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| **Scottish Public Pensions Agency** |
| **Application for the executor of an estate** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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) |  | **/** |  | **/** |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | **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 |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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|  | **Section 3 – bank details** **These must be the bank details of the executor and NOT of the deceased member.** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Name of account holder |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Name of Bank/Building |  |  |
|  | Society |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Branch |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Branch address |  |  |
|  |  |  |
|  |  |  |
|  |  | Post code |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Bank sort code |  | **-** |  | **-** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Account Number |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Building Society rollNumber |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **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 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

You can submit the completed form and supporting documents on our online webform at [www.pensions.gov.scot/contact-us](http://www.pensions.gov.scot/contact-us) or post the information to the Scottish Public Pensions Agency, 7 Tweedside Park, Tweedbank, Galashiels, TD1 3TE