

Life Policy Claim Information Form

Life policy details for the late

Life Policy for the deceased:

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)

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.

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

Calls may be recorded for training or monitoring purposes

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: Utmost House, 6 Vale Avenue, Tunbridge Wells, TN1 1RG.

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 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 of the deceased 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 of the deceased 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 deceased's estate

(include all assets and debts held in the deceased's 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.

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 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 of the deceased, 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 to the deceased

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 above 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

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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 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 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 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

Signing as

Executor named in grant

Please tick

Person acting for estate

Executor named in will

Next of kin

Other (please provide details)

Please remember to enclose a copy of probate or the will if appropriate – see page 3

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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

Form downloaded and printed from utmost.co.uk