

# Policy Conditions

Pension Term Assurance

**Pension Term Assurance**



## Important

Please keep these documents safely

- **You** may wish to let one or more of the beneficiaries of this policy know where **you** intend to keep it.

### **Any notices should be sent to:**

Existing Business Department

**Royal London Ireland**

47–49 St Stephen's Green

Dublin 2

## Policy Conditions

This is the **policy conditions** booklet for your Royal London Ireland protection policy.

Please keep it safe, as you may need it in the future.

Royal London Insurance Designated Activity Company, referred to as “Royal London Ireland”, will pay out the life assurance **cover** shown in the **policy schedule**, provided the **premiums** are paid, as shown in the **policy schedule**, and subject to the terms and conditions as set out in this **policy conditions** booklet.

**We're** happy to provide **your** documents in a different format, such as Braille, large print, or audio, just ask us when **you** get in touch.

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# Pension Term Assurance Policy conditions

## BEFORE YOU START, PLEASE NOTE

Any use of the words 'we', 'our' or 'us' refers to **Royal London Ireland**. Any use of the words 'you' or 'your' refers to the **life assured** named in the **policy schedule** except where a different meaning is given in these terms and conditions.

## 1 Introduction

This is the **policy conditions** booklet for **your Royal London Ireland** Pension Term Assurance. Please keep it in a safe place, as **you** may need it in the future.

Words in **bold** are explained in Section 2. This policy is provided by **us** to **you**.

The policy consists of the **policy schedule** and any **endorsements** attaching to it, this **policy conditions** booklet, the **application** and any related information provided by **you** or anybody acting on **your** behalf as part of the **application**.

This policy is a protection policy only – **you** will not receive a cash value if **you** decide to cancel **your** policy. Even if **you** have not made a claim by the time the period of **cover** ends, **we** will not return **your premiums**. All **cover** under the policy will end on the **expiry date** shown in the **policy schedule**, unless it has ended before that for any of the reasons explained in these **policy conditions**.

If **you** are making a claim under this policy, please contact **us** at:

Royal London Ireland  
47–49 St Stephen's Green  
Dublin 2

+353 (0)1 429 3333

service@royallondon.ie

In legal disputes the laws of Ireland will apply. **Premiums** and benefits are payable in the currency of the Republic of Ireland.

More detailed information on all these matters is in the relevant sections of this **policy conditions** booklet.

### How the policy operates

**You** choose the level of **cover** **you** need and the length of time **you** need it and pay the **premiums** to **us** as set out in the **policy schedule**. If **you** die, **we** will pay the appropriate benefit (the benefits are described in greater detail later on in this **policy conditions** booklet).

Pension Term Assurance is only available if **you** meet certain criteria. **You** don't need to have a pension plan to benefit from this type of policy; it is available if **you** are self-employed or in non-pensionable employment.

The policy is structured to use the tax relief that is currently available under pension legislation. If **you** are eligible to take out pension term assurance, **you** may claim tax relief on **your premiums** up to a certain percentage of **your** net relevant earnings in any one year. The maximum percentage of net relevant earnings depends on **your** age (see revenue.ie for full details). If **you** no longer meet the criteria for pension term assurance, **you** may become ineligible to claim tax relief from Revenue on **your premiums** paid. However **your** policy will not stop if **you** continue to pay the **premiums**.

### Who receives the money we pay out?

**Your** legal personal representatives will receive the money **we** pay out.

### Writing to us

If **you** need to write to **us** about this policy, please write to **our** Head Office, quoting **your** policy number, at:

Royal London Ireland  
47–49 St Stephen's Green  
Dublin 2

## 2 Definitions and Explanations

### Application

The application contains the information that **you** provided to **your Financial Broker** or to **us** or to a medical examiner acting on **our** behalf, which **we** have relied upon when deciding to enter into this policy, setting the terms and calculating the **premium** for **your** policy. This includes:

- **Your proposal** completed on **your** behalf by **your** broker;
- Supplementary questionnaires which **you** are requested to complete;
- Additional information that **you** completed either online, advised in writing or provided over the phone;
- The Declaration form that **you** sign prior to the **start date**;
- Any statements which **you** make to a medical examiner acting for **us**; and
- Any other information provided on **your** behalf by **your Financial Broker**.

Any Data Capture form used by **your Financial Broker** in order to complete the application does not form part of **your** application to **us**.

### Conversion Option Expiry Date (if the policy schedule shows that a Conversion Option applies)

If a Conversion Option applies to this policy, a conversion option expiry date will be shown on the **policy schedule**. **You** can only exercise the option before this date (see Section 9).

## Cover

The life assurance cover shown in the **policy schedule** or subsequent **endorsement**.

## Endorsement(s)

These are any documents adding additional information to **your** policy to amend the existing **policy schedule** or **policy conditions**. **We** will send an endorsement to **you** when such an amendment is made. Only certain types of changes to **your** policy are permitted. The latest endorsement will prevail over earlier endorsements.

## Expiry Date

The expiry date shown in the **policy schedule**. **Cover** will end on this date unless it has ended earlier.

## Financial Broker

A person or firm instructed by you, as **your** agent, to provide **you** with financial advice and to submit **your application** to **us**.

## Intentional Self-Inflicted Injury

This means, in **our** reasonable opinion, a key factor in **your** death is that **you** took or attempted to take **your** own life. This is regardless of whether or not it is specifically shown as a verdict or cause of death in a death certificate, coroner's report, or other equivalent documentation.

## Life Assured

The person named in the **policy schedule** as the life assured. Payment of the **cover** amount under the policy depends on the life of this person.

## Misrepresentation

See definition in Section 3.

## Period of Grace

A period of 30 days from the due date to pay the **premium**. See Section 4 for further details.

## Policy Anniversary Date (if the policy schedule shows that Indexation applies)

This is each anniversary of the **start date** shown in the **policy schedule**. On this date each year the benefit and **premium** will increase if Indexation applies at that time (see Section 8).

## Policy Conditions

The terms and conditions contained in this booklet and any conditions included in the **policy schedule**. They can be amended by **endorsement(s)** from time to time.

## Policy Schedule

This is part of the contract. It sets out the specific details of the policy such as:

- The **start date**;
- The **expiry date**;
- The **life assured**;

- The amount of **cover**;
- The **premium**;
- If Indexation applies;
- If the Conversion Option applies; and
- Any special conditions that apply.

## Premium

Either:

- The amount shown in the **policy schedule** under the relevant heading (or the amount to which this has increased if Indexation applies); or
- The amount **we** tell **you** when **we** reinstate **cover** under Section 4.3 or Section 4.4.

## Proposal

The information that **you** provided to **your Financial Broker** and was submitted to **us** as part of **your application**, which **we** have relied upon when deciding to enter into this policy, setting the terms and calculating the **premium** for **your** policy. A transcript of the proposal has been issued to **you** with this policy.

## Reinstatement Period

See definition in Section 4.

## Standard Terms

**Your** policy is deemed to be on standard terms unless **we** have charged an extra **premium** or applied an exclusion to **your cover**, as stated in **your policy schedule**.

## Start Date

The policy date shown in the **policy schedule**. **Cover** will start on this date (unless otherwise stated).

## 3 How Does the Policy Work?

### Duty of Disclosure

**We** have issued this policy to **you** on the understanding that the information given in response to the questions asked by **us** in the **proposal** and any related document (including that provided by a third party on behalf of **you** is true and that the questions **we** have asked have been answered honestly and with reasonable care by or on behalf of **you**.

**Your application** included a series of specific questions which are material to the underwriting of **your** policy and the calculation of the **premium**. The answers **you** provided to the questions and the associated declarations were used in the underwriting process to establish material facts about **you** which influence the assessment and acceptance of **cover** (including the terms, the amount of **cover** and the calculation of the **premium**). **You** have a statutory duty to respond to all of the questions posed by **us** in **your application** honestly and with reasonable care.

If **you** didn't answer the questions on **your application** fully, honestly, to the best of **your** knowledge and with reasonable care, this may result (depending on the particular failure) in:

- Delays in the processing of **your** claim;
- A reduction in the claim amount or refusal of a claim;
- The policy being treated as if it had been entered into on different terms; or
- The policy being cancelled from the **start date** (potentially without returning **premiums**) and with any subsequent claim not being paid.

**We** will send **you** a transcript of **your** completed **proposal** with the answers that **you** provided or were provided on behalf of **you** by **your Financial Broker**. **You** should review these answers to confirm that **you** understand the responses are correct and that **you** have fulfilled **your** duty to answer all questions honestly and with reasonable care.

### **Before your cover starts**

**You** must tell **us** if there's a change to anything that would affect any of the answers to the specific questions in **your application** in the time after **you've** applied for **your cover**, but before the **start date**. These changes could be changes affecting **you**, for example, a change to health, occupation, or leisure activities. If **you** don't let **us** know about any changes affecting any of **your** answers before the **start date**, then this may also result in the consequences set out in the bullet points in the above paragraph.

### **If your cover is interrupted**

If **your cover** ends because **premiums** have not been paid when due and it is reinstated under Section 4.4, **we** will reinstate it on the understanding that the answers given in response to the specific questions asked by **us** in the Declaration of Health form and any related documents are answered honestly and with reasonable care. If this is not the case, **we** may be entitled to void the policy, repudiate liability, treat the policy as if it had been entered into on different terms, or limit the amount paid out in the event of a claim.

### **When we will pay a claim**

**We** will pay the amount of **cover** shown on **your policy schedule** if:

- **You** die, and
- The information **you** provided including the answers to the specific questions asked by **us** as part of **your application** were answered honestly and with reasonable care (and without negligent or **fraudulent misrepresentation**), and
- **Your** claim is valid according to these terms and conditions.

### **When we will not pay a claim**

The circumstances under which **we** may not pay a claim include but are not limited to the following:

- It is the result of an **exclusion** shown on **your policy schedule**,

- Subject always to Section 10, it is the result of **intentional self-inflicted injury**, unless it's a claim for death more than 12 months after your **cover** starts or restarts.

### **Misrepresentation**

**We** might also not pay **your** claim if **we** discover a **misrepresentation** in the answers **you** have provided to the specific questions in **your application**, depending on the nature of the **misrepresentation**. Examples of **misrepresentation** would include but are not limited to:

- **You** didn't answer the questions on **your application** fully, honestly, and to the best of **your** knowledge and with reasonable care;
- **You** did answer the questions on **your application** honestly and with reasonable care, but **your** answers include a negligent **misrepresentation** (that is, not innocent or fraudulent); or
- **You** didn't tell us about a change in circumstances between when **you** originally submitted **your application** and the **start date** that would affect any of the answers to the specific questions in **your application**. This includes changes to information about **your** health, occupation, or leisure activities.

If **misrepresentation** is discovered as part of **your** claim, **we** will assess **your application** and apply the remedies prescribed under the Consumer Insurance Contract Act 2019. **We** may be entitled to void the policy without return of **premium**, repudiate liability, treat the policy as if it had been entered into on different terms, or limit the amount paid out in the event of a claim. Once **we** have received all medical evidence or further information **we** need, **we'll** fully assess **your application**. If upon full re-assessment of **your application**, **our** decision is different to the one **we** originally made, **we** may change the terms of **your cover** (unless the **misrepresentation** was innocent).

If **we** don't change **our** initial decision, **we'll** assess **your** claim based on the terms **we** offered **you** when **your** policy started.

If **we** do change **our** initial decision, **we'll** amend the terms of **your cover** and assess **your** claim based on those new terms. This means that if **we** would have charged a higher premium, **we'll** reduce **your** amount of **cover** to reflect the amount of **cover** **we** would have offered based on the **premium** **you've** been paying. Alternatively, if **we** would have charged a higher premium, **we** may reduce proportionately the amount to be paid on a claim.

If **we** would have applied an exclusion to **your cover**, **we'll** assess whether **your** claim would be excluded and **we** may not pay **your** claim.

If **we** wouldn't have offered **you cover** on any terms, **we'll** cancel **your** policy from the **start date** and **we** won't pay **your** claim, but **we** will return the **premium** paid.

**We** reserve the right to cancel **your** policy from the **start date** and retain the **premiums**, if **we** discover evidence of fraudulent **misrepresentation** as defined in the Consumer Insurance Contract Act 2019 or fraud of any other kind.

## 4 Paying Premiums

**4.1** Although each **premium** is due as shown in the **policy schedule**, we allow a **period of grace** of 30 days from the due date to pay the **premium**. If **you** die during a **period of grace**, we will deduct any **premium** that is due from the benefit amount.

**4.2** If a **premium** has not been paid by the end of the **period of grace**, the **cover** under the policy will end immediately and no claim will be payable. A **premium** is not paid until we have received it. It is the responsibility of those paying the **premium** to make sure that we receive it.

**4.3** If all unpaid **premiums** due on **your** policy are paid by **you** or by a third party on **your** behalf, within 100 days of the date **your** first unpaid **premium** was due, **your** policy will be reinstated without a requirement to submit a Declaration of Health form (the time period during which this is permitted is known as a '**reinstatement period**'). **Your** policy can be reinstated even if a claim event has occurred during this **reinstatement period**.

**4.4** If, after the **reinstatement period** has expired, but within 12 calendar months of the first unpaid **premium** being due, we are asked to reinstate **cover**, **you** must fill in a Declaration of Health form and all unpaid **premiums** must be paid. If the information given in response to the questions asked by us in the Declaration of Health form shows any material change to the answers on the **proposal** or **your application**, we may refuse to reinstate **cover** or reinstate the **cover** with an increased **premium** or with new conditions (this could include the removal of options).

If we agree to reinstate **cover**, we will ask for all unpaid **premiums** to be paid and for **premiums** to start being paid again. We will not pay benefits for anything that happens between:

- The end of the **reinstatement period**; and
- The date, following our agreement to reinstate **cover**, on which we receive all unpaid **premiums**.

No benefit has to be paid if **you** die within a year of the reinstatement of **cover** if it's the result of **intentional self inflicted injury**.

If we accept a **premium** (or part **premium**) which is no longer due, we will return it as we will not have provided **cover** under the policy.

**4.5** Monthly **premiums** must be paid by direct debit.

**4.6** **Premiums** and benefits are payable in the currency of Ireland.

## 5 Your Cover

### 5.1 What benefits are available?

From the **start date**, **you** are covered for the amount of **cover** as stated in the **policy schedule** (or amended by any subsequent **endorsement(s)**), subject to any limitations in these **policy conditions**.

**5.2** This policy only pays a benefit when **you** die subject to the conditions described in these **policy conditions**. The **policy schedule** shows the level of **cover** that we would pay subject to any changes that may arise from these terms and conditions including; Section 3, How does the Policy Work; Section 7, Guaranteed Insurability Option; or Section 8, Indexation.

### 5.3 Decreasing the benefit

If **you** need to decrease the benefit amount, **you** may do so at any time provided **you** give us prior written notification. The decrease will be effective from the next **premium** due date falling after the receipt of notification or where possible, such earlier date as specified by Royal London Ireland (the "effective date").

If **you** decrease the benefit more than once, Indexation will cease on the effective date of **your** second reduction in **cover** and/or **premium** reduction if Section 9 applies to **your** policy.

### 5.4 Benefit amount

If we accept a claim, we can pay the amount of **cover** when **you** die. If **you** die during a **period of grace**, we will also reduce the benefit by the amount of the unpaid **premium**.

**Your** policy may also have Indexation (see Section 8) or a Conversion Option (see Section 9) if stated on the **policy schedule**.

Only the benefits shown on the **policy schedule** are included in the policy. Please also refer to **your policy schedule** for any additional conditions or exclusions that may apply to **your** policy.

**5.5** **Cover** will end and the policy will cease at the earliest of the following:

- At the end of a **period of grace**, if all or part of a **premium** has not been paid;
- On the **expiry date**, as shown in the **policy schedule**;
- When the policy is converted under Section 9;
- When **you** die.

## 6 Approval

This policy is a life assurance contract approved by the Revenue Commissioners under Section 785 of the Taxes Consolidation Act 1997. We cannot change the structure of the policy without the approval of the Revenue Commissioners. We do not have to accept further payments under the policy if the policy is no longer approved by the Revenue Commissioners.



## 7 Guaranteed Insurability Option

**7.1** This option is only available if **you** were accepted on standard terms and is not available if any special conditions apply, for example, if **we** applied any exclusions to the **cover** or included an extra **premium** for special terms. The availability of this option is subject to underwriting at the time the original policy is taken out.

**7.2** If this option is included it allows **you** to increase **your cover**, up to the limits set out below, without the need to supply further medical evidence, following any of these events:

- Increase in mortgage by **you** either to purchase a new main residence or for home improvement of main residence;
- **Your** marriage;
- The birth or legal adoption of a child by **you**.

**7.3** **You** must be under 55 years old at the time the option is exercised.

**7.4** **You** can increase **your cover** on more than one occasion, but the following limits apply:

The maximum increase in **cover** for any one event is limited to whichever of the following amounts is lower:

- 50% of the relevant original level of **cover**;
- Or €100,000.

The maximum total increase in **cover** for all events over the term of the policy is limited to whichever of the following amounts is lower:

- The relevant original level of **cover**;
- Or €200,000.

**7.5** If **you** have more than one policy with **us**, these limits apply across all of these policies and not separately to each of them.

**7.6** Where the option is to be exercised for the purchase of a new main residence or home improvement, the maximum increase is also limited to the increase in the mortgage amount.

**7.7** **You** must apply in writing to **us** within three months of the occurrence of the event if **you** wish to exercise this option. **We** will require evidence to show that the event has occurred.

**7.8** **You** cannot increase **your cover** using this option:

- If **you** are no longer resident in the Republic of Ireland;
- Or, for the purchase of a secondary residence or an overseas property.

**7.9** Any increase in **cover** will:

- Be based on the normal terms and conditions applicable for policies of this type at the date the option is exercised;
- Have a term equal to the remaining term of the original policy;

- Include any special conditions or restrictions as per the original **policy conditions** and **policy schedule**.

**7.10** If this option is exercised the **premium** will be recalculated accordingly each time the **cover** is increased.

**We** will base **your** new premium on:

- **Your** age at the date the increase in **cover** commences;
- **Your** smoking habits at the date the increase in **cover** commences;
- Any special terms as outlined in the original **policy schedule** or at any subsequent reinstatement under Section 3.2;

And **our** premium rates at the time of the increase.

## 8 Indexation

**8.1** This section only applies if the **policy schedule** shows that Indexation applies to the policy and it has not been cancelled.

**8.2** If Indexation applies and provided it has not been cancelled, then the benefit amount will automatically increase on each **policy anniversary date** by 3%.

**8.3** The **premium** will also automatically increase on each **policy anniversary date** by 4%. The increase in **premium** is to pay for the increase in the benefit.

**8.4** If Indexation applies, **we** will write to **you** at least three weeks before each **policy anniversary date** with the details of the increase. If **you** want to cancel Indexation, **you** must write to **us** and **we** must receive this instruction at least one week prior to the next **policy anniversary date**.

**8.5** If **you** cancel the increase three times during the existence of the policy or if **you** reduce the benefit or **premium** under this Section 9 more than once, **you** will not be entitled to any further increases.

**8.6** There will be no further increase in **cover** or **premium** after **you** have reached age 70.

## 9 Conversion Option

If the **policy schedule** shows that a Conversion Option applies, **you** can convert this policy into another policy provided by **us** without having to provide evidence of health. The new policy must commence on or before the **conversion option expiry date**, and (aside from waiving the medical underwriting requirements) will be subject to **our** standard new business terms and conditions at the date of conversion.

The following conditions apply:

**9.1** The policy must not have already ceased as per Section 5.5.

**9.2** The level of life cover under the new policy cannot be greater than the level of **cover** under this policy on the date it is converted.



**9.3** We will issue the new life policy under **our** normal terms which apply at the time this policy is converted. The premium payable will be calculated based on **your** age and **our** prevailing rates for the class of policy selected at the time.

**9.4** Any special conditions which attach to this policy will apply to the new policy. If **we** have charged an extra **premium** on this policy (e.g. for health reasons), **we** will also charge an extra premium on the new policy based on the premium rates in place at the time of conversion.

**9.5** You must apply in writing before the **conversion option expiry date**.

**9.6** Indexation will not be available under the new policy.

**9.7** When **you** take out the new policy, the **cover** under this policy will be immediately reduced by the level of life cover under the new policy. If the **cover** under this policy is reduced to nil, this policy will be immediately cancelled and no further benefit will be payable under it.

**9.8** The new policy will be of a type offered by **us** at that time.

**9.9** In some circumstances, the Conversion Option will be subject to financial underwriting – refer to **your policy schedule** to see if this applies. Where it does apply, **we** have the right to reduce the level of **cover** on conversion or disallow the conversion altogether if the evidence of financial justification submitted at the time does not, in the opinion of **our** underwriters, warrant the level of life cover requested.

**9.10** The maximum term, in years, of the new policy will be equal to the lesser of 51, and 91 minus **your** age next birthday, at the date of conversion. **Our** maximum age of cessation for new business policies at the time of conversion will also apply.

## 10 Exclusions

In addition to any conditions or exclusions outlined on **your policy schedule**, the following exclusion applies to **your** policy.

No benefit has to be paid if **you** die within a year of the **start date** or the date of a reinstatement under Section 4.4 if it's the result of **intentional self-inflicted injury**.

## 11 Making a Claim

### 11.1 How to make a claim

If **your** personal representatives want to make a claim, please call **us** on 01 429 3333 or email [service@royallondon.ie](mailto:service@royallondon.ie). It will help **us** if **you** or **your** personal representatives have **your** policy number to hand when contacting **us**.

### 11.2 Our claim requirements

**We** reasonably require information and documentation to assess the claim. **We** will consider a claim when **we** have received all of the following:

(a) Proof of **your** death or any other information **we** reasonably need. If the death occurs in Ireland, **we** will need the original death certificate. If the death occurs outside Ireland, **we** may request further evidence as **we** may reasonably require;

(b) Medical evidence relating to **you** as **we** may reasonably require;

(c) Proof of entitlement to claim under the policy. This could include proof that **you** have followed these **policy conditions** and any special conditions contained in the **policy schedule**;

(d) Reasonable and satisfactory proof (for example in the form of an original birth certificate) of **your** correct date of birth;

(e) Evidence of a change of name, for example original of deed poll or marriage certificate; and/or

(f) Information on entitlement to the benefit. **We** will pay the benefit to **your** personal representatives. To consider the claim, **we** may require the original or Probate Office certified Grant of Probate or Letters of Administration which **we** shall return.

**We** reserve the right to hold the benefit until **our** requirements are met and **we** know who is entitled to the proceeds.

## 11.3 Proof of age

**Your** benefits have been calculated on the basis that **your** date of birth is as shown on the **application**. In the event of a claim, **we** may ask for proof of the date of birth. If the date of birth on the **application** is not correct, **we** may recalculate the benefits in line with the correct date of birth. In some circumstances, **we** may refuse to pay any benefit if **we** would not have provided **cover** initially had **we** known **your** correct date of birth.

## 12 Taxation


Under current law, **we** do not deduct any tax from the benefit. If tax laws change after the **start date**, **we** may change the **policy conditions** of the policy if **we** need to keep the policy in line with those changes. **We** will write and tell **you** about any changes in the **policy conditions**.

## 13 Data Privacy

**Our** Privacy Notice explains how **we** use **your** personal data, how long **we** keep **your** personal data for, **our** 'lawful basis' for processing **your** personal data and **your** rights under data protection laws applicable in Ireland. A data privacy notice is included in the policy pack.

You will find the full Privacy Notice at [royallondon.ie/privacy-policy](http://royallondon.ie/privacy-policy). If **you** would like it in another format, **you** can contact:

Data Protection Officer  
Royal London Ireland  
47–49 St Stephen's Green  
Dublin 2

 +353 (0)1 429 3333

 [GDPR@royallondon.ie](mailto:GDPR@royallondon.ie)

This notice may change from time to time.

## 14 Making Changes to the Policy

### Our ability to make changes to these policy conditions

If after the **start date** there are changes in legislation or regulation or any relevant change in circumstances beyond **our** control and:

- It becomes impracticable or impossible to give effect to the **policy conditions** applying to **your** policy; or
- Failing to make the change could, in **our** reasonable opinion, result in **Royal London Ireland's** customers not being treated fairly; or
- The way that **we** are taxed or the way that **your** policy is taxed is changed, which directly affects the **policy conditions** applying to **your** policy, then

**we** may with immediate effect make changes to the **policy conditions** (including the **premium**) that **we** reasonably consider are proportionate in the circumstances.

**We** will inform **you** in writing in advance of any changes being made where **we** are able to do so but if that is not possible, **we** will let **you** know as soon as **we** reasonably can.

**We** may also make changes to the **policy conditions** applying to the policy that **we** reasonably consider won't adversely affect **you**. These may include, for example, changes needed to reflect new services or features that **we** wish to make available to **you**.

**We** may make changes to these **policy conditions** if **we** become aware of any error or omission in these **policy conditions**. **We'll** only make such changes to bring these **policy conditions** into line with **your policy schedule** or the policy key features document. If any provision is found to be illegal, unenforceable or void, **we** may make changes to these **policy conditions** to the least extent possible to remove the offending provision and the remaining provisions shall be deemed to be binding on **you** and **us**. Again, **we** will let **you** know as soon as **we** reasonably can.

**We** may be entitled to make changes to the terms and conditions applying to **your cover** (including **your premiums**) or cancel **your cover** if:

- **You** don't tell **us** about changes to any of the answers **you** gave in response to the specific questions in the **application**, or to information provided in relation to those questions, between the date it was completed and the **start date**;
- **You** withdraw **your** consent for **us** to ask for medical information following the **start date** from any doctor **you** have consulted about **your** physical or mental health to check the accuracy of any statement made in, or in connection with, **your application**;
- Any question answered or any statement made in, or in connection with, **your application** were answered honestly and with reasonable care but an answer involves a negligent **misrepresentation** (that is, not innocent or fraudulent) and this affects **our** decision on the **cover**;
- **You** make a claim and **we** find that an answer by **you** involves a **fraudulent misrepresentation** or where any

conduct by **you** (relative to the policy or the steps leading to its formation) involves fraud of any other kind;

- **You** make a claim and **we** find that the claim contains information that is false or misleading in any material respect and which **you** either know to be false or misleading or **you** consciously disregard whether it is false or misleading.

## 15 Other Information

### 15.1 Cooling-off period

If, after taking out this policy, **you** feel it is not suitable, **you** may cancel it by writing to **us** at:

Royal London Ireland  
47-49 St Stephen's Green  
Dublin 2

If **you** do this within 30 days from the date **we** send **you your** policy documents (or a copy), **we** will return any **premiums you** have paid.

**We** strongly recommend that **you** consult with **your Financial Broker** before **you** cancel **your** policy.

### 15.2 Cancellation

If this policy is to be cancelled, **we** must receive written notification, signed by you, to the address shown above.

Until **you** have informed **us** that **you** no longer need this **cover**, **we** will continue to collect **premiums** and **you** will remain covered by the policy. **You** will not be entitled to any refund of **premiums**.

### 15.3 Complaints

**We** are committed to the provision of the highest standard of customer service. However, if **you** are dissatisfied with any aspect of **our** service, please let **us** know. **We** take all complaints very seriously. If **you** wish to complain about any aspect of the service **you** have received, please contact **us** directly.

If **your** complaint is not dealt with to **your** satisfaction, **you** may refer **your** complaint to:

Financial Services and Pensions Ombudsman  
Lincoln House  
Lincoln Place  
Dublin 2  
DO2 VH29

+353 (0)1 567 7000

info@fspo.ie

www.fspo.ie

**15.4** This policy does not have any encashment value.

**15.5** This policy is governed by the laws of Ireland and the Irish courts are the only courts which are entitled to hear any dispute. If any relevant laws change after the **start date**, **we** may change the **policy conditions** of the policy if **we** need to keep the policy in line with those changes. **We** will write and tell **you** about any changes in the **policy conditions**.

**15.6** This policy doesn't entitle **you** to membership of **Royal London Ireland**.





**Royal London Ireland**

47-49 St Stephen's Green, Dublin 2

T: 01 429 3333 F: 01 662 5095 E: [service@royallondon.ie](mailto:service@royallondon.ie)

[www.royallondon.ie](http://www.royallondon.ie)

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