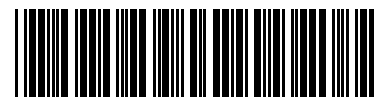


Group Life – Adult dependant questionnaire

Do not complete this form if you are the legally-married spouse, civil partner or child of the deceased.

We shall pay an insured pension to an adult dependant once we have established that they qualify as a financial dependant under the policy.

This form should be completed by both the adult dependant (Section 1) and trustees (Section 2). This will allow us to assess the level of dependency on the deceased member.



DEFK0513

Policyholder name	<input type="text"/>
Scheme name	<input type="text"/>
Policy number	<input type="text"/>
Deceased's name	<input type="text"/>
Unum Life ID (if known)	<input type="text"/>
Dependant's name	<input type="text"/>
Dependant's relationship to the deceased member	<input type="text"/>

Section 1

Complete this section if you are an adult dependant of the deceased member.

1. At the time of death, were you living in the same house as the deceased?

Yes If yes, for how many years? years

No

2. If you were a partner of the deceased, are there any children from the relationship?

Yes

No

3. Did you share the payment of a mortgage/rent (if any) with the deceased?

Yes

No

4. Were your and the deceased's financial resources pooled together? – eg. sharing a current account and paying bills as one.

Yes

No

5. At the time of the deceased's death, did you depend either wholly or substantially on his/her income for the basic necessities of life? – eg. food, clothing, housing etc.

Yes

No

I confirm that all the details above are true and correct at the time of the deceased's death.

I understand that the trustees may request any necessary evidence to establish my relationship with the deceased. I understand that a false declaration may invalidate any claim. I also understand and agree that any pension benefit and/or cash lump sum paid out may be claimed back by Unum if I have made a false or fraudulent statement.

Signed

Date

Full name

Section 2

Complete this section if you are the scheme's trustees.

We, the scheme's trustees, are satisfied that:

- a) the information given in this questionnaire is correct and we have received evidence as proof, and
- b) the dependant was financially dependent on the deceased.

Signed for and on behalf of the scheme's trustees with the authority of all the trustees.

Signed (trustee)

Full name

Position in company

Date

Signed (trustee)

Full name

Position in company

Date

Please note that this form requires two signatures.