



Employer bereavement information form

Please complete this form using your records.

If there are any sections that don't apply, or you don't have the information available, please cross through.

The information you provide will be processed in accordance with our [privacy policy](#).

This form needs to be completed by the member's employer, if they provided benefits from B&CE within 12 months of the member's death.

Name of employer

Employer's account number

Section A: scheme member's details

Forename(s)

Surname

National Insurance number

Address

Date of birth (DD/MM/YYYY)

Date of death (DD/MM/YYYY)

Employer details

Was the member employed by you when they died?

Yes

No

Date last actively at work

If no, please confirm the date and reason for leaving your employment

Ill health

Retirement

Redundancy

Other

(please give details below)

Do you hold a nomination form or expression of wish for the member?

Yes

(Please send us a copy)

No

If the death was caused by an accident whilst at work, or travelling to or from their place of work, please confirm the following:

Cause of accident

Location of accident

Date & time of accident

Section B: Current or previous partner's details

We understand that you may not hold all the following information, but any details you can give would be useful when looking for beneficiaries.

Please provide details of any adults living with the member at the time of death (spouse/civil partner/cohabiting partner/parents etc). Any adult children should be included in **Section C**, not this section.

Person 1

Forename(s)

Surname

Date of birth

Phone number

Email

Relationship to deceased

If a cohabiting partner, please provide any information you have on the length of the relationship, how long they lived together and any details of their dependency at the time of the member's death.

If you're providing details of an adult or parent, please provide details of how dependent they were:



Person 2

Forename(s)

Surname

Date of birth

Phone number

Email

Relationship to deceased

If a cohabiting partner, please provide any information you have on the length of the relationship, how long they lived together and any details of their dependency at the time of the member's death.

If you're providing details of an adult or parent, please provide details of how dependent they were:

Section 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 move to section D)

Child 1

Forename(s)

Surname

Please provide contact details. If the child is under 18, please provide details for their parent or guardian:

Address

Phone number

Email

Child 2

Forename(s)

Surname

Please provide contact details. If the child is under 18, please provide details for their parent or guardian:

Address

Phone number

Email

Child 3

Forename(s)

Surname

Please provide contact details. If the child is under 18, please provide details for their parent or guardian:

Address

Phone number

Email

Child 4

Forename(s)

Surname

Please provide contact details. If the child is under 18, please provide details for their parent or guardian:

Address

Phone number

Email

Section D: Details of any other dependants, next of kin or people living with the member at the time of the member's death. This includes parents or siblings that are still alive.

Did the member have any other dependants, next of kin or people living with them at the time of their death that you've not already told us about?

Yes

No
(Please move to section E)

Person 1

Forename(s)

Date of birth

Surname

Phone number

Address

Email

Person 2

Forename(s)

Date of birth

Surname

Phone number

Address

Email

Person 3

Forename(s)

Date of birth

Surname

Phone number

Address

Email



Section E: Additional information

Please provide any other information you believe may be relevant. You can continue on a separate sheet if you need more space.

Section F: Your declaration

I declare, to the best of my belief and 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 death. I understand that I may be liable if any of the information given is false for the purposes of making a fraudulent claim.

Please tick to confirm you agree to this declaration

Title	Forename(s)	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	Email	
<input type="text"/>	<input type="text"/>	
Address	Relationship to member	
<input type="text"/>	<input type="text"/>	
<input type="text"/>		
Signature	Date	
<input type="text"/>	<input type="text"/>	

Please return your completed form to:

B&A@bandce.co.uk

Though please note, this isn't considered a secure way of sending us your information.

Or, you can post this to us at Freepost B&CE



B & C E Financial Services Limited
Manor Royal, Crawley, West Sussex, RH10 9QP. Tel 0300 2000 555 Fax 01293 586801.
Registered in England and Wales No. 2207140. To help improve our service we may record your call.
B & C E Financial Services Limited is authorised and regulated by the Financial Conduct Authority
Ref: 122787. It acts as a distributor of, and an administrator for, pensions (including The People's
Pension Scheme), accident and death insurance and a range of financial welfare products.

For people, not profit