

PROFESSIONAL PORTFOLIO

DISCHARGE AND REQUEST FOR PAYMENT FORM

Please Complete All Sections

Plan Number: _____

Planholder(s): _____

Life Assured: _____

Claimant(s): _____

Sum Assured: _____ Benefit Payable: _____

Declaration

I/We the undersigned: _____

of: _____

☐ as Planholder(s) ☐ as Trustees of the trust holding the above numbered plan

☐ as Assignee(s) ☐ as Administrator(s)/ Executor(s) of the estate of the above-named planholder

I/We hereby acknowledge that the said benefit payable is the total amount due to me/us in respect of the above-mentioned plan and that payment to me/us or to my/our order will be in full discharge of all liability under the said plan which has been delivered up to be cancelled accordingly. I/We request that the said amount be:

Please indicate as appropriate

☐ paid by bank transfer (less bank charges) ☐ transfer proceeds to Portfolio Bond number _____

Payment Details – please complete as applicable

Please note that IBAN and BIC codes are required for all European payments.

Payment will be made by electronic transfer (all charges for electronic transfer will be accounted to the payee).

Currency: _____

Name of Bank: _____

Address: _____

Sort Code: _____ Swift Code/ BIC: _____

Account Name: _____ Account No: _____

IBAN: _____ ABA: _____

If more than one payee, please submit an additional signed form(s).

Signature of First Claimant:	Signature of Second Claimant:																
Witness to the Signature and Identify of _____ Claimant(s)																	
Witness: _____	Witness: _____																
Address: _____	Address: _____																
_____	_____																
_____	_____																
_____	_____																
Occupation: _____	Occupation: _____																
Signature of First Witness:	Signature of Second Witness:																
Date: <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y	Date: <table border="1"><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y										
d	d	m	m	y	y	y	y										

Please return with the original plan documents if not already sent.

A WEALTH *of* DIFFERENCE