

Flexible Life Annuity and Flexible Pension Annuity Request for Change to Annuity Payment

Name of Annuitant:	
Policy Number:	

1. Frequency of payments

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

Monthly	Quarterly	Half Yearly	Yearly
Advance	Arrear	On Specified Date	ay Month Year

2. Amount of payment

Please complete Required Income box below.

Required Income £

Any instruction to change the amount of annuity payment must be made at least 60 working days before the change takes effect.

3. New bank details

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

Bank/Building Society:					
Address of Bank/ Building Society:					
Account No/IBAN:	Building Society Roll Number (if required):				
Sort Code/Swift:	Account Name:				
This request supercedes any other arrangements in force prior to this request					
Signed:	Date:	Day Month Year			
When completed please return the form via email to the LCA@stmgroup.online or via post to London & Colonial Assurance PCC Plc, 3 rd Floor, 55 Line Wall Road, Gibraltar, GX11 1AA					
LON	DON &	Postal Address:			
	ONIAL	London & Colonial Assurance PCC Plc			
NNOVATION IN		3rd Floor 55 Line Wall Road Gibraltar, GX11 1AA			
Companies Act as a Protected C	umber: 80650 C PIc is a Gibraltar registered company, and is incorporated under the Gibraltar Insurance ell Company. London & Colonial Assurance PCC PIc is regulated by The Gibraltar Financial Number: 5191. Registered Office: 3rd Floor, 55 Line Wall Road Gibraltar, GX11 1AA	T (UK): 0044 (0)2036 406843 www.londoncolonial.com LCA@stmgroup.online			