

Life Protection

Policy Conditions

Life Protection is provided by Liverpool Victoria Financial Services Limited (LV=). These policy conditions tell you all about this policy and together with your application, any declarations you've made, your policy schedule and any documents we send you confirming changes to your policy and the amount of cover, they make up your insurance contract with us. You can find the details of your cover that are specific to you (for example, your cover amount, policy start and end dates) in your policy schedule.

Life Protection at a glance

You are covered for:

Death and terminal illness from the date your policy starts until the date it ends. This period is also known as the term of your policy.



 If you have a question about your policy
Call 0800 678 1906

 To make a claim
Call 0800 756 5869

 or write to us at
LV= Emperor House, Grenadier Road,
Exeter Business Park, Exeter, EX1 3LH.

When you can change your cover (within certain limits) without providing medical information:

- Marriage or civil partnership
- Having a baby (birth or legal adoption)
- Rent or mortgage increase
- Mortgage extension
- Basic salary increase
- Divorce or dissolution of civil partnership
- Separation



Where to find out more:

Your policy schedule includes all of the details about your policy that are specific to you, including your policy start and end date, cover amount, how much you pay, when your payments are due, and cover type.



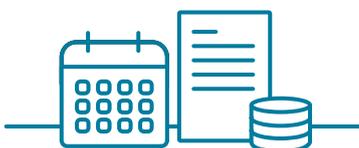
Death is covered anywhere in the world, places we'll accept a terminal illness diagnosis are:

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



What we don't cover:

- Death as a result of taking your own life within the first 12 months of your policy.
- Anyone who deliberately provides false or inaccurate information when they apply for the policy, make a claim, or apply to re-start a lapsed policy.
- Anyone who is involved in, or commits financial crime.



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Definitions

Some of the words we use here may be unfamiliar to you, or have different meanings than in everyday use. To show you when these words are directly related to this policy we have printed them bold text, and to help you understand what we mean by them we've provided this explanation for you to refer to when needed:

Amount of cover means the amount we'll pay if a claim is made (see section A4 and A5).

End date is the date your **policy** ends (if you haven't claimed). You can find this date in your policy schedule.

Inflation means the rising cost of goods and services. We measure this using the Retail Prices Index (RPI), if the RPI is ever discontinued we'll use a similar measure and let you know before we make the change.

Plan means your LV= Flexible Protection Plan and includes other policies that you have with us, as well as this one.

Plan anniversary is the date every 12 months from the date your **plan** originally started. This may be different from the **start date** of your **policy**.

Policy when written in bold refers specifically to this cover. When it's not in bold the word policy refers to a policy in general. Your **policy** is made up of these conditions and other documents that you get with this cover, any special provisions included in your policy schedule, and any documents we send you confirming changes to your policy.

Premium and **premiums** refer to the amount you pay for your **policy** each month.

Start date is the date your **policy** began (not the date you applied). You can find this in your policy schedule.

Terminal illness means an incurable illness where our chief medical officer and your medical specialists agree that you're not expected to live for more than 12 months.

You or **your** refer to the person who applied for, is insured by and is legally entitled to the payment from this **policy** and when we say **we**, **us** or **our**, we mean Liverpool Victoria Financial Services Limited (these words are not in bold throughout the document).

Section A – Life Protection in detail

A1 – What's covered

✓ You're covered for:

- Death or diagnosis with a terminal illness and not expected to live more than 12 months

If you die, or are diagnosed with a **terminal illness** between the **start date** and the **end date** of your **policy** we'll pay out the **amount of cover** and once we've paid a claim the **policy** will end.

- Travelling abroad

You're covered if you die anywhere in the world, but we'll only pay a **terminal illness** claim if you get the diagnosis confirmed by a doctor who practices in any of these places:

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

A2 – What isn't covered

✗ You're not covered for:

- Anything past the policy's end date

Once we have paid a claim on this **policy** it will automatically end. If you live past the **end date** without making a claim, your **policy** will end and you won't get any of the money you've paid for it (the **premiums**) back.

- If you take your own life within 12 months of starting your policy

We won't pay a claim if you intentionally take your own life within 12 months of the **start date** of your **policy**. If this happens we'll cancel your **policy** and refund all the money you've paid.

- Fraud and deliberate non-disclosure

If someone deliberately withholds information, provides false information, or lies to us in their application, at any point during the lifetime of the **policy** or when making a claim, we'll cancel the **policy** and won't refund any of the money you've paid (your **premiums**). We will also refuse to pay any claim made if we've had to cancel the **policy** for any of these reasons.

- Incorrect information on your application

Providing the wrong details by mistake when completing your application may also result in non-payment of a claim, or a reduction in the amount we will pay. Please read section B7 to find out more about when we can cancel your **policy**.

A3 – Types of cover

You only need to read about the type of cover you have – you can find this in your policy schedule.

There are three types of cover available.

A3(a) – Level cover

This means that your **amount of cover** and the amount you pay each month (your **premium**) will not change between the **start date** and the **end date** of your policy. For example, if you choose an **amount of cover** of £150,000 and we pay a claim in fifteen years' time, this amount will not have increased to keep up with **inflation**.

A3(b) – Inflation linked cover

This means that your **amount of cover** will go up each year (on your **plan anniversary**) in line with **inflation**, and the amount you pay (your **premium**) will go up by **inflation** multiplied by 1.5. The rate of **inflation** we use will be based on the 12 month period that ends three months before your **plan anniversary**.

If the Retail Prices Index (which is how we measure **inflation**) doesn't change, or goes down then your **amount of cover** and the amount you pay will stay the same.

If the Retail Prices Index goes up, the increase we make to your **amount of cover** and the amount you pay will happen on your **plan anniversary**. If you have added this **policy** to an existing **plan** and your **plan anniversary** is less than three months after the **start date** of this **policy** we won't increase your **amount of cover** until the next **plan anniversary**.

We'll let you know if there is going to be an increase and you can choose whether to accept it or not. If you don't want the increase you must let us know before the next **plan anniversary** and we'll change your type of cover to level (read section A3(a) to find out more about this).

If you decide that you want inflation linked cover again later on you'll need to apply for a new policy. We can't guarantee that we'll be able to offer you inflation linked cover again because this will depend on your circumstances and whether we're still offering that type of insurance.

A3(c) – Decreasing cover

This means that your **amount of cover** will go down each month, but the amount you pay (your **premium**) stays the same.

This type of insurance is intended to cover the amount owed on a mortgage where repayments are based on the amount you borrowed from your mortgage lender, plus interest (known as a capital and interest or repayment mortgage). This means that your **amount of cover** will go down each month throughout the term of your **policy**, but the amount you pay (your **premium**) stays the same.

When a claim is made we will normally pay the remaining amount left on your mortgage from the date the person we're insuring died or was diagnosed with a **terminal illness** (we'll also pay any interest that has built up since that date) as long as:

- There's still a mortgage being repaid in equal monthly instalments.
- The mortgage was taken out no later than three months after the **start date** of your **policy**.
- The mortgage is a capital and interest repayment mortgage which is on track to be fully repaid at the end of the term of the mortgage.
- The length of the mortgage is the same as the length of time on your **policy**.
- The amount remaining to pay for your mortgage is not more than it would have been if you borrowed the same amount on the **start date** of your **policy** for the same amount of time that your **policy** was taken out for, and interest rates had been 12% compounded annually.

If there is no longer a mortgage in place, or the other criteria above are not met when a claim is made, we'll pay an amount that is equal to what would have been outstanding if you borrowed the same amount on the **start date** of your **policy** for the same amount of time that your **policy** was taken out for, and interest rates had been 6% compounded annually.

If you have changed your **amount of cover** we treat the **start date** of your **policy** as being the date that you made the changes to your **amount of cover** (not the date you took the **policy** out).

Example

Here's an example where a claim is made and the remaining mortgage is £80,000.

- First we work out the maximum we would pay using 12% interest, which is £87,000.
- Then we work out the minimum we would pay using 6% interest, which is £76,000.

As the remaining mortgage amount is within the minimum and maximum amounts, and as long as all the other criteria we've listed have been met, we would pay an amount equal to the remaining mortgage (in this example it's £80,000).

If any changes have been made to the mortgage that we haven't been told about before the claim, we would pay out at least the minimum amount, which would be £76,000.

This is only an example, we'll need to work out the maximum and minimum we'd pay based on your exact mortgage amount outstanding at the time a claim is made.

Before we pay a claim for decreasing cover, we must have written confirmation from your lender of the mortgage details and the amount owed.

We may reduce the claim payment amount where the mortgage:

- has already been repaid.
- has been increased or extended without updating your **policy**.
- doesn't match the duration of your **policy**.
- payments are in arrears.

If the amount owing when you claim is more than your chosen **amount of cover** on the **start date** of the **policy** we will reduce the amount we will pay by the same percentage when a claim is made.

Example

Here's an example where a claim is made on a mortgage worth £100,000 that was insured for £90,000 at the start of the policy. This means the cover is 10% less than the mortgage.

When a claim is made the mortgage amount is £80,000, so we deduct 10% and pay a claim for £72,000.

A4 – How to make a death claim

It's a good idea to tell the person you want to receive the claim payment when you die that you have this **policy**, and consider including this information in your will (if you have one). This makes it quicker and easier for us to pay the claim to the right person or organisation if you die. The person making the claim should tell us about your death as soon as they can. They can do this by email, over the phone or in writing. Visit **LV.com** for our contact details.

Before we can pay a claim we'll need the original death certificate (not a photocopy) and may also need:

- Proof of age for the insured person, for example their birth certificate.
- Evidence that the person making the claim is the right person (for example, proof that you named them in your will as the executor of your estate).
- If you have put your **policy** into a trust or assigned it to someone else please tell us straight away as we'll need to see a copy of the trust or assignment deed.

A5 – How to make a terminal illness claim

Please tell us straight away if you are diagnosed with a **terminal illness** so that we can begin your claim. It's important that you complete and return any forms we send you as soon as possible so that we can deal with your claim quickly.

We'll also need a report from the doctor who diagnosed or is treating your **terminal illness**. We might need you to see a doctor of our choice to confirm how your treatment is progressing – if we ask you to do this we'll pay all the costs involved.

We won't know exactly what other information we'll need until you make a claim because it'll depend on your circumstances, but if you need any extra help or support with anything we ask you for please just let us know.

We understand you might not be well enough to do what we ask, so don't worry if there is a delay. Just tell us why you've been unable to provide what we asked for as soon as you can. You can always give a friend or relative permission to act on your behalf and help you with your claim.

A6 – Who we'll pay the claim to

Once a claim is approved we pay the money to the legal owner of the **policy**. This is usually whoever is named as the **policy** owner on the policy schedule. However:

- If that person has died we'll pay the person named as the executor in the **policy** owner's will. If there isn't a will we'll pay whoever the court appoints as the administrator of the estate.
- If the **policy** has been put into a trust we'll pay the claim to the trustees.
- If the original owner of the **policy** has legally signed it over to someone else (for example, their bank) then we'll pay the claim to them as they are the current **policy** owner.
- If two **policy** owners die at the same time the law states the older person will be the one considered to have died first. So, if the **policy** hasn't been put in trust or signed over to someone else we would pay a claim to the estate of the younger **policy** owner because we pay to the surviving party.

A7 – Receiving money from the claim

We normally pay claims by bank transfer – please get in touch if you have any questions about this.

A8 – If you're insuring someone else

You'll be the **policy** owner, and they will be the person insured by the **policy** (we call them 'the person insured').

We'll always pay the claim to the legal owner (as explained in section A6) if the person insured dies or is diagnosed with a **terminal illness**, before the **end date** of the **policy**.

If you're making a claim for **terminal illness** we'll need consent from the person insured to speak to their doctor about their diagnosis.

Section B – Managing your policy

B1 – Paying for your policy

It's your responsibility to make sure you pay the **premiums** for your **policy** on the date shown in your policy schedule (this is known as your **premium** due date) otherwise you won't be covered.

B2 – What happens if you stop paying for your policy

You'll have 60 days from the due date to make up any missed **premium** payments. If we don't receive a payment we'll let you know, just in case something has gone wrong that you didn't know about. If we don't receive your payment within the 60 day period we'll cancel your **policy**, you'll no longer be covered and we won't refund the money you've already paid. If this happens we'll let you know your **policy** has ended – this means we won't pay a claim if you die or are diagnosed with a **terminal illness**.

B3 – Restarting your policy

If your **policy** stopped because we didn't receive your **premium** payments you can ask us to start it again within six months of the first missed payment. You'll just have to answer some health questions first then make up all the missed payments. If your health has changed since originally taking out the **policy** we might need you to take out a new policy, or accept different terms from those of your existing **policy**. However, we might not be able to restart your **policy** at all if we're no longer providing this kind of cover, or your circumstances have changed since your **policy** started. If your **policy** ends because you didn't make your payments we are not required to agree to restart it.

B4 – When the amount you pay can change

This will only usually happen due to changes for inflation linked cover (as explained in section A3(b)) or if you change your **policy** yourself. The only other time we'll change how much you pay (your **premium**) after the **start date** of your **policy** is if there are changes to legislation around the way it's taxed, or a court decision or a change to legislation is made around the factors we can legally use when we calculate our prices.

We can't change how much we charge just because you've made a claim, or your health changes while your **policy** is still active. If we are going to change how much we charge we'll always let you know at least 60 days in advance and you can choose whether to pay the new amount, or continue paying your usual amount and accept a lower **amount of cover**. If you don't want to pay more for your cover you must tell us at least 30 days before the change is due to be made.

B5 – Proof of your age and name when claiming

We use the age of the person being insured to calculate how much to charge for the cover. So it's really important that you check that the date of birth shown in your policy schedule is correct, as it affects the amount we can pay for a claim if we don't have the right information.

For a death claim we'll usually get confirmation of age from the death certificate. If you've been diagnosed with a **terminal illness**, we'll usually get these details from your medical information. In some cases we might need your original birth certificate or passport (not photocopies).

If we didn't have the correct date of birth for the person being insured, we'll change your **amount of cover** to the amount that would have been available based on their actual age when your **policy** started, we'll also take into account how much you've already paid for it.

If your (or the person being insured's) name is different from the name on your policy schedule and medical records, birth or death certificate we'll need evidence of this change before we can pay a claim (for example, a change of name certificate).

B6 – Cancelling your policy

You can cancel your **policy** at any time, just get in touch and tell us you no longer want it. When you cancel your **policy** you'll no longer be covered and we won't refund any of the money you've already paid – unless you are cancelling your **policy** within 30 days of the **start date**, in which case we will refund everything you've paid.

If your decision to cancel your **policy** is due to a change in circumstances (not because you no longer want cover) please get in touch with us, or speak to your financial adviser, if you'd like help to find an alternative solution for you.

Please remember that once you cancel your **policy** you'll no longer be covered, so we won't pay a claim if you die or are diagnosed with a **terminal illness**.

B7 – When we can cancel your policy

We'll only cancel your **policy** if:

- you've died as a result of taking your own life within 12 months of the **start date** (see section A2)
- you don't make any **premium** payments for more than 60 days (see section B2)
- you or anyone you're insuring provides untrue, inaccurate or misleading information when applying for your **policy**, making a claim, or when applying to restart your **policy** (see section B3)

We'll also cancel your **policy** and pass details to crime prevention and law enforcement agencies if we identify your involvement or association with financial crime.

If we cancel your **policy** you won't be entitled to a refund of any of the money (the **premiums**) you've paid.

However, we understand that you might have provided the wrong information by mistake and if this happens we won't automatically cancel your **policy**. But we might reduce your **amount of cover**, make changes to your **policy**, decline to pay your claim, or cancel your **policy** if having the incorrect information caused us to make a different decision about your **policy** than we would have made if we'd had the correct information. For example, if:

- we would have charged you more for your **amount of cover**, or
- we would have provided you with a lower **amount of cover**, or
- the **end date** of your **policy** would have changed, or
- it would have caused us to decline or postpone your application.

For fraud and deliberate misrepresentation

If someone deliberately withholds information, provides false information, or lies to us in their application, at any point during the lifetime of the **policy** or when making a claim, we'll cancel the **policy** and won't refund any of the money they've paid (the **premiums**). We will refuse to pay any claim made if we've had to cancel the **policy** for any of these reasons.



B8 – When your policy ends

Your **policy** will stop on the **end date** shown in your policy schedule or once we've paid a claim. After this you're no longer covered so your **premium** payments to us will stop, please remember that you won't get a refund of the money you've already paid.

When we pay a claim we won't ask you to pay any more **premiums**, and once we pay a claim on your **policy** we won't pay any further claims (for example, if we pay a claim for **terminal illness** we won't pay another claim if you die).

If you die or are diagnosed with a **terminal illness** after the **end date** of your **policy** you cannot make a claim as the **policy** will no longer be active.

B9 – You choose who we pay the claim to

If you want us to pay a death or **terminal illness** claim made on your **policy** to another person or company (such as a family member or mortgage lender) you can transfer your **policy** to them – this is called 'assigning' it, or you can place it into a trust.

You can only do this before a claim is made and you can't change who the **policy** is insuring, just the owner. If you choose to do this you'll need to send us the relevant documents confirming the change of ownership otherwise we won't pay the right person when a claim is made. It'll be your responsibility to make sure the **policy** has been assigned or placed in trust correctly – otherwise it won't be valid, so you may want to talk to a solicitor or a financial adviser first.

B10 – Increasing your cover using a guaranteed increase option (GIO)

This means we guarantee you'll be able to get more cover (without having to answer any further health questions) within three months of any of the GIO events happening to the person insured by this **policy**, as long as the payments are all up to date and the person insured by the **policy** is aged 54 or under (for joint life policies the age limit applies to the older person), and hasn't been diagnosed with a **terminal illness**.

If we're unable to offer you the option due to your medical history or personal circumstances, we'll tell you before your **policy** starts and this will be shown in your policy schedule.

You can increase your **amount of cover** by up to £150,000. However, you can't increase it by more than 50% of the **amount of cover** shown in your policy schedule when you want to use this option. You can use these options more than once but can only use one option at a time and you must wait three months before using another. Over the lifetime of your **policy** you can use GIOs as many times as you want to increase your **amount of cover**, but the total of all these increases in your **amount of cover** cannot be more than £200,000.

If you want to increase your **amount of cover** by more than these limits you'll have to answer some health questions first, and we won't guarantee you'll be able to increase your cover. In all cases when you use a GIO the amount you pay (your **premiums**) will go up because your **amount of cover** will have increased. The new price you pay will take into account your age and whether or not you smoke.

The events covered by guaranteed increase options are:

- **Mortgage increase**, due to moving to a new home or doing home improvements. You can't increase your **amount of cover** by more than the amount that your mortgage has increased by.
- **Mortgage extension**, if you extend the repayment term of your mortgage, or have taken out a new mortgage and the new repayment date is more than one year after the **end date** of your **policy**. You can extend your **policy** by replacing it with a new one as long as it ends before both of the insured people reach the age of 90 (for level and decreasing cover) or 85 (for inflation linked cover), it isn't longer than the end date of the new mortgage, the **amount of cover** is the same or less as that of your current **policy** and is the same or less than the amount owing on your mortgage.
- **Rent increase** due to moving to a new rented home or having your rent increased at your current home by your landlord. You can't increase your **amount of cover** by more than the amount that your rent has increased by.
- **Marriage or civil partnership** - that's legally recognised in the UK.
- **Divorce or dissolution of a civil partnership**.
- **Having a child**, if you've adopted a child this must be legally recognised within the UK.

- **Basic salary increase of at least 10%**, this must be due to getting a new job, a promotion, or obtaining a recognised award or qualification. This option isn't available for self-employed people or if you are (or related to) the owner, director or partner in the company you are employed by. You can't increase your **amount of cover** by more than five times the actual amount of your salary increase.

Converting a joint life policy into two separate single life policies

You can only use this option where two people are insured under the same **policy**. We will need agreement from both parties in order to do this and this option can only be used within six months of a divorce, dissolution of civil partnership, or legal separation.

If you choose to use this option your current joint **policy** will be cancelled and replaced with a new policy for each of you. The **amount of cover** each of you can have for your new individual policies cannot be more than the **amount of cover** on your joint **policy**.

Alternatively you can choose to share your current **amount of cover** between you when you take out new policies within 12 months of a divorce, dissolution of civil partnership, or legal separation.

Example

If you had joint cover of £100,000 you could each have a policy for £50,000, or one of you could have a policy for £70,000 and the other £30,000. This requires agreement from both policy owners, and is only available up to 12 months after the separation event.

If you want to use a GIO we'll ask you to provide some evidence of the change your option relates to, for example:

- Your marriage certificate, or civil partnership registration certificate.
- Your divorce papers, or civil partnership dissolution papers.
- Your mortgage offer and proof of your previous mortgage amount.
- Your new rental agreement and proof of your previous rent amount.
- Your child's birth or adoption certificate.
- A letter from your employer regarding your salary increase.
- Your payslips.

Event	Increase limit	Maximum increase allowed to the annual amount of cover	Maximum age of insured person
Mortgage increase	50% of the amount of cover shown on the policy schedule when you want to use this option, limited to the increase in the total amount owed on the mortgage	£150,000	54
Mortgage extension	The new amount of cover can't be more than the lower of your current amount of cover on the original policy when you want to use this option, or the amount owing on your mortgage at the time you use this option	Not applicable	54
Rent increase	50% of the amount of cover shown on the policy schedule when you want to use this option, limited to the total increase in rent payments (monthly increase multiplied by the number of months remaining on policy term)	£150,000	54
Marriage and civil partnership	50% of the amount of cover shown on the policy schedule when you want to use this option	£150,000	54
Converting a joint life policy into two individual policies	The amount of cover can't be more than the amount of cover on the original policy at the time you use this option	Not applicable	No age limit
Divorce and dissolution of civil partnership	50% of the amount of cover shown on the policy schedule when you want to use this option	£150,000	54
Having a child – by birth or legal adoption	50% of the amount of cover shown on the policy schedule when you want to use this option.	£150,000	54
Basic salary increase of at least 10%	50% of the amount of cover shown on the policy schedule when you want to use this option, limited to a maximum of five times the increase in basic salary	£150,000	54

B11 – Other ways to make changes to your policy

You can ask us to make changes to your **amount of cover** or the **end date** of your **policy** at any time (other than using a GIO or inflation linked cover, we explain this in section A3(b)). However, we can't guarantee we'll be able to make these changes as it depends on whether we're still offering this type of cover as well as your age and current circumstances, so we'll need you to provide some up to date health and lifestyle information first.

If you do wish to make any changes you need to let us know at least six months before the **end date** of your **policy**.

If we are able to make the changes we'll let you know your new amount of cover and the new amount you'll need to pay (your **premiums**) then all you have to do is confirm that you're happy to go ahead.

Section C – Other information

C1 – Legal information

We'll always communicate in English and your Life Protection and its terms and conditions are governed by the laws of England and Wales. This means that any legal disagreements will be settled exclusively by the courts of England and Wales.

C2 – How claim payments are taxed

Income tax and capital gains tax don't currently apply to claims paid from this **policy**, but inheritance tax might.

Inheritance tax only applies to death claims. If you are the **policy** owner and the person insured, the **amount of cover** due following your death will be included in your estate for the purpose of working out whether inheritance tax applies. This will depend on what your total estate is worth.

Your estate is the total value of everything you own (for example your home, savings, and personal belongings) after any debts you owe have been paid (for example a mortgage or credit card bill). If you've put your **policy** into a trust it will not normally be included in your estate. Please speak to your financial adviser or solicitor if you have any questions about trusts or inheritance tax.

If you're insuring someone else, the amount we pay will go straight to you, because you're the policy owner. This means that it won't be included in the estate of the person being insured, so won't be subject to inheritance tax for their estate. If you own the **policy** with somebody else please speak to your financial adviser or solicitor about the tax implications of this. This information is based on our understanding of the current laws and HM Revenue & Customs practice, which can change at any time.

C3 – 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 emailing lifecomplaints@LV.com or calling us on **0800 678 1906**, or you can write to us at: Box 2, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth, BH1 2NF. Your complaint will be dealt with promptly and fairly and in line with the Financial Conduct Authority's requirements. Please visit [LV.com/complaints](https://www.lv.com/complaints) or contact us if you'd like more information on how we handle complaints.

We hope that we will be able to resolve any complaint that you have, but 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. Visit their website [financial-ombudsman.org.uk](https://www.financial-ombudsman.org.uk) for information about the service and their contact details. If you make a complaint it won't affect your right to take legal action.

C4 – How we use your information

We'll always protect your personal data, visit [LV.com/data-protection](https://www.lv.com/data-protection) to find out exactly how we use, share, store and dispose of the information we have about you.

If you have any other questions or would like our data protection details in print or an accessible format please email our data protection officer DPO@LV.com or write to: Data protection officer, Liverpool Victoria Financial Services Limited, Frizzell House, County Gates, Bournemouth, BH1 2NF.

C5 – Financial crime and terrorist financing

The personal information we have collected from you will be shared with crime prevention agencies who will use it to prevent financial crime and money-laundering and to verify your identity. If financial crime is detected, you could be refused certain services, finance or employment. For details of how your information will be used by us and these fraud prevention agencies, and your data protection rights just write to us at: Financial Crime, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth, BH1 2NF.

We use your information to make sure we comply with any financial sanctions that apply in the UK and overseas. This includes:

- checking your information against sanctions lists
- sharing your information with HM Treasury and international regulators if required.

We will contact you if we need more information to comply with financial sanctions.

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



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