**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.

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| **SECTION 1. DECEASED MEMBERS DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Superannuation number | | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |
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| Surname | | | | | | | | | | | | | | | | | | |  | | Contact address | | | | | | | | | | | | | | | | | | | | | |
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| Former surname (if applicable) | | | | | | | | | | | | | | | | | | |  | |
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| Forenames (in full) | | | | | | | | | | | | | | | | | | |  | |
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| Title | | | | | | | | | | | | | | | | | | |  | | Date of birth | | | | | | | | | | | | | | | | | | | | | |
| Dr |  | Mr | |  | | Mrs | |  | | | Miss | |  | | Ms | |  | |  | |  | |  | | / | |  | |  | | / | |  | |  |  |  | |  | |  | |
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| Other (please specify) | | | | | | | | |  | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
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| **SECTION 2. APPLICANTS DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surname | | | | | | | | | | | | | | | | | | |  | | Contact address | | | | | | | | | | | | | | | | | | | | | |
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| Former surname (if applicable) | | | | | | | | | | | | | | | | | | |  | |
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| Forenames (in full) | | | | | | | | | | | | | | | | | | |  | |
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| Title | | | | | | | | | | | | | | | | | | |  | | Date of birth | | | | | | | | | | | | | | | | | | | | | |
| Dr |  | Mr | |  | | Mrs | |  | | | Miss | |  | | Ms | |  | |  | |  | |  | | / | |  | |  | | / | |  | |  |  |  | |  | |  | |
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| Other (please specify) | | | | | | | | |  | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |
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| **Surviving relatives of the deceased member** | | | |
| Name | Age | Relationship | Address |
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| **APPLICANTS BANK DETAILS** | | | | | | | | | | | | | | | | | | |  |
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| Name of account holder | | | | | | |  | | | | | | | | | | | |  |
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| Name of Bank/Building Soc. | | | | | | |  | | | | | | | | | | | |  |
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| Branch & Address | | | | | | |  | | | | | | | | | | | |  |
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| Bank sort code | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Account Number | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Building Society roll | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number (If applicable) | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Bank Account type | | | | | | | Current Account | | | |  |  |  | Deposit Account | | | |  |  |
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| **SECTION 3. DECLARATION AND SIGNATURE** |
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| 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. |

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| Applicants signature | |  | Date | | | | | | | | | | | | | | | | |
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| Witness signature | |  | Date | | | | | | | | | | | | | | | | |
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| Witness profession | |  | Witness address | | | | | | | | | | | | | | | | |
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| Please return the form to: SPPA, 7 Tweedside Park, Tweedbank, Galashiels TD1 3TE  Alternatively email a copy to [bereavementsteam@gov.scot](mailto:bereavementsteam@gov.scot) | | | | | | | | | | | | | | | | | | | |
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