



PENSION/ONE-TIME PAYMENT/SOCIAL WELFARE SERVICES APPLICATION FORM

There is no fee to apply for Claims Conference programs. You do not need to pay anyone for this application form or to help you complete this form. For free assistance with completing this form, you may contact the Claims Conference or a local Jewish social service agency. These offices will assist you at no cost to you.

The Claims Conference funds social welfare services and provides individual compensation to assist Jewish victims of Nazi persecution. To apply for any of these programs, you must complete this application form.

Please fill out this application form in English, German, or French, using CAPITAL LETTERS. Make sure to complete all fields. If you do not have the required information, please mark the field "unknown". If the question does not apply to you, please mark that field as not applicable ("N/A"). This will assist us in processing your application efficiently. If you require additional space in any of the sections below, please attach your response on a separate sheet of paper. Thank you.

Section 1 Please tell us about yourself.

What is your current name?

Family Name: First Name: Middle Name or Patronymic Name: [input fields]

Have you ever used another name? If yes, please include all previous names (including maiden name):

Family Name: First Name: Middle Name or Patronymic Name: [input fields]

Where do you live?

Street Address: Apt: City/Town: Region/State/Province: Country: Postal Code: Telephone: Email: [input fields]

Gender: [input] Male [input] Female

What is your preferred language of correspondence?

[input] English [input] Hebrew [input] French [input] Russian [input] German [input] Hungarian

In case we cannot contact you, is there someone who you would like to authorize to speak with us about your claim? If so, please provide this person's contact information below.

Family Name: First Name: Relationship to Applicant: Street Address: Apt: City/Town: Region/State/Province: Country: Postal Code: Telephone: Email: [input fields]

SECTION 1 CONTINUED

Where were you born?

City/Town of Birth:

Region of Birth:

Country of Birth:

What is your official date of birth?

(day) (month) (year)

Have you ever used another date of birth? If yes, please indicate the alternate date.

(day) (month) (year)

Section 2 Please tell us about your current spouse.**What is your spouse's name?**

Spouse's Family Name:

Spouse's First Name:

Where and when was your spouse born?

Date of Birth:

(day) (month) (year)

Place of Birth (city/town, region, country):

Where and when were you married?

Date of marriage:

(day) (month) (year)

Place of Marriage (city/town, region, country):

If your spouse is no longer alive, please provide his/her date and place of death.

Spouse's Date of Death (if applicable):

(day) (month) (year)

Spouse's Place of Death (if applicable):

Section 3 Please tell us about your children.

Child's Family Name:

Child's First Name:

Date of Birth:

(day) (month) (year)

Place of Birth (city/town, region, country):

Child's Family Name:

Child's First Name:

Date of Birth:

(day) (month) (year)

Place of Birth (city/town, region, country):

Child's Family Name:

Child's First Name:

Date of Birth:

(day) (month) (year)

Place of Birth (city/town, region, country):

Child's Family Name:

Child's First Name:

Date of Birth:

(day) (month) (year)

Place of Birth (city/town, region, country):

Section 4 > Please tell us about your mother.

What is your mother's name?

Mother's Family Name:

Mother's First Name:

Middle Name or Patronymic Name:

Did your mother have any previous names (including maiden name)?

Family Name:

First Name:

Middle Name or Patronymic Name:

Family Name:

First Name:

Middle Name or Patronymic Name:

Where was your mother born?

City/Town of Birth:

Region of Birth:

Country of Birth:

What is your mother's official date of birth?

(day) (month) (year)

Has your mother ever used another date of birth? If yes, please indicate the alternate date.

(day) (month) (year)

If your mother is no longer alive, please provide her date and place of death.

Mother's Date of Death (if applicable):

(day) (month) (year)

Mother's Place of Death (if applicable):

Section 5 > Please tell us about your father.

What is your father's name?

Father's Family Name:

Father's First Name:

Middle Name or Patronymic Name:

Did your father have any previous names?

Family Name:

First Name:

Middle Name or Patronymic Name:

Family Name:

First Name:

Middle Name or Patronymic Name:

Where was your father born?

City/Town of Birth:

Region of Birth:

Country of Birth:

SECTION 5—CONTINUED

What is your father's official date of birth?

--	--	--

(day) (month) (year)

Has your father ever used another date of birth? If yes, please indicate the alternate date.

--	--	--

(day) (month) (year)

If your father is no longer alive, please provide his date and place of death.

Father's Date of Death (if applicable):

Father's Place of Death (if applicable):

--	--	--

(day) (month) (year)

--

Section 6 Please tell us about your siblings.

Sibling's Family Name:

Sibling's First Name:

Date of Birth:

Date of Death (if applicable):

--

--

--	--	--

--	--	--

(day) (month) (year)

(day) (month) (year)

Sibling's Family Name:

Sibling's First Name:

Date of Birth:

Date of Death (if applicable):

--

--

--	--	--

--	--	--

(day) (month) (year)

(day) (month) (year)

Sibling's Family Name:

Sibling's First Name:

Date of Birth:

Date of Death (if applicable):

--

--

--	--	--

--	--	--

(day) (month) (year)

(day) (month) (year)

Sibling's Family Name:

Sibling's First Name:

Date of Birth:

Date of Death (if applicable):

--

--

--	--	--

--	--	--

(day) (month) (year)

(day) (month) (year)

Section 7 Please tell us where you were before the war.

*Note: If you were born during or immediately after the war,
please answer the following questions from the perspective of your mother:*

Where was your home before the war?

City/Town:

Region:

Country:

--

--

--

If you were not at home when the war reached you, please tell us where you were and why:

City/Town:

Region:

Country:

--

--

--

Reason for being there (e.g., attending school, on holiday, visiting relatives, etc.):

--

Section 8 **Please tell us about your experience during the war.**

Note: If your mother was pregnant with you during her persecution, please answer the following questions from your mother's perspective.

Were you persecuted as a Jew by the Nazis or their allies?

Yes No

How were you persecuted by the Nazis and/or by their allies?

Were you in a camp or similar place of incarceration?

Yes No

Were you in a ghetto?

Yes No

Did you perform forced labor?

Yes No

Did you live in hiding or under false identity?

Yes No

Were you forced to live in a specific place?

Yes No

Were you subject to a curfew?

Yes No

Were you forced to wear a yellow star?

Yes No

Were you in Leningrad at any time during the siege?

Yes No

Did you flee to escape Nazi persecution?

Yes No

Did you experience any other type of Nazi persecution?

Yes No

Please specify:

For each of the questions above for which you answered, "yes," please provide us with more details below.

If you require additional space, please attach your response on a separate sheet of paper.

You do not need to fill out each section below, only the section(s) that apply to you.

I was in a camp or similar place of incarceration.

From (Date):

To (Date):

Name of camp:

Names of the people who were with you and relationship (family members, friends, others):

From (Date):

To (Date):

Name of camp:

Names of the people who were with you and relationship (family members, friends, others):

I was in a ghetto.

From (Date):

To (Date):

Name of ghetto:

Names of the people who were with you and relationship (family members, friends, others):

From (Date):

To (Date):

Name of ghetto:

Names of the people who were with you and relationship (family members, friends, others):

SECTION 8—CONTINUED

I was forced to perform labor (at a camp, in a ghetto, while living at home, etc.)

From (Date):	To (Date):	Name of ghetto:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From (Date):	To (Date):	Name of ghetto:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I lived in hiding or under false identity.

From (Date):	To (Date):	Place of Persecution:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From (Date):	To (Date):	Place of Persecution:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Who hid you?

Name:	Relationship:
<input type="text"/>	<input type="text"/>

I was forced to flee my residence.

From (Date):	To (Date):	Place of Persecution, including places you stopped along the way:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From (Date):	To (Date):	Place of Persecution, including places you stopped along the way:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I suffered from another type of persecution.

From (Date):	To (Date):	Place of Persecution:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

From (Date):	To (Date):	Place of Persecution:	Names of the people who were with you and relationship (family members, friends, others):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 8—CONTINUED

Please provide a brief description of your persecution history with details of dates and places of persecution.

If you require additional space, please attach your response on a separate sheet of paper.

Section 9 > Where were you at liberation?

City/Town:

Region:

Country:

Where have you resided since liberation? Please list all of your countries of residence from liberation until today. If you have ever lived in Germany, please make sure to include cities and states as well.

Country (If Germany, include city and state):

Year from:

Year to:

Country (If Germany, include city and state):

Year from:

Year to:

Country (If Germany, include city and state):

Year from:

Year to:

Country (If Germany, include city and state):

Year from:

Year to:

Section 10 Previous Compensation

Have you ever applied for compensation for your persecution?

Yes No

If yes, have you ever received compensation for your persecution?

Yes No

If applicable, please provide a list of all programs to which you applied and if you were awarded compensation.

If you receive(d) compensation for your persecution, please attach any documentation you have referring to this payment.

Fund or Program:

Country:

One-time payment or pension: One-time Pension

Was payment awarded? Yes No

Fund or Program:

Country:

One-time payment or pension: One-time Pension

Was payment awarded? Yes No

Fund or Program:

Country:

One-time payment or pension: One-time Pension

Was payment awarded? Yes No

Fund or Program:

Country:

One-time payment or pension: One-time Pension

Was payment awarded? Yes No

Section 11 Citizenship

Information about your countries of citizenship helps us research your claim.

Note: Please include any periods when you were stateless, if applicable.

Country:

Year from:

Year to:

Country:

Year from:

Year to:

I was a previous citizen of:

Country (including periods during which you were stateless):

Year from:

Year to:

Country (including periods during which you were stateless):

Year from:

Year to:

Country (including periods during which you were stateless):

Year from:

Year to:

Section 12 > Income/Assets

Some Claims Conference programs are subject to income and asset limits set by the German government. The table below shows the current income and asset limits for those programs.

NOTE: Income is defined as annual net income after taxes have been deducted and should not include any of the following: governmental pensions, retirement plan payments such as a 401(k), company or employment pensions, disability or life insurance pensions. Assets are defined as net assets and do not include your primary residence. If an asset is jointly owned, only include the portion that you own.

CURRENCY	ANNUAL INCOME LIMIT	ASSET LIMIT
US Dollar (USD)	\$25,000	\$500,000
Israeli Shekel (ILS)	₪ 114,816	₪ 2,297,350
Euro (EUR)	€ 21,079	€ 422,205
Canadian Dollar (CAD)	\$29,103	\$583,010
Australian Dollar (AUD)	\$34,201	\$685,130
Great Britain Pound (GBP)	£16,430	£328,292
Brazilian Real (BRL)	R\$58,190	R\$1,165,650

as of July 1, 2013

The limits for each currency are set by the German government according to a special exchange rate procedure. For currencies not listed above, please contact the Claims Conference or visit our website www.claimscon.org.

Please check the box below to confirm that your income and assets are below the limits.

My assets and annual income are below the required limits.

Section 13 > Social Welfare Services

This application is used to apply for one-time payments, ongoing pension payments, and social welfare services. If you are applying solely for social welfare services and you do not wish to receive compensation in the form of a one-time payment or pension, please confirm by checking the box below.

I am not applying for financial compensation. I am applying for social welfare services only.

Section 14 Banking Information

In case of a positive decision, having bank account information on file will expedite payment. If you are not applying for financial compensation, please leave this section blank.

Please note: the Claims Conference will only wire payment to bank accounts in your name.

Name of Bank

Address of Bank

IBAN number (EU residents) / Account Number (all other countries)

ABA Routing Code (USA Residents) / Sortcode (UK Residents) / SWIFT Code (all other countries)

For Israeli residents **only**: Bank Branch Number

For Canadian residents **only**: Transit and Institutional number

For Australian residents **only**: Bank State Branch ("BSB")

Section 15 Required Documentation

Proof of Identity

To complete your application, please provide us with a copy of a valid government-issued ID.

This ID must have your photo and a signature.

What type of ID are you submitting?

Passport National Identity Card Drivers license Other (please specify): _____

What is the ID number associated with this ID?

What is the country of issue?

When was it issued?

When does it expire?

--	--	--

--	--	--

(day) (month) (year)

(day) (month) (year)

For current residents of the United States **only**:

You must also provide a copy of your Social Security card.

What is your Social Security Number?

For current or former residents of Israel **only**: What is your Israel ID number?

SECTION 15—CONTINUED**Other required documents**

In addition to your government-issued photo ID, please submit certified copies of the following documents:

- Birth certificate
- Documents linking your name at birth to your current name (if you have listed that your name has changed) such as a marriage certificate or other name change document
- Documents that can show your Jewish ancestry if you indicated that you were persecuted as a Jew
- Any additional documents that you have that may help substantiate your claim

Note: 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, please submit the following documents:

- certified copy of a Power of Attorney or other document granting legal guardianship
- a copy of the authorized representative's government issued ID
- a note signed and written on letterhead from a doctor or medical professional caring for the applicant or a copy of a recent bill or bank statement in the applicant's name

Total number of pages attached to this application: _____

Certification instructions

The following entities may certify your documents:

- Notary public
- German consulate
- Bank
- Governmental office of the State of Israel
- Jewish social service agency possessing a seal
- Amcha office (in Israel)
- City/town hall (in Europe)

Please visit our website (www.claimscon.org) for additional list of entities that may certify your documents.

In order to be properly certified, each document must have all of the following:

1. The stamp of the certifying authority;
2. The full name (in print letters) of the person certifying the document;
3. The position (e.g., title) of the person certifying the document;
4. The signature of the person certifying the document; and
5. The date of certification.

Section 16 Declaration, 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.
- 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 inspect any documents concerning my person at the authorities, courts, archives and institutions in Germany and abroad and to obtain from there any information and documents relating to me. I authorize the Claims Conference to delegate this authority to another person for this purpose. I am aware and agree to the data connected to this application being forwarded for processing to any 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. I understand and agree that information which may include any personal information that I provide may be examined, recorded, copied, used and transferred internationally. 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.
- 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.

Applicant's Signature:

Date:

City/Town and Country:

(day) (month) (year)

If an applicant is unable to sign this application form, an authorized representative may sign on his/her behalf.

Authorized Representative's Signature:

Date:

City/Town and Country:

(day) (month) (year)

Applications and signatures must be certified by a notary, bank, German consulate, a Jewish social service agency possessing a seal, or a governmental office of the State of Israel.

I certify that the applicant or authorized representative signed the application in front of me and that his/her identity is confirmed by:

Passport Other Identity Document (please list): _____

The ID number is: _____

Please note: a copy of the ID used to verify the identity must be included with this application.

Certifier's Name:

Title:

Organization:

Date:

(day) (month) (year)

Certifier's Signature and Stamp:

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

Section 17 Submitting your Application

The completed, signed and certified/notarized application form, along with attachments, should be submitted in the original to one of the following addresses.

For permanent residents of the former Soviet Union:

CLAIMS CONFERENCE - LOGISTICAL DEPARTMENT
GRAEFSTRASSE 97
60487 FRANKFURT AM MAIN
ГЕРМАНИЯ/GERMANY

For permanent residents of Israel and Eastern Europe:

CLAIMS CONFERENCE
P.O. BOX 29254
6129201 TEL AVIV
ISRAEL

For permanent residents of Western Europe and North Africa:

CLAIMS CONFERENCE
GRAEFSTRASSE 97
60487 FRANKFURT AM MAIN
DEUTSCHLAND

For permanent residents of North America, South America, Australia and the rest of the world:

CLAIMS CONFERENCE
1359 BROADWAY
ROOM 2000
NEW YORK, NY 10018
UNITED STATES OF AMERICA

STOP! DID YOU:

- Complete all sections of the application?
- Sign, date, and certify the application according to the instructions?
- Attach government issued photo ID (matching the document listed in the Proof of Identity section and Certification section)?
- Attach certified copies of all other required documents?
 - Birth certificate
 - Documents linking your name at birth to your current name (if you have listed that your name has changed) such as a marriage certificate or other name change document
 - Documents that can show your Jewish ancestry if you indicated that you were persecuted as a Jew
 - Any additional documents that you have that may help substantiate your claim
 - Receipt of previous compensation pension, if applicable
 - Social Security Card if you are a resident of the United States of America
 - Authorized Representative documents (if you are filling out this application on a applicant's behalf)
- Copy the complete application form and all attachments for your records?