

Plan details for the Relevant Life Plan (February 2015)

This booklet sets out the terms and conditions of your plan – how it works, what you can expect us to do, and what we expect you to do.

Bright Grey is a division of Royal London. The Royal London Group consists of The Royal London Mutual Insurance Society Limited and its subsidiaries.

These terms and conditions are part of the contract between you and Royal London, on behalf of Bright Grey. The contract is governed by the following documents:

- This booklet
- Each cover summary we give you which refers to the plan details for the Relevant Life Plan (February 2015)
- Any endorsements to these terms and conditions that we give you

All of these documents are proof of the terms of the contract and are important. Please keep them in a safe place.

We give this booklet to everyone when they buy a Relevant Life Plan. Not only will it give you all the details about the cover you've bought, it will also give you important information about keeping your payments up-to-date, what to do if you want to make a change, and how to go about making a claim. It gives details of your plan, subject to any additional features shown in your cover summary. It can also be used by customers who are thinking about buying a Relevant Life Plan and want more detailed information.

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SECTION A: About the Relevant Life Plan

In this section we tell you about your plan, the options available and how to tell us about changes

This section of the plan details gives you an overview of the cover that makes up the Relevant Life Plan and what options are available. Unlike the rest of the booklet, it's not part of the plan's legally binding terms and conditions.

A1 Telling us about changes

Please remember to tell us if:

- You stop being resident in the UK
- You change your name
- You change your address
- You change your bank account
- The person covered no longer works for you

It's also important that you tell us if there's a change to any of the answers to the questions within the application (including in relation to the person covered's health, occupation or leisure activities) between completing this form and the date we assume risk on your plan. We'll give you a copy of your application form, and any other information we've been given, if you ask us.

It will help if you have your plan number to hand when you contact us.

You can:

- Phone us on 0845 6094 500
- Email us at help@brightgrey.com
- Fax us on 0845 6094 523
- Write to us at Customer Care Team, Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG
- Visit us at www.brightgrey.com

If you call us, we may record your call so we have an accurate record of your instructions.

Please contact us as soon as possible if you're claiming on a cover so that we can deal with your claim as quickly as possible.

A2

The options The life cover provided in a Relevant Life Plan includes different options to make your plan even more flexible. These are shown in the table below.

What can vary	The options	Life Cover	What the options mean
Which person is covered	Single life	•	'Single life' means only one person is covered.
Term of cover	1-57 years †5-year renewable	•	How long the cover lasts for. †not available on decreasing covers.
Maximum amount of cover	£10,000,000	•	You can apply for any amount up to the amount shown.
Maximum age when the cover starts	73	•	The oldest the person covered can be when the cover starts (attained age).
Maximum age when the cover ends	74	•	The oldest the person covered can be when the cover ends (attained age).
Whether payments change or not	Guaranteed payments	•	'Guaranteed' means your payments for the plan won't change unless your cover changes.
Payment of the cover	Level lump sum Increasing lump sum, increasing by a selected rate (2-5%) Increasing lump sum,	•	'Lump sum' means the cover is paid as a single amount. 'Increasing' means the cover will go up each year by the rate agreed.
	increasing tomp som, increasing by retail price index (2-10%)		
	Monthly decreasing lump sum	•	'Decreasing' means the cover will go down each month in line with a repayment mortgage that has the interest rate shown on your cover summary (0-15%).
Cover increase options	Increase in salary of person covered Marriage/civil partnership Increase in mortgage Birth or adoption of a child	•	If we accept the plan on standard terms, the client can increase their cover without any medical evidence if any of these events happen to the person covered.

SECTION B: Paying claims

B1 When we'll pay a claim

We'll pay a claim if, during the term of the cover, the person covered dies or meets our definition of terminal illness (defined in section D).

After we've paid a claim the cover is cancelled and we won't make any further payment.

B2 When we won't pay a claim

We won't pay a claim if:

- the claim is for death and it's the result of intentional self-inflicted injury (defined in section D) within 12 months of the date cover started or the latest restart under section C2.3;
- the claim is for terminal illness and the person covered doesn't meet our definition of terminal illness (defined in section D); or
- it's the result of any excluded cause shown on your cover summary.

B3 How much we will pay

What's shown in the cover summary	How much we'll pay
Cover payable as a level lump sum	We'll pay the amount of cover shown on your cover summary.
Cover payable as an increasing lump sum	We'll pay whichever of the following amounts of cover is the greater: a) the amount shown on your cover summary; b) the amount we've written to tell you following an increase.
Cover payable as a decreasing lump sum, and the cover decreases monthly	 We'll pay a lump sum equal to the amount of capital that would have been outstanding on a loan or mortgage if: the loan or mortgage was equal to the amount of cover on the date cover started; it had a term equal to the term of the cover; it had a term equal to the term of the cover; it had a vearly interest rate equal to that shown in the additional features; and equal monthly repayments sufficient to repay the loan or mortgage over the term of the cover had been made between the date the cover started and the date the claim becomes payable. The amount of cover will decrease each month. We won't pay any arrears or interest outstanding at the date we pay the claim. You'll be liable for any arrears or interest outstanding, as they're not covered under this plan. The amount of cover may not be enough to pay off the loan or mortgage if the interest rate of the loan or mortgage has changed.

There's more information that applies to the covers in:		
Section C1:	How to make a claim	
Section C2:	Your payments for your plan	
Section C3:	Changing your plan	
Section C4:	General terms and conditions	
Section D:	Definitions of the words we use	

SECTION C: Operating your plan

C1 How to make a claim

C1.1 How to make a claim

If you, or those representing you, think that you have a valid claim on your plan, you or they should:

- 1 Phone us on 0845 6094 500
- 2 Fill out the claim form that we'll send you and send it back to us with any other documents we ask for
- 3 Continue to make your payments unless we tell you otherwise.

Depending on the nature of the claim, we may need one or more of the following:

- The birth, marriage or death certificate of the person covered
- Any other evidence of a change of name
- Medical evidence relating to the person covered which may include full medical records

We'll tell you when you phone us which of these we need, and if we need anything else.

We'll pay the reasonable cost of all medical reports or evidence we ask for.

By submitting your completed application form, you warrant that the information you've given us is complete and honest, especially in relation to our questions about the health of the person covered. You agree to tell us if there's any change to the information you've given us between the date you completed your application form and the date we assume risk on your plan. If, when you make a claim, we find out the information you or the person covered gave us was inaccurate or incomplete, we reserve the right not to pay a claim.

C1.2 Who we'll pay the cover to

A Relevant Life Plan is placed into trust to be valid for tax purposes, so we'll pay the cover to the trustees. The trustees must then follow the terms of the trust to distribute the money to the chosen beneficiaries. Trustees must send us the original trust deed and any deeds altering the trust before we pay any cover to them. We'll return these when we pay the claim.

If you no longer employ the person covered and the plan has been transferred out of the trust, we'll pay the cover to the plan owner at the time. If the plan owner has died, we'll pay the cover to their personal representatives. Personal representatives must send us an original Grant of Representation or Confirmation before we'll pay any cover to them. We'll return this when we pay the claim.

C2 Your payments for your plan

C2.1 When you need to make payments for your plan

First payment	Your first payment becomes payable on the date your plan starts. We'll collect this on or shortly after the date the plan starts, by direct debit or any other means that we've agreed with you.
Last payment	The date of the last payment is shown on your cover summary. Payments for any cover will also end if the cover is cancelled.
All other payments	If you're paying monthly: you must make a payment each month between the first payment and the last payment. These are payable on the same day each month as the day your plan starts. You can ask us and we may agree to collect your payment on any other day of the month you choose between the 1st and the 28th day.
	If you're paying yearly: you must make a payment each year between the first payment and the last payment. These are payable on the same day each year as the date the plan starts. You can ask us and we may agree to collect your payment on any other day you choose within the same month.

C2.2 What happens if you don't make your payment

If you don't make your first payment, your plan won't start and you won't be covered.

If a subsequent payment remains unpaid for more than 5 weeks from the date it's payable, we'll cancel your plan and you'll no longer be covered. We'll write to you to confirm that your plan is cancelled.

C2.3 Restarting your plan

If we cancel your plan because you didn't make your payment, you may ask us to restart it. When you ask we'll tell you what we need to restart your plan. There may be times when we're not able to restart your plan and if this happens, we'll explain our decision to you.

C2.4 When and how we may change your payment to us

Guaranteed payments for covers which are payable as a level lump sum or a decreasing lump sum

Guaranteed payments for covers which are payable as an increasing lump sum We guarantee that provided you make your payments on time, your payment for this cover will stay the same unless you ask for a change to the cover.

We guarantee that provided you make your payments on time, your payment for this cover will stay the same, apart from the changes described in section C2.5, unless you ask for a change to the cover.

C2.5 Increasing lump sum cover

On each anniversary of the date the plan started your payment for any increasing lump sum cover will increase. The amount of the increase will depend on:

- · The amount of the increase in the amount of cover
- The age of the person covered at the date of increase
- The remaining term of the cover
- The rates we charged at the date cover started
- Any additional payment you're making because we didn't accept your plan on standard terms

We'll tell you how much the increase is at least a month before the increase takes place.

C3 Changing your plan

C3.1 Increasing cover

This only applies to any cover that's payable as an increasing lump sum.

On each anniversary of the date the plan started, the amount of cover will increase by the rate shown in the additional features.

If the additional features state that the amount of cover increases by the retail price index, this means the percentage increase in the UK government's retail price index (or if that index is no longer available, such other index as we reasonably determine to be equivalent) over the 12-month period ending 3 months before the anniversary of the date the plan started, subject to a minimum of 2% and a maximum of 10%.

If the date cover started is not the same day in the year as the date the plan started, the first increase will take place on the first anniversary of the date the plan started after this cover has been in force for 12 months.

We'll write to you at least a month before the increase takes place to tell you how much the increase will be and how much your new payment will be. If you don't want the amount of your cover to increase, you must tell us at least 5 days before the increase is due to take place and we'll cancel the increase. If we cancel 2 consecutive increases we won't offer you any further increases.

If, as a result of an increase, the total amount of cover on all plans you have on the life of the person covered with us would be more than the maximum amount of £15,000,000, your cover won't increase. We'll tell you if this happens.

When working out your total amount of cover we include:

- All cover you have in this plan and any other plan you have with us
- The current amount of any cover payable as a decreasing lump sum
- The commuted value of any cover payable as regular payments. The commuted value is the amount we'd pay you as a lump sum instead of regular payments, if you asked us to.

C3.2 Cover increase options

This only applies if we accepted your plan on standard terms. You can't use these options if we told you the terms of your plan were non-standard, for example we increased your payment or applied an exclusion to your cover.

The person covered must be under 55 at the time of the increase.

The person covered must take up these options within 3 months of each event happening. We don't need any further medical evidence, but we'll need to see evidence of the event (including financial evidence where relevant).

These options don't apply to any cover or plan which was taken out under a cover increase option.

You can't increase your cover using this option if you're not resident in the UK or Jersey.

You can increase your cover following any of these events:

The person covered's marriage or civil partnership	You can increase by any amount within the limits below when the person covered gets married or enters a civil partnership.
The person covered increasing their mortgage either to buy a new home or for home improvements	You can increase by the amount the person covered increases their mortgage by, subject to the limits below.
The birth or adoption of a child	You can increase by any amount within the limits below when the person covered has a child or adopts.
Salary increase	You can increase by the percentage difference between the person covered's old and new salary subject to the limits below if the person covered is promoted or moves to another job and their salary increases. The increase in salary must be at least 10%. This option is not available if the person covered is a controlling director or can decide on the amount of their salary.

You can increase your cover on more than one occasion but the maximum increase for each event is limited to whichever of the following amounts is lower:

- half of the original amount of cover; or
- £50,000.

The maximum total increase for all events is limited to whichever of the following amounts is lower:

- half of the original amount of cover; or
- £125,000.

If the person covered has more than one cover or more than one plan owned by you, these limits apply across all of those covers and plans and not separately to each of them.

The increase in cover will:

- be on the terms and conditions that we offer at that time;
- have a term no longer than the remaining term of the original cover or shorter than the minimum term we offer for that cover at that time if the remaining term of the original cover is less than the minimum, you won't be able to use this option; and
- include the same additional features as the original cover.

We'll base your payment for the new cover on:

- the terms which applied at the date the original cover started or at any subsequent restart under section C2.3;
- the age of the person covered at the date the increase in cover starts; and
- the payment rates and plan charge at the date the increase in cover starts.

You can't increase your cover using this option if we're currently paying a claim, considering a claim or if the person covered has received a diagnosis from a member of the medical profession of a condition that would allow you to make a claim under this plan. If the person covered suffers the onset of symptoms before you take up the option and in the opinion of our chief medical officer those symptoms form part of a medically accepted sequence of symptoms that directly leads to a claim, we'll limit the payment under the option to a return of premiums paid.

C3.3 Renewable option

This applies to any cover if in the additional features section on your cover summary it shows that the term of the cover is renewable. These covers are referred to as the 'original cover' throughout the rest of this section C3.3.

At the date cover ends on the original cover you have the option to take out a new cover with a term of 5 years without giving any further information about the health of the person covered.

We'll write to you at least a month before the date cover ends on the original cover to ask you whether you wish to take out the new cover. You must tell us at least 5 days before the date cover ends on the original cover that you want to use this option. If you don't tell us, the original cover will lapse on the date cover ends and we won't pay any claim for an event that happens after that date.

The amount of the new cover will be the same as the amount of the original cover unless section C3.1 increasing cover applies. If section C3.1 applies, the amount of cover will be the amount that your original cover would have increased to under section C3.1.

If the age of the person covered at the end of 5 years would be more than the maximum we allow at that time, the new cover will have a term equal to the whole number of years between the cover end date and the date the person covered reaches the maximum age. If this term is less than our minimum term, you can't use this option and your cover will lapse on the date cover ends.

We'll base your payment for the new cover on:

- the terms which applied at the date cover started or at any subsequent restart under section C2.3;
- the age of the person covered at the date the new cover starts; and
- the payment rates we charged for renewable covers and plan charge at the date your plan started.

C3.4 Lifestyle review

If we accepted any cover on non-standard terms or charged smoker rates and the person covered makes a change to their lifestyle which reduces the likelihood of a claim, you can ask us to review your payments for that cover. For example, if the person covered was a smoker when the plan started and they give up smoking, you can ask us to review your payments. The person covered must provide such evidence of the change they've made as we may reasonably ask for.

If we're able to, we'll reduce your payments to reflect the new lifestyle of the person covered. However, the cover won't include the cover increase options in section C3.2 if we originally accepted it on non-standard terms.

There will be times when we're unable to reduce your payments even though the person covered has changed their lifestyle. We'll explain our decision to you if this is the case.

C3.5 Changing your plan in other ways

You can ask us to change your plan in other ways at any time. For example, you may want to add a new cover or reduce an existing cover. If none of the options in sections C3.1 or C3.2 apply we may need to ask the person covered for new medical evidence. We'll tell you what we need when you tell us how you want to change your plan.

You can't add a new cover or increase an existing cover if you're no longer resident in the UK or Jersey.

C4 General terms and conditions

C4.1 Source of covers

This plan is issued out of our Ordinary Long-Term Business Fund but is not eligible to participate in the profits of that fund or any other funds.

C4.2 Membership of Royal London

This plan doesn't entitle you to membership of The Royal London Mutual Insurance Society Limited.

C4.3 Cancelling your plan

When your plan starts you have the right to change your mind and cancel your plan. You have 30 days from the date you receive your cover summary and plan details to cancel your plan. If you cancel in this time we'll refund any payments you've made to us. You can cancel your plan by giving written notice to us at Bright Grey.

You may cancel your plan at any other time by giving written notice to us at Bright Grey. You should also contact your bank to cancel your direct debit instruction.

If your plan is under trust, the trustees must give us written notice to cancel the plan.

If you cancel, your plan will end on the day your next payment to us would otherwise be payable, and we won't refund any payments you've made to us. You'll still be covered by your plan until this date. This means that although you've asked us to cancel your plan, you may need to make a final payment to us if you've asked us to collect your payments on a different day to that on which they become payable.

For example if

- your plan started on 1 February,
- you ask us to collect your payments on the 15th day of each month, and
- you ask us to cancel your plan on 10 April,

then

- you must make the payment due on 1 April because this became payable before you asked us to cancel your plan,
- we'll collect this on 15 April because you've asked us to collect your payments on that day, and
- we'll cancel your plan on 1 May because this is the first day on which a payment would otherwise have been payable.

If you don't make your final payment

- we'll cancel your plan from the date the final payment was payable,
- you won't be covered from that date, and
- we won't pay any claim under your plan.

If you cancel, we'll tell you whether you need to make a final payment to us and the date on which your cover will end.

C4.4 Cash-in value

The plan doesn't have any cash-in value at any time.

C4.5 Paying claims

We'll pay all claims by direct credit to a bank account or another method we agree with you.

C4.6 Interest

We'll pay interest if payment of any claim is delayed by more than 2 calendar months after the claim event. The rate of interest shall be reasonably determined by Royal London on receiving advice from an actuary responsible for advising the directors of Royal London on discretionary or technical aspects of the management of its long-term insurance business.

C4.7 Exercise of discretion

We'll act reasonably and in good faith when exercising our discretion to make decisions that relate to your plan.

C4.8 How we use your personal information and verify your identity

We (The Royal London Mutual Insurance Society Limited and our businesses and divisions of which Bright Grey is one) will use your personal information for:

- Providing and developing our products and services
- Improving our customer care
- Verifying your identity and preventing fraud
- Research and analysis
- Marketing
- Legal and regulatory reasons
- Administering your plan

This information may come from you directly, from your approved intermediary or from other sources such as your doctor or credit reference agencies with your consent. We'll keep your personal information for a reasonable time for these purposes and you consent to the overseas transfer of your information for these purposes.

Your personal data may be processed in countries outside the European Economic Area. This processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and comply with the requirements of the Data Protection Act 1998.

We may share information about you with other companies within the Royal London Group, our service providers and agents and third parties such as auditors, underwriters, reinsurers, medical agencies, identity authentication and fraud prevention agencies, other financial institutions and legal and regulatory bodies.

We may share information about you with your approved intermediary for research and analysis to enable us to better target our products and services. We won't share this information if you ask us not to on the application form for your plan.

We may contact you by mail, telephone, fax, email or other electronic messaging either directly or through your approved intermediary with further offers, promotions and information about our products and services that may be of interest to you. We won't do this where you've indicated on your application form for your plan that you don't want to receive these communications.

To help us to make credit decisions about you, to prevent fraud, to check your identity and to prevent money laundering, we may search the files of credit reference and fraud prevention agencies who will record any credit searches on your file. We may also disclose details of how you conduct your account to such agencies. The information will be used by other credit grantors for making credit decisions about you and the people with whom you're financially associated, for fraud prevention, money laundering prevention and occasionally for tracing debtors.

We may record telephone calls and keep them for training and quality assurance and to ensure that we have an accurate record of your instructions. If you give us information about another person, you confirm that they've appointed you to act for them to consent to the processing of their personal data (including sensitive personal data) and that you've told them who we are and how and why we'll use their personal data (as set out above).

You have the right to ask for a copy of the information we hold on you, for which we're entitled to charge a small administrative fee. You can ask us to correct any inaccuracies in your information. If you have any questions about how we'll use your personal information or if you'd like to receive our marketing communications by some but not all of the above methods, please:

phone us on 0845 6094 500 email us at help@brightgrey.com or write to us at: Customer Care Team Bright Grey 2 Queen Street Edinburgh FH2 1BG

C4.9 When we may change the terms and conditions applying to your plan or cancel your plan

C4.9.1 We may make changes to the terms and conditions applying to your plan (including your payments to us) in the circumstances set out in sections C4.9.2 to C4.9.5 below or we may cancel your plan in the circumstances set out in section C4.9.2. We will, where appropriate, take account of actuarial advice when we do so.

We'll normally give you 90 days' written notice of a change. This may not be possible for changes which are outside our control. We'll give you as much notice as we can in such circumstances.

- C4.9.2 We may make changes to the terms and conditions applying to your plan (including your payments to us) or cancel your plan if:
 - you or the person covered don't tell us about changes to any of the answers given in your application, or to information provided in relation to your application, between the date it was completed and the date we assume risk on your plan;
 - the person covered doesn't provide their consent for us to ask for medical information within 6 months of the start of the plan from any doctor they've consulted about their physical or mental health to check the accuracy of any statement made in, or in connection with, your application;
 - any statement made in, or in connection with, your application is inaccurate or misleading and this affects our assessment of the insurance risk;
 - we find that you or the person covered have not told us something that affects your cover;
 - you don't keep your plan payments up to date.
- C4.9.3 We may make changes to the terms and conditions applying to your plan (including your payments to us) that we reasonably consider are proportionate in the circumstances if, because of a change in legislation, regulation or established practice in relation to such legislation or regulations, or any relevant change or circumstance beyond our control:
 - it becomes impracticable or impossible to give full effect to the terms and conditions applying to your plan;
 - failing to make the change could, in our reasonable opinion, result in Royal London's policyholders not being treated fairly; or
 - the way that we're taxed or the way that your plan is taxed is changed.
- C4.9.4 We may make changes to the terms and conditions applying to your plan (including your payments to us) 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.
- C4.9.5 We may make changes to the terms and conditions applying to your plan (including your payments to us) if we become aware of any error or omission in this plan details booklet. We'll only make such changes to bring the plan details booklet into line with your cover summary or the key facts document relevant to your plan.

C4.10 Contract

The contract between you and Royal London consists of these terms and conditions, which we may amend as we reasonably consider is proportionate in the circumstances in accordance with sections C2 and C3 and clause C4.9, any additional terms and conditions detailed in the cover summary and any endorsement. Where there's a conflict between these terms and any of the terms set out in the cover summary, those terms set out in the cover summary will prevail.

C4.11 Mis-statement of age

If when you took out your plan we were told the person covered is older than they really are, we'll reduce the payments to the amount that would have been charged if we'd been told their correct age and refund any overpayment you've made.

If when you took out your plan we were told the person covered is younger than they really are, we'll reduce the amount of cover to the amount that would have been available if we'd been told their correct age. This means that, on a claim, we'll pay an amount which is lower than the amount shown on your cover summary.

C4.12 Change of occupation

You don't need to tell us if the person covered changes their occupation. You do need to tell us if you no longer employ the person covered.

C4.13 Complaints

We hope that you'll never have reason to complain, but if you do, you can write to our Customer Care Team at:

Bright Grey 2 Queen Street Edinburgh EH2 1BG **phone us** on 0845 6094 500 **email us** at help@brightgrey.com

We'll always try to resolve complaints as quickly as possible. If we're unable to deal with a complaint within 5 working days of receiving it we'll send you a letter to acknowledge your complaint and give you regular updates until your complaint is resolved.

We can give you more information about our complaint-handling procedures on request.

We're committed to resolving complaints whenever possible through our complaints procedures. If we can't resolve a matter satisfactorily, you may be able to refer your complaint to the Financial Ombudsman Service.

If you make a complaint we'll send you a leaflet explaining the Financial Ombudsman Service. The leaflet is also available on request or you can contact the Ombudsman direct at the following address:

Financial Ombudsman Service Exchange Tower Harbour Exchange Square London E14 9SR telephone: 0800 0234 567 (free from a UK landline) telephone: 0300 1239 123 (free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02) email: complaint.info@financial-ombudsman.org.uk website: www.financial-ombudsman.org.uk

The Financial Ombudsman Service has been set up by law to help settle individual disputes between consumers and financial firms. They can decide if we've acted wrongly and if you've lost out as a result. If this is the case they'll tell us how to put things right and whether this involves compensation.

Their service is independent, free of charge and we'll always abide by their decision.

If you make a complaint, it won't affect your right to take legal proceedings.

C4.14 If we can't meet our liabilities

Your plan is covered by the Financial Services Compensation Scheme. You may be entitled to compensation if we're unable to pay claims due to, for example, insolvency. This depends on the type of business and the circumstances of the claim. Further information about compensation scheme arrangements is available from the Financial Services Compensation Scheme.

C4.15 Law

The law of England and Wales applies to this plan.

C4.16 Notices of assignment

If you assign any of your legal rights under the plan to someone else, we must see notice of the assignment. Please send the notice to:

Customer Care Team Bright Grey 2 Queen Street Edinburgh EH2 1BG

An assignment could take place when you've put the plan under trust.

C4.17 Rights of third parties

No term of this contract is enforceable under the Contracts (Rights of Third Parties) Act 1999 by a person who is not party to this contract but this doesn't affect any right or remedy of a third party which may exist or be available otherwise than under that Act.

SECTION D: Definitions of the words we use

Bright Grey

Bright Grey is a division of Royal London. The Royal London Group consists of The Royal London Mutual Insurance Society Limited and its subsidiaries.

Covers

The type of insurance you can choose within the Relevant Life Plan, that is:

• Life Cover

Date we assume risk

The date we assume risk is the later of:

- the date you or anyone acting on your behalf contacts us to ask us to start your plan; or
- the date cover starts shown on your cover summary.

Endorsements

Documents used to add additional information to an insurance plan to amend existing wording.

Intentional self-inflicted injury

Intentional self-inflicted injury means in our reasonable opinion the most likely cause of death is that the person covered took his or her own life, whether or not specifically shown as a verdict or cause of death in a death certificate, coroner's report or other equivalent documentation.

Royal London

Means The Royal London Mutual Insurance Society Limited.

Term of the cover

The period between the date cover starts and the date cover ends.

Terminal illness - where death is expected within 12 months

A definite diagnosis by the attending Consultant of an illness which satisfies both of the following:

- the illness either has no known cure or has progressed to the point where it cannot be cured; and
- in the opinion of the attending Consultant the illness is expected to lead to death within 12 months.

We or us or our

Means Bright Grey.

You or your

Means the plan owner or their legal successors except where a different meaning is given in a clause.

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