**Group Life Assurance**

Trustee Discharge and Form of Receipt

**GROUP LIFE ASSURANCE: TRUSTEE DISCHARGE FORM**

**INSTRUCTIONS FOR COMPLETION**

This form should be completed along with our standard Group Life Claim Form if the Trustees do not have a bank account solely for the use of Pension or Life Assurance payments.

Risk Assurance Management Limited will not make payment direct to the Company’s Trading Account, however, upon completion of this form Risk Assurance Management Limited will make payment directly to the Beneficiaries at the Trustees’ request, subject to there being only one payment operation i.e. all Beneficiaries are paid at the same time.

Please note:

* All details must be completed in full to ensure that Risk Assurance Management Limited fulfils all its obligations in respect of preventing Fraud and Money Laundering.
* Payments in respect of this claim can only be paid to the UK address of a registered UK Bank or Building Society in Sterling.
* Payments in respect of this claim can only be paid directly to the beneficiary(ies) if they are 18 years of age or over.
* Risk Assurance Management Limited reserves the right not to make payments directly to Beneficiaries should circumstances arise which are not acceptable, as determined by Risk Assurance Management Limited in its sole discretion.

|  |
| --- |
| **Policy Number:** Click or tap here to enter text. |

|  |
| --- |
| **Scheme Name:** Click or tap here to enter text. |

|  |
| --- |
| **Name of Deceased:** Click or tap here to enter text. |

|  |
| --- |
| **Total Claim Amount:** Click or tap here to enter text. |

**TRUSTEES’ INSTRUCTIONS:**

We, the Trustees of the above named Scheme, request and authorise Risk Assurance Management Limited to make payment of the Group Life Claim on our behalf to the beneficiary(s) named below and for which a separate Beneficiary Information Sheet has been completed and is attached.

**1st Beneficiary** Click or tap here to enter text.

**2nd Beneficiary** Click or tap here to enter text.

**3rd Beneficiary** Click or tap here to enter text.

**If there are more than three beneficiaries, please complete an additional form.**

**Data Protection**:

We, the Trustees, understand that the use of information provided by us for the operation of this insurance is for the process of underwriting, administration, claims management, handling customer concerns and the detection, prevention and investigation of fraud.

We understand that in order to do this the information may be shared with other insurers, reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or employee benefits arrangements provided by the Company in accordance with the Data Privacy Notice shown on Risk Assurance Management Limited’s website: [www.ram-ltd.co.uk](http://www.ram-ltd.co.uk)

We understand the data will be processed fairly and securely and the details will be stored on computer but will not be kept longer than necessary.

We confirm that the data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited in accordance with the requirements of the General Data Protection Regulation.

We further confirm that this form shall be taken as notification to us of the intended usage of this data and we confirm that we have obtained the consent of the relevant beneficiary(ies) to the use of their personal data for these processing purposes.

**Beneficiary 1:**

Please ensure that all information provided is full and accurate – failure to do so may delay settlement of the claim.

|  |
| --- |
| **Beneficiary Name:** Click or tap here to enter text. |

|  |
| --- |
| **Beneficiary Date of Birth (dd/mm/yyyy):** Click or tap here to enter text. |

|  |
| --- |
| **Beneficiary Address:**  Click or tap here to enter text. |

|  |
| --- |
| **Percentage of Total Claim Amount:** Click or tap here to enter text. |

|  |
| --- |
| **Amount Payable:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Name:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Address:**  Click or tap here to enter text. |

|  |
| --- |
| **Bank Account Name:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Sort Code:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Account Number:** Click or tap here to enter text. |

If the above bank account details are in a different name to that of the beneficiary, please provide the full name, date of birth and address of the account holder. Please also explain why payment is to be paid to an alternative account e.g. the account details supplied of the Parent or Guardian of a minor/vulnerable person.

|  |
| --- |
| Click or tap here to enter text. |

**Beneficiary 2:**

Please ensure that all information provided is full and accurate – failure to do so may delay settlement of the claim.

|  |
| --- |
| **Beneficiary Name:** Click or tap here to enter text. |

|  |
| --- |
| **Beneficiary Date of Birth (dd/mm/yyyy):** Click or tap here to enter text. |

|  |
| --- |
| **Beneficiary Address:**  Click or tap here to enter text. |

|  |
| --- |
| **Percentage of Total Claim Amount:** Click or tap here to enter text. |

|  |
| --- |
| **Amount Payable:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Name:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Address:**  Click or tap here to enter text. |

|  |
| --- |
| **Bank Account Name:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Sort Code:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Account Number:** Click or tap here to enter text. |

If the above bank account details are in a different name to that of the beneficiary, please provide the full name, date of birth and address of the account holder. Please also explain why payment is to be paid to an alternative account e.g. the account details supplied of the Parent or Guardian of a minor/vulnerable person.

|  |
| --- |
| Click or tap here to enter text. |

**Beneficiary 3:**

Please ensure that all information provided is full and accurate – failure to do so may delay settlement of the claim.

|  |
| --- |
| **Beneficiary Name:** Click or tap here to enter text. |

|  |
| --- |
| **Beneficiary Date of Birth (dd/mm/yyyy):** Click or tap here to enter text. |

|  |
| --- |
| **Beneficiary Address:**  Click or tap here to enter text. |

|  |
| --- |
| **Percentage of Total Claim Amount:** Click or tap here to enter text. |

|  |
| --- |
| **Amount Payable:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Name:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Address:**  Click or tap here to enter text. |

|  |
| --- |
| **Bank Account Name:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Sort Code:** Click or tap here to enter text. |

|  |
| --- |
| **Bank Account Number:** Click or tap here to enter text. |

If the above bank account details are in a different name to that of the beneficiary, please provide the full name, date of birth and address of the account holder. Please also explain why payment is to be paid to an alternative account e.g. the account details supplied of the Parent or Guardian of a minor/vulnerable person.

|  |
| --- |
| Click or tap here to enter text. |

**TRUSTEES’ DECLARATION:**

We confirm as Trustees that Risk Assurance Management Limited and those underwriters subscribing to the above policy shall have no liability for any further financial matters, including taxation, which may arise as a result of settling the claim in accordance with this request.

We confirm as Trustees that payment of the above amounts to the requested beneficiaries in accordance with the instructions set out above shall be deemed receipt by the Trustees of the policy proceeds and operate as a full and final discharge of the above claim. This document is a receipt in writing for the purposes of section 14 Trustee Act 1925. If any payment is to be made to a beneficiary being a minor or otherwise incapacitated from giving a good receipt, a receipt given by its parent or guardian shall be acceptable to all parties and shall be treated as due and sufficient discharge by Risk Assurance Management Limited.

We agree as Trustees to indemnify Risk Assurance Management Limited and those underwriters subscribing to the above policy from all additional liability as a consequence of the Trustees instruction to make payment direct to the beneficiaries as requested.

**Trustee 1:**

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | **Date:** Click or tap here to enter text. |

|  |
| --- |
| **Print Name:** Click or tap here to enter text. |

|  |
| --- |
| **Position:** Click or tap here to enter text. |

**Trustee 2:**

|  |  |  |
| --- | --- | --- |
| **Signature:** |  | **Date:** Click or tap here to enter text. |

|  |
| --- |
| **Print Name:** Click or tap here to enter text. |

|  |
| --- |
| **Position:** Click or tap here to enter text. |

This form must be signed by two scheme Trustees on behalf of all the Trustees. If individual Trustees have been appointed, then a minimum of two individual Trustees must sign. Where only one Trustee is appointed, a single signature will be acceptable. If the Principal Employer is Trustee please arrange for two duly authorised officers of the Company to sign. As part of our claims process we must be able to verify the signatures against specimen signatures already shown on the original Proposal Form and Authorised Signatories List.

**Please email this form to:** [**group.risk@ram-ltd.co.uk**](mailto:group.risk@ram-ltd.co.uk)

\_\_

\_\_

\_