



## Life Claim Form

If you have any questions regarding completion of the form or the submission process,

 **call us on 0117 916 4460.**

Please complete in accordance with the Policy.

### 1 Employer's details

POLICYHOLDER NAME (Principal Employer)

1

EMPLOYER'S NAME (If different from above)

2

GROUP POLICY NUMBER

3

#### Helpful Hints

- 1 The Principal Employer specified on the trust deed.
- 2 Any employer associated with the Principal Employer must be listed on the trust deed and covered by the policy.
- 3 As specified on the policy document.

### 2 Deceased member's details – please fully complete for all claims

FULL NAME OF MEMBER

MAIDEN NAME (If applicable)

TITLE

DATE OF BIRTH

OCCUPATION

PLACE OF WORK POSTCODE

### 3 Proof of death

CAUSE OF DEATH (As shown on the Death Certificate)

1

DATE OF DEATH

**WE WILL NOT CONSIDER A CLAIM SUBMITTED LATER THAN TWO YEARS AFTER THE DATE OF DEATH.**

HOME ADDRESS

2

POSTCODE

#### Helpful Hints

- 1 In most cases, we will be able to verify the death without sight of the death certificate by using an online death registry.  
The online death registry only records UK deaths where no Coroner's investigation is required and the full death certificate has been issued for at least two weeks.
- 2 Only required for verification of a death.

**HOWEVER, PLEASE ENCLOSE AN ORIGINAL DEATH CERTIFICATE IF ANY OF THE FOLLOWING APPLY:**

**A**  
The Coroner has only issued an interim certificate

**B**  
The death occurred outside the UK.  
**Please ensure that the 'Death occurring outside the UK' section is completed.**

**C**  
The claim has been submitted within two weeks of the registration of death.





## 4 Death occurring outside the UK

DATE OF DEPARTURE FROM THE UK

INTENDED DATE OF RETURN TO THE UK

COUNTRY

REASON OVERSEAS (holiday/business travel/residence)

PLACE OF DEATH

HAS THE DECEASED BEEN REPATRIATED TO THE UK? **1**

Yes  No

**PLEASE ENSURE THAT THE ORIGINAL DEATH CERTIFICATE IS PROVIDED ALONG WITH AN OFFICIAL ENGLISH TRANSLATION IN CASES WHERE NO UK DEATH/CORONERS CERTIFICATE HAS BEEN ISSUED**

**Helpful Hints**

**1** Repatriation is where the deceased member has been returned to the UK for burial/cremation. Official documents from the UK Government will confirm this.

**CALL US TO DISCUSS FURTHER**

## 5 Lump Sum Benefits

EMPLOYMENT START DATE

 **1**

DATE JOINED PENSION SCHEME

 **2**

DATE THE MEMBER WAS FIRST COVERED FOR GROUP LIFE BENEFITS, IF DIFFERENT FROM EMPLOYMENT START DATE

DATE FIRST COVERED UNDER THE CANADA LIFE GROUP POLICY

 **3**

DATE THE MEMBER LAST MET OUR ACTIVELY AT WORK CONDITIONS

 **3**

SCHEME SALARY APPLICABLE AT DATE MEMBER LAST MET OUR ACTIVELY AT WORK CONDITIONS

 **4**

SCHEME SALARY APPLICABLE AT DATE OF MEMBER'S DEATH

 **4**

CATEGORY FOR COVER

**NOTED IN YOUR POLICY DOCUMENT AS 001, 002, 003 ETC.**  
(Please call us if you require a copy of this)

BENEFIT CALCULATION (e.g. multiple scheme salary or fixed benefit)

**PLEASE REFER TO YOUR LATEST POLICY DOCUMENT**

AMOUNT OF LUMP SUM BENEFITS BEING CLAIMED

COMMENTS e.g. IF ABOVE DATES DIFFER OR IF SCHEME SALARY HAS INCREASED/CHANGED FROM THE ACTIVELY AT WORK DATE, PLEASE GIVE REASONS

 **4**

**Helpful Hints**

**1** If the member was included due to tupe/change in contract, please provide start date of continuous employment.

**2** Only required where cover/benefits are linked to a pension scheme.

**Helpful Hints**

**3** Our actively at work conditions are that the Member:

- 1 Was present at their place of work.
- 2 Had not received medical advice to refrain from work.
- 3 Had been mentally and physically capable of performing fully the normal regular duties associated with the job they were engaged to do.
- 4 Had been working their normal contracted number of hours, either at their normal place of business or at a place that the business requires.

**Helpful Hints**

**4** Scheme salary as defined in the policy. If the member was on long-term sick, Scheme Salary should NOT be based on the amount of Income Protection benefit.

**Helpful Hints**

**4** If a member had been granted a temporary leave of absence from work, any increases in his/her salary will be limited to the lesser of: the general level of increases in basic salaries or wages awarded by the member's employer

**OR**

the increases in the Average Weekly Earnings Statistic, published by the UK Office for National Statistics.



## 6 Payment details for lump sum and Trustee details for any pension payments

PAYMENT SHOULD BE MADE TO A DEDICATED TRUSTEE BANK ACCOUNT. IF THE TRUSTEES REQUIRE PAYMENT DIRECTLY TO THE BENEFICIARIES, PLEASE ARRANGE FOR COMPLETION OF THE AUTHORISATION AND DISCHARGE DOCUMENT WORDING BELOW.

### SELECT ONE OPTION ONLY

#### **A** TO THE TRUSTEE BANK ACCOUNT

ONLY COMPLETE WITH THE DEDICATED TRUSTEE BANK ACCOUNT DETAILS. IF IN DOUBT PLEASE CALL OUR LIFE CLAIMS TEAM ON 0117 916 4460.

TRUSTEE ACCOUNT NAME

NAME OF BANK

BRANCH

SORT CODE

ACCOUNT NUMBER

#### Helpful Hints

- 1 This should mirror the scheme name on the Trust Deed.  
We will not accept a Company trading account.  
This is not applicable for Master Trust.

#### **B** VIA CANADA LIFE GROUP LIFE MASTER TRUST

ONLY APPLICABLE IF THE SCHEME IS SET UP UNDER MASTER TRUST. AN ADDITIONAL MASTER TRUST FAMILY INFORMATION FORM WILL BE REQUIRED. PLEASE CONTACT THE LIFE CLAIMS TEAM ON 0117 916 4460.

#### **C** DIRECT TO THE BENEFICIARY

PLEASE COMPLETE THE AUTHORISATION AND DISCHARGE SECTION BELOW.

Payment will only be made direct to the beneficiaries over the age of 18, as agreed by the trustees of the scheme. We do not pay to the estate of the deceased, or to a trust account, if this is not the trust used for creation of the group life policy.

Canada Life will normally pay up to a maximum of three separate beneficiaries.  
To discuss please contact our Life Claims Team on 0117 916 4460.

## AUTHORISATION AND DISCHARGE

WE, AS TRUSTEE OF THE

(hereinafter called "the Scheme") hereby declare that in exercise of the discretion invested in us under the Rules of the Scheme and in accordance with the duties vested in us under the Scheme, we request and authorise Canada Life Limited to pay the sums detailed below (being in total the lump sum benefit due under the Policy.

in respect of the death of the said

NAME OF THE BENEFICIARY

NAME OF THE BENEFICIARY

RELATIONSHIP TO THE DECEASED

RELATIONSHIP TO THE DECEASED

AMOUNT

AMOUNT

ACCOUNT NAME

ACCOUNT NAME

SORT CODE

ACCOUNT NUMBER

SORT CODE

ACCOUNT NUMBER

BUILDING SOCIETY ROLL NUMBER (if applicable)

BUILDING SOCIETY ROLL NUMBER (if applicable)

NAME OF BANK AND BRANCH

NAME OF BANK AND BRANCH

#### Helpful Hints

- 1 This should mirror the scheme name on the Trust Deed.  
We will not accept a Company trading account.  
This is not applicable for Master Trust.

by means of a bank transfer to the persons detailed in the accounts as below.

#### Helpful Hints

- 2 The beneficiary must be a charity or someone over age 18, with a UK Bank Account.  
If a beneficiary is under 18, overseas, or if there are more than two beneficiaries, please call us on 0117 916 4460.
- 3 The total amount must match the amount being claimed.

It is confirmed that the payment of benefits as aforesaid is in accordance with the provisions of the Scheme and we are satisfied that all necessary authorisations are in place and that the payment is in compliance with any applicable laws and regulations.

In consideration for this transfer, the payment made shall discharge Canada Life Limited from its obligations to make payments under the Policy in relation to such benefit. For the avoidance of doubt, this release shall not prevent you from bringing any claim for any act or omission by Canada Life Limited that is not related to Canada Life's obligation to make payments under the policy.



## 7 Details of spouse, civil partner or dependant

**THIS SECTION ONLY NEEDS TO BE COMPLETED IF A SPOUSE, CIVIL PARTNER, DEPENDANT OR CHILDREN'S PENSION IS BEING CLAIMED.**

FULL NAME OF SPOUSE, CIVIL PARTNER OR DEPENDANT

TITLE

DATE OF BIRTH

NATIONAL INSURANCE NUMBER

HOME ADDRESS



POSTCODE

BASIS OF CALCULATION OF PENSION i.e. 25% of salary; 1/3 of salary; 50% prospective pension

ANNUAL AMOUNT PAYABLE ON THE MEMBER'S DEATH IN ACCORDANCE WITH THE POLICY

If the annual amount payable is based upon a prospective pension, please provide a break down of the calculations below. Use a separate sheet if necessary. If the annuitant is more than ten years younger than the deceased, the pension may be reduced. Please refer to the Policy.

CALCULATIONS

Please provide the amount and escalation below. If there are different levels, please provide each level of escalation and the amount of pension for that level of escalation.

LEVEL OF ESCALATION e.g. Nil, LPI, 5%

AMOUNT OF PENSION





(NB: The pension amounts must equal the total annual amount of pension provided above)

DETAILS OF ANY QUALIFYING CHILDREN UNDER THE AGE OF 23 WHERE CHILDREN'S OR ORPHAN'S BENEFITS ARE PAYABLE.  
IF NONE, PLEASE STATE NONE

FULL NAME	DATE OF BIRTH	CHILD'S ANNUAL PENSION	NI NUMBER (IF AGE 16+) AND HOME POSTCODE
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	NI <input type="text"/> PC <input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	NI <input type="text"/> PC <input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	NI <input type="text"/> PC <input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	NI <input type="text"/> PC <input type="text"/>

If a child's pension is to be paid to an adult instead of a trust, an additional authority form will need to be completed.

**Please ring the Life Claims Team on 0117 916 4460**

<b>PLEASE PROVIDE</b>	The original birth certificate of spouse/child. Please tick the appropriate box.	<b>Enclosed</b>	<b>To follow</b>
	<b>AND</b> (if applicable)		
	The original civil partnership/marriage certificate. Please tick the appropriate box.	<b>Enclosed</b>	<b>To follow</b>



## 8 Bank details for payment of pension

HOW IS THE PENSION TO BE PAID?

**GROSS TO TRUSTEES**

(Please complete below and Trustee bank details on page 3)

**OR**

**NET TO DEPENDANT OR GUARDIAN**

(if child's pension is paid to an adult an additional form will be required)

(Please complete below)

FULL NAME

ACCOUNT NAME

NAME OF BANK

BRANCH

BANK SORT CODE

ACCOUNT NUMBER

BUILDING SOCIETY ROLL NUMBER (if applicable)

**WE, THE TRUSTEES OF THE GROUP POLICY, HEREBY REQUEST AND AUTHORISE CANADA LIFE LIMITED TO ACT AS OUR AGENTS IN PAYING PENSIONS ARISING UNDER THE SAID POLICY ON THE DEATH OF THE MEMBER NAMED IN THE MANNER DETAILED ABOVE.**

## 9 Declaration

**TO BE COMPLETED BY A TRUSTEE OR AN AUTHORISED SIGNATORY OF THE SCHEME. FOR CONFIRMATION OF THE AUTHORISED SIGNATORIES HELD ON OUR RECORDS, PLEASE CALL OUR LIFE CLAIMS TEAM ON 0117 916 4460.**

We hereby apply for payment of the benefit(s) described above. We declare that the deceased was a Member of the Scheme on the date of death and that the particulars set out above are correct to the best of our knowledge and belief. We agree that the payment of a benefit in accordance with our instructions will constitute a full discharge of the liability of Canada Life and Trustee Solutions Ltd (where appropriate) under the Policy in respect of that benefit. Where the benefits claimed include a dependant's benefit, we confirm that the recipient of that benefit was dependant on the member.

**If the payment is to be made by Authorisation and Discharge (see page 3), please tick to confirm that you agree the beneficiary account details are correct.**

**I confirm that I am a Trustee/Authorised Signatory of the Scheme. 1**

SIGNATURE

This must be an original signature.

DATE (day, month, year)

PRINT FULL NAME

CAPACITY OF TRUSTEE/SIGNATORY

### Helpful Hints

- 1 Refer to the Trust Deed to determine who is trustee.  
If Canada Life does not have a copy of your signature on file, we will require an Authorised Signatory form to be completed.



Please return the fully completed claim form and any supporting documents to:  
**Life Claims Team, Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER.**



or e-mail to [grouplifeclaims@canadalife.co.uk](mailto:grouplifeclaims@canadalife.co.uk)



to discuss any aspect please call us on **0117 916 4460**

Our forms are available to download from our website: [www.canadalife.co.uk/group](http://www.canadalife.co.uk/group)

Canada Life Limited, registered in England no. 973271. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.

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Group Insurance

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