

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

Pension Death Information Form

Pension plan details for the late

Pension plans 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 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.

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 paying for the funeral.

Name of person	<input type="text"/>		
Address	<input type="text"/>		
Relationship to deceased	<input type="text"/>	Cost	<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 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)	<input type="checkbox"/>	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 and postcode	<input type="text"/>			
Home telephone number	<input type="text"/>			
Work telephone number	<input type="text"/>	Mobile number	<input type="text"/>	

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.

Section F – Benefit forms part of the estate

The benefit amount forms part of the estate of the deceased and must be distributed in accordance with the will, or paid to the next of kin if there isn't a will. The executors must complete this section and tell us who to pay (which may be the executor's bank account).

If there is not a will, then please complete this section with details of the next of kin.

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

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.

Full details of how we handle your data can be found 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

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 Life and Pensions 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.

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.

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.utmost.co.uk

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

Section G – continued

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

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 Life and Pensions Life, 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 2018/2019 is £1,030,000.
 - 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

Executor named in grant

Please tick

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.

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.utmost.co.uk

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Form downloaded and printed from utmost.co.uk