

Name
Address1
Address2
Address3
Postcode

Letter date
Our reference: <CMS reference>

Dear <Salutation>

<Product name>
Annuity Number(s):

From time to time we contact our customers with annuities to confirm their personal details. We do this to make sure that our records are up to date because if they are not, we might not be able to continue making payments to you.

All you need to do is complete the enclosed form and send it back to us in the envelope provided. We have temporarily stopped the payments until we are sure we have your correct details.

If you need anything else from us please contact us by phone or email and we'll be happy to help.

Yours sincerely

CSR Name

Annuities Customer Experience Team

Annuities Customer Experience Team phone: 0800 681 6291

For Textphone: first dial 18001

All lines are open 9.00am to 5.00pm Monday to Friday

E-mail: heritageannuities@lv.com

We are able to provide literature and communications in the following alternative formats: Braille, large print, audio.

Should you require information on this product or service please contact us.

To help continually improve our customer service we may monitor and/or record the calls we receive

Please complete both section A and B before you send this back to us

Member's Name	<annuitants name>	Annuity Number(s)	<annuity number>
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Warning: It is a serious offence to make false statements; the penalties are severe and could lead to prosecution

Section A

(Either you, your Power of Attorney or Court Appointed Representative need sign this part of the form)

Full Name of Member: _____

Full Address of Member: _____

Preferred contact number:

Email Address:

Signed:

Date:
(DD/MM/YYYY)

Section B

(You, your Power of Attorney or Court Appointed Representative need to ask a person who is not related to you, but who has known you for more than two years to sign this part of the form)

I can confirm that I am not related to, but I have known <annuitants name> for more than two years and that they currently live at the above address.

Full Name of Witness: _____

Full Address of Witness: _____

Signed:

Date:
(DD/MM/YYYY)