

mogersdrewett.com Beneficiary Client Information

Department		Contact		Matter	
In order for us to	pay your legacy v	ve are required to	take a few details	s from you. All field	ds must
be completed. *Pl	ease be assured y	jour contact detai	ils will be kept enti	irely confidential.	Our full
privacy policy car	n be viewed https:	://www.mogersdre	ewett.com/privacy	ı-policy/Paper cop	oies are
available on requ	est.				

Title	First Name
Middle Name	Last Name
Former Name (if applicable)	(Enclose certified copy marriage certificate or change of name deed)
Home Address: Postcode:	Email:
Telephone:	Date of Birth:
National Insurance Number:	Passport Number (If Non-UK Resident):
Occupation:	Marital Status:

Please now sign, date, and return the completed form with two forms of identification. For information regarding why we need identification and which documents are acceptable please refer to our Anti-Money Laundering Requirements document.

Please note that we cannot proceed until we have seen the original identification documents in your presence or received certified copies. Please do not post original or uncertified copies of your passport or driving license to us.

Signature	•••••	• • • • • • • • • • • • • • • • • • • •	 	
Date				