

LONDON & COLONIAL

REQUEST FOR CHANGE TO ANNUITY PAYMENT

1. FREQUENCY OF PAYMENTS

Please tick two boxes (e.g. *monthly + arrear*).

<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half Yearly	<input type="checkbox"/> Annually
<input type="checkbox"/> Advance	<input type="checkbox"/> Arrear	<input type="checkbox"/> On Specified Date	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

2. AMOUNT OF PAYMENT

Please tick one box (e.g. *'existing maximum'* or complete amount in *'specified amount'*).

<input type="checkbox"/> Existing Minimum	<input type="checkbox"/> Existing Maximum	<input type="checkbox"/> Reviewed Maximum	<input type="checkbox"/> Reviewed Minimum
<input type="checkbox"/> Specified Amount within existing limits	<input type="text"/> £	<input type="checkbox"/> Specified Amount within reviewed limits	<input type="text"/> £

Any changes to income payments will be implemented with effect from the start of the new Policy Year unless otherwise requested.

3. NEW BANK DETAILS

Please complete only if you wish to change the bank we pay.

Bank / Building Society:	<input type="text"/>		
Address of Bank / Building Society:	<input type="text"/>		
Account No /IBAN:	<input type="text"/>	Building Society Roll Number (if required):	<input type="text"/>
Sort Code / Swift:	<input type="text"/>	Account Name:	<input type="text"/>

THIS REQUEST SUPERCEDES ANY OTHER ARRANGEMENTS IN FORCE PRIOR TO THIS REQUEST

Name of Annuitant:	<input type="text"/>		
Policy Number:	<input type="text"/>		
Signed:	<input type="text"/>	Date:	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

When completed please return the form via email to the reviewteam@londoncolonial.com or via post to London & Colonial Assurance PCC Plc, Rockwood House, 9-17 Perrymount Road, Haywards Heath, West Sussex, RH16 3TW



PART OF



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