

Death claim notification

Please don't use this notification form if you are part of the Legal & General Mastertrust scheme. If you are part of the Mastertrust scheme, please use our 'Mastertrust Death Claim Notification form' instead.

We need all the relevant fields on this form to be completed before we can make a payment. We will return the form for completion if any vital information is missing.

(Please complete in **BLOCK CAPITALS**)

1 About the member

Policyholder (employer or trustees)

Deceased's surname

Deceased's forename(s)

Date of birth (DD/ MM/ YYYY)

Date of death (DD/ MM/ YYYY)

Cause of death as shown on death certificate

Date of entry into service (DD/ MM/ YYYY)

Date the deceased was last actively at work (DD/ MM/ YYYY)

Reason for any absence between date last actively at work and date of death

Deceased's occupation


Location of employer where deceased was last employed

Town

Postcode

Personal status at date of death (e.g. married, civil partner, single)

1 About the member (continued)

 You only need to complete this section if the death occurred overseas. Please ensure that you send the original death certificate along with an official translation otherwise the claim could be delayed. We may ask you to complete a death abroad questionnaire in order for us to process your claim.

Date of departure from the UK (DD/ MM/ YYYY)

Country where death occurred

Intended date of return to UK (DD/ MM/ YYYY)

Purpose of visit e.g. holiday/ business

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2 About the scheme

Life assurance benefit

Policy number

Date the deceased became a member of the scheme (DD/ MM/ YYYY)

Membership category at date of death

Date of entry into category (DD/ MM/ YYYY)

Dependants' pension


Policy number

Date the deceased became a member of the scheme (DD/ MM/ YYYY)

Membership category at date of death

Date of entry into category (DD/ MM/ YYYY)

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 Please send original certificates issued by a Registrar, for example birth and death certificates. These are protected by Crown copyright and cannot be lawfully copied without the consent of HMSO.

Please send us an original certificate confirming the death if:

- The member died outside the UK.
- You're sending us this form within 10 working days of the death being registered.
- Only a coroner's interim certificate has been issued.
- Claims exceed £1.25 million.

For most other circumstances we're able to confirm deaths without seeing the original death certificate. If we cannot, we'll ask you for the original certificate and explain why it's needed.

For Dependants' Pension, we need the following:

Original birth certificate of each beneficiary, including children.

Certificate of marriage/ civil partnership (if the birth name on the certificate is different from that on the beneficiary's birth certificate, additional documentation should be enclosed, e.g. previous marriage certificate(s), deed poll)

Confirmation of financial dependency (if applicable)

If the beneficiary is not the Spouse/ Registered Civil Partner or a Child (aged under 18) of the deceased, confirmation of financial dependency in the form of a statement signed by the policyholder is required.

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Life assurance benefit

The benefit being claimed must be in accordance with the contract(s) of insurance. The policyholder should make sure that the deceased was eligible and that, where earnings related, the benefit claimed is calculated in accordance with the definition of Scheme Earnings agreed for insurance purposes. If this is the first claim under the policy or the Trustee bank details have changed, please provide the bank details on the policyholder's headed paper.

Life assurance benefit scheme earnings

Amount claimed

Trustee's bank account sort code

Trustee's bank account number

Trustee's bank account name

At date of death

£

£

- -

At annual renewal date prior to date of death

£

Basis of calculation

Benefit Direct to Beneficiaries

Would you like to pay the benefit directly to the beneficiaries?

Yes

No

If you ticked 'yes' please complete and return the '**Pay Direct to Beneficiaries Instruction**' form.

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Dependant's pension



Please photocopy this page or download the relevant form from our website if you're claiming benefit for more than one dependant. Please provide the following information to dependants' pension beneficiaries:

- To protect against financial crime, we may need to confirm the dependant's identity from time to time. We may do this by using reference agencies to search sources of information about the dependant (an identity search). This will not affect the dependant's credit rating. If this identity search fails, we may ask the dependant for documents to confirm their identity.
- Legal & General's Privacy Policy, which will help a dependant understand what we do with the information we collect. The Privacy Policy is available at: <https://legalandgeneral.com/privacy-policy/>

To avoid delays you need to accurately complete the dependant's full name, date of birth and address details. Incomplete details will result in delays and the need to request further information from the beneficiaries at a later stage to confirm their identity.

Name of dependant

Date of birth (DD/ MM/ YYYY)

Gender

Male

Female

Address

Postcode

National Insurance number

Relationship to deceased

Dependant's pension scheme earnings

£

Amount claimed

£

Basis of calculation

Pension increase rate and, if separate rates apply to different portions of pension, the rate applicable to each e.g. £560.40 at 3%.

£

at

%

£

at

%

£

at

%

£

at

%

If the scheme rules give you discretion to convert the dependants' pension to a one-off cash payment and if would you like us to provide a cash value to consider tick here.
(Trustees should check the scheme rules first to confirm they have discretion to convert to a lump sum)

Dependant's bank account sort code

Dependant's bank account number

Dependant's details for payment

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Declaration and undertaking by policyholder

The benefit claimed should be payable in accordance with the contract(s) of insurance.

The policyholder should make sure the deceased was eligible and that, where earnings related, the benefit claimed is calculated in accordance with the definition of scheme earnings agreed for insurance purposes.

I agree to provide 'Legal & General's Privacy Policy' to the beneficiaries of a dependant's pension.

Signature



Date (DD/ MM/ YYYY)

Name

Capacity in which signing
e.g. Trustees, Scheme
Administrator

Phone number

Email address

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Important information



It's important that this form is completed in full otherwise there could be a delay with the claim.

To help you, we've included the checklist below to make sure you've completed all the sections we need. Please make sure you can tick each section before the form is sent to us. Incorrect information on the claim form may delay the claim.

LUMP SUM ONLY

DEPENDANT'S PENSION

(please also ensure that the lump sum boxes are ticked)

Claim form fully completed

Dependant's bank details (if applicable)

Policy number provided

Original marriage/ civil partnership
certificate (if applicable)

Scheme details provided

Original birth certificate for
each dependant

Original death certificate (see section 2)

Trustee confirmation of financial
dependency (if applicable)

Trustee bank details provided

Amount claimed

Scheme earnings provided

Basis of calculation

Declaration signed by trustees/
scheme administrator



Occasionally we may ask for more details, for example medical or attendance records.

Contact us



0345 072 0758

We may record and monitor calls. Call charges will vary.



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