

Death Claim Form

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS

To help you fill out this form, we recommend you read through our Death Claim Guide.

If you have any questions, please contact us for more information.

PLEASE NOTE when making a claim you will also be required to prove your identity by sending us copies of two pieces of ID for proof of name and address, by email to finance@shepherdsfriendly.co.uk. If you are the spouse or civil partner, in addition to these documents please send a copy of your marriage or civil partnership certificate. If the proceeds of the plan are above £5,000 a Grant of Probate or Letters of Administration will be required, unless you are the spouse of the deceased, in which case either of these documents will only be required if the value of the claim is above £20,000.

1 Personal details of deceased member

Mr/Mrs/Ms/Miss/Other

Male

Female

Forename(s)

Surname

Address

Postcode

Date of birth

/

/

2 All Shepherds Friendly plans held by the member

Bonus Plan

Plan number (if known)

Child Trust Fund

Plan number (if known)

Income Protection

Plan number (if known)

Junior ISA

Plan number (if known)

Over 50s Life Insurance

Plan number (if known)

Stocks and Shares ISA	<input type="checkbox"/>	Plan number (if known)
University Savings Plan	<input type="checkbox"/>	Plan number (if known)
Young Saver Plan	<input type="checkbox"/>	Plan number (if known)
5 Year Fixed Rate Bond	<input type="checkbox"/>	Plan number (if known)
Other	<input type="checkbox"/>	Plan number (if known)

3 Complete if the member held an Over 50s Life Insurance plan

Name of GP (of the member)

Email of GP (of the member)

Contact number for GP

Had the member smoked or used nicotine products in the last 5 years? Yes No

Please answer if the death occurred within 2 years of the plan starting:

Was the death accidental? Yes No

Can you provide proof of the cause of death? Yes No

4 Confirm if there is a Will

Is Probate being obtained? Yes No

Please give the details of the executor/s as stated in the Will

Forename(s) Surname

Please go to Section 7

5 Confirm if there is no Will OR if the member took part in Shepherds Friendly nomination scheme?

Are Letters of Administration being obtained? Yes No

Please give the details of the administrator/nominated person

Forename(s)

Surname

Please go to Section 7

6 If no Will, letters of administration or nomination

Please follow the questions to find who is entitled to claim.

A. Was a husband, wife or civil partner living when the member died? Yes No

1. Full name

B. Were there any children/grandchildren living when the member died? Yes No

1. Full name

2. Full name

3. Full name

4. Full name

If these do not apply, answer questions (c) to (d) and then proceed to Section 7.

C. Was the member's parents living? Yes No

1. Full name

2. Full name

D. Were any brothers, sisters or other relatives (niece, nephew etc.) living? Yes No

1. Full name

2. Full name

3. Full name

4. Full name

(Please attach additional paper if names don't fit)

Please go to Section 7

7 To be completed in all circumstances

In what capacity are you claiming? Next of kin Not next of kin

Relationship to the deceased

Please provide your personal details (claimant):

Mr/Mrs/Ms/Miss/Other Male Female

Forename(s) Surname

Address

Postcode

Date of birth / /

Telephone

Email

For us to send the money through BACS, please enter the account number and sort code

Account number Sort code

8 Declarations

I/we agree that the proceeds of this plan should be made payable to the person named in Section 7.

Note: Acceptance of this claim is at the discretion of Shepherds Friendly.

This section must be completed by all relevant parties/claimants to enable us to pay the proceeds of the plan(s).

(BLOCK CAPITALS PLEASE)

Signature

Date

Full name

Signature

Date

Full name

Signature

Date

Full name

Signature

Date

Full name



The Shepherds Friendly Society Limited Registered Office:

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Web: www.shepherdsfriendly.co.uk

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