

**DEATH BENEFIT DECLARATION**

This declaration should be completed by, or on behalf of the person(s) claiming to be entitled to the personal estate of the deceased.

**SECTION 1. DECEASED MEMBERS DETAILS**

Superannuation number

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Surname

Former surname (if applicable)

Forenames (in full)

Title

Dr  Mr  Mrs  Miss  Ms

Other (please specify)

Contact address

Postcode

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Date of birth

		/			/				
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**SECTION 2. APPLICANTS DETAILS**

Surname

Former surname (if applicable)

Forenames (in full)

Title

Dr  Mr  Mrs  Miss  Ms

Other (please specify)

Contact address

Postcode

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Date of birth

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## Surviving relatives of the deceased member

Name	Age	Relationship	Address

### APPLICANTS BANK DETAILS

Name of account holder

Name of Bank/Building Soc.

Branch & Address

  
  


Post Code

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Bank sort code

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Account Number

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Building Society roll

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Number (If applicable)

Bank Account type

Current Account

Deposit Account

**SECTION 3. DECLARATION AND SIGNATURE**

This declaration must be witnessed by a person of professional standing such as: Doctor, Solicitor, Minister of Religion (who is known to the applicant), Notary Public, Justice of the Peace, Commissioner for Oaths.

I confirm the following:

- the deceased named left a Will, which is (or a certified copy of which) is enclosed\*
- the deceased named did not leave a will\*  
\* delete as appropriate
- the surviving relatives of the deceased are named above
- the whole amount due to the deceased member or to his/her personal representatives in respect of superannuation benefits does not exceed £5000
- this declaration is made in the presence of the witness named below
- I make this declaration believing the details to be true and understand that by making a false declaration I may be liable to prosecution
- I undertake to indemnify Scottish Ministers against all claims by, or on behalf of, any other persons on the estate of the deceased, in respect of the amount to which the legal representatives are entitled under the LA(S)PS.

Applicants signature

Date

		/			/				
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Witness signature

Date

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Witness profession

Witness address

Postcode

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Please return form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE