

# Pay direct to beneficiaries' instruction

We can act as the trustees' paying agent and pay insured lump life assurance benefit direct to the relatives and dependants of a deceased member. This means:

- the trustees don't need to set up and maintain a bank account for a stand-alone death-in-service scheme;
- the trustees keep their absolute discretion to decide who will receive the benefit in accordance with the scheme trust deed and rules; and
- relatives and dependants could receive the benefit sooner.

Trustees can use this form to instruct us to pay the insured benefits directly to the beneficiaries they've identified. We'll need to receive this fully completed form with the [Death Claim Notification form](#).

If a completed [Register of authorised signatures form](#) has not been previously submitted or it needs updating, please complete and return this as soon as possible. For security, we will not be able to pay direct until we can verify the person(s) authorising this release against a record of those who have been given authority.

Payments can be made to beneficiaries who are UK registered charity or any individual, via a UK bank account. If payment to an overseas account is required please contact us to discuss.



You need to read the following important information before you fill in this form. By completing and returning this form:

- You're instructing us to pay all the insured benefit direct to the beneficiaries without any deductions.
- The trustees will not receive the insured benefit and cannot make a further claim in respect of the deceased member.
- You confirm your scheme and the circumstances permit tax-free benefit payments to the beneficiaries.
- You cannot recover any tax charges or other costs from the insured benefit which you or the scheme administrator are responsible for paying.

We suggest the trustees seek advice if they are uncertain about tax or other costs, and if such costs may be recovered from the insured benefits.

## 1. Your scheme

|                 |                      |                                                                       |
|-----------------|----------------------|-----------------------------------------------------------------------|
| Scheme name     | <input type="text"/> | (the ' <a href="#">Scheme</a> ') (the ' <a href="#">Scheme</a> ')     |
| Scheme trustees | <input type="text"/> | (the ' <a href="#">Trustees</a> ') (the ' <a href="#">Trustees</a> ') |
| Policy number   | <input type="text"/> | (the ' <a href="#">Policy</a> ') (the ' <a href="#">Policy</a> ')     |

## 2. The benefit

|                              |                      |                                                                                     |
|------------------------------|----------------------|-------------------------------------------------------------------------------------|
| Deceased's full name         | <input type="text"/> | (the ' <a href="#">Deceased Member</a> ') (the ' <a href="#">Deceased Member</a> ') |
| Total life assurance benefit | <input type="text"/> | (the ' <a href="#">Benefit</a> ') (the ' <a href="#">Benefit</a> ')                 |

3. Beneficiary details



Please provide the following information to the beneficiaries:

- To protect against financial crime, we may need to confirm the beneficiaries identity from time to time. We may do this by using reference agencies to search sources of information about the beneficiary (an identity search). This will not affect the beneficiaries credit rating. If this identity search fails, we may ask the beneficiary for documents to confirm their identity.
- Legal & General's Privacy Policy, will help a beneficiary understand what we do with the information we collect. The Privacy Policy is available at: <https://www.legalandgeneral.com/privacy-policy/>.

If the benefit is provided under a registered scheme, we'd also encourage you to provide tax information to the beneficiaries. You may want to get your own tax advice. We understand:

- Any lump sum death benefit above the deceased's remaining lump sum and death benefit allowance is taxed at the marginal rate of income tax of the beneficiary.
- The lump sum and death benefit allowance is the total amount that can be paid as tax free lump sums from registered schemes for an individual, both during their lifetime and when they die. On 6 April 2024, the standard lump sum and death benefit allowance is £1,073,100.
- You will inform the legal personal representative of the deceased of these payments, who will check the payments against the remaining lump sum and death benefit allowance and notify HM Revenue and Customs accordingly.

To avoid delays you need to accurately complete the beneficiaries full name, date of birth, gender and address details. Incomplete details will result in delays and the need to request further information from the beneficiaries at a later stage to confirm their identity.

The **Trustees** have the discretion and power under the **Scheme** to decide who may receive the **Benefit**. The **Trustees** need to refer to the **Scheme's** trust deed and rules to identify who may receive **Benefit**, and if it may be split between more than one beneficiary.

The **Trustees** have chosen the following beneficiaries:

a) First beneficiary

|                                                       |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
|-------------------------------------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Beneficiary full name<br>(including any middle names) |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Legal gender                                          | Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |                      |                      |                      |                      |
| Date of birth (DD/MM/YYYY)                            |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Home address                                          |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Postcode                                              |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| <b>Benefit</b> amount                                 | £                    |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Bank account details:                                 |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Account name                                          |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Account number                                        | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sort code                                             | <input type="text"/> | <input type="text"/>     | -                    | <input type="text"/>     | <input type="text"/> | -                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

b) Second beneficiary

|                                                       |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
|-------------------------------------------------------|----------------------|--------------------------|----------------------|--------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Beneficiary full name<br>(including any middle names) |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Legal gender                                          | Male                 | <input type="checkbox"/> | Female               | <input type="checkbox"/> |                      |                      |                      |                      |                      |                      |
| Date of birth (DD/MM/YYYY)                            |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Home address                                          |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Postcode                                              |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| <b>Benefit</b> amount                                 | £                    |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Bank account details:                                 |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Account name                                          |                      |                          |                      |                          |                      |                      |                      |                      |                      |                      |
| Account number                                        | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Sort code                                             | <input type="text"/> | <input type="text"/>     | -                    | <input type="text"/>     | <input type="text"/> | -                    | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

## Group Protection

### c) Third beneficiary

|                                                       |                                                                                                                                                                                                  |                                 |  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
| Beneficiary full name<br>(including any middle names) | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Legal gender                                          | Male <input type="checkbox"/>                                                                                                                                                                    | Female <input type="checkbox"/> |  |
| Date of birth (DD/MM/YYYY)                            | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Home address                                          | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Postcode                                              | <input type="text"/>                                                                                                                                                                             |                                 |  |
| <b>Benefit</b> amount                                 | £ <input type="text"/>                                                                                                                                                                           |                                 |  |
| Bank account details:                                 |                                                                                                                                                                                                  |                                 |  |
| Account name                                          | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Account number                                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                          |                                 |  |
| Sort code                                             | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |                                 |  |

### d) Fourth beneficiary

|                                                       |                                                                                                                                                                                                  |                                 |  |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|--|
| Beneficiary full name<br>(including any middle names) | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Legal gender                                          | Male <input type="checkbox"/>                                                                                                                                                                    | Female <input type="checkbox"/> |  |
| Date of birth (DD/MM/YYYY)                            | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Home address                                          | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Postcode                                              | <input type="text"/>                                                                                                                                                                             |                                 |  |
| <b>Benefit</b> amount                                 | £ <input type="text"/>                                                                                                                                                                           |                                 |  |
| Bank account details:                                 |                                                                                                                                                                                                  |                                 |  |
| Account name                                          | <input type="text"/>                                                                                                                                                                             |                                 |  |
| Account number                                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>                          |                                 |  |
| Sort code                                             | <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> |                                 |  |

(collectively the 'Beneficiaries')

If you have more beneficiaries to add, please use section 6.



Please make sure the **Benefit** proportions add up to total life assurance benefit payable in respect of the **Deceased Member** under the **Policy**. We'll return the form if they don't.

e) Are all the listed beneficiaries named on the deceased expression of wish form? Yes ☐ No ☐

If No, please explain their relationship to the deceased

f) If the bank account details belong 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)

## 4. Fraud prevention

The personal information Legal & General collects from you and/or your employer will be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share information about you with other organisations and public bodies, including the police and we may check and/or file your details with fraud prevention agencies and databases.

If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies can be found by accessing this link, [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn)

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities.
- Managing credit and credit related accounts or facilities.
- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.
- Checking sources of income and tax details.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies. Please contact our Group Financial Crime department if you wish to receive the relevant details of the fraud prevention agencies:

Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS Legal & General may also check the details of other parties related to your contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

## 5. Discharge and indemnity

### a) Definitions

For the purpose of this discharge and indemnity, the words shown in bold shall have the meaning given to them in the preceding sections of this form and within this Section 4 a):

**Insurer** means 'Legal & General Assurance Society Limited'.

### b) Background

- The **Trustees** are the trustees of the **Scheme** set up with a discretionary trust deed.
- The **Trustees** effected a **Policy** with the **Insurer** in respect of the **Benefits** which are provided under the **Scheme**.
- The **Trustees** have exercised their power of absolute discretion under the **Scheme** in the disposal of the **Benefit** payable on the death of the **Deceased Member**.
- The **Trustees** request the **Insurer** to act as their paying agent in respect of disposal of the **Benefit**.

### c) Discharge and Indemnity

- The **Trustees** hereby authorise and instruct the **Insurer** to pay the **Benefit** arising from the **Policy** to the **Beneficiaries** in the proportions specified in Section 3 and 6 of this form.
- The **Trustees** confirm the **Benefit** is not subject to deductions for tax (or any other reason) before, or when, it's paid to the **Beneficiaries**.
- By agreeing to this instruction the **Insurer** is:
  - fully discharged from its liabilities to the **Trustees** in respect of benefits for the **Deceased Member** arising from the **Policy**; and
  - fully indemnified from any further claim by the **Trustees** in this respect.

### d) Notifications

- The **Trustees** hereby agree to notify the **Beneficiaries** that:
  - The **Trustees** have instructed the **Insurer** to act as their paying agent.
  - Legal & General will process the **Beneficiaries'** personal information to set up the payments in line with its Privacy Policy, which is available at: <https://www.legalandgeneral.com/privacy-policy/>.
  - To protect against financial crime the **Insurer** may need to confirm the **Beneficiaries'** identity from time to time. The **Insurer** may do this by using reference agencies to search sources of information about a **Beneficiary** (an identity search). This will not affect the **Beneficiary's** credit rating. If this identity search fails, the **Insurer** may ask the **Beneficiary** for documents to confirm their identity.

Signed on behalf of the **Trustees**

Name

Signature

Date (DD/MM/YYYY)

Name

Signature

Date (DD/MM/YYYY)



The above signatories must match those you have provided to us on a [Register of authorised signatures form](#).

## 6. Beneficiary details cont...

### e) Fifth beneficiary

|                                                       |                                                                                                                                                                         |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Beneficiary full name<br>(including any middle names) | <input type="text"/>                                                                                                                                                    |
| Legal gender                                          | Male <input type="checkbox"/> Female <input type="checkbox"/>                                                                                                           |
| Date of birth (DD/MM/YYYY)                            | <input type="text"/>                                                                                                                                                    |
| Home address                                          | <input type="text"/>                                                                                                                                                    |
| Postcode                                              | <input type="text"/>                                                                                                                                                    |
| Benefit amount                                        | £ <input type="text"/>                                                                                                                                                  |
| Bank account details:                                 |                                                                                                                                                                         |
| Account name                                          | <input type="text"/>                                                                                                                                                    |
| Account number                                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Sort code                                             | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>                                       |

### f) Sixth beneficiary

|                                                       |                                                                                                                                                                         |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Beneficiary full name<br>(including any middle names) | <input type="text"/>                                                                                                                                                    |
| Legal gender                                          | Male <input type="checkbox"/> Female <input type="checkbox"/>                                                                                                           |
| Date of birth (DD/MM/YYYY)                            | <input type="text"/>                                                                                                                                                    |
| Home address                                          | <input type="text"/>                                                                                                                                                    |
| Postcode                                              | <input type="text"/>                                                                                                                                                    |
| Benefit amount                                        | £ <input type="text"/>                                                                                                                                                  |
| Bank account details:                                 |                                                                                                                                                                         |
| Account name                                          | <input type="text"/>                                                                                                                                                    |
| Account number                                        | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Sort code                                             | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>                                       |

If there are additional beneficiaries please use copies of this page, please ensure the total of all benefits equals the total life assurance as detailed in section 2.

## Contact us



**0345 026 0094**

We may record and monitor calls. Call charges will vary.



**groupprotection.benefitsmanagement@landg.com**



**<https://www.legalandgeneral.com/employer/>**



**Group Protection, Legal & General Assurance Society Limited,  
Four Central Square, Cardiff, CF10 1FS**

**Legal & General Assurance Society Limited**

Registered in England and Wales No. 166055.

Registered office: One Coleman Street, London EC2R 5AA

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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