

Annuity death benefit payment authority

To be completed by the individual(s) acting on behalf of the estate

Please complete in **Black Ink**

The death benefits due* under the policy are:

Please tick appropriate option(s)

- Payments under guarantee
- Spouse's pension
- Value protection

The benefits should be paid to:

D	D	M	M	Y	Y	Y	Y
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To enable the death benefit payment to be made please provide the following details:

*We will have written to you following the notification of death. This letter will specify the benefits due.

In order to ensure we pay benefits as quickly as possible please also complete the information required on the reverse of this form.

Signed by legal representative(s) named on the grant of probate/letters of administration

Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name

Phone number

Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name

Phone number

Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name

Phone number

**If a spouse's pension is to be paid then please ensure that the spouse signs below
(even if the spouse has signed above already)**

Spouse's Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name

Phone number

Please complete this form and return to: pensions.team@retirementadvantage.com.