

Claim Request form



Claim reference

This form should be completed by the person making the claim request. Everyone who owns this policy must agree and sign this form.

Once you've finished the claim, please make sure any other policy owners, trustees or assignees check and sign it. You all need to agree that you've given us the details we need and that everything you've included is accurate and honest.

If you need any help completing this form, you can look at the enclosed 'Helpful guide to completing your claim 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.

How do we use your personal information?

Find out how we use your personal information, and what rights you have by visiting [LV.com/dataprotectionlife](https://www.lv.com/dataprotectionlife). Please let us know if you'd like us to send you a copy, or have any questions. This includes who we are, how long we hold your information, what we do with it and who we share it with.

Section 1

Before filling out this form, please sign to confirm that:

- 1 I'm the person claiming and it's my name on this form.
- 2 I'm honest, and I'll complete this form as honestly and fully as I can.
- 3 I'm happy that what you'll be paying me is the full and final amount. That means I can't claim on the policy or policies again.
- 4 I also know that if I lie or give you information that's misleading about the policy or policies (even accidentally), I'll have to repay anything LV= pay out now. I'll have to do that if anyone gives you misleading information on my behalf, too. And if my mistake costs you money, I'll repay your expenses and any other money you've lost because of me.

Name

Signed

Date

/ / (DD/MM/YYYY)

Section 2

About the deceased life assured

Full name of the deceased

Marital status of deceased (please tick one) Single Married Civil Partnership Divorced / Dissolution

Section 3

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 in this claim? | <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 of 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 4

About you, the person making the claim request

Title Mr/Mrs/Miss/Ms/Dr/Other Full name

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

Address

Postcode

Home phone number

Mobile number

Email

We will not use your email address for marketing and will use it to correspond with you about this claim and any claims you might have with us in the future

What is your relationship to the deceased?

If you are the Executor please tick here

Section 5

Payment details

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

Cheque

Direct Credit (please complete details below)

Account holders name(s)

Sort code - -

Account number

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

Solicitor's name

Solicitor's address

Section 6

Enclosures

To help us deal with your claim 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 from a Solicitor

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 have 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) Original trust or assignment deeds

Section 7

(please tick)

I've been honest. Everything I've written in my claim is true to the best of my knowledge and I've given you all the details you need.

Section 8

You're almost done

To complete your claim, we need everyone who owns the policy(ies) to sign our declaration. This includes other policy owners, trustees or assignees.

If you're another policy owner, trustee or assignee: I'm happy for the person who has signed section 1 of this form to make this claim. I've read the form and everything in here is true and gives you all the details you need.

Name

Signed Date // (DD/MM/YYYY)

Name

Signed Date // (DD/MM/YYYY)

Name

Signed Date // (DD/MM/YYYY)

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



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