RISK ASSURANCE MANAGEMENT

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.

The underwriter, The Shepherds Friendly Society Limited, will not make payment direct to the Company's Trading Account, however, upon completion of this form the underwriter 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.

Shepherds Friendly is a trading name of The Shepherds Friendly Society Limited which is an incorporated Friendly Society under the 1992 Friendly Societies Act No. 240F. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FS Registration Number 109997.

Please note:

- All details must be completed in full to ensure that the underwriter 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.
- The underwriter reserves the right not to make payments directly to Beneficiaries should circumstances arise which are not acceptable, as determined by the underwriter in its sole discretion.

Policy Number:
Scheme Name:
Name of Deceased:
Total Claim Amount:

TRUSTEES' INSTRUCTIONS:

We, the Trustees of the above named Scheme, request and authorise the underwriter, The Shepherds Friendly Society 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 any information provided by me 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 the underwriter (The Shepherds Friendly Society Limited), reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or the employee's benefits arrangements provided by the Company in accordance with their Data Privacy Notice shown on their website: www.ram-ltd.co.uk and the underwriter's Privacy Notice: www.shepherdsfriendly.co.uk/privacy-policy.

We 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.

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 the underwriters 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 and the underwriters.

We agree as Trustees to indemnify Risk Assurance Management Limited and the underwriters subscribing 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 Full Name:	
Position:	

Trustee 2:

Signature:	**Date:**
Print Full 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. Policies underwritten by The Shepherds Friendly Society Limited (FRN 109997)

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority (FRN 306891)

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