

Death benefit claim form: one-off payments

If you are the deceased member's personal representative and/or death benefit nominee, you can use this form to claim one or more of the following benefits:

- a death benefit lump sum
- a Widow(er)'s Pension Scheme (WPS) refund
- payment of any pension that was due to be paid to the member when they died (also called residual pension)

You will only need to complete this form once, even if you are claiming more than one of the death benefits listed above.

Please read **Section G – Guidance notes** before completing this form.

This form must be printed and signed in pen. To complete the form either:

1. Fill in the sections online
2. print the form
3. sign the 'Your Declaration' section in pen
4. return by post to the address below.

or

1. Print the form
2. fill in the form using pen with BLOCK CAPITALS
3. sign the 'Your Declaration' section in pen
4. return by post to the address below.

Civil Service Pensions, PO Box 2017, Liverpool, L69 2BU

Section A - Document checklist

Please provide the relevant supporting documentation with your claim. Please note: we can only accept original versions of the following documents.

| Claim type | Document(s) |
|--|--|
| All claims | Death certificate Bank statement (dated within the last three months) |
| Widow(er)'s Pension Scheme (WPS) refund (Only required if the member was unmarried at the time of death as a result of divorce, dissolution of a civil partnership, or death of their husband, wife or civil partner) | Proof of marital status: <ul style="list-style-type: none"> • decree absolute • civil partnership dissolution certificate or final order certificate • death certificate for a wife, husband or civil partner |



If you have a Grant of Representation (a Court Order issued by one of the Probate Registries of the High Court, which gives you authority to deal with a deceased's estate) you will need to enclose an original version of one of the following documents with your claim form:

- probate
- letters of administration
- confirmation of executor

You can find information about applying for a Grant of Representation on the GOV.UK website: www.gov.uk

Please note: if we calculate the benefits payable to the deceased member's estate and the amount is more than £10,000 (or £40,000 where the personal representative is the member's spouse/ civil partner, and they are co-habiting) you or your solicitor must apply for a Grant of Representation before we can pay any benefits due.

Section B – About the member

Please provide the personal details of the deceased member.

| | |
|---|--|
| Member's name | <input type="text"/> |
| Member's address and postcode | <input type="text"/> <input type="text"/> |
| Member's National Insurance (NI) number | <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"/> |
| Members' date of birth (DD/MM/YYYY) | <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"/> |
| Has the death certificate already been provided to us for this member? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Marital status | Please tick one box Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Civil partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Dissolved civil partnership <input type="checkbox"/> |

Section C – Your details (the claimant)

Please provide your personal details.

| | |
|--|---|
| Your name | <input type="text"/> |
| Your address and postcode | <input type="text"/> |
| | <input type="text"/> |
| Your relationship to the member | <input type="text"/> |
| Your National Insurance (NI) number | <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"/> |

Please provide your contact details.

| | |
|-------------------------------------|----------------------|
| Your home telephone number | <input type="text"/> |
| Your mobile telephone number | <input type="text"/> |
| Your email | <input type="text"/> |

Please provide your bank or building society details, so we can pay any death benefits due. Please note: we can only pay benefits into an account in your own name or a joint account you hold.

| | |
|---|---|
| Name of account holder(s) | <input type="text"/> |
| Name and address of bank or building society | <input type="text"/> |
| | <input type="text"/> |
| Account number | <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"/> |
| Bank sort code | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Building society roll number | <input type="text"/> |

We cannot make payment into a National Savings Account. We can make payment into an account in the Irish Republic or overseas, but you will need to complete an overseas mandate. You can find the mandates on the Overseas Payment Mandates page on our website:

www.civilservicepensionscheme.org.uk

Section D – Your solicitor’s details

If a solicitor is acting on your behalf, please provide their details.

| | |
|-----------------------------|----------------------|
| Company name | <input type="text"/> |
| Solicitor’s name | <input type="text"/> |
| Address and postcode | <input type="text"/> |
| | <input type="text"/> |
| Telephone | <input type="text"/> |
| Email | <input type="text"/> |

If you would like us to pay the death benefits to your solicitor, please provide their bank or building society details.

| | | | | | | | | | | | |
|---|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Name of account holder(s) | <input type="text"/> | | | | | | | | | | |
| Name and address of bank or building society | <input type="text"/> | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | | | |
| Account number | <table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> | <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"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | |

(Please continue on the next page)



| | | | | | |
|------------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Bank sort code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Building society roll number | <input type="text"/> | | | | |

Section E – Your declaration

- I understand that completing this form does not guarantee my entitlement to death benefits and that my eligibility will be calculated upon receipt of the form.
- I am the [deceased member’s nominee]/[acting as the personal representative] (delete as appropriate).
- To the best of my knowledge, the information I have provided is correct.
- I am entitled to the benefits in relation to the deceased member (detailed in **Section B – About the member**).

| | |
|------------|----------------------|
| Print name | <input type="text"/> |
|------------|----------------------|

Signed: _____

Date: ____/____/____

Section F – Witness declaration

The applicant, who I believe to be the person named in **Section E – Your declaration** (above), has signed the declaration in my presence.

Important: this section **must** be signed and dated at the same time as Section E (above).

| | |
|---------------------------|----------------------|
| Print name | <input type="text"/> |
| Home address and postcode | <input type="text"/> |
| | <input type="text"/> |

Witness signature: _____

Date: ____/____/____

Section G – Guidance notes

1. Before completing this form, please read our guide **How to claim death benefits** to understand more about death benefits and how to claim them. You can find the guide on the [Publications page](#) of our website.
2. You can use this form to claim the following benefits:
 - a death benefit lump sum
 - a Widow(er)'s Pension Scheme (WPS) refund
 - payment of any pension that was due to be paid to the member when they died (also called residual pension)
3. A solicitor dealing with the member's estate, or acting on your behalf can complete this form, but you will be required to sign it. Please ensure that your solicitor's details are included in **Section D – Your Solicitor's details**.
4. If you are claiming death benefits as the deceased member's personal representative (the person dealing with the deceased member's estate) and you have **not** enclosed a Grant of Representation, you must ask someone to complete **Section F – Witness declaration**.
5. Any lump sum will need to be paid within two years of us being told that the member has died (or from when we could first reasonably have been expected to know of the death). If not, it will be treated as a 'taxable authorised' payment and may be liable for tax. See the **HM Revenue & Customs (HMRC)** website for more information about taxable authorised payments from pension schemes. www.hmrc.gov.uk
6. Please provide the relevant supporting documentation with your claim (**see Section A – Document checklist**). Please note: we can only accept original versions of documents.
7. You only need to complete this form once, even if you are claiming more than one death benefit.