



Return this request form to the following address:

Utmost Life and Pensions Limited
Walton Street
Aylesbury
Bucks
HP21 7QW

Life Policy Claim Information Form

Life policy details for the late: (name)

Life Policy number:

Please state your relationship:
Executor named in grant, executor
named in will, person acting for the
estate, next of kin, other (please provide
details)

Your details

Title
(Mr/Mrs/Ms/other)

First name(s)

Surname

Date of Birth

Email

Address and postcode

Work telephone
number

Home

Mobile

We take care of the personal information you provide and that we hold for you.

For full details of how we handle your data, please see our Privacy Notice on our website at www.utmost.co.uk.

REST ASSURED

Calls may be recorded for training or monitoring purposes.

Contact us at: Walton Street, Aylesbury, Bucks, HP21 7QW Tel : 0330 159 1530 Fax : 0845 835 5765 : www.utmost.co.uk
Utmost Life and Pensions Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The firm is on the Financial Services Register, registration number 775704. Registered in England and Wales number 10559664. Utmost Life and Pensions Services Limited is registered in England and Wales number 10559966. Both have their registered office at: Walton Street, Aylesbury, Bucks, HP21 7QW.

If you don't have internet access or would prefer a printed copy please call us.

Section A - Grant of representation (known as "probate")

This section should always be completed

A grant of representation (known as probate) is a document that gives the legal right to deal with the deceased's assets (property, bank accounts, money and other possessions) and to distribute them.

A grant may not be needed if the estate is of low value and doesn't include land or shares, or the estate passes to the surviving spouse/civil partner, or the deceased lived permanently abroad.

Is a grant of representation (probate) being obtained? Yes No

If yes, please enclose a copy of probate. Enclosed n/a

Section B - Wills

This section should always be completed

Did the deceased leave a will? Yes No

If yes, and you are not obtaining probate, then please enclose a copy of the will. Enclosed n/a

If you are obtaining a grant of representation (probate)

If a grant of representation (known as probate) is being obtained, then you **don't** need to complete Sections C, D, or E. Please complete Section F and Section G only.

If you are not obtaining a grant of representation (probate)

If you are not obtaining a grant of representation (known as probate), then you'll need to complete Sections C, D, E, F and G.

Section C – Not obtaining a grant of representation (also known as probate)

If a grant of representation (known as probate) is being obtained, then you don't need to complete this section, or Section D, or Section E. Please complete Section F and Section G only.

We need to know about the estate so that we can decide whether or not we can finalise this claim without probate.

If probate is not being obtained, then the executors named in the will should complete this section.

If there is no will, then the person acting for the estate should complete this section.

**Details of person asking us to finalise the claim without probate
(if different from the person completing this form provided on the first page)**

Please tell us why you are acting for the estate

Title
(Mr/Mrs/Ms/other)

First name(s)

Surname

Date of Birth

Email

Address and postcode

Work telephone
number

Home

Mobile

Details of the estate - (include all assets and debts held in their own name)

Personal belongings (includes
jewellery)

£

Property

£

Cash / savings

£

Other insurance
policies

£

Details of any gifts made during the
previous 7 years which may be
subject to inheritance tax

Details of all debts

£

Section D – Who is paying for the funeral

If you are **not** applying for a grant of representation (probate) then please complete this section.

Please provide details of who is responsible for paying for the funeral.

Name of person

Address

Relationship to deceased

Section E – Next of kin

If you are **not** applying for a grant of representation (probate) then please complete this section.

Is there a surviving spouse/civil partner?

Yes

No

If yes, then the surviving spouse/ civil partner is the next of kin.

If there is no surviving spouse/ civil partner, then please let us know who the next of kin is. There are further rules for who the next of kin is and we've provided this information below.

The next of kin is any children of the deceased, and if there are no children then the next of kin is either of the parents, if living.

However, if there are no children and the parents are deceased, then it's all the brothers and sisters (or their children for any brother or sister who died before the deceased).

Please provide details of the next of kin below:

Relationship

Title (Mr/Mrs/Ms/other)

First name(s)

Surname

Date of Birth

Email

Address and postcode

Work telephone number

Home

Mobile

If there is more than one next of kin, please provide all the details on a separate piece of paper.

Section F – Who to pay the benefits to

This section should always be completed

If probate is being obtained, then the executors named in the grant should complete this section and provide details of the executor's bank account.

If probate is not being obtained but there's a will, then the executors named in the will should complete this section and provide details of the executor's bank account.

If probate is not being obtained and there is no will, then the person acting for the estate of the deceased should complete this section and tell us who to pay and why, and the person you are asking us to pay should sign this section.

Please tell us why we should pay the person named below:

Life policy number

Name of person to pay benefits to

Their address

Their date of birth

Account holder name

Bank name

Sort code - -

Account number

Account reference (if applicable)

I agree that to assist in the prevention of fraud or money laundering that you use the Electoral Register, credit reference or similar agencies' data to confirm my identity. I understand that any such agency may record details of any search.

Signed by the person named above as the person to pay benefits to

Date

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Section G – Instruction, declaration and signature by the person completing this form

This section should always be completed.

- I instruct Utmost Life and Pensions Limited to pay the claim to the person named in Section F. I understand that when the claim is paid then the policy will end.
- I declare that the information provided in this form is true and complete and that I am the person entitled to deal with the estate of the person named on page 1.
- If I have completed Section C, then I agree to indemnify Utmost Life and Pensions Limited against any costs which they may suffer as a result of paying this claim without a grant of representation (probate) being obtained.
- If I have completed Section C, Section D and Section E, then I confirm that the information provided in these three sections is both full and accurate.
- I can confirm that the information in Section F for who to pay the benefits to is complete and accurate and that the person named to receive the benefits has signed where required.
- I agree that to assist in the prevention of fraud or money laundering that you use the Electoral Register, credit reference or similar agencies' data to confirm my identity. I understand that any such agency may record details of any search.

Signature

Date

Please tick

Executor named in grant

Person acting for estate

Signing as

Executor named in will

Next of kin

Other (please provide details)

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If there's more than one executor, then please arrange for them to read this document and this instruction and declaration, and then to sign and date below.

Name

Signature

Date