



Pearl Deceased claim form

Please send to:
Deceased Claims
The Pearl Centre
Lynch Wood
Peterborough PE2 6FY
Phone: 0870 8970028
Fax: 01733 472352

Please complete all sections and provide as much of the information as you can. Any missing information may delay the payment. To help you understand some of the legal words there is a glossary enclosed which we hope you will find useful. If we can help you in any way, please call us on **0870 8970028**

Any references to "the Company" refers to the subsidiary company of Pearl Group Ltd with whom you are currently contracted. The subsidiary companies of Pearl Group Ltd are detailed in our company block at the end of this document.

Please fill in using **BLOCK CAPITALS**

A Policy, plan or account numbers

	Is a policy attached?	
<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

B Details of the person who has died (deceased life assured)

Name: (in full) Date of death: Date of birth:

C Your details * Please complete if there is more than one person claiming

	Claimant 1	Claimant 2*	Claimant 3*
Name: (in full)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address and Postcode:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	Day: <input type="text"/> Evening: <input type="text"/>	Day: <input type="text"/> Evening: <input type="text"/>	Day: <input type="text"/> Evening: <input type="text"/>

D Payment details

- Please fill in details of your bank or building society account. Some accounts will not accept direct payments and if this is the case, we will pay by cheque. If you would like us to, we can send a cheque to your bank or building society.
- If the policy is a pension, please tell us your bank or building society details so that we can set regular payments.

Name, address and postcode of bank or building society:

Account holder's name:

Account number: Sort code:

Building society roll number: (if appropriate)

If payment is to be made to a solicitor(s) or to another party please provide their full details below:

E Pension details

If the policy is a pension, please tell us the national insurance number of the person who is to receive payment:

F Claim Supporting Information

You will find it useful to read the glossary when filling in this section

(a) Are you claiming as Proposer/Policyholder? or in a representative capacity?
 If the answer to both questions is 'yes', please tick both boxes.

(b) Are you claiming on behalf of the Proposer's estate, where the Proposer has died and is not the life assured? Yes No

If in a representative capacity only:

(c) Has a Grant of Representation been issued? Yes No
 If 'yes', please send a sealed office copy of the Grant of Representation.

(d) Has the Proposer/Policyholder ever been adjudged bankrupt? Yes No
 If 'yes' please provide details of the bankruptcy.

If no Grant of Representation has been issued, please provide answers to the following questions:

(e) Did the Proposer/Policyholder leave a will? Yes No
 If 'yes', please send a copy of the will

(f) What is your relationship to the Proposer/Policyholder?

(g) Was the Proposer/Policyholder (please tick one box only):

Single? Married?
 Divorced? Separated?
 Widowed? Other? (Please give details)

If the Proposer/Policyholder was married or separated, please give the name of his/her spouse.

(h) Did the Proposer/Policyholder have any children (natural or adopted) or other dependants (financial or otherwise)? Yes No
 If 'yes', please provide full details of their name, address and date of birth and relationship.

Name	Address	Date of Birth	Relationship
<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"/>

(i) What is the estimated value of the Proposer's/Policyholder's estate, including the value of any life policies, unit trusts, annuities or property? £

(You do not have to include anything that is held in joint names, if the asset transfers automatically to the spouse. However, you will need to include the value of the life assured's share of the asset if the spouse will not automatically receive the part which the Proposer/Policyholder owned)

(j) Is Inheritance Tax payable on the Proposer's/Policyholder's estate? Yes No

G Declaration

- I will apply to the probate registry or sheriff court for a grant of representation if you ask me to.
- I agree that the above statements are true and I am entitled to receive the money which is due on the policies.
- I understand if you pay the money to me, you will have no further responsibility under the policy to me.
- When I receive the money from the policy I agree that neither Pearl nor any of the other companies within Pearl Group will be responsible for any further claims or demands on the money from me.
- I will repay the claim value to Pearl if any question or dispute arises as to the entitlement to the proceeds of this policy, or if a valid legal claim is made by another party in respect of some or all of that value.
- I attach the following. (Please tick the boxes which apply).

Please send:

policy document or schedule. (If this has been lost or destroyed, please fill in section H.)

Death certificate Grant of Representation

Other (please name)

Any information that you provide us with will only be made available to the companies of Pearl Group Limited and their agents. Agents may include internal or external service companies who provide services on behalf of the companies of Pearl Group Limited. Agents may also include fraud prevention agencies and / or credit reference agencies. We may at any time share information about you with these agencies for the purposes of verifying your identity, prevention of money laundering and conducting any other necessary fraud searches.

Declaration signatures

Claimant 1 signature	Claimant 2 signature	Claimant 3 signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

H Lost or destroyed policy document or schedule

Please send the policy document or schedule with this application. If the policy has been lost or destroyed, please fill in this section.

I declare that I have made all possible searches to find the policy.
I declare that I cannot find the policy documents or they have been destroyed.
I declare that the policy is not held as security for a loan or mortgage.

Claimant 1 signature	Claimant 2 signature	Claimant 3 signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date: <input type="text"/>	Date: <input type="text"/>	Date: <input type="text"/>

The Pearl Centre, Lynch Wood, Peterborough, PE2 6FY. Internet www.pearl.co.uk

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