

## HSC PENSION SCHEME CLAIM FOR CHILD ALLOWANCE

AW9 (pre 1.4.2008)

### APPLICATION FOR PAYMENT OF CHILD'S ALLOWANCE

This form should be used to claim child allowance where the deceased retired **prior** to 1 April 2008 otherwise use form **AW9 (post 1.4.2008)**.

This form should be completed by the person who will have the care of the children.

1. Name of Deceased Officer or Pensioner
2. His/Her Date of Birth
3. His/Her Date of Death
4. Please give details of any eligible children and forward their birth certificates. Medical evidence should be produced in support of a claim for any incapacitated child over 17 years of age.

Name	SEX	DATE OF BIRTH
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. For any child over 17 years of age and in receipt of full-time education, please give below the full address of the school, college or university.

a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_  
d. \_\_\_\_\_

Please state below your full name, address and relationship to the child(ren)

Name (CAPITALS) \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

## ATTESTATION

To be signed by the parent/guardian.

I declare that I am the parent/guardian of the child(ren) listed overleaf and that any Child's Allowance paid to me shall be applied for the benefit of the said child(ren)\*

I further declare that the statements made by me on this form are true to the best of my knowledge and belief.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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To be signed by some responsible person who knows the applicant (eg a Minister of Religion, Doctor, Bank Official or Solicitor).

I CERTIFY that this declaration was this day signed in my presence and that to the best of my knowledge and belief the signatory is the person described therein.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation \_\_\_\_\_

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\* The Child's Allowance shall be payable to, or among, the children entitled thereto in such proportions as the Department thinks fit, provided that the Department may, if it thinks fit, pay the allowance to such other person as the Department may determine, and any person to whom an allowance is so paid shall apply it in accordance with any directions given by the Department for the benefit of the child entitled to the allowance.

Any queries regarding the tax aspect of this benefit, after payment commences, should be directed to HMRC Northern Counties Area, Foyle House, Duncreggan Road, Londonderry, BT48 0AA.

This form should be forwarded to:-

**HSC Pension Service  
Waterside House  
75 Duke Street  
LONDONDERRY  
BT47 6FP**