



NOTIFICATION OF DEATH

You'll need to complete this form as the trustees of the scheme to notify us of a death.

Scheme	<input type="text"/>
Employee's name	<input type="text"/>
Reference number	<input type="text"/>
Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

If the employee had been absent from work on account of illness or injury for more than ten days in total in the three month period prior to date of the death, please indicate here and supply details overleaf.

Yes No

Benefits claimed - please check rules of scheme

The benefits and options available on death are detailed in the scheme rules. Item (a), (d) and (e) only require to be completed where the scheme rules separately define a specified amount of benefit in the event of death.

a. Life assurance benefit £

b. Member's contribution to scheme

Current scheme year is period between revision date and date of withdrawal.

Normal scheme contributions deducted in current scheme year £

Additional voluntary contributions deducted in current scheme year £

If the scheme is non-contributory for members, please indicate here employer's contributions to be applied in current scheme year. £

c. Widow's/Widower's/Civil partner benefit £

d. Children's benefit £

Please also forward the following documents along with this form (if not already provided).

- (a) Certificate of death.

(b) Birth certificate (and in the event of a name change the marriage/civil partnership certificate or Deed Poll document).
- Where widow's/widower's/surviving civil partner/children's benefits are being claimed:

(a) Marriage or civil partnership certificate

(b) Birth certificate of wife/husband/civil partner and (if children's benefits), youngest child.

3. If widow's/widower's/civil partner's/children's benefits are to be paid direct please advise:

Widow's/Widower's/Civil partner's private address

Postcode

Widow's/Widower's/Civil partner's bank details (name and address)

Postcode

Bank account number **Sort Code**

Widow's/Widower's/Civil partner's National Insurance number

Details of injury or illness

Date absence commenced	Reason	Duration of absence
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date last actively employed

Signature

Date

(For and on behalf of the trustees)



Royal London
1 Thistle Street, Edinburgh EH2 1DG
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