

Document Checklist

Please complete this checklist and send it back, together with the required documentation, in the prepaid envelope enclosed.

Information required

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| Personal Representatives Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Potential Beneficiaries Form | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Death Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Marriage or Civil Partnership Certificate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the member was in a marriage or civil partnership that ended before the time of death, have you enclosed a copy of the Decree Absolute/final order? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If already applied for, please enclose the Grant of Representation/Letters of Administration | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Original or certified copy of the Will | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Details of any individual trusts set up or held by the deceased which may apply to any benefits that may be paid | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Any further information that may be helpful. For example, details of other family members, long term partners or cohabitants | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Completed by:

| | |
|--------------------------|---|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx Other: <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"/> <input type="text"/> |
| Forename(s) | <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"/> <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"/> <input type="text"/> <input type="text"/> |
| Surname | <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"/> <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"/> <input type="text"/> <input type="text"/> |
| Relationship to Deceased | <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"/> <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"/> <input type="text"/> <input type="text"/> |
| Telephone number | <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"/> <input type="text"/> <input type="text"/> |
| Email address | <input type="text"/> |

DETAILS OF PERSONAL REPRESENTATIVES

Name of member:

| | |
|----------------|----------------------|
| Title | <input type="text"/> |
| Forename(s) | <input type="text"/> |
| Surname | <input type="text"/> |
| Account Number | <input type="text"/> |

Who is the personal representative?

The person responsible for dealing with the deceased's estate. This will be the executor if they made a Will or the administrator if letters of administration are being applied for.

Why do you need to know who the personal representative is before making payment?

We have to tell the personal representative about any benefits we pay within three months of the date of the payment. We also have to issue a letter setting out their responsibilities in relation to payments. This is because of HM Revenue & Customs rules.

Please tell us about the personal representative(s) dealing with the estate.

Personal Representative 1

Name:

| | |
|-----------------------------|--|
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mx Other: <input type="text"/> |
| Forename(s) | <input type="text"/> |
| Surname | <input type="text"/> |
| House number or name | <input type="text"/> |
| Street, city and country | <input type="text"/> <input type="text"/> <input type="text"/> |
| | Postcode <input type="text"/> |
| Relationship to the member: | <input type="text"/> <input type="text"/> |
| Telephone number | <input type="text"/> |
| Email address | <input type="text"/> |

Personal Representative 2

Name:

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Mx

Other:

Forename(s)

Surname

House number or name

Street, city and country

Postcode

Relationship to the member:

Telephone number

Email address

Completed by:

☐ Personal Representative 1

☐ Personal Representative 2

☐ Other

Title

☐ Mr

☐ Mrs

☐ Ms

☐ Mx

Other:

Forename(s)

Surname

House number or name

Street, city and country

Postcode

Telephone number

Email address

Date (DDMMYYYY)

POTENTIAL BENEFICIARIES FORM



It is very important that you complete this form to the best of your knowledge. Please include anyone who could have a claim to any payment, even if you don't think they do. Leaving information out will mean we need to ask for more information later and is likely to delay payment.

Scheme:

Name of member:

Title

Forename(s)

Surname

Account Number

Please note that we will also need to carry out identification checks on all beneficiaries after we have made a decision on who should receive payments.

PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THIS FORM**About this form**

The purpose of this form is to gather information to help Fidelity or trustees of the scheme to decide who should receive a payment.

How we reach a decision

The decision is made at our discretion. We will always take into account any nomination form or expression of wish made by the member, even if it was made some time ago. However, there is no legal obligation to pay any person named on it and we will consider other information in reaching a decision.

For example, we may also consider how their estate is divided in their Will or if there is someone who was financially dependent on them.

Who you need to tell us about

We have to consider anybody who was financially dependent on the member, such as a spouse, partner, minor or young adult child or other relative.

If the member did not make a will or complete an expression of wish, we may also need to consider the rules of intestacy. This is why we need to know about family members such as living parents and siblings.

It is very important that any person that could be considered a potential beneficiary is named, and their details provided as far as possible.

Any missing information means we may need to ask for more information which can lead to a delay in payment.

Benefits paid to children aged under 18

We may ask to see evidence that appropriate arrangements have been made to safeguard any payments made to children under 18. We will tell you if we consider this necessary at a later stage.

If a potential beneficiary does not want to receive a benefit

If a potential beneficiary does not want to benefit, it is helpful for us to know this. If they are assumed to be financially dependent, such as the member's legal spouse or civil partner, we will ask the potential beneficiary to confirm in writing that adequate financial provision has been made for them.

We may ask for this written statement to be independently witnessed if the benefit amount is substantial.

Documents we need to see

Death Certificate

In order to consider any claim, we need to see the death certificate. In some cases, an interim death certificate, called a Coroner's Certificate of the Fact of Death, may be issued instead by the coroner. If this is the case, please send it to us as we may be able to settle the claim based on this.

We will also accept a death certificate verification form, issued, and signed by a solicitor, confirming sight of the original document and the information in it.

Where deaths have occurred in Scotland, the Registrar may have issued an Abbreviated Extract of Death, however we may require the full extract to settle the claim.

If the death certificate is not in English or does not contain an English translation as part of the original document, you will need to get the death certificate translated. We will need to see the original foreign death certificate and a translation of the original foreign death certificate to consider the claim.

Marriage/Civil Partnership Certificates and decrees absolute/final orders

If the deceased was legally married or in a civil partnership when they died, we will need to see the marriage or civil partnership certificate. We will need this even if they were separated but not legally divorced.

If the deceased was divorced or had dissolved a civil partnership, we are likely to need a copy of the decree absolute or final order.

Will

If the deceased made a Will, please send us a copy of the entire document so that we can consider it in reaching a decision and so that any additional information about the member's wishes regarding the distribution of their benefits can be taken into account.

Information about financial dependency

We do not need evidence of financial dependency for legal spouses or civil partners or for children aged under 23 as they are assumed to be dependent.

For unmarried partners, children over 23 or other relatives, we need an explanation of the nature of financial dependency or interdependency and evidence to support it.

This might include:

- If living together - evidence of who paid the mortgage, rent, council tax and utility bills
- Evidence of who paid for living expenses, such as food, clothing, entertainment, and holidays
- Documentation in relation to any 'maintenance for children' orders
- The length of time for which the individual was dependent on the deceased

Whether the person who has died assisted the dependent financially in any other way. Examples could include:

- A deposit for a house, car, or holiday
- Acting as guarantor on a loan, repayment of debt, pocket money
- Paying expenses for education
- Paying for medical expenses

Certification Requirements

If you choose to send certified copies, please ensure that they are certified by either a Solicitor, Legal Executive, Barrister or UK registered Financial Adviser.

All certified copies of documents should clearly show:

- The words "I have seen the original document and I certify this to be a true copy of the original"
- The certifier's signature and printed name in full
- The date of signing
- Details of the certifier's professional capacity. The official/institution stamp should be applied as appropriate
- The certifier's full address and postcode
- The certifier's telephone number

Documents we need to see (continued)

Any other supporting documents or information

If you have any other documents or information that you feel might support the claim, please send these to us.

Helpful resources

We realise that losing someone is hard and there is an administrative burden in putting their affairs in order. These organisations can provide support to people in your situation.

Bereavement Advice Centre

Phone: 0800 634 9494

Website: www.bereavementadvice.org

Cruse Bereavement Support

Phone: 0808 808 1677

Email: helpline@cruse.org.uk

Website: www.cruse.org.uk

A. For spouses/civil partners of the deceased

If the deceased was not married or in a civil partnership put an 'X' in this box and go to section B:

☐

Name:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number Date of Birth

House number or name

Street, city and country

 Postcode

Date of marriage /civil partnership: (DDMMYYYY)

Telephone number

Email address

Were divorce or separation proceedings underway at the time of the deceased death?

☐ Yes ☐ No

If yes, please provide further details in section H

B. For unmarried partners or former partners of the deceased

If the deceased did not have an unmarried partner put an 'X' in this box and go to section C:

☐

Name:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number Date of Birth

House number or name

Street, city and country

 Postcode

Telephone number

04/24/v2.0

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B. For unmarried partners or former partners of the deceased (continued)

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please tell us the nature and extent of financial dependency in section H and provide evidence.

C. For ex-spouses /ex-civil partners of the deceased

If the deceased did not have any living ex-spouses/ex-civil partners put an 'X' in this box and go to section D: ☐

Name:

Title

☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number

House number or name

Street, city and country

Postcode

Date of marriage /civil
partnership (DDMMYYYY):

Date of decree absolute/
final order (DDMMYYYY):

Telephone number

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please tell us the nature and extent of financial dependency in section H and provide evidence

D. Children of the deceased

Please tell us about all children of the deceased from current and previous partnerships including stepchildren and adopted children.

We need to know about both adult children and children aged under 18

If the deceased had no children put an 'X' in this box and go to section E: ☐

Child 1

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

Date of Birth (DDMMYYYY)

Usual address (if different from the deceased)

House number or name

Street, city and country

 Postcode

In full time education? ☐ Yes ☐ No

Relationship to deceased (Biological, Adopted or Stepchild)

Child 2

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

Date of Birth (DDMMYYYY)

Usual address (if different from the member)

House number or name

Street, city and country

 Postcode

In full time education? ☐ Yes ☐ No

Relationship to deceased (Biological, Adopted or Stepchild)

D. Children of the deceased (continued)

Child 3

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

Date of Birth (DDMMYYYY)

Usual address (if different from the deceased)

House number or name

Street, city and country

 Postcode

In full time education? ☐ Yes ☐ No

Relationship to deceased (Biological, Adopted or Stepchild)

Child 4

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

Date of Birth (DDMMYYYY)

Usual address (if different from the deceased)

House number or name

Street, city and country

 Postcode

In full time education? ☐ Yes ☐ No

Relationship to deceased (Biological, Adopted or Stepchild)

(If there are more than 4 children, please continue on separate paper provided)

Who is the legal guardian of the children aged under 18 listed above?

D. Children of the deceased (continued)

Were any of the adult (aged over 23) children financially dependent on the deceased? ☐ Yes ☐ No

If yes, please tell us the nature and extent of financial dependency and enclose evidence

Do any of the deceased's children have any physical or mental disabilities? ☐ Yes ☐ No

If yes, please provide further details in section H

E. Parents of the deceased

If the deceased's parents are no longer living put an 'X' in this box and go to section F: ☐

Parent 1:

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Mx | Other: | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Forename(s) | <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"/> | <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"/> | <input type="text"/> | | |
| Surname | <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"/> | <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"/> | <input type="text"/> | | |
| National Insurance number | <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"/> | <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"/> | <input type="text"/> | | |
| House number or name | <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"/> | <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"/> | <input type="text"/> | | |
| Street, city and country | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Telephone number | <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"/> | <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"/> | <input type="text"/> | | |
| Email address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please explain in section H and enclose evidence

Parent 2:

| | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|-----------------------------|------------------------------|-----------------------------|-----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title | <input type="checkbox"/> Mr | <input type="checkbox"/> Mrs | <input type="checkbox"/> Ms | <input type="checkbox"/> Mx | Other: | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |
| Forename(s) | <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"/> | <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"/> | <input type="text"/> | | |
| Surname | <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"/> | <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"/> | <input type="text"/> | | |
| National Insurance number | <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"/> | <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"/> | <input type="text"/> | | |
| House number or name | <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"/> | <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"/> | <input type="text"/> | | |
| Street, city and country | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | | | | | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

E. Parents of the deceased (continued)

Telephone number

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please explain in section H and enclose evidence

F. Siblings of the deceased (If more than 3 please continue on separate paper provided)

If the deceased did not have any living siblings put an 'X' in this box and go to section G: ☐

Sibling 1:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number Date of Birth (DDMMYYYY)

House number or name

Street, city and country

 Postcode

Telephone number

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please explain in section H and provide evidence

Sibling 2:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number Date of Birth (DDMMYYYY)

House number or name

Street, city and country

 Postcode

F. Siblings of the deceased (If more than 3 please continue on separate paper provided)

Telephone number

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please explain in section H and provide evidence

Sibling 3:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number Date of Birth (DDMMYYYY)

House number or name

Street, city and country

 Postcode

Telephone number

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please explain in section H and provide evidence

G. Other persons connected to the deceased who should be considered

Person 1:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number Date of Birth (DDMMYYYY)

House number or name

Street, city and country

 Postcode

04/24/v2.0

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G. Other persons connected to the deceased who should be considered (continued)

Relationship to the deceased:

Telephone number

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please explain in section H and provide evidence

Person 2:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

National Insurance number Date of Birth (DDMMYYYY)

House number or name

Street, city and country

 Postcode

Relationship to the deceased:

Telephone number

Email address

Financially dependent on the deceased: ☐ Yes ☐ No

If yes, please explain in section H and provide evidence

H. Additional Information

Please use this space for any further information you would like to provide, or alternatively you may wish to provide this information by email to pensions.bereavement@fil.com.

I. DECLARATION:

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Mx Other:

Forename(s)

Surname

House number or name

Street, city and country

Postcode

Relationship to the deceased:

Telephone number

Email address

**I declare that to the best of my knowledge and belief the information given in this form is correct and complete.
I also declare that I have provided details of all potential beneficiaries.**

Please note that any personal data that you provide to us will be held for the administration of the claim in accordance with our contractual, legal, and regulatory obligations, and used in accordance with our privacy statement which can be found on our website, retirement.fidelity.co.uk.

Signature

Date signed (DDMMYYYY)