

## Death claim Declaration

Nucleus client relations, PO BOX 26968, Glasgow G2 9DY.

This form should be used to notify Nucleus of the death of a client. Please read important notes section before completing.

If any party signs but fails to date a signature, the date that Nucleus receives this form will be deemed to be the date that the signing party signed this agreement.

Client details	Declaration
Name	Please note that in signing this form all claimants are accepting the following declarations:
Nucleus account number(s)	<ul> <li>I/We hereby make application for the payment of the monies due under the account(s) numbered above.</li> </ul>
Date of death	<ul> <li>To the best of my/our knowledge and belief, the information provided in this form is correct, and I/we authorise payment to be made to the above payee.</li> </ul>
	<ul> <li>I/We agree that any payment made by Nucleus shall be in full and final settlement of my/our claim on the accounts numbered above.</li> </ul>
Payment details  Proceeds to be paid to nominated bank account (detailed below)	<ul> <li>I/We understand that making a false claim, or supplying false information, could leave me/us liable to legal action.</li> </ul>
With the exception of the pension accounts, when you select this option, if the account(s) is/are not already in cash we will accept this as your trade instruction and arrange for all assets held to be	If you are claiming without supplying the original Account Document(s), please confirm your acceptance of the following statement by ticking where appropriate:
sold in order to facilitate this payment request.  Payee name	<ul> <li>I/We declare that I/we have been unable to find the Account Document(s).</li> </ul>
. 3,55	I/We confirm that the account has not been deposited or assigned in security for a loan.
Bank/building society name	I/We undertake to indemnify Nucleus against any other claim that may arise, and against any expenses arising from such a claim.
Account number	
Sort code	

Proceeds to be transferred to a Nucleus account

Client name Wrapper Account number

N

N

Ν



## Death claim Declaration continued

Date  Print name  Second executor/Pension beneficiary (if applicable):  Signed (we require a handwritten signature)
Print name  Second executor/Pension beneficiary (if applicable):
Print name  Second executor/Pension beneficiary (if applicable):
Second executor/Pension beneficiary (if applicable):
Second executor/Pension beneficiary (if applicable):
Signed (we require a handwritten signature)
Date
Print name
Third executor/Pension beneficiary (if applicable): Signed (we require a handwritten signature)
Signed (we require a nandwillien signalure)
Date
Print name

First executor/Pension beneficiary

## Important notes

To assist with completing this claim form:

- Please note that the payment of pension death benefits is made
  at the discretion of the Scheme Administrator who will look to
  establish any beneficiaries entitled to pension death benefits.
  Consideration will be given to any expression of wishes held
  on file for the deceased or benefits held under trust. Pension
  monies do not form part of the estate of the deceased so may
  not necessarily go to an Executor.
- For Pension accounts please provide a certified copy of the Last Will, where available.
- For non Pension wrappers a sealed copy of the Grant of Probate/ Confirmation is required in most cases and payment cannot be made until this has been received. The application for Probate can take some time to complete, please bear this in mind when making arrangements.
- Where there are multiple executors, this form should be signed by all.
- If you are transferring cash or assets as a result of an inherited Isa allowance, please ensure you also complete and submit form 0270 Declaration – Additional permitted subscription, to ensure there are no delays in processing your instruction.