



# Master Trust

## Personal Circumstances Questionnaire





## MASTER TRUST PERSONAL CIRCUMSTANCES QUESTIONNAIRE

### 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**

Title: (Mr/Mrs/Ms/Other)	
First name(s):	Surname:
Date of Birth:	Date of death:
Marital status at date of death: (Please tick): Single <input type="checkbox"/> Married <input type="checkbox"/> Civil Partner <input type="checkbox"/> Separated <input type="checkbox"/> Divorced/Dissolved <input type="checkbox"/>	

### **If Married or in a Civil Partnership (or separated but not divorced/dissolved) at Date of Death:**

Date of marriage/civil partnership:
Full name of legal spouse/civil partner:
Date of birth of legal spouse/civil partner:
Current address of legal spouse/civil partner (Including Post Code):

### **Previous Marriage(s)/Civil Partnership(s):**

Was the Member previously married to/in a civil partnership with anyone other than the spouse/civil partner named above?  YES <input type="checkbox"/> NO <input type="checkbox"/> (Please tick):      If 'YES' please provide the following information:
Date of marriage/civil partnership:
Full name of previous legal spouse/civil partner:
Date of birth of previous legal spouse/civil partner:
Current address of previous legal spouse/civil partner:



## Children:

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

Full name of first child:
Date of birth of first child:
Please state the first child's relationship to the Member: (Please tick) Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legally Adopted <input type="checkbox"/> Legitimised <input type="checkbox"/> Other child living permanently as part of the Member's household <input type="checkbox"/>
Current address of first child:
Is the first child in full-time education? (Please tick)    YES <input type="checkbox"/> NO <input type="checkbox"/>
Full name of second child:
Date of birth of second child:
Please state the second child's relationship to the Member: (Please tick) Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legally Adopted <input type="checkbox"/> Legitimised <input type="checkbox"/> Other child living permanently as part of the Member's household <input type="checkbox"/>
Current address of second child:
Is the second child in full-time education? (Please tick) YES <input type="checkbox"/> NO <input type="checkbox"/>
Full name of third child:
Date of birth of third child:
Please state the third child's relationship to the Member: (Please tick) Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legally Adopted <input type="checkbox"/> Legitimised <input type="checkbox"/> Other child living permanently as part of the Member's household <input type="checkbox"/>
Current address of third child:
Is the third child in full-time education? (Please tick)    YES <input type="checkbox"/> NO <input type="checkbox"/>
Full name of fourth child:
Date of birth of fourth child:
Please state the fourth child's relationship to the Member: (Please tick) Natural child <input type="checkbox"/> Stepchild <input type="checkbox"/> Legally Adopted <input type="checkbox"/> Legitimised <input type="checkbox"/> Other child living permanently as part of the Member's household <input type="checkbox"/>
Current address of fourth child:
Is the child in full-time education? (Please tick)    YES <input type="checkbox"/> NO <input type="checkbox"/>



**Other Dependants:**

Was anyone else financially dependent upon the Member at the date of death?  YES <input type="checkbox"/> NO <input type="checkbox"/> (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:
Date of birth of dependant:
Relationship to the Member:
Current address of dependant:
Reason for dependency:
Level of dependency: (Please tick) Total <input type="checkbox"/> Partial <input type="checkbox"/> It may be necessary for us to write to the dependant named above to request proof of dependency.

**Additional Information:**

Did the Member leave a Will?  YES <input type="checkbox"/> NO <input type="checkbox"/> (Please tick): If 'YES' please attach a copy of the Will.
Have probate or letters of administration been obtained?
Please confirm the size of the Member's estate:
Please provide any further information which you feel the Trustees should know before making their decision:

**Additional Comments:**

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## **SECTION 2: Data Protection**

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 that the data will be processed fairly and securely and the details will be stored on computer but 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/>

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) .

## **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.

Title: (Mr/Mrs/Ms/Other:	
Full name:	
Current address:	
Telephone Number:	Email Address:
Relationship to the Member:	
Signature:	
Date:	



**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,  
insurances arranged at Lloyd's

Risk Assurance Management Limited is authorised and  
regulated by the Financial Conduct Authority

Registered Address:

The Engine House, 77 Station Road, Petersfield, Hampshire GU32 3FQ  
Registered in England and Wales No: 1334065

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Guildford, Surrey GU1 4QW

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Web: [www.ram-ltd.co.uk](http://www.ram-ltd.co.uk)



Coverholder at **LLOYD'S**