

Pension Death Information Form

Pension plan number/s

Name of policyholder:

Name of person completing form:
(Normally the executor or next of kin)

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

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

A grant of representation (known as probate) is a document that gives the legal right to deal with the deceased 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, we'll need a copy of probate.

Section B - Wills

Did the deceased leave a will? Yes No

If yes, we'll need a copy of the will.

Section C - No grant of representation (probate)

If you are applying for a grant of representation (probate) then you don't need to complete this section.

If you are not applying for a grant of representation (probate) then this section must be completed.

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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.

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

Your details

Please tell us why you are acting for the estate

Title
(Mr/Mrs/Ms/other)

First name(s)

Surname

Maiden name

Date of Birth

Email

Address

Postcode

Home telephone number

Work telephone number

Mobile number

Please state the value of the deceased's estate (assets and debts held in the deceased's own name) in respect of the following:

Personal belongings (includes jewellery)

£

Property

£

Cash / savings

£

Other insurance policies

£

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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

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

Name of person

Address

Relationship to deceased

Cost

Section E – Next of kin

Did the deceased leave 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 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 parent of the deceased, if living.

However, if there are no children and the parents are deceased, then the brothers and sisters of the deceased would be the next of kin, or their children if any of the brothers or sister of the deceased died before the deceased.

Please provide details of the next of kin below:

Relationship to the deceased

How many children did the deceased have?

If the next of kin is the children of the deceased and there is more than one child then please provide the details below for each child. If there are no children and the parents are deceased, then please tell us how many brother and sisters the deceased had in total, and whether or not they are living.

Title
(Mr/Mrs/Ms/other)

First name(s)

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Surname

Maiden name

Date of Birth

Email

Address and postcode

Home telephone
number

Work telephone number

Mobile
number

We'll need this information for each next of kin.

Please provide all the information above for each child of the deceased (if they are the next of kin), or for all brother and sisters (if they are the next of kin) on the reverse of this page.

Section E – continued

Please use the space below to tell us about other next of kin.

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Section F – Benefit forms part of the estate and must be distributed in accordance with the will

The benefit amount forms part of the estate of the deceased and must be distributed in accordance with the will. If probate is being obtained then the executors must complete this section and tell us who to pay (which may be the executor's bank account).

If probate is not being obtained then please complete this section and tell us who to pay and why.

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

Pension Plan(s)

Name of person to pay benefits to

Their address and postcode

Their date of birth

Their National Insurance number

Account holder name

Bank name

Sort code

		-			-		
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Account number

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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

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Date

If you want us to split the payment and to pay more than one person then please provide all the information above for each person want us to pay, on the reverse of this page.

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

Section F – continued

Please use the space below to tell us about other people you'd like us to pay

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Section G – The benefit amount will be paid under the pension plan discretionary trust

The benefit amount will be paid under the pension plan discretionary trust which covers payment of the benefit on death. As trustees, Utmost will need to consider any person or person already nominated by the deceased to receive the payment on death (if such a nomination was made), together with other details about the estate of the deceased, before we make payment.

To assist the trustees, please provide details of who you believe we should consider paying the benefit to using the form below.

If you want us consider splitting the payment between two or more people then please provide all the details below for each person on the reverse of this page.

Please tell us why we should consider paying the person named below:

Pension Plan(s)

Name of person to consider paying

Their address and postcode

Their date of birth

Their National Insurance number

Account holder name

Bank name

Sort code

		-			-		
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Account number

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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.

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Signed by the person you believe we should consider paying the benefits to

Date

Please be aware that the trustees, Utmost Life and Pensions Limited, will decide who to pay the benefits to under the discretionary trust and that this may not be the person named here.

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Section G – continued

Please use the space below to tell us about other people you'd like us to pay

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Section H – Declaration and signature - by the person completing this form

- 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 deceased 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.
- I can confirm that the information provided in Section D – Who is paying for the funeral is true and complete.
- I can confirm that the information provided for Section E – Next of kin is true and complete.
- If I have completed Section F, then I can confirm that the information provided for the person to pay the benefits to is complete and accurate and that they have signed where required.
- If I have completed Section G, then I can confirm that the information provided for the person to pay the benefits to is complete and accurate and that they have signed where required. I understand that Utmost, as trustees of the discretionary trust, will decide who to pay and that this may not be the person I've named in Section G.
- 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.
- I understand that the lump sum will be paid by Utmost Life and Pensions Limited without the deduction of any tax which may be due on the payment if the deceased exceeded the HMRC Lifetime Allowance limit. The limit applies across all the deceased pension pots and for the tax year 20/21 is £1,073,100.
 - Further information is available at GOV.UK, or by telephone on 0300 200 3300.
 - The persons administering the estate are responsible for determining if any tax is due and advising HMRC. HMRC will contact the person who receives the payment to claim the tax.
 - HMRC may also contact Utmost Life and Pensions Limited for information.

Signature

Date

Signing as

Please tick

Executor named in grant

Executor named in will

Person acting for estate

Next of kin

Other (please provide details)

Please remember to enclose a copy of probate and the will, if these are available, together with details of other people for Section E or F or G, on the reverse of each page.

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