HSBC

Authority for payment of a critical illness claim form

Policy number

Life Assured

Joint Life Assured (if applicable)

Option 1

Pay HSBC Mortgage Service Centre ☐ Yes ☐ No

With surplus funds to

Branch Sort Code – – Bank/Building Society account number

Account name

Option 2

Branch Sort Code – – Bank/Building Society account number

Account name

If the above bank account is a non-HSBC account, please provide an original bank statement, confirming the sort code, account number and account name.

Following regulatory requirements, HSBC Life are no longer able to make payment of the funds to a non-HSBC account without sight of an original bank statement as we are unable to carry out the identification and address verification checks. Therefore if you wish to make payment to a non-HSBC account, please provide an original statement dated within the last 3 months. Please note that if this account is not in your sole name and the additional account holder is not known to HSBC, it may be necessary for us to carry out identification and address verification checks on the joint account holder.

I hereby authorise and request you to pay the Critical Illness/Permanent and Total Disability benefit as confirmed above and agree that such payment by HSBC Life (UK) Limited shall constitute full satisfaction and discharge of all claims whatsoever under the above policies.

1. Signature of Life Assured

Date D D M M Y Y Y Y

2. Signature of Joint Life Assured

Date D D M M Y Y Y Y

HSBC Life (UK) Ltd.
PO BOX 6176, Coventry, CV3 9HN
Registered in England number 88695. Registered office: 8 Canada Square, London, E14 5HQ.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

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