

Family Income Assurance

Plan Conditions

These Plan Conditions tell you how LV= Family Income Assurance works in more detail. Together with your application, any declarations you've made, your Plan Schedule and any documents we send you confirming changes to your plan and the amount of cover, they form the terms and conditions of your insurance (the contract between you and LV=). Please take the time to read them carefully and keep them in a safe place.

LV= Family Income Assurance is provided by Liverpool Victoria Friendly Society Limited, which is part of LV=.

You'll see some of the words in this document are in bold text. This is because they may have different meanings in everyday use, we've explained them in more detail in the definitions section on page 8.

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Why choose LV= Family Income Assurance?

Your Family Income Assurance plan will help replace your income should you die or become terminally ill. You can choose the **annual amount of cover** that suits you and when we pay a claim we'll pay this in instalments every 3 months. The people you decide to leave the benefits to can choose to take the payout as a lump sum instead if they wish.

To help protect your income you can choose to add Waiver of Premium to your **plan**. This means if you're unable to work for more than 26 weeks we'll pay your **premiums** for you.

You can choose:

- **Level Cover** - This means the **annual amount of cover** and the **premium** you pay is fixed when your **plan** starts and doesn't change.
- **Inflation Linked Cover** - This means that the **annual amount of cover** and the **premium** you pay will both go up each year in line with **inflation**. This may have been shown on your personal quote as increasing **annual amount of cover**, or inflation-linked **annual amount of cover**.

Section A – Your Family Income Assurance plan

A1 – What's covered

This **plan** will pay out as long as you have paid the **premiums** up to the date of your death, or the date you're diagnosed with a **terminal illness**.

✓ Death

We'll pay the **annual amount of cover** shown in your Plan Schedule if you die between the **start date** and the **end date** of your **plan**. This will be paid in instalments every 3 months until the **end date** of your **plan**. Once we have made the last payment for a claim, your **plan** will automatically end. There is no cash in value on your **plan**. So if you live longer than your selected term you won't get anything back.

Example

Keith is earning £24,000 a year, he decides to take out a Family Income Assurance plan to cover £20,000 a year as this is what he feels his family would need if he was no longer around. Keith decides that the plan should cover him for 20 years as this is when he plans to retire. His plan has an end date of 1st December 2037.

On 1st August 2027 Keith dies and his wife makes a claim on his plan. She will receive:

£20,000 a year for 10 years and 4 months, which will be paid as £5,000 every three months. The last £5,000 payment will be in August 2037 (covering August, September and October 2037). In November 2037 Keith's wife will receive a lower final payment equal to one month's cover for just November 2037, the plan will then end on 1 December 2037.

✓ Terminal illness up to 12 months before the end of the plan

We'll pay the **annual amount of cover** if you're diagnosed with a **terminal illness** between the **start date** and 12 months or more before the **end date** of your **plan**.

A **terminal illness** is an incurable illness where you would not be expected to live for more than 12 months.

Once we have made the last payment for a claim, your **plan** will automatically end.

✓ All causes of death

We'll pay out whatever the cause of death.

✓ Travelling abroad

You're covered if you die anywhere in the world.

If you're diagnosed with a **terminal illness**, we'll pay your claim as long as the diagnosis has been confirmed by a doctor who practices in one of the following countries:

Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK or USA.

A2 – What's not covered

✗ Death as a result of taking your own life in the first 12 months of your plan

We won't pay a claim if you die as a result of intentionally taking your own life in the first 12 months from the **start date** of your **plan**. However if this happens we'll cancel your **plan** and refund all the **premiums** that you've paid.

✗ Terminal illness in the last 12 months of your plan

If you're diagnosed with a **terminal illness** less than 12 months before the **end date** of your **plan**, we won't pay a claim for **terminal illness**.

✗ Fraud and deliberate non-disclosure

Please understand that whilst we know that the vast majority of our customers are honest, we do have to protect ourselves and our customers against the effects of fraud.

For this reason we'll cancel the **plan** and not pay a claim if we find someone has deliberately withheld information from us or has intentionally provided us with false information or lied to us, when they applied, when they claim, or when they apply to re-start their **premiums** (see section C3). More detailed information on when we can cancel the **plan** can be found in section C7.

A3 – What are the types of cover available

There are two different types of cover available. You'll find which type of cover you have on your Plan Schedule.

You only need to read the section that applies to the type of cover you have.

A3 (a) – Level annual amount of cover

This means that your **annual amount of cover** does not change between the **start date** and the **end date** of your **plan**. It won't keep up with **inflation** and you'll be able to buy less with it in the future. The **premium** you pay each month will not change.

Your **plan** will pay an income every 3 months from the date of claim to the **end date** of your **plan**.

A3 (b) – Inflation-linked annual amount of cover

This means that your **annual amount of cover** and the **premium** you pay will go up each year in line with **inflation**. If we're paying a claim the **annual amount of cover** we're paying will also go up in line with **inflation**, however the maximum increase each year will be 12%.

Your **plan** will pay an income every 3 months from the date of the claim to the **end date** of your **plan**.

What inflation-linked means

We'll increase your **annual amount of cover** on each plan anniversary.

Where we apply this increase, your **annual amount of cover** and **premium** will both go up in line with **inflation**. This increase will be based on the 12 month period ending three months before your **plan anniversary**. If there is no rise in **inflation** then your **annual amount of cover** will stay the same.

We'll tell you how much your **annual amount of cover** will increase and what your new **premium** will be before we increase them.

You can ask us not to increase your **annual amount of cover**. If you don't want us to increase it, you must let us know before the **plan anniversary** when the increase is due. We won't make any further increases to your **annual amount of cover** for the rest of the term of your **plan**. This means your cover will change to a level **annual amount of cover** (as explained in A3 (a) above) for the rest of the term of your **plan**.

Please note if you ask us not to increase your **annual amount of cover**, but later on decide that you want us to start increasing it again, you'll need to re-apply for inflation-linked cover. Unfortunately we can't guarantee that we'll be able to offer you inflation-linked cover again, as it will depend on your health, occupation and leisure activities, and whether we're offering the same type of insurance at that time.

A4 – How to make a claim if the person insured has died

We expect you'll leave instructions about who you want to receive the payment from your **plan** (for example, in your Will).

The person making the claim will usually be the person you name in your Will to deal with your affairs when you die. This person is called your 'executor'. In some circumstances the person making the claim could be your husband or wife, or another friend or relative instead.

The person making the claim should tell us about your death as soon as they can.

They can tell us in writing, by email, by phone or fax. For details of how best to contact us, visit our website at www.LV.com.

When we're informed of your death, we'll ask the person making the claim to send us the original death certificate (not a photocopy). If we need any further information from them, we'll write to them to explain what we need and why we need it. Examples of further information we may need are:

- Proof of your age, for example your birth certificate if this was not provided when you applied for the **plan**.
and
- evidence of the right of the person to make the claim (for example, evidence that you have named them in your Will as the executor of your estate).
and
- if you have put your **plan** in trust, we'll need to see a copy of the trust deed.

We appreciate that this will be a difficult time, and we'll only ask for the information we need to pay the claim as quickly as possible.

A5 – How to make a claim if you're diagnosed with a terminal illness

Once you've told us you've been diagnosed with a **terminal illness**, we'll ask you to complete a claim form. This allows us to collect the core information we need about your illness.

We want to make sure that your claim is dealt with quickly, and to help us with this it is important that you complete and return the form to us as soon as possible. If you need help completing the form, please let us know.

We'll also need a report from the doctor who has diagnosed you as having a **terminal illness**.

We don't know exactly what evidence we'll need until you make a claim, as all claims are looked at individually. We appreciate this is a difficult time, so we won't ask for anything unreasonable or unnecessary, and we'll explain why we need anything we ask for.

We may need you to be examined by a doctor of our choice. We may also ask for other evidence to consider your claim or to confirm that you're suffering from a **terminal illness**.

We'll pay for the cost of all medical reports and other evidence we ask for.

You may not be covered if any of the information we ask for is not provided, unless there is a good reason for this. This could mean that we would refuse to pay your claim.

A6 – Who we'll pay the claim to

Once your claim has been approved, we'll pay it to the legal owner of your **plan**. This will usually be one of the following:

- you, or if you're not the plan owner, the person named as the plan owner in your Plan Schedule.
or
- if you have died, and you're also the plan owner, we'll pay the claim to the person you named in your Will to look after your affairs if you die. This person is called your executor.
or
- if you haven't made a Will, we'll pay the claim to the person appointed by the courts to look after your affairs. This person is called your administrator.
or
- if you have arranged for your plan to be put in trust, we'll pay the claim to the trustees.
or
- if you have assigned your **plan** to someone else (this is where you have legally signed over the ownership of your **plan** to someone else), then we'll pay the claim to them.

Once we have made the last payment for a claim, your **plan** will automatically end, and we won't have any further liability under this **plan**.

A7 – Can the income be taken as a lump sum?

Yes at the time of a claim we'll provide the option of paying your **annual amount of cover** as a lump sum rather than paying it every 3 months. If the lump sum is chosen the **annual amount of cover** we pay will be lower than the total of the income payments we would pay.

Example

Tony has a Family Income Assurance plan with an **annual amount of cover** of £10,000. He has chosen a term of 20 years so the plan covers his income until retirement. If Tony dies after 5 years we'll pay:

Benefit taken as a 3 monthly income :

We'll pay £2500 every 3 months for the rest of the selected term. As Tony has a 20 year term and 5 years have passed we'll pay £2500 every 3 months for 15 years. This will be a total payment of $£2500 \times 4 \times 15 = £150,000$

Benefit taken as a lump sum:

A one off payment of £140,000

The reason this figure will be lower is because we're paying the benefit up front.

A8 – What if you're insuring someone else?

If you're insuring someone else, you'll be the plan owner, and they will be the person insured. We'll pay the claim to you (or the legal owner as detailed in section A6) if the person insured dies or is diagnosed with a **terminal illness**, before the **end date** of the **plan**.

If you're making a claim for **terminal illness**, we'll need doctor's reports from the doctor of the person you're insuring.

A9 – What if there is more than one person insured on the plan?

If there is more than one person insured on the **plan**, we'll pay a claim if either of you die, or are diagnosed with a **terminal illness**, before the **end date** of your **plan**. Once we have made the last payment for a claim, your **plan** will automatically end. If you're also both plan owners, and one of you dies, we'll normally pay the claim to the surviving plan owner.

Section B – Waiver of Premium

This section will only apply if you've chosen to add Waiver of Premium. Waiver of Premium means we'll pay the premiums for your **plan** on your behalf if you're unable to work due to sickness or accident for more than 26 weeks. This will be detailed in your Plan Schedule.

B1 – Why Choose Waiver of Premium

This option means you won't have to pay the **premiums** for your **plan** if you're unable to do your normal job due to an accident or sickness. You wouldn't be expected to go back to work in a different job or occupation and you won't have to pay the **premiums** on your **plan** until you're able to return to your normal job. Your **premium** will begin to be paid by us after 26 weeks.

B2 – What you're covered for

We'll **pay** your **premiums** if, after 26 weeks, because of sickness or accident, you're totally unable to carry out all the main duties of your normal occupation and aren't doing any other work.

Your normal occupation is the job you were in when you became sick or had the accident which prevented you from working. By main duties, we mean the duties that can't reasonably be left out without affecting your ability to do your job.

When assessing your ability to carry out those duties, we'll consider whether there are any changes that you or your employer can reasonably make that would allow you to continue in your normal occupation.

If you're a **homemaker** or unemployed we'll pay your premiums after 26 weeks if you're unable to carry out at least two of the following activities:

✓ **Shopping**

Travel to and from the shops closest to your home to select, pay for and carry away normal household groceries

✓ **Cooking**

Prepare, cook (or heat) and serve food to members of your household

✓ **Laundry**

Wash clothes and bed linen in your home for the members of your household using a washing machine. It includes hanging washing out to dry or using a tumble dryer and ironing clothes and bed linen ready for use

✓ **Housekeeping**

Carrying out normal daily cleaning in your home using normal household appliances, making beds each day and removing household waste to the dustbin or waste disposal

✓ **Childcare**

Providing reasonable care in your home for any child aged 12 or under who lives with them to ensure their safety, cleanliness and well-being

B3 - What you're not covered for

✗ **Unemployment**

We'll only waive the **premiums** for your **plan** if you're unable to work, because of sickness or accident. This means we won't waive the **premiums** for your **plan** if you're not working for a different reason, for example if you have chosen not to work, or you have been made redundant. Of course, if you're already unemployed at the time you have an accident or sickness that prevents you from working, then you're still covered. This is explained under 'What you're covered for' in section B2.

However it's important to understand if we have started to waive the **premiums** for your **plan**, we can stop doing this if you become fit for work even if there is not a vacancy that you can apply for.

We won't waive the **premiums** for your **plan** if you're sick or injured and are still able to work in your normal occupation or are doing other work.

Do please check with us if you have more than one job. You may not be covered if you're able to do one job but not the other.

✗ **Death**

If you were to die we would stop paying your **premiums** as your **plan** would pay the **annual amount of cover**

✗ **Fraud and deliberate non-disclosure**

Please understand that whilst we know that the vast majority of our customers are honest, we do have to protect ourselves and our customers against the effects of fraud. For this reason we'll cancel the **plan** and not waive the premiums for a **plan** if we find someone has deliberately withheld information from us or has intentionally provided us with false information or lied to us, when they applied, when they claim, or when they apply to re-start their **premiums**. More detailed information on when we can cancel the **plan** can be found in section C7.

B4 – Changing your job

You're covered for your new occupation if you change your job. You don't need to tell us.

If you become unemployed after your **plan** has started we'll measure if we'll pay your **premiums** on the same basis as if you were a **homemaker** as shown in B2.

B5 – When you need to tell us about your accident or sickness

Please let us know as soon as possible if you're unable to work because of an accident or sickness. The sooner we know about this, the sooner we can start managing any claim for you. We'll start paying your **premiums** for you if you have been unable to work for 26 weeks or more. But we can only do this if you have told us in the first 8 weeks of your being unable to work. If you tell us later than this we'll only start paying your **premiums** for you from 18 weeks after the date you told us.

You can tell us by phone, by fax, or by writing to us.

B6 – The evidence we need to support your claim

To make a claim:

- Ask us for a claim form
- Fill in the claim form telling us about your accident or sickness, and your normal occupation
- Return the form to us as soon as possible.

So that we can assess your claim, we may need to get medical reports from your doctor. If we do, we'll need you complete a consent form. The form will fully explain your rights under the Access to Medical Reports Act 1988.

Please understand that whilst the vast majority of our customers are honest, we do have to protect ourselves (and our customers) against the effect of fraudulent claims. Therefore, if you're asked for additional information please do not take this as a reflection of our opinion of you. We don't know what evidence we'll need until you make a claim, as all claims are looked at individually. We won't ask for unnecessary evidence and we'll explain why we need anything we ask for.

Whilst we continue to pay the **premiums** for your **plan**, we may ask you to complete extra declarations about your inability to work as a routine review.

As part of this review, we may need further medical reports from your doctor(s), other specialists or your employer. When this happens we'll tell you what we need and supply the forms for you and your doctor(s) to fill in.

We'll pay for all reports or evidence we ask for, other than for routine medical review reports from your doctor. Your doctor may ask you to pay for these.

We may need you to be examined by a doctor of our choice. We may also ask for other evidence to consider your claim or to confirm that you're still unable to work. Some examples of the evidence we may need are:

- a report from any doctor (or any alternative medical practitioner) who has treated or examined you.
- a report from a member of our staff or a person acting on our behalf who has visited you in your own home to discuss the claim.

You're not covered if any of the information we ask for is not provided, unless there is a good reason. In the worst case, this could mean that we would refuse to pay your **premiums**, and if we have already started to pay your **premiums**, we could stop doing so.

B7 – When we start to pay the premiums for your plan

Once we approve your claim, we'll pay your **premiums**, after you have been unable to work for 26 weeks. You need to be continuously unable to work all this time for us to start to pay your **premiums**.

This means we won't pay your **premiums** which are due before the end of your 26 week waiting period. You'll still be responsible for paying these **premiums**.

If you have a joint **plan** we'll pay your **premiums** when either of the people insured are unable to work for more than 26 weeks.

B8 – When we stop paying the premiums for your plan

We'll continue to pay your **premiums** until one of the following happens:

- You're now able to work
or
- your plan reaches its **end date**
or
- your death
or
- you reach 65 years of age

B9 – Travelling abroad

We'll pay your **premiums** after 26 weeks, if you have a valid claim and you're in any of the following countries:

Australia, Austria, Belgium, Bulgaria, Canada, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Ireland, Isle of Man, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, New Zealand, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, Switzerland, UK or USA.

If you're anywhere else in the world we'll pay your **premiums** for a maximum of 26 weeks. If, after 26 weeks, you return to one of the countries above we'll continue to pay your **premiums** for your **plan** if you still have a valid claim. Please note that if we have started to pay your **premiums**, we'll stop doing this if you travel from one of the countries listed above to stay in one that is not listed for more than 2 weeks.

Section C – Other conditions

This section tells you about other things you need to know, such as how to pay your **premiums**, and how to cancel your **plan**.

C1 – Paying your premiums

You're responsible for paying **premiums** on the date shown in your Plan Schedule (these are known as **premium due dates**).

Your **premiums** are guaranteed not to increase unless you have chosen inflation-linked cover. More details on how your **premiums** will change if you have chosen inflation-linked cover are explained in section A3(b).

C2 – Stopping your premiums

We give you 60 days from the due date for you to pay a **premium**. If we haven't received a **premium** from you, we'll send you a reminder to let you know.

If you fail to pay any **premium** within this 60 day period, then your **plan** stops immediately, and we'll cancel it. We won't pay anything to you if this happens. If we cancel your **plan**, we'll let you know.

C3 – Re-starting your premiums

If your **plan** has stopped because you didn't pay a **premium**, you can ask us to start it again. You can do this within six months of the first unpaid **premium**. So that we can restart your **plan**, we'll need you to pay all of the **premiums** that you haven't paid. You'll also need to complete some health questions.

Unfortunately, it is possible that we may not be able to restart your **plan**, or if we can it may be on different terms to those originally offered, for example if your health has got worse since your plan started. If this happens, we'll explain our decision to you and the reasons for it. Please note as the **plan** has actually ended we're not obliged to restart it for you.

C4 – Can you change the amount of my premium?

We have designed your **plan** with the aim that the amount of your **premium** won't change (other than changes for inflation-linked cover, explained in section A3(b), or if you change your **plan** yourself).

We work out the **premium** for your **plan** based on our current understanding of:

- the way your **plan** is taxed and
- the factors that we're legally able to take into account.

We could only change the **premium** after the **start date** of your **plan** for the following reasons:

- Changes to legislation that changes the way its taxed
- Changes to legislation that changes the factors we can legally use
- A decision by a UK court or the European Court of Justice that changes the factors that we can take account of

These are the only times when we can change the **premiums** for your **plan**.

We can't change your **premium** for any of the following reasons:

- To increase our profits,
- To make up for any losses we've made in the past,
- If you've made a claim,
- If there have been any changes in your health since the **start date** of your **plan**.

If your **premium** is going to change we'll let you know at least 60 days before we change it.

If we advise you of an increase to your **premium**, you can choose to continue paying the previous amount instead. The **annual amount of cover** will then be reduced to the amount that we work out your existing **premium** will pay for.

You must tell us, if you decide to do this, at least 30 days before the change is due to be made.

You can also choose to cancel your **plan**, although you should think about it carefully before doing so. If you decide to do this, your **plan** will end, you won't be covered, and you won't get anything back.

C5 – Proof of your age and name

The **premium** you pay for your **annual amount of cover** is based on your date of birth as shown in your Plan Schedule.

Before we pay a claim on your **plan** we'll need to confirm your date of birth. For a death claim we'll take this information from your death certificate. If you've been diagnosed with a **terminal illness**, we'll get this information from your medical records. In some cases we may also ask to see your original birth certificate or passport (not photocopies) to help confirm your age.

We recognise that these are valuable documents that other people may need at the same time. We'll look after the documents carefully, and return them to you quickly.

It is really important that you check your Plan Schedule has the correct date of birth on it, as it affects the amount we can pay out for a claim. If your actual date of birth differs from that shown on your Plan Schedule, we'll change your **annual amount of cover** to the amount that would have been available, based on your actual age and the **premiums** you have paid.

If when a claim is made your name is different from your name on your Plan Schedule and birth certificate we'll also need

evidence of this change (for example a marriage certificate). We may need to ask for additional evidence, but we won't ask for anything unreasonable. We'll tell you (or the person making the claim) what evidence we need, and why we need it.

C6 – When you can cancel your plan

You can cancel your **plan** at any time by contacting us, although if you do you'll lose all your cover under the **plan** and you won't get anything back.

C7 – When we can cancel your plan

Once your **plan** starts we'll only cancel it if you've died as a result of taking your own life within 12 months of the **start date** of your **plan**, or if you haven't **paid** all of the **premiums** that are due. We have explained what happens if you stop paying **premiums** in section C2.

Please understand that whilst the vast majority of our customers are honest, we do have to protect ourselves and our customers against the effects of fraudulent claims, so the following exclusions apply:

We'll cancel your **plan**, or not pay your full **annual amount of cover** if either you or anyone you're insuring acts fraudulently, or provides untrue, inaccurate or misleading information when applying for the **plan**, when making a claim, when applying to change your **plan**, or applying to re-start your **premiums** (this is explained in section C3).

We might reduce the amount we pay out, or cancel your **plan** if we determine that you, or anyone your insuring would have known, or ought to have reasonably known, the true answer to a question we ask you, but have deliberately provided a false answer.

We may also cancel your **plan**, or may not pay your **annual amount of cover** in full, if had you answered all of the questions we asked honestly and in full, it would have led us to a different decision about the **annual amount of cover**. For example:

- A higher **premium** would have applied for your **annual amount of cover**,
- or
- your **annual amount of cover** would have been lower for the same **premium**,
- or
- the term of your **plan** would have been restricted,
- or
- your application would have been deferred, for example, pending the outcome of a medical investigation,
- or
- your application would have been declined.

If you apply for your **plan** online, we'll send you a summary of the questions we ask and the answers given. We'll also do this, if, when you apply, we telephone you to ask you some further questions about your application. When you receive this summary it's very important that you check the answers you gave, as we rely on this information to set up your **plan**.

If we cancel your **plan** you won't be entitled to any refund of **premiums** or payment from it.

C8 – When your plan ends

On the **end date** shown in your Plan Schedule, your **plan** will stop and no further **premiums** will be due. You won't receive anything back when it ends.

Also once we have made the last payment for a claim on your **plan**, it automatically ends, and we're not liable for any further claims.

C9 – Arranging for the amount of cover to be paid to a specific person

You might want to arrange for your **annual amount of cover** to be paid to another person, or company when you die, such as your children, or your mortgage lender.

You can do this by transferring ('assigning') your **plan** to another person (or people) or a company, or by placing it in trust. But remember, you'll still be the person insured.

If you do this, you need to send us the relevant documents so that we can update our records. If you don't, we may not pay the right person when a claim is made.

You're responsible for making sure that the **plan** has been assigned or placed in trust in a way which is valid and effective. You may want to talk to a solicitor before doing this.

C10 – The law that applies to your plan

Family Income Assurance Protection and its terms and conditions are governed by the laws of England and Wales. In the unlikely event of any legal disagreement, it would be settled exclusively by the courts of England and Wales.

We'll always communicate in English.

C11 – How to make a complaint

If you have a complaint about any part of the service you receive from us, it's important that we know about it, so we can help to put things right. You can let us know by calling 0800 678 1906 (for textphone, dial 18001 first). Or, you can write to us at: Box 2, LV=, County Gates, Bournemouth BH1 2NF.

Your complaint will be dealt with promptly and fairly and in line with the Financial Conduct Authority's requirements. If you'd like more information on how we handle complaints, please contact us or visit www.LV.com/complaints.

We hope that we'll be able to resolve any complaint that you have. If you're unhappy with the outcome of your complaint, the Financial Ombudsman Service may be able to help you free of charge. You'll need to contact them within six months of receiving our final response letter. Their website is www.financialombudsman.org.uk which includes more information about the service, including details of the various ways they can be contacted. If you make a complaint it won't affect your right to take legal action.

Definitions

We explain these terms because this is a legal document. In some cases the words may have other meanings in everyday use. We have highlighted these words in bold (other than personal terms such as 'you' and 'we') so you know when they apply.

'**You**' means the person who applied for this **plan**, the person who is insured and the person legally entitled to the payment from it. Where we use 'your' it has the same meaning.

'**We**', '**us**' or '**our**' means Liverpool Victoria Friendly Society Limited.

'**Annual amount of cover**' means the amount you're insured for each year that will be paid every three months until the end of your **plan** from the date of your death or diagnosis of a terminal illness. This includes any inflation-linked increases.

'**End date**' means the date when your **plan** ends. This date is shown in your Plan Schedule.

'**Homemaker**' we'll treat you as a homemaker if you stay at home to look after your family, or are a carer and are not doing any paid or unpaid work. If you're claiming Jobseekers Allowance we'll treat you as unemployed and not a homemaker.

'**Inflation**' means the rising cost of goods and services such as your weekly shopping, gas and electricity. We will measure this using the Retail Prices Index, unless this stops being published, in which case we would use another similar published index.

'**Plan**' means these conditions, your Plan Schedule, any Special Provisions listed in your Plan Schedule and any documents we send you to confirm changes to your **plan** or the **annual amount of cover**. We'll apply a Special Provision when we're not able to offer you a **plan** based on the terms detailed in these conditions.

'**Plan anniversary**' means each 12-month anniversary from the **start date** your **plan**.

'**Premium**' and '**premiums**' mean the monthly amount you pay for the **annual amount of cover**.

'**Start date**' means the date when your **plan** started. This date is shown in your Plan Schedule.

'**Terminal illness**' means an incurable illness where, in the opinion of an attending consultant and our Chief Medical Officer, you would not be expected to live for more than 12 months.

You can get this and other documents from us in Braille or large print by contacting us.



Liverpool Victoria Friendly Society Limited: County Gates Bournemouth BH1 2NF.

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