

# Claiming a pension or life cover



Use this bereavement form if you're making a request to access a deceased member's pension/benefits or to claim their money if they were covered by People's Partnership's Employee Life Cover. The member's pension might have been with The People's Pension, the Lump Sum Retirement Benefit Scheme or the Additional Voluntary Contributions Scheme.

Please complete this form in BLOCK CAPITALS. If there are any sections that don't apply, or you don't have the information for, you can leave them blank.

People's Partnership must collect this information to pay the member's money. The information included in this form will only be used for this request.

For more about how we'll use the information in this form, please read one of the following privacy policies:

- The People's Pension privacy policy – if the member had a pension pot with The People's Pension:  
[www.thepeoplespension.co.uk/privacy](http://www.thepeoplespension.co.uk/privacy)
- People's Partnership privacy policy – if the member had a pension with People's Partnership's Lump Sum Retirement Benefit Scheme or the Additional Voluntary Contributions Scheme. Or if they were covered by People's Partnership's, Employee Life Cover:  
[www.peoplespartnership.co.uk/privacy](http://www.peoplespartnership.co.uk/privacy)

How the payment is made is discretionary and usually payable to a dependant\* or next of kin, and not to the member's estate. If the member completed a nomination form our Trustee will consider their wishes.

**Important note:** Completing this form doesn't guarantee that you'll receive this payment.

\*A dependant is normally someone who was wholly or partially dependent upon the member. For example, the member might have paid towards a mortgage, rent, or other household expenses.

## Part A: Scheme member's details

First name

Last name

National Insurance number

Address

  
  

Date of birth (DD/MM/YYYY)

Date of death (DD/MM/YYYY)

Marital status

Single

(If you select 'Single' you can skip Part B.)

Registered civil partnership

Divorced/Dissolved

Cohabiting partner

Married

Separated

Widowed

Partner (living apart)

## Employer's details

Last employer's name

Date last actively at work

Reason for leaving before their death (if applicable)

Ill health

Retirement

Redundancy

Other

(Please add your details below.)

  
  

Has anyone applied for a 'grant of probate' (also known as a 'confirmation' in Scotland) and/or 'letters of administration'?

Yes

(Please include in Part E.)

No

Did the member leave a will?

Yes

(Please send us a copy.)

No

## Part B: Current partner or spouse's details

This includes all types of marital status (including marriage and civil partnerships).

First name

Telephone number

Last name

Email address

Date of birth

Address

  
  

Length of relationship

 Years Months

Were they financially dependent on the member on the date of the member's death?

Yes

No

If you have ticked 'Separated' in Part A, please add details of the dependency, including how long.

  
  

Are there any children from this relationship? If so, you can tell us about them in Part C.

Yes

No

## Part C: Details of children

Did the member have any children?

This includes legally adopted children, step children and children not living with the member when they died.

Yes

No

(Please go to Part D.)

### Child 1

First name

Date of birth

Are they registered as disabled?

Yes

No

Last name

Were they financially dependent on the member?

Yes

No

If the child is over 18, please give details of how they were financially dependent on the member.

  
  

If the child is under 18, please give details for their parent or guardian.

Address

  
  

Telephone number

Email address

### Child 2

First name

Date of birth

Are they registered as disabled?

Yes

No

Last name

Were they financially dependent on the member?

Yes

No

If the child is over 18, please give details of how they were financially dependent on the member.

  
  

If the child is under 18, please give details for their parent or guardian.

Address

  
  

Telephone number

Email address

### Child 3

First name

Date of birth

Are they registered as disabled?

Yes

No

Last name

Were they financially dependent on the member?

Yes

No

If the child is over 18, please give details of how they were financially dependent on the member.

  
  

If the child is under 18, please give details for their parent or guardian.

Address

  
  

Telephone number

Email address

### Child 4

First name

Date of birth

Are they registered as disabled?

Yes

No

Last name

Were they financially dependent on the member?

Yes

No

If the child is over 18, please give details of how they were financially dependent on the member.

  
  

If the child is under 18, please give details for their parent or guardian.

Address

  
  

Telephone number

Email address

## Part D: Details of any other dependant(s)

A dependant is normally someone who was wholly or partially dependent upon the member. For example, the member might have paid towards a mortgage, rent, or other household expenses. This might include next of kin or people living with the member at the time of their death, parents or siblings.

Please include the details of any previous partners/spouses, plus any other person who was financially dependent on the member at the time of their death. If the member didn't have any other dependants, at the time of their death, who you have already told us about, please go to Part E.

### Person 1

First name

Were they financially dependent on the member?

Yes

No

Last name

Telephone number

Date of birth

Address

  
  

Email address

What was their relationship to the member? Please include details of any financial dependency.

  
  

### Person 2

First name

Were they financially dependent on the member?

Yes

No

Last name

Telephone number

Date of birth

Address

  
  

Email address

What was their relationship to the member? Please include details of any financial dependency.

### Person 3

First name

Last name

Address

  
  

Were they financially dependent on the member?

Yes

No

Telephone number

Date of birth

Email address

What was their relationship to the member? Please include details of any financial dependency.

  
  

### Person 4

First name

Last name

Address

  
  

Were they financially dependent on the member?

Yes

No

Telephone number

Date of birth

Email address

What was their relationship to the member? Please include details of any financial dependency.

## Part E: Administration of the member's estate

If the member had appointed an executor in their will or if someone has applied for a 'grant of probate' (also known as a 'confirmation' in Scotland) and/or 'letters of administration', please include their contact details below.

### Contact 1

First name

Last name

Relationship to member

Telephone number

Address

  
  

Email address

What is this person's role? (For example, are they the executor or the administrator?)

### Contact 2

First name

Last name

Relationship to member

Telephone number

Address

  
  

Email address

What is this person's role? (For example, are they the executor or the administrator?)

### Contact 3

First name

Last name

Relationship to member

Telephone number

Address

  
  

Email address

What is this person's role? (For example, are they the executor or the administrator?)

## Part F: Solicitor's details

If there's a solicitor acting on behalf of the member, please give their contact details.

Name of company

Solicitor's first name

Solicitor's last name

Address

Telephone number

Email address

## Part G: Additional information

Please add any other information you believe may be relevant. This includes details of any parents or siblings. You can continue on a separate sheet if you need more space.

## Part H: Your declaration

By signing this form, I confirm to the best of my knowledge the information I have given on this form is a true and accurate description of the member's personal circumstances at the time of their death. I understand that I may be liable for repayment of the monies and/or any costs incurred by People's Partnership and/or the Trustee if any of the information I've given is false and/or used to make a fraudulent claim.

Title (Mr/Mrs/Miss/Ms)

First name

Telephone number

Last name

Email address

Address

  
  

Relationship to member

Signature

Date

## What evidence do you need to send us?

For any claims, we'll need an original death certificate or coroner's interim death certificate.

**If you're the member's widow/widower, or registered civil partner,** we'll also need an original copy of your marriage/civil partnership certificate.

Please return your completed form to [B&A@peoplespartnership.co.uk](mailto:B&A@peoplespartnership.co.uk) though please note, emails aren't considered a secure way of sending information. Or you can post this to us at **Freepost THE PEOPLES PENSION**.