

Family Information Form

Details of the policyholder's family and dependants for Personal Pension Plans, Free Standing AVC Plans and Managed Pensions

The rules of the scheme give Equitable Life, the scheme administrator, discretion to choose who should receive the proceeds of the policy. Please provide details of all the policyholder's family and dependants. Kindly indicate if a section is not applicable by adding N/A.

Policyholder's name:	
Plan/membership number:	

Please provide details of the policyholder's relationship at the date of their death

Relationship	Name	Date of birth	Address
Spouse or Civil Partner			
Partner			

Please also provide details of any previous spouses or partners

Relationship	Name	Date of birth	Address

Please provide details of all children, including any step-children or adopted children, of the policyholder. If the policyholder had any grandchildren please also provide their details.

Relationship	Name	Date of birth	Address

Please provide details of the policyholder's parents, brothers and sisters.

Relationship	Name	Date of birth	Address
Parents			
Siblings			

Please provide details of any other individuals who the policyholder may have wanted to benefit from this policy.

Relationship	Name	Date of birth	Address

Is there any other information we should be aware of:

Continue on a separate sheet if you need to

Completed by:

Name: _____

Relationship to the policyholder: _____

Declaration:

- I confirm that the information provided in this form is true, accurate and complete to the best of my knowledge and belief.
- I confirm that I have not omitted any known facts that could influence the decision of The Equitable Life Assurance Society (the "Society").
- I understand that the payment of benefits is at the discretion of the Society.
- I agree to notify the Society if I discover any change or omission in the information provided.

Signature _____ Date _____