**Master Trust**

Personal Circumstances Questionnaire

**MASTER TRUST**

**PERSONAL CIRCUMSTANCES QUESTIONNAIRE**

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| **INSTRUCTIONS FOR COMPLETION**  This Questionnaire is to be completed by the Legal Personal Representative\* of the deceased Member.   * The Legal Personal Representative is the person (or people) who takes on the responsibility for the Member’s possessions. In a Will they are usually named as executors, or if there is no Will they are referred to as the Administrator(s) (the person or people authorised by Letters of Administration to administer the estate in accordance with law). |

| **SECTION 1: Deceased Member’s Personal Details** | | |
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| Title: (Mr/Mrs/Ms/Other) Click or tap here to enter text. | | |
| First name(s): Click or tap here to enter text. | Surname: Click or tap here to enter text. | |
| Date of Birth: Click or tap here to enter text. | Date of death: Click or tap here to enter text. | |
| Marital status at date of death: (Please tick):  Single  Married  Civil Partner  Separated  Divorced/Dissolved | |

| **If Married or in a Civil Partnership (or separated but not divorced/dissolved) at Date of Death:** |
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| Date of marriage/civil partnership: Click or tap here to enter text. |
| Full name of legal spouse/civil partner: Click or tap here to enter text. |
| Date of birth of legal spouse/civil partner: Click or tap here to enter text. |
| Current address of legal spouse/civil partner (Including Post Code):  Click or tap here to enter text. |

| **Previous Marriage(s)/Civil Partnership(s):** |
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| Was the Member previously married to/in a civil partnership with anyone other than the spouse/civil partner named above?  YES  NO  (Please tick): If ‘YES’ please provide the following information: |
| Date of marriage/civil partnership: Click or tap here to enter text. |
| Full name of previous legal spouse/civil partner: Click or tap here to enter text. |
| Date of birth of previous legal spouse/civil partner: Click or tap here to enter text. |
| Current address of previous legal spouse/civil partner: Click or tap here to enter text. |

**Children:**

Please provide the following information in respect of each of the Member’s children: (Please use a separate sheet if necessary)

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| Full name of first child: Click or tap here to enter text. |
| Date of birth of first child: Click or tap here to enter text. |
| Please state the first child’s relationship to the Member: (Please tick)  Natural child  Stepchild  Legally Adopted  Legitimised  Other child living permanently as part of the Member’s household |
| Current address of first child:  Click or tap here to enter text. |
| Is the first child in full-time education? (Please tick) YES  NO |

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| Full name of second child: Click or tap here to enter text. |
| Date of birth of second child: Click or tap here to enter text. |
| Please state the second child’s relationship to the Member: (Please tick)  Natural child  Stepchild  Legally Adopted  Legitimised  Other child living permanently as part of the Member’s household |
| Current address of second child:  Click or tap here to enter text. |
| Is the second child in full-time education? (Please tick) YES  NO |

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| Full name of third child: Click or tap here to enter text. |
| Date of birth of third child: Click or tap here to enter text. |
| Please state the third child’s relationship to the Member: (Please tick)  Natural child  Stepchild  Legally Adopted  Legitimised  Other child living permanently as part of the Member’s household |
| Current address of third child:  Click or tap here to enter text. |
| Is the third child in full-time education? (Please tick) YES  NO |

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| Full name of fourth child: Click or tap here to enter text. |
| Date of birth of fourth child: Click or tap here to enter text. |
| Please state the fourth child’s relationship to the Member: (Please tick)  Natural child  Stepchild  Legally Adopted  Legitimised  Other child living permanently as part of the Member’s household |
| Current address of fourth child:  Click or tap here to enter text. |
| Is the child in full-time education? (Please tick) YES  NO |

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| **Other Dependants:** |
| Was anyone else financially dependent upon the Member at the date of death?  YES  NO  (Please tick) If ‘YES’ please provide the following information for each dependant:  Please include anyone who was partially dependent upon the Member (e.g., Partner) or who was dependent due to physical or mental impairment, but NOT children. |
| Full name of dependant: Click or tap here to enter text. |
| Date of birth of dependant: Click or tap here to enter text. |
| Relationship to the Member: Click or tap here to enter text. |
| Current address of dependant:  Click or tap here to enter text. |
| Reason for dependency: Click or tap here to enter text. |
| Level of dependency: (Please tick) Total  Partial  It may be necessary for us to write to the dependant named above to request proof of dependency. |

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| **Additional Information:** |
| Did the Member leave a Will?  YES  NO  (Please tick): If ‘YES’ please attach a copy of the Will. |
| Have probate or letters of administration been obtained? Click or tap here to enter text. |
| Please confirm the size of the Member’s estate: Click or tap here to enter text. |
| Please provide any further information which you feel the Trustees should know before making their decision:  Click or tap here to enter text. |

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| **Additional Comments:** |
| Click or tap here to enter text. |

**SECTION 2: Data Protection**

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| I understand that the use of any information provided by me within or in addition to this form is for the purpose of processing and management of the claim, handling customer concerns and the detection, prevention and investigation of fraud.  I understand that the information provided by me within or in addition to this form will be shared with the Trustee(s) (and its advisers) who, in accordance with the Data Protection Act 2018, need to process and store the data provided within this form (including any enclosures and attachments) in order to exercise their discretion in relation to death benefits payable from Risk Assurance Management Limited Master Trust.  I confirm that all persons named on this form (or their representative/guardian) have been made aware that their information will be submitted for these purposes.  I understand the data will be processed fairly and securely and the details will be stored in line with UK Data Protection Law and will not be kept longer than necessary.  Details of the Trustee's Privacy Notice are available to view here:  [https://www.pipartnershipgroup.co.uk/ pi-pension-trustees/sole-trustee-data-privacy-notice/](https://www.pipartnershipgroup.co.uk/%20pi-pension-trustees/sole-trustee-data-privacy-notice/)  Details of Risk Assurance Management Limited’s Data Privacy Notice are available to view on our website: [www.ram-ltd.co.uk](http://www.ram-ltd.co.uk).  Details of the underwriter's Privacy Notice is available to view here:  [www.shepherdsfriendly.co.uk/privacy-policy](http://www.shepherdsfriendly.co.uk/privacy-policy). |

**SECTION 3: Declaration**

I declare that the information provided by me within or in addition to this form is true and correct to my knowledge and belief.

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| Title: (Mr/Mrs/Ms/Other: Click or tap here to enter text. | |
| Full name: Click or tap here to enter text. | |
| Current address:  Click or tap here to enter text. | |
| Telephone Number: Click or tap here to enter text. | Email Address: Click or tap here to enter text. |
| Relationship to the Member: Click or tap here to enter text. | |

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

**Potential Additional Requirements:**

It is possible that the Trustees may require further information from the Personal Representatives. For example, the Trustees will usually need to see relevant evidence before authorising any payments and as such where there are children/spouses/civil partners listed as potential beneficiaries, the Personal Representatives may be required to evidence this with birth/marriage certificates and/or proof of adoption – this is not an exhaustive list but gives examples of what *may* be required in this particular scenario. Other scenarios may exist which may require alternative supporting evidence. If there are additional requirements, they will be requested at that time.

**Please return this form to:**

**The Claims Department, Risk Assurance Management Limited**

**Email:** [**MasterTrust@ram-ltd.co.uk**](mailto:MasterTrust@ram-ltd.co.uk)

Risk Assurance Management Limited
