

# LV= ISA Payment request form

## Following the death of the policy holder

### Important Notes

Following the death of the policy holder, 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 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.

ISA Plan Number

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### About the deceased life assured

Full name of the deceased

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Single    Married    Civil Partnership    Divorced/Dissolution    Widowed

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### About your relationship to the deceased life assured

Please answer all of the questions below:

Did the deceased life assured leave a will?	Yes	No
Have you, or are you planning to, apply for a grant of representation/confirmation?	Yes	No
Are you requesting payment as the only nearest next of kin?	Yes	No

### About you, the person making the payment request

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

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Full name

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

---

Address

---

Postcode

---

Home phone number

---

Mobile phone number

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What is your relationship to the deceased?

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If you are the Executor please tick here

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## Payment details

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

Direct Credit

Account holder's name(s)

Sort code

Account number

Cheque

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

Solicitor's name

## Required documents

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

### Please tick the documents you have enclosed

Original death certificate  
(or certified original copy received from the Registrar)

Or

Original policy documents on the life of the deceased

If you cannot find either of the above documents please tick here

Photocopy of the original signed, dated and witnessed will.

### Additional documents

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 grant of representation/confirmation

## Declaration

- 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.
- I promise that I will repay LV= any money mistakenly or inadvertently 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.
- 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.
- I confirm that the details of my claim and in this form are true and complete.

Signed

Date

/ /

(DD/MM/YYYY)

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