	

7. SAVINGS/CAPITAL

Applicant's and spouse/partner's total savings <i>(incl capital, investments, building society, bank)</i>	£
--	---

8. LIABILITIES/DEBTS

(incl secured loans, unsecured loans, HP, trading agreements, loans from family members)

Creditors	Purchase Date	Total Amount	Weekly Instalments	Total Arrears	Amount Outstanding
TOTALS					

9. PREVIOUS ASSISTANCE

(from all sources including The Royal British Legion and SSAFA Forces Help)

Date	Amount	Fund	Nature of assistance

10. STATE BENEFITS

Are you in receipt of Housing Benefit	YES/NO
Are you in receipt of Council Tax Benefit	YES/NO

11. RESIDENTIAL QUALIFICATIONS (if applicable)

Place of Birth (full address if possible):	
Usual address of your parents at the time of your birth, if not same as above:	
Do you possess, or could you obtain if required, a copy of your Birth Certificate?	YES/NO

