

Legal & General – Bereavement Notification Form

Policy information

Pension payroll/payment number

Policy number

Policy holder details

Title

First name

Last name

Middle names (if applicable)

Date of birth

D	D	M	M	Y	Y
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Date client passed away

D	D	M	M	Y	Y
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Your details, if you're not next of kin, power of attorney, executor or solicitor

Title

First name

Last name

Point of contact – next of kin, power of attorney, executor or solicitor

Title

First name

Last name

Your full address

Telephone number

Relationship to client

Additional information

Name of spouse (if applicable)

Spouses date of birth (if applicable)

Spouses full address (if applicable)

Please note that if there's a spouse named on the plan we'll need to send the correspondence to them.
Please send to: Bereavements, PO Box 809, Cardiff CF24 0YL

Does the client have any additional policies with Legal & General?

Yes

No

Important Notice

We are authorised by Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Legal & General Assurance Society Limited.

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