



Please complete this form using Adobe Acrobat Reader and then print it, sign it and return it to us. Press 'Tab' key to move between fields. Compulsory fields are marked in red.

MEMBER DEATH IN SERVICE REPORT FORM

HOW TO COMPLETE THIS FORM

Employer to complete on-line, print it and return to the Pension Funds Office, 23 King Street, Watford Herts WD18 0BJ.

NAME:

DATE OF BIRTH:

ADDRESS:

POSITION:

DATE LAST AT WORK:

DATE OF DEATH: DEATH CERTIFICATE: (certified copy enclosed/to follow)

MARRIAGE CERTIFICATE: (certified copy enclosed/to follow)

BIRTH CERTIFICATE OF SPOUSE: (certified copy enclosed/to follow)

NEXT OF KIN: (if not spouse)

ADDRESS:

RELATIONSHIP TO DECEASED:

CHILDREN'S NAMES:
(if still at school or in further education)

AGES: CERTIFIED BIRTH CERTIFICATES
OF CHILDREN:

(enclosed/to follow)

(enclosed/to follow)

(enclosed/to follow)

(enclosed/to follow)

SPOUSES BANK/BUILDING SOCIETY ACCOUNT DETAILS AS BELOW/OR FUNDS OFFICE
REQUIRED TO REQUEST DIRECTLY FROM SPOUSE:

BANK/BUILDING SOCIETY NAME:

BANK/BUILDING SOCIETY SORT CODE:

BANK/BUILDING SOCIETY ACCOUNT NUMBER:

NATIONAL INSURANCE NUMBER OF SPOUSE:

Signed on behalf of the Participating Employer:

Print Name: Date: