

Claim form

This form should be filled in when a member dies, to give the trustees information about the member and their personal circumstances. The trustees may use this information to decide who any benefits from the pension scheme should be paid to and in what proportions.

If there is a will or letters of administration, copies of these will help the trustees to make their decision. If there is no qualifying beneficiary, any payment's we make to the member's estate contribute to the total used for inheritance tax purposes.

Once you have filled in this form, please return it by post or email, along with copies of all the documents we have requested in this form, to:

Premier
PO Box 108
BLYTH NE24 9DY
admin@premiercompanies.co.uk

Fill in this form using BLOCK CAPITALS and black ink. Mark all answers with an X.

Main contact



If you are the person dealing with the member's estate, please give us your contact details. This should be the person who is dealing with the member's affairs who we can contact if we have questions about reclaiming overpayments.

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
First name and surname	<input type="text"/>
Main and mobile phone	<input type="text"/>
Email address	<input type="text"/>
Company (if this applies)	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>
Relationship to member (for example, solicitor, husband or wife)	<input type="text"/>
Did the deceased leave a will?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please enclose a copy)
Has a death certificate been issued yet?	<input type="checkbox"/> No <input type="checkbox"/> Yes (please enclose a copy)



If the member was already receiving a pension from the pension scheme, we may have already sent payment for the latest instalment. You will need to repay this amount to the pension scheme. If this applies, we will write to you after we have received the claim form and will confirm the amount that must be returned.

Details of the member who has died

Personal details

Name of pension scheme

Member reference

First name and surname

Date of birth

Date of death

Home address at time of their death

Postcode

Length of time at this address

Is this a residential care home?

 No Yes


You only need to fill in the section below if the death happened overseas. Please make sure that you send a copy of the death certificate along with an **official translation**. If not, the claim could be delayed or rejected.

Death overseas

Date of departure from the UK

Intended date of return to the UK

Country where death happened

Purpose of visit (for example holiday, business or lived there)

Funeral arrangements

Who paid the funeral costs?

 Husband, wife or civil partner The member's estate Other (please provide details below)

First name and surname

Company (if this applies)

Address

Postcode

Relationship to member (for example, solicitor, husband or wife)

Marital and residential status

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If the member was either married or in a civil partnership at the time of their death, the surviving spouse or civil partner must provide copies of their marriage or civil partnership certificate, their birth certificate and their Passport (photo page) and Driving Licence (photocard). If the member has previously been married please provide a copy of the decree absolute.

Marital status

Marital status

Single
 Widowed
 Divorced
 Separated
 Married
 Civil partnership
 Living with someone

Date of marriage or civil partnership

D D M M Y Y Y Y

Is a copy of the marriage or civil partnership certificate enclosed?

No (N/A)
 Yes

Is a copy of the surviving husband's, wife's or civil partner's birth certificate enclosed?

No (N/A)
 Yes

Is a copy of the surviving husband's, wife's or civil partner's Passport (photo page) and Driving Licence (photocard) enclosed?

No (N/A)
 Yes

Has the member been married previously?

No (N/A)
 Yes

Is a copy of the decree absolute enclosed?

No (N/A)
 Yes

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The Trustees will take into consideration the member's residential status at their time of death. This is important for any member who died whilst not legally married, in a civil partnership or who has been co-habiting and sharing joint financial responsibilities for residential costs.

Residential status

Was the member permanently living with anyone, other than their legal spouse, when they died?

No (go to next section)
 Yes

First name and surname of cohabitee

Relationship to member (for example, partners, son, daughter or sister)

How long have they been living together?

Years
 Months

Are both parties joint names on a mortgage or rental agreement?

No
 Yes (please supply a copy of the agreement showing both names)

Did both parties share joint responsibility for any of the following bills?

Gas
 Electric
 Water
 Phone
 Car/travel

Do both parties have a joint bank or building society account?

No
 Yes (please supply a copy of a bank or building society statement showing both names)

Is this person named as a beneficiary in the member's will?

No
 Yes

Other dependants



Please provide details of all dependants and all children from the member's current and any previous relationships whatever their age. Please ensure that this includes all children under the age of 18 and children between the age of 18 and 25 in full-time education. Please also supply details of any person, other than husband, wife, civil partner and children, who were financially supported in some way by the member who has died. If necessary additional details should be provided on the 'Further information' page.

For the trustees to fully assess financial dependency, you must provide evidence along with the claim form. This should include copies of utility bills, joint bank or building society account information and joint mortgage or rental agreements. We may reject a claim which does not include suitable, current supporting evidence.

	Dependant 1	Dependant 2
Mr, Mrs, Miss, Ms, Dr	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to member who has died	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Copy of birth certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person financially dependant on the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person resident at the same address as the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dependant 3	Dependant 4
Mr, Mrs, Miss, Ms, Dr	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to member who has died	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Copy of birth certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person financially dependant on the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person resident at the same address as the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other dependants continued

	Dependant 5	Dependant 6
Mr, Mrs, Miss, Ms, Dr	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to member who has died	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Copy of birth certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person financially dependant on the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person resident at the same address as the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dependant 7	Dependant 8
Mr, Mrs, Miss, Ms, Dr	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship to member who has died	<input type="text"/>	<input type="text"/>
Address line 1	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Copy of birth certificate enclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person financially dependant on the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this person resident at the same address as the member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Important information

Tax

Inheritance tax: The payment of lump sum death benefits on most pension schemes is 'discretionary' and therefore will not be part of the member's estate for inheritance tax purposes.

Discretionary means that the trustees are free to decide who to pay the death benefit to. The trustees will often take into account the member's wishes, although they do not legally have to follow them. This is why it is important for the trustees to understand as much as possible about the member's personal circumstances at their time of death.

Income tax: Any pensions paid directly from the scheme to beneficiaries will be subject to income tax (PAYE) that will be deducted at source. Pension payments are not subject to National Insurance deductions.

Important information

Premier and the Trustees of your pension scheme take privacy very seriously.

Information use: We use the personal information from this form and any other information that you give us to: value your pension, maintain records for the purpose of payment of pensions, pension-related payments, pension communication, market research and to analyse statistics.

Information sharing: We will release information disclosed on this form to other companies within the Premier Pensions Management group of companies (and any future owners), the Trustee's professional advisers, insurance companies (where requested by the Trustees of your pension scheme or you), other service providers who hold or process your data on our behalf and third parties to whom we are required to transfer data by law or regulatory requirements (e.g. government and regulatory authorities).

Fraud prevention: We will check the details provided on this form with fraud prevention agencies. If you give false or inaccurate information and we identify fraud, we will pass your details to fraud prevention agencies. Law-enforcement agencies may access and use this information. We and other organisations may also access and use this information to prevent fraud and money laundering, for example, when processing a claim to pay benefits.

You can view our Privacy Notice here:

<https://premieradministration.co.uk/privacy-notice/>

Please contact us if you would like to view the Privacy Notice specific to your pension scheme.

Identity verification: Before we pay any benefits we will verify the address and identity of any beneficiary using an electronic identity checking service. Using a range of UK public registers, and credit agency reports, we will automatically verify the identity of the beneficiary.

This process will leave a search footprint on the beneficiary's credit history record but will not affect their credit rating. All checks we perform will be logged as 'ID check' and these have no impact on credit ratings. If the beneficiary does not meet the minimum requirements of the identity check we will write to them to obtain further documents and information in order to verify their identity.

These measures are designed to protect the pension scheme and its members from fraudulent claims.

Declaration

I confirm that the information in this form is accurate and, as far as I know, shows the personal circumstances relating to the member at the time of their death.

Please remember that it is a serious offence to make false statements. The penalties are severe and could lead to prosecution.

Name (printed)

Sign and date

D	D	M	M	Y	Y	Y	Y
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