Broadstone

Volvo Group UK Pension Scheme
(the "Scheme")

Information required following the death of a member

To be completed by the person / solicitor dealing with the deceased's affairs.

1. Basic Details			
Deceased Member's Surname:		Deceased Member's Forename(s):	
NI No:		Date of Birth:	
Date of Death:			
Did the Member leave a Will?			Yes / No
• If yes, has Probate been obtained?			Yes / No
• If no, have Letters of Administration been obtained?			Yes / No

2. The Deceased's Circumstances – Spouse / Civil Partner	
Please confirm the member's marital status at date of death If the Member was married or in a Civil Partnership at the date of death, please provide details of the surviving Spouse or Civil Partner below*	Single / Married / Divorced / Civil Partnership / Widowed
If the Member was divorced, please confirm the date of divorce:	
*Full name of Legal Spouse / Civil Partner at date of death:	
Date of marriage/civil partnership:	
Date of birth of spouse/civil partner:	
Was the surviving Spouse / Civil Partner living with the Deceased at the date of death?	Yes / No
If no, address of Spouse/Civil Partner:	

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3. The Deceased's Circumstances – Other Dependants (if none, please state)			
Was there any other person(s), excluding children, who could be considered dependant on the Member at the time of death?			Yes / No (If yes, provide their details below)
Surname		Forenames	
Date of Birth			
Address			
Was the surviving individual living with the Deceased at the date of death?			Yes / No
Please provide a brief summary of the circumstances, such as duration of the relationship and description of financial dependence or interdependence together with supporting documentation, such as recent joint bank statement, utility bill.			

4. The Deceased's Circumstances – Children (including step-children and adopted children) (if none, please state)	
Did the Member leave any children at the date of death? If Yes, please provide details below: (If more than 2 children add details on last page in Additional Information)	Yes / No
1st Child Full Name:	Date of birth:
2nd Child Full Name:	Date of birth:
Address of child/children:	

Was the child in full time education or training for a trade, profession or vocation? If Yes, please provide details such as name of study/training, start and end dates of study/training and name of institution	Yes / No

5. Legal Personal Representative(s)			
Is there a Legal Personal Representative responsible for the Estate? (The name of the Legal Personal Representative will be shown on the Grant of Probate if the deceased left a Will, or on the Grant of Letters of Administration where there is no Will) If Yes (or if an application is in progress), please provide details below:			Yes / No
Surname		Forenames	
Address			
Email address			
Telephone number			
Is there an open executor's or estate bank account? (if yes, full details will be requested only if there are any further benefits due to the estate)			Yes / No

6. Solicitor	
Has a Solicitor been appointed? If Yes, please provide details below:	Yes / No
Name of Solicitor	
Address	
Email address	
Telephone number	

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7. Funeral Expenses

Please confirm the name of the individual(s) who paid the funeral expenses. Supporting documentation such as a copy of the invoice or receipt should be provided. *Please note these details are requested by the Trustee(s) for information or to assist with their deliberations where a lump sum is payable and should in no way be interpreted as an expectation that the Trustee(s) will meet the funeral expenses*

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8. Additional Information
If there are additional children/dependants or other potential beneficiaries (e.g. parents, siblings) where a lump sum may be payable or any other circumstances which you consider may be relevant to the Trustee when considering this case, please provide details below:

The Declaration should be signed by the individual who completed this form.

9. Declaration			
I confirm that, as far as I am aware, I have provided the Trustee(s) with all the relevant information relating to the Deceased's estate and family circumstances			
Signed		Date	
Surname		Forenames	
Address			
Telephone number			
Capacity (e.g. personal representative, solicitor handling the deceased's affairs, Executor) or relationship to the Deceased			

Please see over for the documents that we require.

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Bank Details Form

Please provide the following documents.

10. Documents	
Original Death Certificate	Already provided / Enclosed / To follow
Copy of the Deceased's Marriage/Civil Partnership certificate	Already provided / Enclosed / To follow / Not applicable
Copy of the Deceased's decree nisi/decree absolute (if divorced at date of death)	Already provided / Enclosed / To follow / Not held / Not applicable
Copy of the Spouse's / Civil Partner's own Birth Certificate	Already provided / Enclosed / To follow / Not applicable
Copy of the Child's/Dependant's Birth Certificate	Already provided / Enclosed / To follow / Not applicable
We will return any original certificates by recorded delivery on receipt and would recommend that you use recorded delivery when sending the documents to us	
Copy of the Deceased's Will	Already provided / Enclosed / To follow / Not applicable
Sealed copy of Grant of Probate/Letters of Administration	Already provided / Enclosed / To follow / Not applicable

The information provided will be processed by Broadstone Corporate Benefits Limited, on behalf of the Trustee of the Scheme for purposes only associated with the Scheme in accordance with its policies, the Trust Deed and Rules and current data protection laws.

To the Trustee of Volvo Group UK Pension Scheme:

I hereby authorise you to pay any benefits as they become due to my bank or building society account as detailed both below and on my bank statement, which I have provided.

Name of Bank or Building Society:			
Address of Bank or Building Society:			
Your Account No:		**Sort Code:**	
Account Holder's Name:			
Complete this section if you wish payment to a Building Society			
Your Account Reference or Roll Number:			

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I confirm that my address for all correspondence is as follows:

Address:	
Telephone Number:	
Email Address:	

Signed:						**Date:**				
Your National Insurance Number										

Additional information may be required if you would like your pension paid to a non-UK bank account and the Trustee reserve the right to pass on all reasonable charges.