



Trustee instruction to pay benefit to beneficiary

Where the trustees wish to use their discretion to have benefits paid directly into the account(s) of the chosen beneficiary(ies) one of these forms should be completed in respect of each such beneficiary.

If the benefit is to be distributed between more than one beneficiary, please print out and complete one of these forms for each of them. At least one trustee should sign the form. The information is required so that we can follow our obligations with regards to preventing fraud and money laundering.

Scheme name

Policy number

Name of the deceased
member

Beneficiary name

Beneficiary address

Beneficiary date of birth

If the benefit is to be paid into the account declared in the claim form, please tick this box and leave the account details on this form blank. Otherwise, please supply the following details.

Name of Bank/Building
Society

Branch address

Account Name

Account Number

Sort code

If the account belongs to someone other than the named beneficiary, please explain why this is (for example, the account may be in the name of a guardian responsible for a minor).



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I/We, for and on behalf of the Trust, using the discretion given to me/us under the terms of the trust, instruct Ellipse to make payment of per cent of the life assurance claim to the beneficiary as detailed above. I/We acknowledge that the Trustees will still be required to ensure any administration is carried out on pension accounts if applicable and will also need to ensure the beneficiary is aware of the percentage of lifetime allowance the benefit represents.

I/We, for and on behalf of the Trust, acknowledge that such a payment (together with payments made to any other beneficiaries where the benefits are apportioned to more than one) will represent full and final settlement of any and all life assurance claims in respect of the deceased scheme member detailed above and agree to indemnify Ellipse against any additional losses, claims, costs and expenses as a consequence of taking instruction from the Trustees to make direct payment to the beneficiaries notified.

Trustee signature

Print name

Date

Trustee signature

Print name

Date

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