

SPOUSE OF HOLOCAUST SURVIVOR FUND APPLICATION

This form is intended solely for living spouses of deceased Jewish Nazi victims that have previously received an Article 2 or CEEF pension for their persecution. Please fill out this application form using CAPITAL LETTERS. After you complete this form, please make sure to mail us the **original** and not a photocopy. Thank you.

SECTION 1 | Personal Information

Please provide the information requested below.

Family Name:	First Name:	Maiden Name:
Street Address, Apt:		City/Town
Region/State/Province:	Country:	Postal Code:
What is your email address?		What is your telephone number?

What is your date of birth?

Day	Month	Year
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What is your gender?

Male Female

I hereby affirm that I was legally married to (first/last name) _____
as of the date (s)he passed away on (please list date of death): Day: _____ Month _____ Year _____
Please provide the deceased's Claims Conference Registration Number _____. If you
do not know, please provide the deceased's date of birth: Day: _____ Month _____ Year _____

We can only discuss the details of your claim with you or with someone whom you specify. Is there someone whom you would like to allow us to speak with or write to regarding your claim?

Family Name:	First Name:	Relationship to you:
Street Address, Apt:		City/Town:
Region/State/Province:	Postal Code:	Country:
Telephone:		Email:

SECTION 2 | Required Documents

Please attach photocopies of the following documents.

- A photocopy of the deceased's Death Certificate
- A photocopy of your Government issued ID
- Current residents of the United States only**, please provide a photocopy of your Social Security card
- A photocopy of any document showing proof of your marriage to the deceased. If your name is no longer the same as what is recorded on this official document, please also include an official document that records this name change

Authorized Representatives/Guardians

If an applicant is unable to sign this application form, an authorized representative may sign on his/her behalf. In addition to the required documents listed above, the authorized representative should submit **ALL** of the following documents:

- A photocopy of a Power of Attorney or other document granting legal guardianship
- A photocopy of the authorized representative's government issued ID
- A completed Doctor's Form which can be downloaded from our website, www.claimscon.org

SECTION 3 | Declaration, Consent, Signature and Certification

- I declare that all above and attached statements are true.
- I am aware that knowingly making untrue statements will result in a rejection. Positive decisions made on false information will be overturned and I will return the full amount paid to me by the Claims Conference.
- I agree to give the payment received from the Claims Conference under the Spouse of Holocaust Survivor Fund to any person with better entitlement than me in accordance with the provisions of the German government's valid guidelines on awarding payment from this compensation fund.
- In the event that I am obligated, pursuant to this declaration or otherwise, to return payment to the Claims Conference, I hereby agree that I shall also be liable to reimburse the Claims Conference for any costs and expenses incurred by the Claims Conference in obtaining the return of such payments.
- I understand and hereby agree that the eligibility criteria are solely based on German law. I hereby unconditionally agree that Frankfurt am Main, Germany is the court of exclusive jurisdiction. I also agree that any dispute shall be decided according to the laws of the Federal Republic of Germany.
- I am aware that I have no legal entitlement to receive assistance. Without derogating from the above, I irrevocably waive—insofar as this is legally admissible—any claim that I have or may later assert against the Conference on Jewish Material Claims against Germany relating to or connected with this application or the processing thereof.
- I hereby authorize the Claims Conference to request and review any documents from the German Federal Indemnification Authorities or the Israel Ministry of Finance/Interior concerning my spouse, his/her siblings and his/her parents who may be deceased.
- I agree that the Claims Conference may request additional information and documents to process my application.
- I agree that the Claims Conference may determine the compensation programs that are appropriate to my application on my behalf.

CONSENT

I hereby authorize the Claims Conference to inspect any documents concerning my person at the authorities, courts, archives and institutions in Germany, Israel and abroad and to obtain from there any information and documents relating to me, if applicable. I authorize the Claims Conference to delegate this authority to another person for this purpose.

I understand that information concerning me collected in this form, and the other individuals referred to on this form, including my family, guardian, or doctor ("Third Parties") will be processed in accordance with Claims Conference privacy notice which can be found at <http://www.claimscon.org/about/privacy-policy>. I confirm that I have made these Third Parties aware of this notice and have their permission for the Claims Conference, and any third parties set out in the notice, to process their personal information in this application form.

I understand that personal data processed in connection with this application may be transferred to Claims Conference offices, including but not limited to offices in the U.S., Germany and Israel. I also agree that my personal data may be made available to the German Ministry of Finance and the German Federal Audit Office solely for review and audit purposes, in the framework of the data protection provisions of the Federal Republic of Germany.

Information relating to my ethnic and racial origins, religious beliefs and health is considered to be special category data under European data protection law (“**Sensitive Personal Data**”). We require your express consent under European data protection law to process Sensitive Personal Data.

By signing below, I hereby expressly accept that in order to determine my eligibility for the compensation program and receive payment:

- My Sensitive Personal Data, as needed, shall be processed by the Claims Conference to determine my eligibility for the Claims Conference compensation program
- My Sensitive Personal Data, as needed, shall be shared with the German Ministry of Finance/ Federal Audit Office
- As needed, my personal data and Sensitive Personal Data collected in this form shall be transferred outside of the European Economic Area

In addition, I agree that the Claims Conference may use the personal information contained herein in order to provide me with additional information regarding compensation programs or social welfare benefits that are available to Nazi victims, if applicable.

The Claims Conference recognizes my rights in relation to my personal information as set forth in the Claims Conference privacy notice at <http://www.claimscon.org/about/privacy-policy>.

To withdraw my consent, to exercise my rights under the privacy notice or to make any complaints I understand I should contact the Claims Conference at privacy@claimscon.org or PO Box 1215, New York, New York 10113. If I withdraw my consent, I understand that the Claims Conference may not be able to process my application or comply with its obligations required to make any payment.

THIS FORM MUST BE SIGNED AT THE SAME TIME IT IS CERTIFIED

in front of **either**: a German consulate official; a bank officer; a notary; a Jewish social service agency possessing a seal; a city/town hall (Europe); or a governmental office of the State of Israel, in order to be certified.

I certify that the applicant or his/her authorized representative appeared before me today and proved his/her identity by means of: <input type="checkbox"/> Passport <input type="checkbox"/> Other Identity Document (please list) _____						
<i>A copy of the ID used to verify the identity must be included with this application</i>						
Applicant’s Signature				Day	Month	Year
<hr/>						
<i>If an applicant is unable to sign this application form, an authorized representative may sign on his/her behalf.</i>						
Authorized Representative’s Signature				Day	Month	Year
<hr/>						
Certifier’s Name	Title	Organization	Day	Month	Year	
<hr/>						
Certifier’s Signature & Stamp						

APPLICATIONS THAT HAVE NOT BEEN SIGNED AND PROPERLY CERTIFIED WILL NOT BE PROCESSED

BANK FORM

Please fully complete this form in BLOCK LETTERS and sign it. If you have any questions about any of the fields below, please call or visit your bank and they will assist you. To ensure accuracy, please provide a copy/photocopy of a **voided** check (RIB or bank statement).

**PLEASE NOTE:
WE CAN ONLY MAKE PAYMENTS TO A BANK ACCOUNT IN YOUR NAME.**

What is the name of your bank?		
What is your bank's address? <i>Number and Street</i>		
City	Postal Code	Country
What is your Account number – or, in Europe , your International Bank Account Number (IBAN), if you are unaware, please visit your bank for this detail		
Canada: What is your transit code?	Canada: What is your branch number?	Canada: What is your SWIFT code?
Europe (NonUK): What is your SWIFT/BIC Code?		
Australia: What is the Bank State Branch (BSB) number?	Australia: What is your Swift Code?	
UK: What is your SORT code?		
USA: What is your ABA Routing Code for wire transfer? <i>(please call you bank for this number)</i>		
What type of account? <i>Circle one.</i> CHECKING SAVINGS		
<i>In some cases, smaller banks may use an intermediary bank to accept wire transfers. If you know your bank uses an intermediary bank, please fill out the information below. If you are unsure, please contact your bank for assistance.</i>		
What is the name of your Intermediary Bank ?		
What is your Intermediary Bank SWIFT Code?		
What is your Intermediary Bank account number?		

Claimant's First and Last Name (please print): _____

CLAIMANT'S SIGNATURE: _____

DATE | _____ | _____ | _____

Month

Day

Year

DID YOU REMEMBER TO...

- Complete all sections of the application?
- Sign, date, and certify the application in front of either a German consulate official, bank officer, a notary, a Jewish social service agency possessing a seal, or a governmental office of the State of Israel?
- Attach a government issued photo ID that matches the document listed in the Certification section?
- Attach photocopies of all other required documents?
- Copy the complete application form and all attachments for your records?

MAILING INSTRUCTIONS

The **original**, completed, signed, and certified application form, along with photocopies of requested documents, should be submitted to one of the following address. Please do not fax, email, or send us a photocopy of your application form.

**CLAIMS CONFERENCE
P.O. BOX 1215
NEW YORK, NY 10113
UNITED STATES OF AMERICA**

**CLAIMS CONFERENCE
POSTFACH 90 05 43
60445 FRANKFURT AM MAIN
GERMANY**

**CLAIMS CONFERENCE
P.O. BOX 20064
6120001 TEL AVIV
ISRAEL**