

Bond Death Claim Payment Request Form

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.

Find out how we use your personal information, and what rights you have by visiting [LV.com/data-protection/life](https://www.lv.com/data-protection/life). This includes who we are, how long we hold your information, what we do with it and who we share it with. Please ensure that you advise anyone else whose personal details you are providing in this form where they can find this information.

Bond number:

Section 1 – About the deceased life assured

Full name of the deceased:

Marital status of the deceased

| | | |
|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Married | <input type="checkbox"/> Civil Partner | <input type="checkbox"/> Single |
| <input type="checkbox"/> Widowed | <input type="checkbox"/> Divorced /dissolution | |

Please tick one

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

Title Mr/Mrs/Miss/Ms

Your full name

Date of birth , , (DD/MM/YYYY)

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 Cheque Direct credit

Account name

Account number

Sort code - -

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);

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 grant of representation/confirmation

Original Assignment deeds

Nomination form(s)

Trust deeds

Section 6 – Your declaration

- 1 I agree that payment by Liverpool Victoria Financial Services Limited (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 are 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 Financial Services Limited: County Gates, Bournemouth, BH1 2NF.

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