

Death Claim payment request form



Payment reference:

This form should be completed by the person(s) making the payment request, if you're unsure who should do this or if you need any help completing this form, you can look at the enclosed 'Helpful guide to completing your payment request form'.

We know this is a difficult time, so we'll only ask for the information we need.

Please send your reply to us at: LV= County Gates, Bournemouth BH1 2NF.

Section 1 – About the deceased life assured

Full name of the deceased: _____

Marital status of deceased: Single Married Civil partner
(Please tick one) Divorced/dissolution Widowed

Section 2 – About your relationship to the deceased life assured

Please answer all of the questions below.

- | | | |
|---|-----|----|
| 1. Are you the proposer, assignee or nominee of policies on the deceased? | Yes | No |
| 2. Did the deceased life assured leave a will? | Yes | No |
| 3. Have you, or are you planning to apply for a grant or representation/confirmation? | Yes | No |
| 4. Are you requesting payment as the only nearest next of kin? | Yes | No |
| 5. Are you requesting a payment on any policies owned by someone else who has died? | Yes | No |

Policies could have been taken out by someone other than the life assured. You can see this by looking at the policy document(s). If this has happened, and this person dies before the life assured, you should answer yes to this question. Otherwise answer no.

Section 3 – About you, the person making the payment request

Your full name _____

(Mr/Mrs/Miss/Ms): _____

Your full address: _____

Postcode _____

Home phone number: _____

Mobile Number: _____

What is your relationship to the deceased? _____

If you are the Executor please tick here

Section 4 – Payment details

I'd like the payment made by the option I've chosen below (Please tick)

A) Cheque B) Direct credit

Account name

Sort code

Account number

If the payment is to be made to a solicitor, please tell us their name below

Solicitor's name

Section 5 – Enclosures

To help us deal with your payment request as quickly as possible, please send us the required documents listed below:

Required documents (please tick)

Original death certificate (certified original copy received from the registrar);

or

Original standard verification form.

and

Original policy documents on the life of the deceased.

If you cannot find the documents tick here

Photocopy of the original signed, dated and witnessed will.

Additional documents (Please tick)

If you've any other documentation (as listed below), please send this as well as this will help to avoid any unnecessary delay in making your payment:

Original premium receipt books

Original grant of representation/confirmation

Original Assignment deeds

Nomination form(s)

Trust deeds

Section 6 – Your declaration

- 1) I agree that payment by LV= of benefits to myself as claimant named on this form, is in full and final discharge of all and any claim by me on the policy/policies.
- 2) I promise that I will repay LV= any money mistakenly or inadvertently paid to me or paid to me as a result of (and which a reasonable person would consider to be the probable result of) and untrue, misleading or inaccurate information carelessly or deliberately given by me, or on my behalf in respect of the policy/policies.
- 3) 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 or misleading or inaccurate information carelessly or deliberately given by me, or on my behalf in relation to the policy
- 4) I confirm that the details of my claim and this form are true and complete.

Signature

Date / / (DD/MM/YYYY)

You can get this and other documents from us in Braille or large print by contacting us.



Liverpool Victoria Friendly Society Limited: County Gates, Bournemouth BH1 2NF.

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