

Trustee instruction to pay benefit to beneficiary

Where the trustees wish to use their discretion to have benefits paid directly into the account(s) of the chosen beneficiary(ies) one of these forms should be completed in respect of each such beneficiary. Please confirm the percentage of benefit payable to the beneficiary(ies) on page 2.

If the benefit is to be distributed between more than one beneficiary, please print out and complete one form for each beneficiary, including the percentage payable to each person on page 2. The information is required so that we can follow our obligations with regards to preventing fraud and money laundering.

The form must be signed by at least one trustee and must be in line with the signatory rules set out in your trust deed.

Scheme name	
Policy number	
Name of the deceased member	
Beneficiary name	
Beneficiary address	
Beneficiary date of birth	

If the benefit is to be paid into the account declared in the claim form, please tick this box and leave the account details on this form blank.
Otherwise, please supply the following details.

Name of Bank/Building Society			
Branch address			
Account Name			
Account Number		Sort code	

If the account belongs to someone other than the named beneficiary, please explain why this is (for example, the account may be in the name of a guardian responsible for a minor).

--

I/We, for and on behalf of the Trust, using the discretion given to me/us under the terms of the trust, instruct AIG Life Limited to make payment of per cent of the life assurance claim to the beneficiary as detailed above. I/We acknowledge that the Trustees will still be required to ensure any administration is carried out on pension accounts if applicable and will also need to ensure the beneficiary is aware of the percentage of lifetime allowance the benefit represents.

I/We, for and on behalf of the Trust, acknowledge that such a payment (together with payments made to any other beneficiaries where the benefits are apportioned to more than one) will represent full and final settlement of any and all life assurance claims in respect of the deceased scheme member detailed above and agree to indemnify AIG Life Limited against any additional losses, claims, costs and expenses as a consequence of taking instruction from the Trustees to make direct payment to the beneficiaries notified.

First Trustee	Trustee signature
	Print name
	Date

Second Trustee	Trustee signature
	Print name
	Date

If the Trustees are Corporate Trustees please provide the name of the Corporate Trust and the registered address.

Name	
Address	

If the Trustees are named Trustees please provide the full names, date of births and addresses for each Trustee.

Name	Date of Birth	Address

We will not be able to proceed with the claim without this information.



www.aiglife.co.uk