

# Request for settlement of a claim

Please complete in **Black Ink**

## Life assured/annuitant

Policy number(s)	
Title (please tick one) Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	Forename(s)
	Surname

## Declaration

1. If the life assured died leaving a will

I/we declare that the life assured died leaving a will, a copy of which is attached, naming me/us as sole beneficiary(ies) and the only person/people entitled to share his/her estate.

2. If the life assured died without leaving a will

I declare that I am the widow/er of the deceased

### If not the widow/er of the deceased:

I/we declare that the total amount of the life assured's estate, including the proceeds of the above policy(ies), did not exceed £25,000 and that a Grant of Letters of Administration/Confirmation Dative has not been taken out.

### If you are unable to tick this box we will require Grant of Letters of Administration/Confirmation Dative to be provided

I/we declare that there are no other children or persons financially dependent on the life assured that should be considered in relation to the benefits payable under the policy(ies).

### If you are unable to tick this box, please provide details of the beneficiary(ies) including their, name, relationship to the life assured, address and postcode in the box below.

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3. I/We further declare that all debts and funeral expenses have been, or will be, paid.

4. I/We promise that I/We will be responsible for any losses and/or expenses which are the result of any untrue, misleading, or inaccurate information deliberately given by me, or on my behalf, either in this form or with respect to the benefits from the policy.

5. I/We also promise to take out a Grant of Letters of Administration/Confirmation Dative if called upon to do so.

Signature of Declarant	Date <input type="text" value="DD"/> <input type="text" value="MM"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/> <input type="text" value="YY"/>
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Relationship to deceased
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Signature of Declarant	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
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Relationship to deceased
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Please complete this form and return to: [pensions.team@retirementadvantage.com](mailto:pensions.team@retirementadvantage.com).