

Contact us:

St. James's Place Administration Centre, PO Box 9034, Chelmsford, CM99 2XA.
0800 027 1031 (lines are open 8am to 6pm, Monday to Friday).
 If calling from outside the UK, please call our Administration Centre on **+44 1268 447 437**

Completing this form

This form can be used to notify us of the death of a Client. If you have any questions when completing the form, you can call our dedicated Administration Centre. Once completed, post it to the address at the top of this form together with the original death certificate.

1. Details of the deceased client

Title Mr Mrs Miss Ms Other

Forename(s)

Surname

Date of birth

Date of death

Address

Postcode

2. Executor/Personal Representative details

| | First Executor/ Personal Representative | Second Executor/ Personal Representative |
|---|---|---|
| Are you an existing St. James's Place client? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/> | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/> |
| Forename(s) | <input type="text"/> | <input type="text"/> |
| Surname | <input type="text"/> | <input type="text"/> |
| Other names you are known by or commonly use (not nicknames - please include title, first name and surname) | <input type="text"/> | <input type="text"/> |
| Date of birth | <input type="text" value="D D M M Y Y Y Y"/> | <input type="text" value="D D M M Y Y Y Y"/> |
| Address | <input type="text"/> | <input type="text"/> |
| Postcode | <input type="text"/> | <input type="text"/> |
| Nationality | <input type="text"/> | <input type="text"/> |
| Telephone number | <input type="text"/> | <input type="text"/> |
| Email address | <input type="text"/> | <input type="text"/> |

If there are more than 2 Personal Representatives, please add further details on another Bereavement Notification Form or call our Administration Centre.

3. Solicitors details (if applicable)

If the Personal Representative(s) have appointed solicitors to act on the behalf of the estate, please enter their contact details here.

| | | |
|------------------|-------|----------|
| Name of firm | <hr/> | |
| Address | <hr/> | |
| | | Postcode |
| Contact name | <hr/> | |
| Telephone number | <hr/> | |

If you have any Account details to help us identify the deceased's investments, please provide them in the table below.

| Type of investment (e.g. ISA, Retirement Account) | Client/Account Number(s) |
|---|--------------------------|
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |
| <hr/> | <hr/> |