

Whole of Life:

Insurance Provider Information Request

Dear Sirs,

Policy Name or Type:

Policy Reference:

FSCS Reference:

I / we are making a claim for compensation to the Financial Services Compensation Scheme. So that I / we may submit the claim I / we need certain information. Please can you send me / us the following:

1. Confirmation of the original selling agent for the policy, their address and their SIB/FSA/FCA number.
2. Full transaction history showing the amount and date of all payments received.
3. Current value or actual value paid on maturity of the policy.
4. A copy of the original application form

Please take this as my / our authority to release any additional information about my / our policy to the Financial Services Compensation Scheme at a future date.

I / we look forward to hearing from you as soon as possible.

Yours faithfully

Name(s):

Address(s):
.....
.....
.....
.....

Signature(s):

Date:

Other insurance products:

Insurance Provider Information Request

Dear Sirs,

Policy Name or Type:

Policy Reference:

FSCS Reference:

I / we are making a claim for compensation to the Financial Services Compensation Scheme. So that I / we may submit the claim I / we need certain information. Please can you send me / us the following:

1. Confirmation of the original selling agent for the policy, their address and their SIB/FSA/FCA number.
2. Confirmation of premiums paid, including the date of any missed premiums.
3. Confirmation of whether any claims were made, if yes please provide;
 - a) Date of claim
 - b) Outcome of the claim
 - c) Amount and date paid if claim upheld
4. A copy of the original application form

Please take this as my / our authority to release any additional information about my / our policy to the Financial Services Compensation Scheme at a future date.

I / we look forward to hearing from you as soon as possible.

Yours faithfully

Name(s):

Address(s):
.....
.....
.....
.....

Signature(s):

Date: