

# Request for payment on death

**This form is not for use with international protection policies or capital redemption contracts.**

**Please include the following with your claim:**

- Completed request for payment on death form.
- Original or court certified copy of death certificate.
- Original policy documents (or notarised lost policy document declaration form, a copy of which can be obtained from us).
- Original certified copy of ID/passport of claimant/executor/beneficiary.
- Original or certified copy of proof of residential address of claimant/executor/beneficiary (no older than three months).

**We may ask for additional documentation in order to complete the claim.**

**All documentation must be translated into English.**

To pay your claim and release any proceeds, we will need all of the appropriate documentation first.

If life cover has been provided, we reserve the right to ask for additional details about the cause of death before being in a position to pay the claim.

Any claim on this policy may have taxation consequences. Please contact your financial adviser to discuss these implications.

**UK residents' reporting requirements** – Any policyholder (or the executors of the policyholder's estate), who is a UK resident has an obligation, under the UK self-assessment tax regime, to report to HM Revenue & Customs (HMRC) any chargeable event arising in relation to the policy. Under UK law we have a statutory requirement to supply information to HMRC about UK resident policyholders in certain circumstances.

---

## Policy details

(If more than two policyholders or claimants are required, please complete on a separate piece of paper.)

	First (or only) policyholder	Second policyholder
Full name(s) of policyholder(s)	<input type="text"/>	<input type="text"/>
Policy number	<input type="text"/>	<input type="text"/>
	First (or only) claimant	Second claimant
Full name of claimant(s)	<input type="text"/>	<input type="text"/>
Claimant relationship (executor, family member etc.)	<input type="text"/>	<input type="text"/>
Address of claimant (including postcode)	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Fax number	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>

## Payment instructions BACS/TT

### Payment type

BACS (GBP account in the UK only)

BACS has three day clearance.

**Please ensure that the correct BACS sort code is quoted. Your bank will have full details.**

By telegraphic transfer (TT)

TT charges will be incurred by you

### Payment details

Name of bank or building society

Address (including postcode)

Account holder(s) name(s)

Account number

Sort code (if applicable)

-  -  SWIFT/BIC code   
(if applicable)

IBAN (if applicable)

Branch Code (Hong Kong payments)

ABA Number (US payments)

### Additional information

**Please give any further details to help us remit your payment successfully, e.g. corresponding bank details (if applicable)**

**Transfer of assets (portfolio bonds only)**

Re-registration name

New account number

Address (including postcode)

**Transferee contact details**

Name

Telephone number

Fax number

Email address (mandatory)

**Assets**

Please list any holdings and the amount or number of shares/units you wish to transfer.

<b>Assets</b>	<b>Amount or number of shares/units</b>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## Declarations

### Please complete the following declarations:

I certify that the life assured (or in the case of policies with joint lives assured, the last life assured) has died. I wish Friends Provident International Limited (Friends Provident International) to pay the death benefit and any additional life assurance cover if applicable (Note: this is applicable where there are no nominations of beneficiaries or Trusts in place) under the policies above in accordance with the policy conditions. I acknowledge that a payment by Friends Provident International in accordance with the information contained in this form shall discharge Friends Provident International liability for all claims under the policy. If any dispute arises as to the entitlement to the proceeds of any of the life assured's policies, or if a valid claim against one or more of those policies is made by another party,

I will repay to Friends Provident International some or all of the amount I have received as a result of this claim, upon request from Friends Provident International.

I have returned the original policy documents together with any other documents necessary to prove that I am entitled to the death benefits under the policies.

I certify that I am entitled to receive the payment requested above.

## Signatures

	First (or only) claimant	Second claimant
<b>Signature of claimant(s)</b>	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
<b>Signature of witness</b>	<input type="text"/>	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>
Printed name of witness	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Correspondence address	<input type="text"/>	<input type="text"/>

### Please note: Witness must not be related to the policyholder, claimant or life assured.

We will calculate the death benefit based on the value of the units at the next appropriate dealing day(s) together with any additional life cover if applicable and in accordance with the policy provisions, after the receipt of this request form satisfactorily completed and accepted by us.

---

## Data Privacy

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit [www.fpinternational.com/legal/privacy-and-cookies](http://www.fpinternational.com/legal/privacy-and-cookies) to view the full policy or this can be provided on request from our Data Protection Officer.

Copyright© 2019 Friends Provident International Limited. All rights reserved.

**Friends Provident International Limited:** Registered and Head Office: Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA. Isle of Man incorporated company number 11494C. Authorised and regulated by the Isle of Man Financial Services Authority. Provider of life assurance and investment products. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Registered in the United Arab Emirates with the UAE Insurance Authority as an insurance company. Registration date, 18 April 2007 (Registration No. 76). Friends Provident International is a registered trademark and trading name of Friends Provident International Limited.

XIM/DEATH\_CLAIM 10.19 (13032)