

Flexible Income Annuity (FIA) Death Benefit Questionnaire

To be completed by the individual(s) acting on behalf of the estate

Please complete in **Black Ink**

Policyholder's name	
Policy number	
Date of birth	Date of death

The following information is required to enable Scottish Friendly to exercise their discretion as to who should be beneficiary(ies) of any continuing payments under a guaranteed period or a value protection lump sum.

1. Name, date of birth and relationship to the deceased, of his/her partner/ spouse/civil partner/children and any other dependants

Name	Date of birth	Relationship	Nature of dependants

2. Are there any in force settlements/trusts for the relatives/dependants of the annuitant or court orders against the deceased?

Yes No

If Yes, please provide a copy

3. Please give the names and addresses of the Executor(s) if different from those in the Will) of the person(s) applying for Letter of Administration.

Name
Address
Postcode
Name
Address
Postcode

4. Any other information about the member's personal circumstances which may assist Scottish Friendly to determine the beneficiary(ies), e.g. changes in circumstances subsequent to the date of the will.

Declaration

I declare that the above statements are, to the best of my knowledge, true and complete.

Signature	Date
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Name (block capitals)

Position

Address

Postcode