

Flexible Income Annuity (FIA)

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:

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

Please tick the box below to confirm you have read the below information about the tax code that will applied to your payment(s):

I/We understand you will initially apply the tax code BR (Basic Rate) if the policyholder was age 75 or over when they died. I/We should then tell the local tax inspector of the revised income/payment so they can provide the correct tax code. Once you receive this, if necessary, you will update the tax code on your system for future payments. If the policyholder was under age 75 then I/we understand any funds due will be paid tax free.

Overpayments paid to the deceased's account:

If there have been any overpayments paid to the deceased's bank account please select one of the options below to indicate how you would like us to reclaim the funds:

I/we enclose a cheque for the total overpayment amount of..... to return the overpayment(s) paid after the date of death.

I/we request that the total overpayment amount of be deducted from the funds due to be paid under the death benefits selected on the policy(ies) to return the overpayment(s) paid after the date of death..

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

Signature	Date (DD/MM/YYYY)	<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"/>
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Print name

Phone number

Signature	Date (DD/MM/YYYY)	<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"/>
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Print name

Phone number

Signature	Date (DD/MM/YYYY)	<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"/>
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Print name

Phone number
