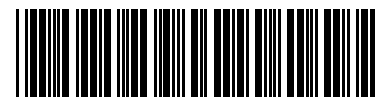


Group Life – Notification of death claim form Dependant’s pension supplement



DEFK0500

This claim form should be completed by the scheme’s trustees.

We need this information to set up payment arrangements
for the pension and apply the tax required.

Policy details

Policyholder name

Policy number

Scheme name

Member details

Deceased’s name

Deceased’s date of birth

Adult dependant's details (if applicable)

Title	<input type="text"/>
Full name	<input type="text"/>
Date of birth	<input type="text"/>
Relationship to the member	<input type="text"/>
Home address	<input type="text"/>
	Postcode
NI number	<input type="text"/>

Please enclose:

- Proof of age – the dependant's original birth certificate or passport and proof of any subsequent name change.
- If the adult dependant is the legal spouse or civil partner of the deceased, please also enclose the original marriage/civil partnership certificate.
- If the adult dependant is not the legal spouse or civil partner of the deceased, we will require an **Adult dependant questionnaire** to be completed, which can be found [here](#).

Annuity details

Insured salary for pension calculation	Basis of pension calculation	Annual pension claimed	Escalation rate	Effective date of escalation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Payment instructions – Dependant's bank account details (this must be a UK bank account).

UK account name	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>

Identity verification of the payee

Please tick this box if you, as trustees, have confirmed the identity of this dependant for money laundering compliance.

Alternatively, please enclose one item from Group A and one item from Group B below for the dependant.

Child dependant's details (if applicable) – if more than one child, please use a separate sheet for each child.

Title

Full name

Date of birth

Relationship to the member

Home address

Postcode

NI number

Please enclose:

- Proof of age: the child dependant's original birth certificate or passport
 - If the child dependant:
 - is not the natural or adopted child of the deceased, or
 - was:
 - over the age of 18 and
 - not in full-time education and
 - dependent upon the deceased because of a physical or mental impairment
- please complete a **child dependant questionnaire** which can be found [here](#)
- If the child dependant is aged 18 or over and in full time education please complete a **proof of education form** which can be found [here](#).

Annuity details

Insured salary for pension calculation	Basis of pension calculation	Annual pension claimed	Escalation rate	Effective date of escalation

Payment instructions – Child Dependand's bank account details (this must be a UK bank account).

UK account name

Account number

Sort code – –

Identity verification of the payee

Please tick this box if you, as trustees, have confirmed the identity of this payee for money laundering compliance.

Alternatively,

If we are paying a child, please enclose the child's:

- birth/adoption certificate or
- passport

If we are paying a parent or guardian, please enclose for the person receiving the payment:

- one item from Group A and
- one item from Group B below

Documentary evidence of identification

Group A	Group B
<ul style="list-style-type: none">• Valid passport (UK/EU/USA)• Valid photocard driving licence (full or provisional)• Valid old-style full UK driving licence• National identity card• Identity card issued by the Electoral Office for Northern Ireland• Recent evidence of entitlement to state or local authority funded benefit (inc. housing and council tax benefit), tax credit, pension, educational or other grant• Firearms certificate or shotgun licence	<ul style="list-style-type: none">• Valid photocard driving licence (full or provisional) – (only if not used as evidence for group A)• Valid old-style full UK driving licence – (only if not used as evidence for group A)• Utility bills issued within the last 6 months (including copies of electronically held documents)• Current bank statements or credit/debit card statements issued in the UK (including copies of electronically held documents)• Current council tax demand, letter or statement• Most recent mortgage statement issued by a recognised lender• Instrument of a court appointment – eg. liquidator or grant of probate)

Document checklist

Are the following enclosed with this form?

Adult dependant

Adult dependant's birth certificate	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Adult dependant's passport	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Marriage certificate/ civil partnership certificate	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Adult dependant questionnaire	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>

Child dependant

Child's birth certificate or adoption certificate	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Child's passport	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Child dependant questionnaire	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Proof of education form	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>

For each payee

Documentary evidence of identification	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
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Discharge and indemnity

As trustees of the scheme, we have considered the circumstances of the deceased to our satisfaction. We therefore authorise Unum to pay any insured pension to the beneficiary(ies) according to our payment instructions above.

We certify that payment of the insured pension(s) by Unum, in line with our payment instructions above, is made on our behalf and with our full authority. We also fully indemnify Unum against any liabilities, costs or expenses it may suffer, incur or sustain, whether directly or indirectly, as a result of us being in breach of our authority and Unum making the requested pension payments.

The insured pension payments will continue in accordance with the policy terms and Unum will have discharged its obligations under the policy in respect of the deceased and beneficiary(ies) upon its final pension payment.

Signature

Signed for, and on behalf of all the trustees of the scheme and with their authority

Signed (trustee)

Full name

Position in company

Date

Signed (trustee)

Full name

Position in company

Date

Please note that this form requires two signatures.