

# NOTIFICATION OF THE DEATH OF A PENSION SCHEME MEMBER

This form should be completed by you, to tell us, Trafalgar House Pensions Administration Ltd (on behalf of the trustees or Trustee of the Scheme) about the death of a member of a pension Scheme we administer.

## Your Details

Your Full Name

Your Address

Your Telephone Number

Your Email address

Relationship to the deceased

## Member Details

Name of member

National Insurance Number

Pension Scheme Name

Pension Number (if known)

Date of Death

Does the member leave a surviving spouse?

If yes, please provide details: