

ENDOWMENT POLICY PROVIDER INFORMATION REQUEST

Dear Sirs,

Endowment Policy Number:

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 endowment policy, their address and their SIB/FSA/FCA number.
2. Confirmation of the date of the first letter confirming that the policy was likely to have a shortfall (the red letter).
3. The original Policy Schedule, showing;
 - Policy Start Date
 - Policy Term
 - Initial Premium Amount
 - Initial Premium Frequency
 - Details of any Sum Assured or Guaranteed Minimum Death Benefit (GMDB)
 - Details of Critical Illness Cover if Included
 - Confirmation of whether the endowment was linked to a mortgage
 - Confirmation of whether the premium was higher due to ill health
4. Confirmation of the original life assured including; showing;
 - Full name
 - Date of birth
 - Smoking status
5. Confirmation of payments made, confirming the date of any missed payments and any changes to the premium amount or frequency.
6. Original illustrations provided at the time of sale.
7. Endowment current surrender value or actual amount received from the policy at maturity or early surrender.
8. Details of any policy amendments since commencement, including any changes to the lives assured or policy terms.

Please turn over

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):
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Signature(s):

Date: