



bankers benevolent fund

application for assistance – elderly & disability programmes

– includes project grant application form.

All information provided on these forms will be treated in the strictest confidence

who are we?

The Bankers Benevolent Fund is a charity for bank employees past and present, and their dependants. It helps towards the cost of educating children of bank employees who have either died or are unable to work because of ill health or disability. It also gives financial support to older people and those with disabilities who face hardship due to low income.

can you apply?

Since the Fund is a registered charity and not an insurance scheme, we consider helping all former and current bank employees and their dependants – regardless of whether they have given any money to the Fund. Although our trustees are employed by the UK Banks, the Fund is an independent organisation and is not linked directly to any one bank.

Anyone aged over 60 who has spent at least five years in banking (or ten years if their service was more than thirty years ago) and is facing financial hardship is eligible to apply to the Fund for financial support using this application form.

Anyone aged under 60 who has spent at least five years in banking during their career, if they are not a current employee, and is in receipt of a state disability or ill-health benefit and is facing financial hardship is eligible to apply to the Fund for financial support using this application form.

how do we help?

The Fund provides financial support to bank employees who are suffering from long-term ill health or disability and can no longer work. The Fund also aims to improve the quality of life for retired bank employees and it helps in the following ways:

- Those living in their own home (or rented accommodation) who are on very low incomes may receive regular allowances for general living expenses.
- Pensioners living in residential or nursing homes can receive regular grants towards shortfalls in their fees.
- Grants are also given to pay for special projects related to mobility, home comfort and accessibility or basic essentials, which are not affordable from regular income. For example, mobility scooters, stair lifts, repairs to the home etc.
- Grants are also available to those disabled people of working age who wish to return to alternative employment.
- Assistance to owner-occupiers aged over 60 may be provided by way of an interest free or low interest loan.

Most of the Fund's beneficiaries have limited means and we have devised a very fair system of calculating who is eligible for our assistance: We compare your level of income to a figure that's 80% of the UK's median household income (after tax and housing costs are taken into account). We also take into consideration any capital assets (excluding your home). These are broadly aligned with the levels at which Income Support is available. We sometimes accept applicants above our limits (which are reviewed annually) where a special need is identified and a strong case for support can be made. Our criteria are reviewed from time to time to ensure that they are meeting the needs of applicants and the Fund's resources.

contacting us

Please do not hesitate to telephone 020 7216 8981 if you experience any difficulty in filling in this form. **Please use a blank piece of paper if any section of the form seems unsuitable for your purposes or there is insufficient space.**

Please send your completed application form to:

The Bankers Benevolent Fund
Pinnars Hall, 105 –108 Old Broad Street
London EC2N 1EX

▼ about you and your spouse/partner

1. Your details

Family name _____

First names _____

Maiden name _____ Date of birth _____

Married / single / widowed / divorced / separated (please delete as necessary) _____

State of health _____

Address _____

Telephone _____ email _____

2. Details of spouse/partner

Family name _____ Date of birth _____

First names _____

State of health _____

3. Banking service

In which banks have you been employed? _____

Period of service from _____ to _____

If you have left banking, state the date and reason _____

Or if you have not been employed by a bank give details of the banker/former banker on whom you are/were dependent

Name _____

Relationship _____

Bank _____

Period of service from _____ to _____

4. Other employment

Please give details, with dates, of all other employment of you and your spouse/partner (continue on separate sheet if necessary)

▼ about the assistance you need

5. Assistance required

For what purpose is financial assistance requested?

If you need specific expenditure such as mobility equipment, accessibility in the home, general household items, holidays or respite care breaks etc., please also complete the *project grant application form* on the last page.

If you are seeking help towards the cost of a scooter or wheelchair, and have already selected the model you require, please provide us with an assessment from an occupational therapist, or similarly professionally qualified person to confirm that the equipment chosen is suitable for your needs. Alternatively, we have contact with an organisation, *The Mobility Bureau*, who supply this kind of equipment and we can, if you wish, contact them on your behalf to carry out an assessment and obtain an estimate from them for the equipment you require.

Please tick this box if you wish us to contact *The Mobility Bureau* on your behalf

6. Other charities/organisations approached

If you have applied elsewhere for assistance please state where and the result of your application

Please tick this box if you allow us to confer, in confidence, with other charities or organisations to seek help on your behalf (we will only do this if we consider this to be to your advantage)

▼ about your finances (please include your spouse/partner's joint saving, capital and income)

7. Property

Type of accommodation (house, flat etc)

Owner occupier/rented/leased (please delete as necessary)

If owner occupier complete the rest of this section, otherwise proceed to section 8

Date of purchase Purchase price

Estimated current market value Mortgage outstanding

8. Debts

Please include details for yourself and your spouse

Name of creditor	Original amount	Amount outstanding	Repayment terms	Purpose of loan

9. Savings and capital

	Yourself £	Your spouse £
Current account balance		
Deposit or savings account balance		
Building Society account balance		
National Savings / Premium Bonds		
Shares (market value)		
Other savings (specify)		
Investment property value		

10. Statement of income & expenditure

Income	Yourself £	Your spouse £
Bank pension (net of tax only and not other deductions)		
Earnings from employment (net of tax and National Insurance only)		
State Retirement Pension		
Pension Credit		
Income Support		
Incapacity Benefit		
Attendance Allowance		
Disability Living Allowance (Care)		
Disability Living Allowance (Mobility)		
Any other State Benefits – please specify		
Income from other charities – please specify		
Assistance from Social Services towards nursing home fees (if applicable)		
Any other income		

Note 1. Documentary evidence must be provided in support of all items of income, housing costs and nursing home fees. Photocopies are perfectly acceptable, but if this is difficult, please send the originals which we will copy and return without delay. **We will not be able to proceed with the application until this documentary evidence has been provided.**

Note 2. Please feel free to enter amounts on a weekly (W) monthly (M) quarterly (Q) or annual basis (A), but do indicate which it is by adding W, M, Q, or A as appropriate.

Housing costs (own home)	£
Mortgage payments	
DSS assistance with mortgage interest payments	
Full rent	
Housing Benefit	
Full council tax	
Council tax rebate	

Housing costs (continued)	£
Council Tax sole occupancy discount	
Ground rent	
Water rates	
Other	
Nursing home costs if applicable	
Nursing home fees (per week / month)	

11. Family

Please give details of your family and state how much they are able to contribute

▼ about your bank account & correspondence

12. Beneficiary bank account details

If a grant is awarded it will be credited direct to your bank or Building Society account.
Please complete the following to enable this to be done

Name of Bank / Building Society

Branch address

Sort code number

Account number

Building Society reference number (if appropriate)

If these details are not obvious from passbook or chequebook, please ask your local building society branch for the numbers.

13. Correspondence

If you do not handle your own correspondence to whom should correspondence be addressed?

Name

Address

Telephone

email

▼ data protection & declaration of accuracy

I confirm that you may hold these details in a retrieval system for your own use and that you may not disclose the information to any third party without my authority.

I declare that the particulars shown in this application form are accurate and give a true account of my/our present financial position.

Signature of applicant

Date

project grant application form

what help can you get?

In addition to the help we can provide towards the cost of day-to-day expenses, the Fund welcomes grant applications from those who meet our criteria to fund special projects. The grant must be for a purpose typically associated with mobility, home comfort and accessibility or basic essentials, which are not affordable from regular income. For example, mobility scooters, stair lifts, repairs to the home etc. Help may be given towards the cost respite care breaks, or to enable those disabled people wishing to return to alternative employment.

do you qualify?

Our grant criteria are regularly reviewed and amended, and details are available to assist interested applicants. The Committee exercises its discretion in reviewing applications and is under no obligation to reveal the reasons for its decisions. However, the Committee wants to be as helpful as possible, so it will assist in reaching a decision if you can describe in your own words what the project is about, how it will benefit you and also how much it will cost. Please try to be brief, but do include all the points which you feel will support your case – please continue on a separate sheet if required. Please also ensure that you have firm estimates for all of the cost involved in the project and provide copies of these with your application.

What is the project for?

What benefit will the project deliver?

How much will the project cost? *Please provide estimates*

Please return this form to:
The Bankers Benevolent Fund,
Pinnars Hall
105-108 Old Broad Street,
London EC2N 1EX

*The Bankers Benevolent Fund is a
Registered Charity No. 313080*