



## Personal Pension Supplementary Information

A personal pension plan may form part of the deceased policyholder's estate so we need some more information about the plan. Pearl are the scheme administrators and in accordance with HM revenue and Customs legislation and scheme rules we decide who to pay and in what form.

*For policies issued by Pearl Assurance Unit Linked Pensions (PAULP), from 1 October 2006 NPI Limited became the scheme administrator.*

*Any reference 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*

### I Nomination details

Did the policyholder sign a form nominating somebody to receive the money from the pension in the event of the policyholder's death? Yes  No

If yes, have the circumstances changed since he/she made that nomination? Yes  No   
If yes, please advise how in section M

### J Widow/er details

Name (in full)  Did the policyholder and the widow/er have any children? Yes  No

Address:

Postcode

Phone: Day:   
Evening:

Date of Birth    Please forward the widow/er's original birth and marriage certificates and any dependants original birth certificates.

### K Partner details

If there is no widow/er or the policyholder was not living with the widow/er did the policyholder have a partner? Yes  No

Name (in full)  Did the policyholder and the widow/er have any children? Yes  No

Address:

Postcode

Phone: Day:   
Evening:

Date of Birth    Please forward the partner's original birth and marriage certificates and any dependants original birth certificates.

## L Employer information

Please give details of the names and addresses of all employers of the policyholder over the past 2 years.

	employee 1	employee 2	employee 3
<b>Name (in full)</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Address:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Postcode:</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the policyholder residing with his/her widow/er at the time of death

Yes  No

If there are more than three previous employers, please give details under section M

## M Further information

Please give details of any circumstances that may help Pearl decide who to pay the death benefit to. For example, the policyholder had children from a previous marriage, relationship etc.

If the policyholder left no widow/er partner or children, please give details of any surviving blood relatives of the policyholder.

## Declaration signatures

Claimant 1 signature

Date:

Claimant 2 signature

Date:

Claimant 3 signature

Date:



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