



If you have any questions please call us on 0800 776677. For Textphone: dial 18001 first. We may record and/or monitor your calls for training and audit purposes.



Withdrawal payment request form: RNPFN bonds

If you need help completing this form, please contact us. Please send your completed form to us at: LV= County Gates, Bournemouth, BH1 2NF

Section 1 – RNPFN Bond details

Please insert your bond number here:

Section 2 – Personal details

Please complete the boxes below. If your bond is jointly owned please provide the details for both policy owners.

Policyholder 1

First name:	
Surname:	
Address:	
Postcode:	

Policyholder 2 (if bond is jointly owned)

First name:	
Surname:	
Address:	
Postcode:	

If we've any questions it would be quicker to contact you by phone and/or email. If you're happy for us to do this please provide us with your telephone number, including the local area code, and email address. We won't use any of these details for any other purpose.

Home phone number: Mobile number:

Email address:

Section 3 – Payment details – please tell us what you'd like to do

I/We authorise LV= to pay £..... from the policy above. (A minimum of £1,000 must remain in the policy and a minimum of £400 must be withdrawn. The amount withdrawn must be in multiples of £1.00.)

I would like the surrender amount paid as I have detailed below (please tick)

- A) **Direct Credit** – Please complete your bank details below and send original proof of account ownership (i.e. bank statement)

Name of account holder

Sort Code: Account Number:

- B) **Cheque** (payable to policyholder)

- C) **Chaps** (£25 fee applies) Please complete bank details above and supply proof of bank account ownership

Once the payment is made we'll send you a statement showing a breakdown of how much we've paid.

Section 4 – Your declaration

- 1) I promise that I will repay LV= any money mistakenly or inadvertently paid to me for this withdrawal or paid to me as a result of (and which a reasonable person would consider to be the probable result of) any untrue, misleading or inaccurate information carelessly or deliberately given by me, or on my behalf in respect of the policy/policies.
- 2) I promise that I will be responsible for all and any losses and/or expenses incurred by LV= which are as a result of (and which a reasonable person would consider to be the probable result of) any untrue, misleading or inaccurate information carelessly or deliberately given by me, or on my behalf in relation to the policy.
- 3) I confirm that the details of my claim and in this form are true and complete

Policyholder 1

Print Name:	
Signature:	
Date:	DD / MM / YYYY

Policyholder 2 (if bond is jointly owned)

Print name:	
Signature:	
Date:	DD / MM / YYYY

Section 5 – Documents

Please note: We don't need your policy document to make your payment, unless the value of the withdrawal is over £100,000.00.

If you've any of the following documents, please send them to us. This will avoid any delay in paying the money to you:

- Original proof of bank account ownership
- Original deed of assignment
- Certified copy of power of attorney
- Certified copy of trust deed

Section 6 – Helpful points

Can you pay a direct credit into my building society account?

No, we can only pay into a bank account

What is a certified copy?

A Solicitor will have signed a copy of the document confirming that it is the same as the original.

How long will I have to wait for the money to be paid to me?

We aim to process all payments within five working days; however a further period of 5 working days may need to be added to account for the banking process. For RNPFN unit linked investment bonds please allow an additional five working days for the unit pricing procedure to be completed.

Who do I contact if I have any questions or need any help?

We're happy to help. You can call our Heritage payment department on **0800 776677** For textphone dial 18001 first. We may record and/or monitor your calls for training and audit purposes