

Cancelling a payee nomination

Please read the notes at the foot of this form carefully.

1. Your details

What is the name of your company?

Your policy number

Your customer number

2. The payee

The person or organisation that you no longer want to receive payment.

Address

Postcode

Country

Name

Email

3. Your authorisation

Please cancel our nomination dated _____ of the payee named above.

Signed

Position in company

Date

Notes

1. These instructions:

- a. are invalid if the printed contents of this form have been altered in any way
- b. will become effective on the date of receipt by the Insurer.

For our use

Date received: