RISK ASSURANCE MANAGEMENT

Master Trust

Personal Circumstances Questionnaire

Coverholder at LLOYD'S

MASTER TRUST
PERSONAL CIRCUMSTANCES QUESTIONNAIRE

INSTRUCTIONS FOR COMPLETION

This Questionnaire is to be completed by the Legal Personal Representative* or Next of Kin of the deceased Member.

The provision of information on this form in respect of an individual does not automatically mean they are entitled to a share of the benefit.

The details provided on this form will help the Trustees to choose who to pay the benefit to.

* 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 ☐ Married ☐ Civil Partner ☐ Separated ☐ Divorced/Dissolved ☐

Note: Please attach the marriage/civil partnership/divorce certificate(s) (as applicable).

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):

Coverholder at LLOYD'S

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 ☐ NO ☐ (Please tick): If 'YES' please provide the following information: **Note**: Please attach the marriage/civil partnership certificate(s) (as applicable).
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 (including Post Code):

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

Note: Please attach the birth certificate(s) and/or adoption certificate(s) for each child under 18 years of age or who are financially dependent on the Member (as applicable).

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 ☐ Stepchild ☐ Legally Adopted ☐ Legitimised ☐ Other child living permanently as part of the Member's household ☐		
Current address of first child (including Post Code) :		
Is the first child in full-time education? (Please tick)	YES ☐	NO ☐
Was the first child financially dependent upon the Member? (Please tick)	YES ☐	NO ☐
If the first child is aged less than 18 please provide the name of their Legal Guardian:		

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 ☐ Stepchild ☐ Legally Adopted ☐ Legitimised ☐ Other child living permanently as part of the Member's household ☐		
Current address of second child (including Post Code):		
Is the second child in full-time education? (Please tick)	YES ☐	NO ☐
Was the second child financially dependent upon the Member? (Please tick)	YES ☐	NO ☐
If the second child is aged less than 18 please provide the name of their Legal Guardian:		

Coverholder at LLOYD'S

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 ☐ Stepchild ☐ Legally Adopted ☐ Legitimised ☐ Other child living permanently as part of the Member's household ☐		
Current address of third child (including Post Code):		
Is the third child in full-time education? (Please tick)	YES ☐	NO ☐
Was the third child financially dependent upon the Member? (Please tick)	YES ☐	NO ☐
If the third child is aged less than 18 please provide the name of their Legal Guardian:		

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 ☐ Stepchild ☐ Legally Adopted ☐ Legitimised ☐ Other child living permanently as part of the Member's household ☐		
Current address of fourth child (including Post Code):		
Is the fourth child in full-time education? (Please tick)	YES ☐	NO ☐
Was the fourth child financially dependent upon the Member? (Please tick)	YES ☐	NO ☐
If the fourth child is aged less than 18 please provide the name of their Legal Guardian:		

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:
Date of birth of dependant:
Relationship to the Member:
Current address of dependant (including Post Code):
Reason for dependency: 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.

Coverholder at LLOYD'S

If the Deceased Member had no Spouse/Partner or Dependants, please provide details of any other immediate family members (e.g. parents, siblings etc).

Full name:
Date of birth:
Current address (including Post Code):
Relationship to the Member:

Full name:
Date of birth:
Current address (including Post Code):
Relationship to the Member:

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?
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:
Please use this box to provide details of any person not previously mentioned that you feel the Trustees should be made aware of, or any other information you'd like the Trustees to consider:

Coverholder at LLOYD'S

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:
Sole Trustee Data Privacy Notice | Pi Partnership.

Details of Risk Assurance Management Limited's Data Privacy Notice are available to view on our website: www.ram-ltd.co.uk/privacy.

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 (including Post Code):	
Telephone Number:	Email Address:
Relationship to the Member:	

Signature:
Date:

Coverholder at LLOYD'S

Potential Additional Requirements:

It is possible that the Trustees may require further information from the Personal Representative(s). If there are additional requirements, they will be requested at that time.

Document Checklist (please tick as appropriate)

Deceased Member's Will ☐

Marriage certificate ☐ Civil partnership certificate ☐ Divorce certificate ☐

Birth certificate(s) ☐ (for each child listed)

Adoption certificate(s) ☐ (for each child listed if one or more children are adopted)

Please return this form and supporting documents to:

The Claims Department, Risk Assurance Management Limited

Email: MasterTrust@ram-ltd.co.uk

Coverholder at LLOYD'S

Risk Assurance Management Limited,
insurances arranged at Lloyd's

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

Registered Address:
23a Picton House, Hussar Court, Waterlooville, Hampshire PO7 7SQ
Registered in England and Wales No: 1334065

Chancery House, Leas Road,
Guildford, Surrey GU1 4QW
Tel: 0370 7200 780
Email: group.risk@ram-ltd.co.uk
Web: www.ram-ltd.co.uk

Managing General Agents' Association

GRID Group Risk Development

Coverholder at LLOYD'S