RISK ASSURANCE MANAGEMENT

Group Life Assurance

Trustee Discharge and Form of Receipt

Coverholder at LLOYD'S

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 to 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:
Scheme Name:
Name of Deceased:
Total Claim Amount:

Coverholder at LLOYD'S

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(ies) named below and for which a separate Beneficiary Information Sheet has been completed and is attached.

1st Beneficiary ……

2nd Beneficiary ……..

3rd Beneficiary ……..

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.

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:
Beneficiary Date of Birth:
Beneficiary Address:
Percentage of Total Claim Amount:
Amount Payable:

Bank Name:
Bank Address:
Bank Account Name:
Bank Sort Code:
Bank Account Number:

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.

Beneficiary 2:

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

Beneficiary Name:
Beneficiary Date of Birth:
Beneficiary Address:
Percentage of Total Claim Amount:
Amount Payable:

Bank Name:
Bank Address:
Bank Account Name:
Bank Sort Code:
Bank Account Number:

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.

Beneficiary 3:

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

Beneficiary Name:
Beneficiary Date of Birth:
Beneficiary Address:
Percentage of Total Claim Amount:
Amount Payable:

Bank Name:
Bank Address:
Bank Account Name:
Bank Sort Code:
Bank Account Number:

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.

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:**
Print Name:	
Position:	

Trustee 2:

Signature:	**Date:**
Print Name:	
Position:	

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 return this form to: group.risk@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:
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