

For customers | Relevant Life

# Your policy conditions

RL1

# Welcome to Aegon

Thank you for choosing our Relevant Life policy. We are a global provider of life insurance, pensions and asset management, with businesses in over 20 countries around the world. We provide retirement, workplace savings and protection solutions to over two million customers in the UK, helping people take responsibility for their financial futures.

We provide technical support and information to financial advisers and our policyholders. We cannot give advice. If you are unsure if this policy is suitable for you, you should speak to a financial adviser. If you don't have an adviser, you can find one in your area by going to [unbiased.co.uk](http://unbiased.co.uk)

## Plain English

We have tried to use plain English in these policy conditions but avoiding all technical terms is difficult. If there is anything that is unclear please let us know.

## Contact us

If you or your family need to make a claim, call us and speak to a member of our experienced claims team on 03456 00 04 93. They will help you through the process and explain what is required to make and settle a claim.

If you have any questions about your policy you should contact your financial adviser in the first instance. You can also phone, email or write to us.

Call us on:

03456 00 14 02, Monday to Friday, 8.30am to 5.30pm

Email us at: [protect\\_support@aegon-service.co.uk](mailto:protect_support@aegon-service.co.uk)

Write to us at:

Aegon  
Edinburgh Park  
Edinburgh EH12 9SE

If you would like a large print, Braille or audio CD version, please call 03456 10 00 10.

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## 1. Understanding your policy

### 1.1. Defined terms

Some of the words and phrases used in these policy conditions have specific meanings. These are explained in the table below. Except for the defined terms 'we', 'our', 'us', 'you', 'your' and 'yours', they are shown in **bold type** in these policy conditions. Unless stated otherwise, these words and phrases will have the same meaning when used in your policy schedule and any documents you receive if your policy is amended.

<b>applicant</b>	This is the person named on the <b>application</b> as policyholder.
<b>application</b>	This means the form on which the application for your policy and for <b>benefits</b> under it was made. The application could have been completed on paper or electronically.
<b>benefit(s)</b>	<p>The following two benefits are available under our Relevant Life policy:</p> <ul style="list-style-type: none"><li>• life protection</li><li>• reducing life protection</li></ul> <p>They are described in condition 4. Your policy schedule will show the benefit(s) you are covered for under your policy.</p>
<b>benefit amount</b>	This means the amount that we would pay in relation to a <b>benefit</b> in the event of you making a valid claim for it under your policy. It will be either the amount shown in your policy schedule, or that amount as varied either in line with these policy conditions or otherwise as agreed between you and us.
<b>benefit end date</b>	This is the date or dates on which you will stop being covered for the specified <b>benefit</b> . It is shown on your policy schedule for each <b>benefit</b> for which you are covered. It will not be later than the day before the <b>insured person's</b> 75th birthday.
<b>benefit start date</b>	This is the date or dates on which you will start to be covered for the specified <b>benefit</b> . It is shown on your policy schedule for each <b>benefit</b> for which you are covered. For life protection it must be no later than the day before the <b>insured person's</b> 74th birthday. For reducing life protection it must be no later than the day before the <b>insured person's</b> 73rd birthday.
<b>chief medical officer</b>	A medical expert who can provide guidance and assistance in the assessment of claims.
<b>designated countries</b>	This means all and any of the following: the European Union member states (excluding the United Kingdom), Andorra, Australia, Canada, Gibraltar, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, Turkey, the Vatican City State, and the United States of America.
<b>employee</b>	This means the <b>insured person</b> .
<b>employer</b>	This means the person employing the <b>insured person</b> and paying the premiums.
<b>home countries</b>	This means the United Kingdom, the Channel Islands and the Isle of Man.
<b>index</b>	This means the index commonly known as the Retail Prices Index. If the Retail Prices Index we use is not published any more, we will use a similar index reasonably chosen by us.

<b>insured person</b>	This means the life assured named in your policy schedule.
<b>occupation</b>	This means a trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular <b>employer</b> and is irrespective of location and availability.
<b>policy start date</b>	This means the date when the contract started and is shown in your policy schedule. For life protection it must be no later than the day before the <b>insured person's</b> 74th birthday. For reducing life protection it must be no later than the day before the <b>insured person's</b> 73rd birthday.
<b>terminal illness</b>	<p>This means an illness, in relation to which there has been a definite diagnosis by the attending consultant, that satisfies both of the following:</p> <ul style="list-style-type: none"> <li>• the illness either has no known cure or has progressed to the point where it cannot be cured; and</li> <li>• in the opinion of the attending consultant, the illness is expected to lead to the death of the <b>insured person</b> within 12 months.</li> </ul> <p>Our <b>chief medical officer</b> will also need to agree that the illness is expected to lead to death within 12 months and lead to the <b>insured person</b> ceasing employment.</p> <p>Terminal illness protection is only included whilst the <b>insured person</b> is in the employment of the <b>employer</b> paying the premiums.</p>
<b>we/our/us</b>	This means Aegon.
<b>you/your/yours</b>	This means the person who owns the policy from time to time – in other words, the person who is legally entitled to a payment from it. If the policy has been placed under trust, this will be the trustees, or their absolute assignees. If the policy has not been placed under trust, this will be the <b>applicant</b> , or their absolute assignees.

## 1.2 Who can take out this policy

A UK resident **employer** can take out this policy on behalf of an **employee** who is at least 18 and resident in the UK. The **employer** and **employee** must both be resident in the UK at the time of **application** and at the time any of the options available under your policy (as described in condition 5) are exercised. This policy is only available on a single **insured person** basis.

Our Relevant Life policy has been designed to comply with the UK tax legislation that governs such policies. If you or the **insured person** become resident outwith the UK after the **policy start date**, this may have an adverse impact on the tax treatment of your policy and/or the premiums and **benefits** payable under it. If this applies to you, you should seek independent tax advice on the matter.

## 1.3 Your contract

Your Relevant Life policy is a contract of insurance between you and us. It is based on the **application** made and our acceptance of it. Your policy is made up of:

- these policy conditions, which are coded RL1;
- the policy schedule issued alongside these policy conditions, and
- any documents we give you that make changes to your policy.

Your policy explains the conditions that apply to your contract, and the conditions on which we will pay the **benefits** provided by it. It is important you read your policy documents carefully, and keep them in a safe place.

## 1.4 The cover provided under your policy

These policy conditions describe the **benefits** that are available under our Relevant Life policy, some of which may not apply under your policy. The **benefit** type(s) and amount(s) that we are providing under your policy are shown in your policy schedule.

## 2. Evidence of health and other information – our general approach

We provide insurance under this policy based on (amongst other things) information and evidence supplied by:

- the **applicant**;
- you (if you are not the **applicant**), or
- the **insured person**.

We will ask only for information and evidence that we consider we reasonably need to make those decisions. We will not ask for unreasonably excessive or unreasonably onerous information or evidence, and will make all requests in good faith and in a reasonable manner.

## 3. Payment of premiums and indexation option

### 3.1 When you need to make premium payments

Your policy schedule shows the premiums to be paid and the dates when the premiums are due. We will collect the premiums directly from the bank or building society account set up to pay the premiums, unless we have agreed a different collection method with you. You should make sure there is enough money in the account to cover the premium payments. We can only accept payments from the bank or building society account that you have nominated to pay the premiums from. This must be a UK bank or building society account.

### 3.2 What happens if you miss a premium payment

You have 30 days from the date your premium is due to make the payment. If we have not received a payment we will let you know.

If we do not receive your payment within the 30 days, we will cancel your policy. This would mean that we would not pay out if you made a claim.

After the 30 days, we might agree to restart your policy, although we do not have to do this. To help us decide, we may ask you some questions, for example, about the health and lifestyle of the **insured person**. We may need medical or other evidence to support the answers. We will tell the **insured person** what evidence we need. If the **insured person's** circumstances have changed since the **application** for the **benefit** was first made, it might cost you more to restart your policy. If we

agree to restart your policy, you will have to pay all your missed premiums, and these may also cost you more than they otherwise would have done. We may apply new terms and conditions to, or change existing terms and conditions under, your policy.

If there is a valid claim within the 30 days from the date your premium is due and before we receive it, we will deduct the amount of all missed premiums from the **benefit amount** payable.

### 3.3 Indexation option

#### 3.3.1 What indexation means

If you choose the indexation option for a **benefit** covered under your policy, we will automatically increase the **benefit amount** and your premiums for it each year to take account of inflation. You can choose for the indexation option to apply to the life protection **benefit**. Your policy schedule will show if the **benefit amount** and the premium for the **benefit** increase under the indexation option.

#### 3.3.2 How we measure inflation for indexation

We measure inflation by looking at the change in the **index** over a 12-month period. The 12-month period used is the 12 months ending three months before the anniversary of the **benefit start date**.

#### 3.3.3 Increasing your benefit amount and premiums

Where the indexation option applies to the **benefit** under your policy, the **benefit amount** shown in your policy schedule will increase every year by the percentage increase in the **index** (as described in condition 3.3.2), but if the percentage increase in the **index** is more than 10%, we will cap the percentage increase at 10%. The first increase will happen on the first anniversary of the **benefit start date**.

At the same time, your premium for that **benefit** will increase by 1.5 times the increase applied to the **benefit amount**. At least two months before we apply the increase, we will tell you what we will increase the **benefit amount** to and what your new premiums will be.

If, over the 12-month period, the change in the **index** is negative, we will not reduce the **benefit amount** or your premium for it.

### 3.3.4 Stopping indexation on a benefit

You can ask us to remove indexation from the **benefit** under your policy and change to fixed payments at any time by contacting us. If you do, the **benefit amount** will no longer increase in line with the **index** and, unless you make other changes to your policy, your premium for that **benefit** will stay the same. In the future, if you decide that you want us to start increasing the **benefit amount** for that **benefit** again you should contact us. We may not be able to offer you indexation for that **benefit** again.

## 4. Benefits

This part of the policy conditions describes the **benefits** available under a Relevant Life policy. You will only be covered for the **benefits** for which an **application** has been accepted by us and where that **benefit** is specifically included in your policy schedule. If a **benefit** described in these policy conditions is not included in your policy schedule, the part of these policy conditions relating to that **benefit** does not apply to your policy or to you.

Where we pay a claim in relation to any **benefit**, cover for that **benefit** ends and we will not pay any further claim for it. Any additional **benefit** and options relating to that **benefit** that had not previously ended will end immediately on payment of the **benefit** claim.

### 4.1 Life protection

Your policy schedule will show if you have life protection cover under your policy and the basis it is set up on.

#### 4.1.1 Minimum and maximum benefit term for life protection

The minimum benefit term for life protection is one year.

The maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 75th birthday.

The latest date life protection can start is the day before the **insured person's** 74th birthday.

#### 4.1.2 When cover for life protection ends

Unless you end your cover for life protection

earlier, it will end on the earliest of:

- a. the **benefit end date**;
- b. provided we would pay the **benefit amount** as set out in condition 4.1.3 b, the day on which the **insured person** is diagnosed with a **terminal illness**, and
- c. the day the **insured person** dies.

#### 4.1.3 When we will pay a benefit amount for life protection

If you have life protection cover under your policy, subject to condition 4.1.4, we will pay the **benefit amount** if the **insured person**:

- a. dies on or after the **benefit start date** and on or before the **benefit end date**, or
- b. is diagnosed with a **terminal illness** on or after the **benefit start date** and at least one year before the **benefit end date**, provided you tell us in writing of the **terminal illness** before the earlier of the date of death of the **insured person** and the **benefit end date**.

#### 4.1.4 When we will not pay the benefit amount for life protection

If you have life protection under your policy, we will not pay the **benefit amount**, for any claim, which is based on the death of the **insured person**, where the **insured person** dies as a result of:

- (i)
  - suicide;
  - an event where, in our reasonable opinion, the **insured person** took their own life, or
  - an event which, in our reasonable opinion, was intentionally caused by and/or arranged by the **insured person** and which resulted in their serious self-injury:
    - a. within 12 months of the **benefit start date** of the **benefit** which the claim relates to;
    - b. within 12 months of the date on which your policy is reinstated in terms of condition 3.2, where your policy has previously lapsed in terms of that condition, or
    - c. within 12 months of the date of an increase in the **benefit amount** (except where the increase occurred under the indexation option as described in 3.3), but only for the amount of the increase.

or

(ii) the circumstances explained in your policy schedule (if applicable).

## 4.2 Reducing life protection

Your policy schedule will show if you have reducing life protection cover under your policy and the basis it is set up on.

### 4.2.1 Minimum and maximum benefit term for reducing life protection

The minimum benefit term for reducing life protection is two years.

The maximum benefit term is the shorter of:

- 50 years, and
- the number of years from the **benefit start date** to the day before the **insured person's** 75th birthday. The latest date reducing life protection can start is the day before the **insured person's** 73rd birthday.

### 4.2.2 When cover for reducing life protection ends

Unless you end your cover for reducing life protection earlier, it will end on the earliest of:

- a. the **benefit end date**;
- b. provided we would pay the **benefit amount** as set out in condition 4.2.3 b, the day on which the **insured person** is diagnosed with a **terminal illness**, and
- c. the day the **insured person** dies.

### 4.2.3 When we will pay a benefit amount for reducing life protection

If you have reducing life protection cover under your policy, we will pay the **benefit amount** when the **insured person**:

- a. dies on or after the **benefit start date** and on or before the **benefit end date**, or
- b. is diagnosed with a **terminal illness** on or after the **benefit start date** and at least one year before the **benefit end date**, and you tell us in writing of the **terminal illness** before the earlier of the date of death of the **insured person** and the **benefit end date**.

### 4.2.4 When we will not pay the benefit amount for reducing life protection

If you have reducing life protection under your policy, we will not pay the **benefit amount**, for any claim, which is based on the death of the **insured person**, where the **insured person** dies as a result of:

(i)

- suicide;
- an event where, in our reasonable opinion, the **insured person** took their own life, or
- an event which, in our reasonable opinion, was intentionally caused by and/or arranged by the **insured person** and which resulted in their serious self-injury:
  - a. within 12 months of the **benefit start date** of the **benefit** which the claim relates to;
  - b. within 12 months of the date on which your policy is reinstated in terms of condition 3.2, where your policy has previously lapsed in terms of that condition, or
  - c. within 12 months of the date of an increase in the **benefit amount** (except where the increase occurred under the indexation option as described in 3.3), but only for the amount of the increase.

or

(ii) the circumstances explained in your policy schedule (if applicable).

### 4.2.5 The benefit amount payable in the event of a valid claim for reducing life protection

If you make a valid claim for reducing life protection, the **benefit amount** payable will be the **benefit amount** as at the **benefit start date**, reduced each month in line with the reduction in the notional outstanding capital balance on a notional mortgage as if the **benefit amount**, from time to time, is the capital sum outstanding under a capital and interest mortgage where the rate of interest to be charged is 10% a year compound throughout the term of the notional mortgage.

We will confirm the actual **benefit amount** applicable from time to time if you ask us for this information.

## 5. Options

### 5.1 Guaranteed insurability options

#### 5.1.1 Increasing the benefit amount

You may be able to increase the **benefit amount** by using one or more of the guaranteed insurability options available under your policy. You can do this if any of the life-changing events described in condition 5.1.8 happen to the **insured person**, and any other conditions we have set out are met. Although we will not need to be given any more medical information about the **insured person**, we will ask for such confirmation and evidence of their residency, **occupation**, smoking activity and leisure pursuits that we consider we need to calculate your new premium amounts.

There are limits on the amount that the **benefit amount** can be increased by, and these are detailed in conditions 5.1.7 and 5.1.9.

#### 5.1.2 Using guaranteed insurability options – impact on premiums

If you use any of the guaranteed insurability options, the premiums for the **benefit** to which the option is being applied will be increased to the amount we would expect a new policyholder to pay for the increased **benefit amount**.

#### 5.1.3 Using guaranteed insurability options – impact on policy conditions

If you use any of the guaranteed insurability options, we have the right to amend, vary or exchange these policy conditions with different conditions. If we do, you will get revised or new policy conditions which reflect the then current terms and conditions.

#### 5.1.4 Using a guaranteed insurability option

If you want to use one of the guaranteed insurability options, you must apply in writing to have your **benefit amount** increased within six months of the life-changing event for that option (as described in the table in condition 5.1.8) happening. We will not increase any **benefit amount** until we write to you to tell you that we are prepared to provide the increased cover.

#### 5.1.5 When the guaranteed insurability options are not available

The guaranteed insurability options are not available:

- a. if a higher premium has to be paid for an **insured person's benefit**, because of their medical history – if this applies to a **benefit** under your policy, we will tell you before the **benefit start date** for that **benefit** and it will be shown on your policy schedule;
- b. if, on the date that the increase in the **benefit amount** would start, the **insured person** would be 55 or older on their next birthday;
- c. if the **benefit end date** for that **benefit** is less than one year after the date the increase in the **benefit amount** would start;
- d. if the **insured person** has been diagnosed with a **terminal illness**, which we later pay a claim for;
- e. if you are making a claim, and
- f. if at any time you are not resident in the UK.

#### 5.1.6 Benefit end date for the additional benefit amount

If you use a guaranteed insurability option, the **benefit end date** for the additional **benefit amount** cannot be later than the original **benefit end date** for the associated **benefit**.

In addition where the option being used relates to 'change of home, home improvement or home extension' the **benefit end date** for the additional **benefit amount** must be before the **insured person's** 70th birthday.

#### 5.1.7 Maximum increase in benefit amount from using a guaranteed insurability option

The maximum increase in the **benefit amount** for a **benefit** as a result of you using a guaranteed insurability option in relation to it is the lowest of:

- a. 50% of the **benefit amount**, excluding any amount arising from a previous use of a guaranteed insurability option, at the date we received your application to use the option, and
- b. £150,000.

### 5.1.8 Life changing events

Guaranteed insurability event	Maximum permitted salary multiple	Evidence required
<b>Lifestyle guaranteed insurability options</b>		
<b>Birth or legal adoption of a child</b> – the birth of an <b>insured person's</b> child or the legal adoption by them of a child.	None	An extract copy of the birth or adoption certificate (from the Registrar of Births, Deaths and Marriages) of the child born or adopted. We cannot accept a photocopy.
<b>Marriage or civil partnership</b> – the <b>insured person</b> gets married or enters into a civil partnership.	None	An extract copy of the marriage or civil partnership certificate (from the Registrar of Births, Deaths and Marriages). We cannot accept a photocopy.
<b>Change of home, home improvement or home extension</b> – the mortgage on the <b>insured person's</b> main residence increases because they either move home, carry out improvements or build an extension to their main residence.	None	Written evidence from the lender and previous lender that clearly shows the increase in the mortgage.
<b>Career change/promotion</b> – if the <b>insured person</b> changes their job or is promoted and as a direct result of that change/promotion their yearly basic salary increases by at least 10%.  This option is not available at any time that the <b>insured person</b> : <ul style="list-style-type: none"><li>• is a controlling director of a company that employs them, or</li><li>• controls the rate of their basic salary.</li></ul>	Four times the increase in basic salary	Written evidence from the <b>insured person's employer</b> and/or previous <b>employer</b> that clearly shows the increase in basic salary.
<b>Divorce or dissolution of a civil partnership</b>  The <b>insured person</b> divorces or their civil partnership is dissolved.	None	An extract copy of the decree absolute or the final order of dissolution. We cannot accept a photocopy.  Written evidence of the <b>insured person's</b> increased liability or evidence of their increase in wealth (for example a solicitor's letter).

### 5.1.9 Using the guaranteed insurability options more than once

Where you use the guaranteed insurability options on more than one occasion for a **benefit**, the increases in the **benefit amount** will, on each occasion, be added together. You will not be able to use any more guaranteed insurability options for that **benefit** when the combined increases reach the lowest of:

- a. 50% of the **benefit amount**, excluding any amount arising from a previous use of a guaranteed insurability option, at the date we received your application to use the option;
- b. 50% of the **benefit amount** at the **benefit start date**, increased under the indexation option described in condition 3.3 (if applicable), or
- c. £150,000.

## 5.2 Renewal option

### 5.2.1 What the renewal option is

If the renewal option applies to a **benefit** under your policy, you will have the right at the **benefit end date** for that **benefit** to extend cover for a further five years without having to provide any more information about the health and lifestyle of the **insured person**.

### 5.2.2 Benefit to which the renewal option can apply

You can choose to have the renewal option applying to life protection that has been set up on a five-year benefit term.

### 5.2.3 Benefit amount and premiums for it after the renewal option has been used

The **benefit amount** applying after the use of this option cannot be more than the amount applying immediately before its use.

The premiums for the **benefit amount** applying immediately after you have used the renewal option will be based on the premium rates, the **benefit amount**, and the age of the **insured person** at the time the option is used.

### 5.2.4 When we can restrict or refuse to extend the cover

We can refuse to extend the cover for a **benefit** under this option, or restrict cover:

- a. if you are not resident in the UK at the time the extension is to take effect;
- b. on financial grounds relating to you, or
- c. in relation to a change of **occupation** by the **insured person**.

### 5.2.5 When the renewal option ends

You will not be able to use the renewal option for an **insured person** who has reached age 60.

### 5.2.6 Impact on your policy conditions

If you use the renewal option, we have the right to amend, vary or exchange these policy conditions with different conditions which reflect the then current terms and conditions.

### 5.2.7 Telling us that you want to use the renewal option

If you want to use the renewal option for a **benefit** you have this right for, you must tell us in writing at least 14 days before the **benefit end date** for that **benefit**. If you have not told us by then, your right to renew will have ended.

## 6. Claims

### 6.1 Benefit payment

Before paying the **benefit amount** we will have to be satisfied:

- a. that the event or contingency on which the **benefit amount** is to become payable has happened;
- b. that you have the right to claim the **benefit amount**, and
- c. of the age of the **insured person** named in your policy schedule.

### 6.2 Evidence of terminal illness

If you make a claim for **benefits** in connection with the **terminal illness** of the **insured person**, we are entitled to ask for and obtain any evidence of the **insured person's terminal illness** and other evidence as we reasonably need to decide whether we will accept your claim. In connection with this:

- a. written evidence of the **terminal illness** of the **insured person** and any other evidence we reasonably require must be produced within one month of our request for the evidence;
- b. you must submit reports relating to the **terminal illness** of the **insured person** in a form approved by us and the **insured person** must agree to be medically examined by a medical officer appointed by us. The reports must be from a medical specialist appropriate to the cause of the **terminal illness** on which the claim is based. The reports must be sufficient, in the sole opinion of our **chief medical officer**, to allow the **chief medical officer** to assess the validity of the claim. Neither you nor the **insured person** will have to pay for any evidence requested by us, and
- c. whilst the **insured person** does not need to be resident in one of the **home countries** or one of the **designated countries** at the time of claim, the medical specialist providing reports must hold an appointment as a consultant or equivalent at a hospital in one of the **home countries** or one of the **designated countries**.

If the above requirements are not met, we have the right to refuse to pay the **benefit amount** being claimed.

## 7. General conditions

### 7.1 Cancelling your policy

#### 7.1.1 When you can cancel your policy

After your policy has started we will send you a notice of your right to cancel. You then have 30 days to change your mind and get a full refund of all premiums you have paid to us.

If after the 30 days you decide you want to cancel your policy, you can do so at any time by contacting us. If you cancel your policy we will not pay out any **benefit** and you will not get anything back.

#### 7.1.2 When we will cancel your policy

Once your policy starts, we will not cancel it unless:

- you have missed a premium payment. We have explained this in more detail in condition 3.2, or
- the **applicant**, you (if you are not the **applicant**) or the **insured person** act fraudulently or provide untrue, inaccurate or misleading information when the policy is applied for, when a claim is made, when an application is made to change your policy, or when there is an application to restart payments.

We may cancel your policy if we decide that the **applicant**, you (if you are not the **applicant**) or the **insured person** would have known, or should have known, the true answer to a question we asked but the **applicant**, you (if you are not the **applicant**) or the **insured person** have deliberately or recklessly given a false answer. This is known as deliberate or reckless misrepresentation. If we cancel your policy due to this deliberate or reckless misrepresentation we may (but need not) repay any premiums.

We will not pay out any **benefit amount**.

We may also cancel your policy, or not pay out the full amount of a **benefit amount**, if the **applicant**, you (if you are not the **applicant**) or the **insured person** have carelessly given a false answer to a question we asked where we would have made a different decision about the insurance if the **applicant**, you (if you are not the **applicant**) or the **insured person** had answered honestly and in full. This is known as careless misrepresentation. The action we will take will depend on what we would have offered had the relevant question been answered honestly and in full. If we would have still offered the policy but on different terms for the same premium, we will change your policy to reflect these different terms. If we cancel your policy, this will be because we would not have offered the policy had the relevant question been answered honestly and in full. In these circumstances we will repay the premiums but not pay out any **benefit amount**.

## 7.2 Changes to your policy

7.2.1 When you ask us to make a change to your policy or you use an option under your policy, we might change the terms of your policy. In addition your premiums could increase.

7.2.2 We can amend these policy conditions from time to time where we consider it necessary to make the change for one or more of the following reasons:

- a. Where we consider it will make these policy conditions easier to understand or fairer to you.
- b. To correct any errors, omissions or inaccuracies in these policy conditions.
- c. To allow us to provide an improved, more efficient or lower-cost service to you.
- d. To provide additional services, facilities or options to you.
- e. Where we need to make changes for the ongoing provision of the services we provide to you (including any changes to the way in which we administer your policy) but which may operate to your disadvantage.
- f. To reflect changes in technology or industry practice.

g. Where:

- (i) we are required to respond to any changes to legislation or regulations (including any changes to tax rules or guidance), or
- (ii) to take account of codes of practice, consumer standards, or any decisions made by a court, ombudsman, regulator or similar body.

7.2.3 Where we are going to amend these policy conditions for any of the reasons listed in condition 7.2.2 (a) to (g), we will exercise those powers of amendment in a reasonable and proportionate manner and will only do so where we provide prior written notice to you. We will provide at least one month's prior written notice of any such amendment unless doing so would result in us being unable to comply with legal or regulatory changes, in which case we will provide you with as much notice as possible.

7.2.4 If you are unhappy with the proposed changes to these policy conditions, you should notify us of this. You have the right to terminate your cover under the policy conditions. If you terminate your policy, we will not pay out any **benefit amount** and we will not repay any contributions already paid by you.

## 7.3 Notices

All notifications and correspondence must be sent to us at Aegon, Edinburgh Park, Edinburgh EH12 9SE.

We will always communicate in English.

We will not accept or process any claim, request or instruction made by you under your policy until we have received all documentation and information we need.

If you assign any of the legal rights under your policy to someone else we must see evidence of the assignment, such as the deed of assignment and/or the notice of assignment.

If you use your own trust, after your policy has started, you will need to send us the trust deed so we can update our records.

## 7.4 Our agreement, consent or approval

We will not unreasonably withhold our agreement, consent or approval, but where it is needed for any action under your policy, you cannot take that agreement, consent or approval as having been given until we have confirmed it in writing.

## 7.5 Payments made under the policy

Unless we agree otherwise:

- a. all payments made to and by us under your policy must be made in sterling from a bank account in the United Kingdom, and
- b. we will make payments of **benefits** only to your nominated bank account. This is the bank or building society account that you have nominated to pay the policy premiums. It must be a UK bank or building society account.

## 7.6 Law and jurisdiction

Your policy is subject to the law of the country where the **applicant** at the **policy start date** had their permanent residential address at that time. If at that time their permanent residential address was:

- a. in England or Wales, we will treat your policy as having been taken out in England and subject to the law of England;
- b. in Scotland, we will treat your policy as having been taken out in Scotland and subject to the law of Scotland;
- c. in Northern Ireland, we will treat your policy as having been taken out in Northern Ireland and subject to the law of Northern Ireland, or
- d. not in England, Wales, Scotland or Northern Ireland, we will treat your policy as having been taken out in Scotland and subject to the law of Scotland.





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