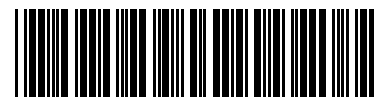


Group Life – Child dependant questionnaire

We shall pay an insured pension relating to a dependent child once we have established that they qualify as a child dependant under the policy.



DEFK0513

This form should be completed by both the child's parent/guardian (Section 1) and the scheme's trustees (Section 2). This will allow us to assess if the child is wholly or partly dependent on the deceased member.

Do not complete this form if the dependent child is the natural or adopted child of the deceased, unless claiming for a child over the age of 18 who was dependent on the deceased because of a physical or mental impairment.

Please complete a separate form for each dependent child.

Policyholder name	<input type="text"/>
Scheme name	<input type="text"/>
Policy number	<input type="text"/>
Deceased's name	<input type="text"/>
Unum Life ID (if known)	<input type="text"/>
Dependant's name	<input type="text"/>
Dependant's relationship to the deceased member	<input type="text"/>

Section 1

Complete this section if you are the dependent child's parent or guardian.

1. What was the child's relationship to the deceased?

Stepchild

Other

Please state

2. At the time of death, was the child living in the same house as the deceased?

Yes

No

3. Was the deceased responsible for the child's financial support and maintenance?

Yes

No

4. Did the child depend on the deceased because of physical or mental impairment?

Yes

No

If yes, we may contact you for further details.

I confirm that all the details above are true and correct at the time of the deceased's death.

I understand that the trustees may request any necessary evidence to establish the child's relationship with the deceased. I understand that a false declaration may invalidate any claim. I also understand and agree that any pension benefit and/or cash lump sum paid out may be claimed back by Unum if I have made a false or fraudulent statement.

Signed

Date

Full name

Section 2

Complete this section if you are the scheme's trustees.

We, the scheme's trustees, are satisfied that:

- a) the information given in this questionnaire is correct and we have received evidence as proof, and
- b) the child was a **dependent child** at the time of the deceased's death.

Signed for and on behalf of the scheme's trustees with the authority of all the trustees.

Signed (trustee)

Full name

Position in company

Date

Signed (trustee)

Full name

Position in company

Date

Please note that this form requires two signatures.