

Uniper Group Life Scheme

Questionnaire for the Trustees of the Uniper Group Life Scheme

Please contact the **Secretary to the Trustees on 0121 329 4363** if you require any assistance with completing this form.

Please provide all the information below and arrange for any documents that have been requested to be included as e-mail copies. The information is required to enable the Trustee to make an informed decision about the payment of any benefits. Please accept our apologies, in advance, for the intrusive nature of some of the questions.

Deceased's Name:

Date of Birth: / / Date of Death: / /

Employee Serial Number (eg. 77XXXX):

Section 1. Relationship Status

Please select all boxes that apply. At the time of death, was the deceased:

A. Single

B. Living with Parents

C. Married

Please enclose spouse's Birth and Marriage Certificates (we do not need the birth certificate of the deceased)

If married at the date of death, is the spouse or Civil Partner in employment?

Yes **No**

If yes **Full-time** **Part-time**

D. Civil Partner

Please enclose partner's Birth and Civil Partnership Certificates (we do not need the birth certificate of the deceased)

If married at the date of death, is the spouse or Civil Partner in employment?

Yes **No**

If yes **Full-time** **Part-time**

E. Widowed

F. Living with Partner - please provide

Full name of partner

Duration of relationship

Years **Months**

Duration of co-habitation

Years **Months**

G. Separated from spouse - please provide

Full name of spouse

Date of marriage

/ /

Date of separation

/ /

H. Divorced - please provide

Full name of ex-spouse

Date of marriage

/ /

Date of separation

/ /

Date of Decree Absolute

/ /

I. In a non-cohabiting relationship - please provide

Full name of partner

Address of partner

Duration of relationship

Years **Months**

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Unless the deceased was married or had a registered civil partner and was co-habiting with their spouse, evidence of any financial dependency that any individual had on the deceased should be provided. Such individuals may be those described under Relationship Status on the previous page or registered disabled, elderly or sick. The type of evidence that is required would be:

- Joint mortgage or rental agreement
- Joint bank account statement
- Joint utility bills
- Council tax bills

Please forward recent copies (not more than three months old) of any of the above to substantiate the inter-dependent relationship.

Section 2. Children

Please provide details of all the children of the deceased, irrespective of age (please continue on the back page if more than five).

Full Name	Current Age	Date of Birth	Natural/ Adopted/ Stepchild	Address and telephone number, if not the same as the deceased's
1.				
2.				
3.				
4.				
5.				

Please enclose or arrange to be provided copies of the child(ren)'s Birth Certificate(s).

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Section 3. Additional questions

Please provide answers to the following additional questions.

A. Was the deceased supporting any of their children listed in Section 2? If so, how (for example, university fees)?

Yes No

If yes:

Child's name

Description of support

B. Did the deceased have any brothers and/or sisters?

Yes No

If yes, please provide names and addresses, plus their current age(s). Please provide any additional siblings' details on the back page if needed.

If yes:

Name

Address

Age Years Months

Name

Address

Age Years Months

C. Were the deceased's parents or in-laws living at the date of their death?

Yes No

If yes, were they supporting them? Yes No

If you answered yes to either or both of the question(s) above, please provide the parent or in-law's name and address. Provide any additional names/addresses on the back page if needed.

Name

Address

D. Did the deceased have a mortgage at the date of their death?

Yes No

If yes, please provide an estimated amount of the mortgage at the date of death.

£

Also if yes, was there any form of life cover to pay off the mortgage on death?

Yes No

If no, how is it intended to settle the mortgage?

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E. Is Probate or Letters of Administration being taken out?

Probate Yes No

Letters of Administration Yes No

If yes, by whom?

Name

Address

F. Who is the deceased's next of kin?

Name

G. What is their relationship to the deceased?

Relationship

H. Name of the person completing this form (if different from (F) above)

Name

I. What is your relationship to the deceased (if different from (G) above)?

Relationship

J. Do you have in your possession the deceased's original (Office Copy) death certificate?

Yes No

If yes, please provide a copy.

K. Did the deceased leave a Will?

Yes No

If yes, please provide a copy.

L. Are there any Solicitors or Lawyers involved?

Yes No

If yes, please provide details below.

Name of Solicitors or Lawyers

Contact Name

Contact Telephone number

Postal Address

Email Address

Finally, please use the section below to include any other information you would like to bring to the Trustee's attention which you think will help the Trustees to arrive at a decision as to whom benefits should be payable.

If more space is required please use the last page.

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Section 4. Confirmation

I confirm that the information supplied on this form and the accompanying documents provided are accurate and true to the best of my knowledge.

Signature

Date

 / /

If this form is being returned electronically I declare that I have personally completed the form by checking this box:

Note: if this form is being completed by a person with a Power of Attorney, please provide a copy of the Power of Attorney.

Date

 / /

Please note that the Trustees reserve the right to ask for further confirmation of the person completing this form and for further information if they deem it necessary.

Address

Telephone number

Email address

Please return the completed form and all associated documentation by email to:

The Secretary to the Trustees at Adrian.Furnell@uniper.energy

If you have any difficulties using email, please call Adrian Furnell on **0121 329 4363** to discuss other arrangements.

Documents checklist

- | | |
|---|---|
| <input type="checkbox"/> Section 1: Spouse's Birth Certificate | <input type="checkbox"/> Section 2. Child(ren)'s Birth Certificate(s) |
| <input type="checkbox"/> Section 1: Spouse's Marriage Certificate | <input type="checkbox"/> Section 3: Copy of Death Certificate |
| <input type="checkbox"/> Section 1: Civil Partner's Birth Certificate | <input type="checkbox"/> Section 3: Copy of Will |
| <input type="checkbox"/> Section 1: Civil Partnership Certificate | <input type="checkbox"/> Section 4: Power of Attorney |
| <input type="checkbox"/> Section 1: Financial Evidence | |

Please note: Send copies by e-mail only please. If the Trustee requires the originals for any documentation, it will request these separately.

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Please use the space below if you need to provide any additional details for Sections 2, 3 or 4. Please make it clear which Section and question the details apply to (eg. Section 3B).