

Flexible Income Annuity (FIA) Guarantee Period Option Form

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

Please complete in **Black Ink**

Policyholder's name	
Policy number	
Date of birth	Date of death

As this policy is within the guarantee period there are two options available. Please tick the option below you would like to take:

- I/We wish to take the lump sum payment to settle the claim. I/We understand that the spousal benefit, if applicable, will not commence until after the guarantee period has ended. I/We understand that you will make one lump sum payment to the nominated executor on the Annuity Death Benefit Payment Authority Form who is then responsible to distribute the funds to the beneficiaries of the deceased's estate.
- I wish to take the regular annuity payments until the end of the guarantee period where the spousal benefit, if applicable, will be calculated. I understand this option is only available if I am the only beneficiary/executor of the deceased's estate.

Please return this form along with the completed Annuity Death Benefit Payment Authority and Death Benefit Questionnaire Forms to allow us to proceed with your claim. We will also require photographic ID supporting your signature certified by a professional such as your solicitor, independent financial adviser or bank. If the funds payable under the guarantee is due to be paid to another beneficiary we will require certified ID supporting their signature as well. We will also require certified ID for all executors named on the Grant of Probate if this is provided.

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"/>
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"/>
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"/>
Print name		
Phone number		