



# Group Life Claim Form

The form can be completed on-screen or printed off and completed by hand.

Please complete the following sections	
All claims	<ul style="list-style-type: none"><li>• Section A - Policy and contact details</li><li>• Section B - Member details</li><li>• Section F - Policyholder declaration</li></ul>
Lump sum benefit	<ul style="list-style-type: none"><li>• Section C - Lump sum benefit detail</li></ul>
Pension for spouse/dependant	<ul style="list-style-type: none"><li>• Section E - Pension for spouse or dependant(s)</li></ul>

Bank account details for payment	
AIG Life Master Trust or Excepted Life Trust	<p>No further sections to complete</p> <p>Payment will be made to Zedra Governance Ltd, as Trustees. They'll consider all relevant factors, identify and arrange payment to the beneficiaries.</p>

Employer Trust	
Trustee bank account	<ul style="list-style-type: none"><li>• Section D - Employer trust and bank account details for payment of lump sum benefit</li></ul>
Beneficiary account	<ul style="list-style-type: none"><li>• Section G1 - Payment to beneficiary - Registered schemes only; or</li><li>• Section G2 - Payment to beneficiary - Excepted schemes only</li></ul>
Company bank account (standalone Registered Group Life scheme only)	<ul style="list-style-type: none"><li>• Section G3 - Payment to sponsoring company - Registered schemes only</li></ul>

Additional requirements - all claims	
Death certificate - all claims	<p>Not usually required</p> <p>Exceptions are if the death occurs outside the UK or if it's the subject of an inquest that has not been concluded (we can accept a Coroner's interim certificate)</p>

Additional requirements - Pension for spouse/dependant	
Birth certificate	In respect of child(ren) or adult dependants who are not a spouse or civil partner
Marriage/civil partnership certificate	If paying to a spouse or civil partner

Evidence of financial dependency	If the financial dependant is not the member's spouse, civil partner or child, the Trustees must also provide a copy of evidence they've used to determine those dependants who should receive any benefit payable (this will be provided by Zedra Governance Ltd if the scheme is within the Master Trust).
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If completing on-screen, please first save the form to your computer before entering any information to ensure you don't lose any inputs. Save and email the completed form to **groupclaims@aiglife.co.uk**.

If completing by hand, please use black ink. The quickest way to send us the completed form is to scan and email it to **groupclaims@aiglife.co.uk**.

Alternatively, it can be posted to us at:

Group Claims Team  
AIG Life Limited  
The AIG Building  
58 Fenchurch Street  
London  
EC3M 4AB

When we receive the claim form, we'll check the basic details of the policy, such as ensuring the cover being claimed against is in force, and premiums are up to date. If there are any issues during this check that would delay a claim being paid, we'll contact you promptly. You can check the table on page 1 to make sure you've completed all the relevant sections and sent any additional requirements.

If at any time you would like to contact us about any aspect of the claim, you can call our Claims Team on 0330 303 9973 or email **groupclaims@aiglife.co.uk**.

## Section A - Policy and contact details

Policy (scheme) name	
Policy number	
Contact name	
Address for correspondence	
Telephone number(s)	
Email address	

## Section B - Member details

Title and full name						
National Insurance number	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>					
Occupation						
Home address						
Date of birth	<table border="1"><tr><td></td><td></td><td></td></tr></table>					
Date of death	<table border="1"><tr><td></td><td></td><td></td></tr></table>					
Cause of death						
Place of death (town/postcode)						

Location where last employed (town/postcode)

Contract type (please tick)  Permanent  Temporary  Zero hour

Date employment started

Actual date of joining scheme

If there is a difference between the 'Date employment started' and 'Actual date of joining the scheme' please let us know why

Date last at work

Please provide details of this member's absences lasting longer than one week during the past three years (including the period from the date last at work until the date of death). If none, please tick this box.

Dates of absence from	To	Cause of absence
<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"/>

**Section C - Lump sum benefit detail**

Please complete this section if a lump sum is insured, either on its own or with a pension. If the claim is for a death in service pension benefit only, please omit this section and go straight to Section E.

Deceased member's salary as per policy definition (£ p.a.)

Lump sum benefit insured (£)

If the policy covers flexible benefits (that is, the member can select their level of benefit from a range of options) please show the deceased member's choices in the three years preceding their death.

Date	Level of benefit selected	Was the selection made during an annual flex window or following a lifestyle event?		If a lifestyle event, please advise the type (marriage, birth of child, etc.)
		Annual window	Lifestyle event	
<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"/>

If the member was, on each of the dates when selections were made,

- a) actively performing their normal occupation or taking authorised leave (other than sick leave),
- b) working the normal number of hours required by their contract, either at their normal place of employment, at a location as agreed with their employer, or at a location to which they were required to travel for business,
- c) mentally and physically capable of performing all the duties normally associated with their job

and in doing each of these was not acting against medical advice, please tick this box.

**Or** If any of the above does not apply, please give details

## Section D - Employer trust and bank account details for payment of lump sum benefit

Complete this section only if payment is required to a trust bank account. If you require payment to a beneficiary or company bank account, please complete the relevant section below as indicated in the table on page 1.

### Trust bank account details

Name of Bank/Building Society	
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Branch address	
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Account name	
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Account number	
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Sort code	
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### Trust details

Name of trustee	
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Telephone number(s)	
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Email address	
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Address

**Select one of the following**

This is a corporate trustee (the employer or professional trustee company)

This is not a corporate trustee and the trust has individually named trustees whose details are given below

If the Trust has individually named Trustees (as opposed to the employer or a professional trustee company), please provide details of at least two named trustees. This information is required to perform money-laundering checks and the payment can't be made without these details.

Name 1

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

Name 2

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address

## Section E - Pension for spouse or dependant(s)

Please complete this section if a spouse's/civil partner's and/or other dependant's pension is insured, either on its own or with a lump sum. If a pension is to be paid to more than one individual, please either copy this page and insert the information for each one, or use the 'additional information' boxes at the end of this form.

Title and full name of person to receive pension	
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Relationship to the deceased	
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Address	
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Date of birth			
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National Insurance number					
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Deceased member's salary as per policy definition (£ p.a.)	
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Amount of annual pension insured (£ p.a.)	
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### Payee's bank account details for payment

Name of Bank/Building Society	
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Branch address	
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Account name	
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Account number	
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Sort code	
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**Please note:** proof of financial dependence is required – please see the table on page 1. If the financial dependant is not the member's spouse, civil partner or child, the Trustees must also provide a copy of evidence they've used to determine those dependants who should receive any benefit payable (this will be provided by Zedra Governance Ltd if the scheme is within the Master Trust).

## Section F - Policyholder declaration - to be signed for all claims

I declare that the information given in this form is correct and that the entitlement to the benefit claimed is in accordance with the terms of the insurance contract(s).

Your name	
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Date			
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Signature	
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Capacity in which you are signing (e.g. Director/HR manager)	
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If we're paying a lump sum to a bank account other than a trustee bank account, please have the relevant trustees/authorised personnel sign one of the following supplementary declarations in Section G.

Thank you for completing the form

If you need to add any information for which there was insufficient space, please do so below.

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## Data Protection

We're the data controller of personal data and will process personal data in order to undertake any activity to handle this claim. We may share personal data with:

- our reinsurers
- other companies within the AIG Group
- our claims service providers
- our IT service providers
- our regulators and government agencies: the Financial Conduct Authority, and HM Revenue and Customs 'HMRC'
- the member's employer and/or their advisers.

The information supplied by you may be transferred outside the UK (including the USA, China, Mexico, Malaysia, Philippines and Bermuda). Further information regarding how we deal with personal data can be found on our website:

**[www.aiglife.co.uk/privacy-policy](http://www.aiglife.co.uk/privacy-policy)**

## Support for the family

We can provide access to the following support for family members of the deceased:

### **Bereavement helpline**

Provides 24/7 access to a completely confidential bereavement helpline and up to four sessions of face to face or telephone counselling. It's designed to support people following the loss of a loved one, whether that be through developing support strategies, clinical counselling, a referral to a therapy group or providing a dedicated listening service. The service can be contacted on 0800 069 8856.

### **Winston's Wish**

We're proud to work with Winston's Wish, a leading UK charity working to helping bereaved children get the specialist help they need when coping with grief. Information on the services Winston's Wish provide can be found at [www.winstonswish.org.uk](http://www.winstonswish.org.uk) and their helpline number is 0333 003 0416.

### **Probate helpline**

Our free-to-use probate helpline can help families understand the process for obtaining probate following a bereavement. Individuals have unlimited access to the telephone helpline, available Monday to Friday 9am-5pm, to provide them with support and guidance to navigate the potentially tricky legal, financial and tax issues resulting from a death. The service can be contacted on 0800 069 8856.

Section G - Supplementary declarations if we are not paying the lump sum to a trustee bank account

Section G1 - First beneficiary - Registered schemes only

Beneficiary name	
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Beneficiary address	
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Beneficiary date of birth			
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Name of Bank/Building Society	
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Branch address	
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Account name	
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Account number	
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Sort code	
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If the account nominated belongs to someone other than the intended beneficiary, please provide the bank account holder's name, address and date of birth below.

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Please specify percentage of benefit due to this beneficiary		%
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G1 - Additional beneficiary - Registered schemes only

Beneficiary name	
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Beneficiary address	
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Beneficiary date of birth			
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Name of Bank/Building Society	
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Branch address	
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Account name	
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Account number	
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Sort code	
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If the account nominated belongs to someone other than the intended beneficiary, please provide the bank account holder's name, address and date of birth below.

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Please specify percentage of benefit due to this beneficiary		%
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## G1 - Payment to beneficiary - Registered schemes only

We, for and on behalf of the Trust, using the discretion given to us under the terms of the Trust, instruct AIG Life Limited to make payment of the life assurance claim to the beneficiary as detailed above.

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.

We acknowledge that such a payment (together with payments made to any other beneficiaries where the benefit is 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.

**Two signatures are required if the trust has individually named trustees. Where the trustee is the employer or a professional trustee company, only one signature is required unless otherwise specified in the trust rules.**

### Trust details

Name of trust	
Name of trustee	
Telephone number(s)	
Email address	
Address	

### Select one of the following

This is a corporate trustee (the employer or professional trustee company)

This is not a corporate trustee and the trust has individually named trustees whose details are given below

First trustee

Name 1	
--------	--

Date of birth			
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Address	
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Signature	
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Second trustee

Name 2	
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Date of birth			
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Address	
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Signature	
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G2 - Payment to beneficiary - Excepted schemes only

First beneficiary - Excepted schemes only

Beneficiary name	
------------------	--

Beneficiary address	
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Beneficiary date of birth			
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Name of Bank/Building Society	
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Branch address	
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Account name	
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Account number	
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Sort code	
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If the account nominated belongs to someone other than the intended beneficiary, please provide the bank account holder's name, address and date of birth below.

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Please specify percentage of benefit due to this beneficiary		%
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G2 - Additional beneficiary - Excepted schemes only

Beneficiary name	
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Beneficiary address	
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Beneficiary date of birth			
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Name of Bank/Building Society	
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Branch address	
----------------	--

Account name	
--------------	--

Account number	
----------------	--

Sort code	
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If the account nominated belongs to someone other than the intended beneficiary, please provide the bank account holder's name, address and date of birth below.

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Please specify percentage of benefit due to this beneficiary		%
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## G2 - Payment to beneficiary - Excepted schemes only

We, for and on behalf of the Trust, using the discretion given to us under the terms of the Trust, instruct AIG Life Limited to make payment of the life assurance claim to the beneficiary as detailed above.

We acknowledge that such a payment (together with payments made to any other beneficiaries where the benefit is 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.

**Two signatures are required if the trust has individually named trustees. Where the trustee is the employer or a professional trustee company, only one signature is required unless otherwise specified in the trust rules.**

### Trust details

Name of trust	
Name of trustee	
Telephone number(s)	
Email address	
Address	

### Select one of the following

This is a corporate trustee (the employer or professional trustee company)

This is not a corporate trustee and the trust has individually named trustees whose details are given below



First trustee

Name 1	
--------	--

Date of birth			
---------------	--	--	--

Address	
---------	--

Signature	
-----------	--

Second trustee

Name 2	
--------	--

Date of birth			
---------------	--	--	--

Address	
---------	--

Signature	
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### G3 - Payment to sponsoring company – Registered schemes only

We, the Trustees confirm that this is a group life only scheme and that no trustee bank account is in place in respect of this scheme. We acknowledge that this payment represents full and final settlement of the claim for the member named on this form and agree to indemnify AIG Life Limited against any additional liabilities consequent to this instruction.

We enclose a copy of the trust deed

#### Bank account details for payment

Name of Bank/Building Society	
Branch address	
Account name	
Account number	
Sort code	

**Two signatures are required if the trust has individually named trustees. Where the trustee is the employer or a professional trustee company, only one signature is required unless otherwise specified in the trust rules.**

#### Trust details

Name of trust	
Name of trustee	
Telephone number(s)	
Email address	
Address	

#### Select one of the following

This is a corporate trustee (the employer or professional trustee company)

This is not a corporate trustee and the trust has individually named trustees whose details are given below

First trustee

Name 1	
--------	--

Date of birth			
---------------	--	--	--

Address	
---------	--

Signature	
-----------	--

Second trustee

Name 2	
--------	--

Date of birth			
---------------	--	--	--

Address	
---------	--

Signature	
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[www.aiglife.co.uk](http://www.aiglife.co.uk)

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