

Annuity death benefit payment authority

To be completed by the individual(s) acting on behalf of the estate

Please complete in Black Ink

The benefits should be paid to:

 DD MM YYYY

To enable the death benefit payment to be made please provide the following details:

Signed by legal representative(s) named on the grant of probate/letters of administration

Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name

Phone number

Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name

Phone number

Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Print name

Phone number
