

Return this request form to the following address:



Pension Claims
Utmost Life and Pensions Limited
Utmost House
6 Vale Avenue
Tunbridge Wells
Kent
TN1 1RG

Annuity Death Information Form

Annuity Details for the late

Annuity numbers for the deceased:

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

We'll need a copy of the will, if you're not obtaining probate.

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 C – No grant of representation (probate)

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

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

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 arranging and paying for the funeral.

Name of person	<input type="text"/>
Address	<input type="text"/>
Relationship to deceased	<input type="text"/>

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 of the parents of the deceased, if living.

However, if there are no children and the parents are deceased, then its brothers and sisters (or their children if any brother or sister died before the deceased).

Please provide details of the next of kin below:

Relationship to the deceased	<input type="text"/>
Title (Mr/Mrs/Ms/other) <input type="text"/>	First name(s) <input type="text"/>
Surname	<input type="text"/>
Maiden name	<input type="text"/>
Date of Birth	<input type="text"/>
Email	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Home telephone number	<input type="text"/>
Work telephone number	<input type="text"/>
Mobile number	<input type="text"/>

Section F – Details for income payments for the guaranteed period (and underpayment and/or proportionate payment, if any)

The income payments for the balance of the guaranteed period (and underpayment and/or proportionate payment, if any) are usually paid to the next of kin.

Please provide the bank details for the next of kin and arrange for them to sign and date this form below.

If the income payments for the guaranteed period are not being paid to the next of kin, please tell us why:

Annuity number

Name of the next of kin

Address

Date of birth

National Insurance number

Name of account holder

Bank name

Bank address

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 **next of kin**

Date

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

Full details of how we handle your data can be found on our website at www.reliancelife.co.uk/privacy-notice.

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

Section G – Details for the reversionary annuity

Our letter provided you with the details of any reversionary annuity payable.

Please provide the information below for the reversionary annuitant and arrange for them to sign and date this form.

Annuity number

Name of the reversionary annuitant

Address

Date of birth

National Insurance number

Name of account holder

Bank name

Bank address

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 **reversionary annuitant**

Date

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Section H – Declaration 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 Reliance Life 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 for the next of kin in Section E is full is correct.
- I can confirm that the information provided for the person entitled to the guaranteed period income payments in Section F is full and accurate and that they have signed where required.
- I can confirm that the information provided for the reversionary annuitant (if any) in Section G is full and complete and that the reversionary annuitant 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

Please tick

Executor named in grant

Executor named in will

Person acting for estate

Next of kin

Other (please provide details)

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Other information