

# BP BENEVOLENT FUND

## Application for assistance

The BP Benevolent Fund Ltd (BP BF) is responsible for your personal information and is registered at Chertsey Road, Sunbury on Thames, Middlesex TW16 7BP. BP BF will use the information you provide in the form below to determine if you are eligible for assistance. If you are, the BP BF will then provide a grant or loan in order to assist you with your requirements via the BP Pension Fund Administration Team.

We may keep in contact with you by post, email or phone about topics which we reasonably believe are of interest to you. You can opt-out of receiving any future communications at any time or enquire about the personal data we possess by contacting Mr AM Carter ([andrew.carter@uk.bp.com](mailto:andrew.carter@uk.bp.com)). We may also need to disclose your information to our service providers and agents for these purposes.

By completing this form and submitting your data to us **you consent** to your personal information being used for these purposes. We will hold this data securely in the UK for a period of 7 years, after which time we will delete your information.

For certain applications, we may need to contact your medical practitioner. We will provide a separate form for you to sign and complete.

### 1. PERSONAL DETAILS OF BP APPLICANT

Name:	
Address:	
Post Code:	
Telephone Number:	
Email address:	

### 2. CONSENT

Applicant signature:	
Date:	

### 3. PERSONAL INFORMATION AND FAMILY DETAILS

Date of Birth:	
Pension system no:	
Date joined / Date left BP:	
Last role in BP:	
Marital status:	
Name of spouse/partner:	
Are there any other family members living at home	<input type="checkbox"/> Yes / <input type="checkbox"/> No Provide details :
Do you have other children, not living at home	
Do you support, or receive financial support from any members of your family	

### 4. ARMED SERVICE EMPLOYMENT

Please provide details of any employment you or your partner has had in the services (regular or reservist). Where service is indicated we may then approach SSAFA for support with your application.	
Branch of Armed Forces:	<input type="checkbox"/> Royal Navy <input type="checkbox"/> Army - Regiment: _____ <input type="checkbox"/> RAF
Type of engagement and rank:	
Date of enlistment:	
Date of discharge:	
Where military service is indicated do you give us permission to share details of this application with SSAFA.	<input type="checkbox"/> Yes / <input type="checkbox"/> No

## 5. HELP REQUESTED

Please describe the assistance you are looking for

Please provide two written estimates for the cost of whatever is requested above

## 6. DETAILS OF PREVIOUS APPLICATIONS / ASSISTANCE

Please detail any previous applications you have made to the BP Benevolent Fund

## 7. DETAILS OF ASSISTANCE FROM OTHER SOURCES

Have you applied for help from anyone else?

## 8. CAPITAL RESOURCES

Are you a home owner?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Provide details of any savings :	
Bank & building society accounts National savings certificates Premium bonds Income bonds Stocks and shares ISA's Property, other than home Joint savings	£
Please provide copies of recent statements to support the numbers quoted above.	

## 9. LOANS AND DEBTS

	Amount	Monthly Payment
Mortgage		
Bank Loans and Overdrafts		
Credit and Store card debts		
Any other debts/are you owed money?		
Comments		
Please provide copies of recent statements to support the numbers quoted above.		

## 10. INCOME PER MONTH

	You	Spouse
Company pension after tax:		
Pension from other employers:		
Deferred pension: (with effect from _____)		
State pension:		
Income from Job		
State benefits <ul style="list-style-type: none"> <li>Housing benefit</li> </ul>		
Other benefits <ul style="list-style-type: none"> <li>Pension credits:</li> <li>Other: _____</li> </ul>		
Additional contributions from household members:		
Rent or lodging income:		
Other charity benefits:		
Other income: _____		
<b>TOTAL PER MONTH</b>		
<small>Multiply weekly figure x 4.33 to calculate monthly figure</small>		
Disability Benefits (not to be included in monthly income total) <ul style="list-style-type: none"> <li>Attendance allowance:</li> <li>Disability living allowance:</li> <li>Incapacity benefit:</li> </ul>		
Please provide copies of recent bank statements to support the numbers quoted above.		

## 11. EXPENDITURE

Comments – are there any unusual regular expenditures that the Trustees should be aware of

## 12. SUMMARY

Total monthly income:	
Total savings:	
Total loans/debts:	

**Sections 13 to 15 below to be completed by BP Pensioner Liaison Officer**

**13. ASSISTANCE RECOMMENDED**

a) Grant	£
b) Loan	£
c) Any other assistance	£

**14. GROUNDS ASSISTANCE IS RECOMMENDED**

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**15. PLO SIGNATURE**

PLO signature:	
Date:	