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| **Resource Toolkit** | Single Scheme Administration Project (Phase 1)**Death of a Deferred Member Benefits** |
| **Resource Name** | Template Form - Death Gratuity Payment Form  |
| **Resource Reference** | SPS.DTH.DOD.TF.02 (Phase 1) |
| **Version**  | V1.0 |

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| **PLEASE NOTE:** Administratorsmay accesslegislation, Circulars or Letters to Personnel Officers noted in this Procedure by accessing the Circulars & Legislation Section of the Single Scheme Website at [www.singlepensionscheme.gov.ie/circulars](http://www.singlepensionscheme.gov.ie/circulars) |

**CONFIDENTIAL**

***Single Public Service Pension Scheme***

**Legal Personal Representative**

**Death Gratuity Payment Form**

**From:** <<Title>><<Forename>><<Surname>>

**To:** <<Relevant Authority, Address 1, Address 2, Address 3, Address 4. >>

**Re:** <<First name>> <<Surname>> (deceased)

* I acknowledge receipt of correspondence dated <<dd/mm/yyyy>> confirming the Death Gratuity payable under the Single Public Service Pension Scheme following the death of the above named.
* I confirm that I am the Legal Personal Representative of the Deceased.
* I direct that the Death Gratuity be paid to the bank account specified on the enclosed Payment Mandate Form.

**Signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dated:** \_\_\_/\_\_\_\_/\_\_\_\_\_

**Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_