

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	<input type="text"/> Day <input type="text"/> Month <input type="text"/> Year

2. Amount of payment

Please complete Required Income box below.

Required Income	<input type="text"/> £
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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:	<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

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, 3rd Floor, 55 Line Wall Road, Gibraltar, GX11 1AA