

LV= Investment Bonds payment request form

Following the death of the policy holder

Important Notes

Please use this Instruction Form for the following bonds:

- Flexible Guarantee Bond (all Series)
- Smoothed Managed Funds Bond Series 1

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

Please return this completed form to:

LV=, PO BOX 342, Wymondham, NR18 8HS.

If you have any queries or you'd like help completing your instruction, please talk to your Financial Adviser or you can call us on **0800 681 6292**, between 9am - 5pm Monday to Friday.

If any Bonds are under Trust, the legislation requires LV= to check that a trust is registered with HMRC Trust Registration Service (TRS) by requesting evidence. Together, with the original/most recent trust deed to be sent to us before we can action any requests. These documents need to be provided to us with every new request.

You can download a PDF output from the TRS service, known as a '[TRS proof of registration document](#)'. The information on the document won't include all details submitted as part of the registration but can be used to support due diligence checks for a third party like LV=. Trustees will need to provide this proof of registration document.

Bond number:

About the deceased life assured

Full name of the deceased:

Marital status of the deceased

Please tick one

- Married
- Civil Partner
- Single
- Widowed
- Divorced /dissolution

About your relationship to the deceased life assured

Please answer all of the questions below.

Are you the proposer, assignee or nominee of policies on the deceased?

Yes No

Did the deceased life assured leave a will?

Yes No

Have you, or are you planning to apply for a grant or representation/confirmation?

Yes No

Are you requesting payment as the only nearest next of kin?

Yes No

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.

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

Payment details

I'd like the payment made by the option I've chosen below

Please tick

Direct credit

Cheque

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

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 above documents tick here

Photocopy of the original signed, dated and witnessed will (if the claim is under £75,000)

Original grant of representation/confirmation (if claim over £75,000)

Extra documents required if your policy is under trust (Please tick)

Trust Registration Service (TRS) document

Original or a certified copy of the Trust Deed

Proof of account (we can accept a bank statement dated within the last 3 months or voided cheque)

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 Assignment deeds

Nomination form(s)

Your declaration

- I have read and understood the Important Notes section at the beginning of this form
- 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.
- 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.
- 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.
- I confirm that the details of my claim and this form are true and complete.
- If the Bond is under trust. I confirm that HMRC Trust Registration proof and original or most recent trust deed has been or will be supplied to LV= with this form. I/we understand that in the absent of these documents LV= will not made any payments and or understand may result in delays in payment.

Signature

Date

/

/

(DD/MM/YYYY)

How do we use your personal information?



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

If you'd like us to send you this letter or any future correspondence in another format, such as Braille or large print, please just let us know.

Liverpool Victoria Financial Services Limited: Tilehouse Street, Hitchin, SG5 2DX.

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