

Please complete this form in BLOCK CAPITALS. If you would like any help you can contact us on **0161 214 4650**. Once completed, please return the form in either our Freepost envelope provided or our freepost address:

**Freepost UNITY MUTUAL** *(Please note, this is the full address)*

### 1. Details of the deceased

Title	First name	
Middle name(s)	Last name	
Date of birth dd/mm/yy	Member No.	
Address		
		Post code
Is the deceased a child?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' continue to Section 2. If 'No' continue with Section 1 below.
Please tick the marital status of the deceased as at the date of death and give dates where appropriate.		
<input type="checkbox"/> Single	<input type="checkbox"/> Widow/Widower/ Surviving civil partner	<input type="checkbox"/> Married / Civil Partnership
<input type="checkbox"/> Divorce/ Dissolved	<input type="checkbox"/> Separated	
	dd/mm/yy	dd/mm/yy

### 2. Claimants details

	Claimant 1	Claimant 2
Title		
Surname		
Forename(s)		
Home address		
	Post code	Post code
Telephone		
Email address		
Claiming as (please delete)	Parent or Guardian / Personal representative / Widow / Widower Surviving civil partner / Dependant / Beneficiary under the will	Parent or Guardian / Personal representative / Widow / Widower Surviving civil partner / Dependant / Beneficiary under the will

### 3. Details of policy(s) being claimed

	Policy number	Claimable amount	Nominated beneficiary
1.		£	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		£	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		£	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		£	<input type="checkbox"/> Yes <input type="checkbox"/> No

Amount claimable is subject to the Policy Terms & Conditions. Please refer to our covering letter for the Policy number and the claimable amount. If you are not sure of the amount then leave it blank.

## 4. Deceased estate

By signing this form you are making a statutory declaration so it is very important that you read the statements carefully.

- If the deceased did not have a will, complete box **A & D**.
- If they have a will and you are the named executor(s), complete box **B & D**.
- If they have a will and you are the named as a beneficiary(ies), complete box **C & D**.

**If you cannot make all of the statements in the box that applies to you, then you will not be able to use this form.**

### I/We do solemnly and sincerely declare:

<b>A</b>	<input type="checkbox"/> <b>The deceased did not leave a will</b> - Please tick as appropriate  My/our relationship to the deceased is <input style="width: 150px;" type="text"/>  <input type="checkbox"/> No other person has a higher priority than me/us to apply for a grant of letters of administration (see Note 1 on p4).  <input type="checkbox"/> Where there are other people in the same class as me/us, they have confirmed that they have not applied and do not intend to apply for a grant of letters of administration (see Note 1 on p4).  <input type="checkbox"/> I am/we are not aware of any potential disputes over the deceased's estate.
<b>B</b>	<input type="checkbox"/> <b>The deceased left a will in which I am/we are named as the executor(s). A copy of the deceased's last will is enclosed</b>  <input type="checkbox"/> The deceased did not marry/enter into a civil partnership or get divorced/dissolved from a civil partnership after the date of the will.  <input type="checkbox"/> I am/we are not aware of any potential disputes over the deceased's estate.
<b>C</b>	<input type="checkbox"/> <b>The deceased left a will in which I am/we are named as the only beneficiary(ies). A copy of the deceased's last will is enclosed</b>  <input type="checkbox"/> There is no executor named in the will, or they either cannot or are unwilling to act. (Where there is a named executor, please provide us with evidence that they are either unable or unwilling to act.) date of the will.  <input type="checkbox"/> The deceased did not marry/enter into a civil partnership or get divorced/dissolved from a civil partnership after the date of the will.  <input type="checkbox"/> I am/we are not aware of any potential disputes over the deceased's estate.
<b>D</b>	<input type="checkbox"/> In view of the size and nature of the estate I/we do not intend to apply for a grant of letters of administration or a grant of probate.  <b>OR</b>  <input type="checkbox"/> I/We have applied for a grant of letters of administration/a grant of probate. A copy of the Approved Grant of Probate is enclosed.

## 5. Lost policy indemnity

Do you have the Policy Schedule for the policy/ies mentioned in section 3 ☐ Yes *Continue to section 7* ☐ No *Complete below*

If 'Yes' please return the Policy Schedule along with this form. If 'No' please complete the declaration below:

### I/We declare that:

- ☐ I/we are not in possession of any Policy Schedule(s)
- ☐ It is not currently assigned, or deposited as security, or otherwise dealt with
- ☐ I/we have never been bankrupt or made any composition with creditors
- ☐ I/we undertake to indemnify the Society against any claim that may be made in respect of the original policy/ies, and should the said policy/ies subsequently be found, I undertake to hand it over to the Society at once.

## 6. How your information will be used

Unity Mutual is a trading name of The Oddfellows, one of the largest and oldest Friendly Societies in the UK and is committed to protecting and respecting your privacy. As a member based Friendly Society we believe that it is important you know how we treat the information the Society holds about you during your dealings with the Society.

The information you provide within this application form is used to process and administrate this claims request and will be stored and processed in line with General Data Protection Regulations.



The information you provide within this application form is used to process and administrate this claims request and will be stored, processed and deleted in line with General Data Protection Regulations and our privacy policy which can be found at [unitymutual.co.uk/privacy](http://unitymutual.co.uk/privacy).

## 7. Declaration - please ensure you sign and date this section

### 7a. I/we declare that:

- I confirm that I am entitled/authorised to claim the proceeds of the aforementioned Policy/Policies based on the information provided within this form.
- I instruct Unity Mutual to pay the proceeds of the aforementioned Policy/Policies to the bank account detailed in section 8.
- Where I am acting as Executor or personal representative, I will ensure that the monies are used in strict adherence to the terms of the deceased's Last Will & Testament, or in accordance with the laws of intestacy where no English will exists.
- I confirm that neither the deceased nor I have been declared bankrupt, no receiving order has been made against the deceased or myself, and neither the deceased nor I have ever executed any deed for the benefit of creditors.
- I understand that if the Policy is assigned or has been used as collateral security, we must have the Deed of Assignment or Re-assignment from the lender before any payment can be made.
- I understand that once the settlement payment has been made as requested, this will discharge Unity Mutual of any/all obligations to under the aforementioned Policy/Policies.
- I confirm that I have read the Data Protection Notice detailed within this document, and am satisfied that my personal information will be handled in accordance with current Data Protection regulations.
- I declare that I fully understand and accept all of the above, and that all information provided by me is accurate and by virtue of the provisions of the Statutory Declaration Act 1835.

### 7b. Signatures of claimant

	Claimant 1	Claimant 2
Full name	<input type="text"/>	<input type="text"/>
Signature	<b>Sign Here</b> 	<b>Sign Here</b> 
Date	<input type="text" value="dd/mm/yy"/>	<input type="text" value="dd/mm/yy"/>

## 8. Method of payment

Select a payment method	<input type="checkbox"/> Sterling BACS payments <input type="checkbox"/> Telegraphic transfer / CHAPS
Name of Bank	<input type="text"/>
Account number	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account holder name	<input type="text"/>

**Please note:** payments by BACS may take approximately three business days to reach your account.

## Checklist

- ☐ **Section 1** (p1)  
Please give details of the deceased.
- ☐ **Section 2** (p1)  
Please give details of the claimant(s).
- ☐ **Section 3** (p1)  
Please give details of all policies being claimed.
- ☐ **Section 4** (p2)  
If the deceased did not have a will complete box A & D. If they have a will and you are the named executor(s), complete box B & D. If they have a will and you are the named as a beneficiary(ies), complete box C & D.
- ☐ **Section 5** (p2)  
If you are unable to find the Policy(ies) then complete the lost Policy Indemnity section.
- ☐ **Section 6** (p3)  
This section describes how and in what circumstances we will use the personal information you give to us.
- ☐ **Section 7** (p3)  
Please read the declaration in full and sign section 7b. Once you have completed the form in full, please return it along with the following documents:

### Documents we require

- ☐ Last Will and Testament (if there is one)
- ☐ Original Policy Document(s) (if you cannot find these, complete section 5 on p2)
- ☐ Grant of Probate (if being applied for)
- ☐ **Section 8** (p3)  
We will need to know how and where you would like the monies to be paid.

## Notes

**Note 1:** If there is no valid English will, and you are the next-of-kin to the deceased you can apply for a grant of letters of administration in the following order of priority:

- The surviving spouse/civil partner of the person who has died
- The children of the person who has died
- The parents of the person who has died
- The brothers and sisters of the person who has died.

If sons, daughters, brothers or sisters of the deceased person have died before the deceased, their children may apply in their place. Where there is more than one person in the class, any person(s) in that class may apply.

Please note that this list only details the people with the highest priority. There are other people with lower priority who may apply for a grant of letters of administration that are not shown.

**Additional Comments:** 

## What to do next

Once you have completed the form in full please return it with all the required documents (see the checklist above) and return everything to: **Freepost UNITY MUTUAL**  
(Please note, this is the full address)

**If you have any questions whilst completing this form you can contact us on:**

 0161 214 4650  
 insure@unitymutual.co.uk  
 www.unitymutual.co.uk