

PLEASE RETURN ALL PAGES OF THIS FORM
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Payment Release Form

Policy Number:
Policyholder:

Please fill in all sections of this form to enable us to identify and pay the person(s) entitled to this policy's benefits. We will not disclose the information provided by you to third parties without your consent.

You may have an alternative to taking the money from your policy why not contact us on 0800 013 0683 for details.

Section 1 – About you		
Under current UK Money Laundering regulations we are obliged to verify the identity of all parties to this contract. In certain circumstances you may be required to provide further evidence of your identity and address, in which case we will contact you.		
A. Verifying your Account Details	Please tick one only	
1. An original bank statement, dated within the last 3 months	<input type="checkbox"/>	Please note we cannot accept Internet bank statements as evidence of your identity.
OR		Please note that this evidence must be for the same bank account as that shown below.
2. A valid Certificate of Verification of Identity from an Independent Financial Adviser (IFA)	<input type="checkbox"/>	We will take a copy of the document you send us and return the original to you.
Please note that we must have evidence of your account details <u>before</u> we can carry out your instructions. If you are unable to provide one of these documents then please contact our Client Services Department on 0800 013 0683.		

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Section 1 – About you (ctd)										
B: Payment Details (the account you want us to pay the policy benefits to – this must be your own account. For Trustees this must be the trust account. When an Attorney is signing, this must be the donor’s account or an attorney account for the sole use and benefit of the donor; for example Mr Attorney as Attorney for Mr Donor. We regret that we cannot make payment to third parties.)										
Bank Name: (e.g. HSBC)										
Bank Sort Code:			-			-				
Bank Account Number										
Bank Account Holder’s Name:										
Share Account Number:										

Please include your telephone number and best time to contact you – in case we have any questions and can then contact you more quickly. This will help to cut down on potential delays.

Your telephone number:			
Best contact time: (Please tick)	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	<input type="checkbox"/> Evening

Section 2 – About your policy

Please make every effort to return your policy documents and other documents of title to the policy; for example Deeds of Assignment or Trust Deeds we have requested, if you have them. This will speed up the processes and checks we need to make before paying you your money.

If you are not including your policy documents and/or any other documents of title, tick this box and the indemnity below will apply. The indemnity will not apply if you are able to send us the documents we have asked for.	<input type="checkbox"/>
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Section 3 – Your declaration

For each of the following, you must either make the declaration, or send us the relevant documents when asked for. Please tick one box that applies to you in each of the four sections below. Please make sure that all policyholders sign this form.

About the payment, I confirm that	<p><u>Either</u> the above policy has never been absolutely assigned to another person or company;</p>	<input type="checkbox"/>
	<p><u>Or</u> the above policy has been absolutely assigned to another person or company, I/we are making the claim as new owner or owners and I/we enclose a copy of the Deed of Assignment in support of my/our claim.</p>	<input type="checkbox"/>
	<p><u>Either</u> the above policy is not currently assigned by way of mortgage to another person or company, such as a bank or building society or other lender and where applicable I/we enclose a copy of the Deed of Reassignment; or Letter of no further interest. (Ask your bank or building society or other lender for these.)</p>	<input type="checkbox"/>
	<p><u>Or</u> the above policy is assigned by way of mortgage to another person or company and I/we have asked them to make or join in the claim and forward the Deed of Assignment in their favour.</p>	<input type="checkbox"/>
	<p><u>Either</u> I /We have never been the subject of a Bankruptcy Order, Act and Warrant in Sequestration, Individual Voluntary Arrangement or Trust Deed for Creditors;</p>	<input type="checkbox"/>
	<p><u>Or</u> I /we enclose a copy of the Bankruptcy Order (and where applicable the Certificate of Appointment of Trustee in Bankruptcy), Act and Warrant in Sequestration, Individual Voluntary Arrangement or Trust Deed for Creditors. (Ask the Official Receiver, Trustee in Bankruptcy, Permanent Trustee in Sequestration, Supervisor or Trustee for Creditors for this.) I/We understand that ALICO - Wealth Management will need authorisation from the Official Receiver, Trustee in Bankruptcy, Permanent Trustee in Sequestration, Supervisor or Trustee for Creditors before any payment can be made.</p>	<input type="checkbox"/>

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Section 3 – Your declaration (ctd)	
	<p>Either the above policy is not held in Trust by another person or company for someone else's benefit; <input type="checkbox"/></p> <p>Or the policy is held in trust and I/we enclose a copy of the Trust Deed and any other Deeds appointing Trustees if requested. (We will need the originals or certified copies if you did not send them to us when setting up the trust. If you effected the policy as a trustee investment you would only need to send us Deeds showing changes to the Trustees since then.) <input type="checkbox"/></p>
Declaration and undertaking	<p>I/We confirm that all the statements made on this form are both true and complete to the best of my/our knowledge and belief. I/We agree that I/we will be responsible for any reasonable costs, damages or losses, including any legal expenses that ALICO ('ALICO - Wealth Management') suffers as a result of any false, misleading or incomplete statements made by me/us on my/our behalf.</p> <p>I/We also confirm that if I am/we are not entitled to the proceeds from this policy then I/we will return all of the money to ALICO -Wealth Management. I/We also agree to reimburse ALICO - Wealth Management for any reasonable costs, damages or losses it incurs, including any legal expenses, in recovering this money from me/us.</p>
Indemnity wording	<p>In return for payment without the policy document and/or other document(s) of title I/we at all times indemnify ALICO - Wealth Management against all losses, claims, costs, damages and expenses in relation to the policy and its proceeds.</p>
Discharge	<p>I/We authorise ALICO - Wealth Management to pay the value of this policy in the way shown on this form. I/We also discharge ALICO - Wealth Management of all liabilities associated with my/our policy.</p>
Signature of 1 st Claimant/ Policyholder:	
Date:	
Signature of 2 nd Claimant/ Policyholder:	
Date:	
Signature of 3 rd Claimant/ Policyholder:	
Date:	

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If the policy is written into Trust, please make sure all Trustees sign below

Signature of Trustees:	
Date:	
Signature of Trustees:	
Date:	
Signature of Trustees:	
Date:	
Signature of Trustees:	
Date:	
Signature of Trustees:	
Date:	
Signature of Trustees:	
Date:	

Section 4 –What happens next?

Provided you complete this form accurately and send us any additional information, we aim to pay the money promptly.

We will recalculate the value payable under this policy on the day after we receive this form from you, provided it is completed accurately and we have all the information we need. This is because the value of this policy moves up and down in line with the stockmarket.

We cannot accept this form by **fax**, so you should return it by **post** to: ALICO - Wealth Management, PO Box 456, Telford TF2 2FG.

For Office Use Only:		Estimated Value:	£
Actual Value:	£	Payment Request:	
Liability Authorisation Stamp:		Payment Authorisation Stamp:	