

Scottish Public Pensions Agency

Application for the executor of an estate

Important: Changes to our application process

The SPPA is focused on making our processes as simple as possible for our members, their representatives and employers. Given the challenges presented by the Covid-19 pandemic, we are asking applicants to email all application forms and supporting documents to the SPPA rather than post physical copies.

The following changes to the application process have been made to ensure that applicants can continue to access pension benefits as quickly as possible:

A PDF form you can fill in electronically

You do not need to print out this document. Just fill it in electronically and return it to us by email. Please send it to pensionspayroll@gov.scot

Signatures

We have amended our signature process to make it easier if you don't have access to a printer or scanner. We are now temporarily accepting forms with digital signatures. Please type your name into the relevant signature box for the form to be accepted.

By doing this, you must provide consent in your email for the SPPA to process your application.

Where to get further help

If you need help with your application please contact our Customer Engagement team on 01896 893000 for advice, or email pensionspayroll@gov.scot.

Please send this completed form with all supporting documents to pensionspayroll@gov.scot or by post to, Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE

Section 1 - deceased member's personal details

Scheme reference number

Surname

Forename(s)

Title

Dr Mr Mrs Miss Ms Other

National Insurance number

Date of birth (DD/MM/YYYY)

 / / Date of death
(DD/MM/YYYY) / / **Section 2 - Executor details**Name of the Executor of
the estate

Contact address

Post code

Email address

Telephone number

Solicitor reference or
contact name (if
applicable)Relationship of the
executor to the deceased
(e.g Son / Daughter /
Brother / Sister / Solicitor
etc)

Section 3 - bank details

Name of account holder

Name of Bank/Building
Society

Branch

Branch address

Post code

Bank sort code

 - -

Account Number

Building Society roll
Number

Section 4 – declaration

I declare that the statements made by me on this form are true to the best of my knowledge and belief. I have included the relevant certificates (where applicable)

Signed

Date