

# Death Benefit Questionnaire

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

Please complete in **Black Ink**





**The following information is required to enable Retirement Advantage to exercise their discretion as to who should be beneficiary(ies) of any continuing payments under a guaranteed period or a value protection lump sum.**

1. Name date of birth and relationship to the deceased, of his/her partner/ spouse/civil partner/children and any other dependants

Name	Date of birth	Relationship

2. Are there in force any settlements/trusts for the relatives/dependants of the annuitant or court orders against the deceased?

Yes  No

**If Yes, please provide a copy**

3. Did the deceased leave a will?

Yes  No

**If Yes, please provide a certified true copy**

4. Please give the names and addresses of the Executor(s) (if different from those in the Will) or the person(s) applying for Letter of Administration

5. Any other information about the member's personal circumstances which may assist Retirement Advantage to determine the beneficiary(ies), eg changes in circumstances subsequent to the date of the will

**Declaration**

I declare that the above statements are, to the best of my knowledge, true and complete.

Signature	Date
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Name (block capitals)

Position

Address

Postcode

**Please complete this form and return to: [pensions.team@retirementadvantage.com](mailto:pensions.team@retirementadvantage.com).**