

# Life and WOP Data Capture Form

**progress**

**This form is for Life, Family Income, and WOP Cover Only**  
For Income Protection Cover and Critical Illness Cover please use the Full Form

**WE DON'T ACCEPT PAPER APPLICATIONS**  
**ADVISERS SHOULD INPUT THE INFORMATION ONLINE**

**PLEASE NOTE THIS FORM IS TO BE USED FOR THE SOLE PURPOSE OF INFORMATION GATHERING**  
**IF THIS FORM IS RECEIVED BY THE PROGRESS FROM ROYAL LIVER ADMINISTRATION TEAM IT WILL BE RETURNED**

If you have any questions about this form, please contact your Adviser.

Advisers who have a question about any aspect of this form should contact our Operations Team:

Telephone Number: 0845 675 3555  
(8.00am - 6.00pm Mon-Fri excl. public holidays)

Email: [IFAOperations@Royal-Liver.com](mailto:IFAOperations@Royal-Liver.com)

**ADVISERS PLEASE ENSURE THE APPLICANT(S) READ THE IMPORTANT NOTES AT THE END OF THIS FORM AND KEEP THEM FOR INFORMATION**

LIFE ASSURED DETAILS	LIFE ASSURED 1	LIFE ASSURED 2
Title		
Surname		
Forenames		
Address: House Name / Flat Number		
House Number		
Street		
District		
Town / City		
County		
<b>Postcode</b>		
Personal Email Address		
Sex		
Marital Status		
Date of Birth (dd/mm/yyyy)	____/____/____	____/____/____
Smoker Status	Non-smoker / Smoker	Non-smoker / Smoker
Employment Type	Employed / Self-employed / Unemployed / Houseperson (Wife-Husband) / Retired / Other	Employed / Self-employed / Unemployed / Houseperson (Wife-Husband) / Retired / Other
Occupation		
Annual Income	£	£
Planholder	Yes / No	Yes / No
Payer	Yes / No	Yes / No

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<b>COVER DETAILS</b> <small>Only complete the details for the Cover(s) required</small>	<b>LIFE ASSURED 1</b>	<b>LIFE ASSURED 2</b>
Start Date	Specific Date (____/____/____) / As soon as possible / To be advised	
Premium Frequency	Monthly / Annually	
<b>Life Cover</b>	Yes / No	Yes / No
Joint Life	Yes / No	
Cover Reason*	Personal / Mortgage / Other Loan	Personal / Mortgage / Other Loan
Period of Cover Required <small>Please specify - Term or To Age or End Date</small>		
Cover Amount	£	£
Escalation Basis	Level / RPI	Level / RPI
<b>Decreasing Life Cover</b>	Yes / No	Yes / No
Joint Life	Yes / No	
Cover Reason*	Personal / Mortgage / Other Loan	Personal / Mortgage / Other Loan
Period of Cover Required <small>Please specify - Term or To Age or End Date</small>		
Cover Amount	£	£
Decreasing Rate	7% / 9% / 10% / 12%	7% / 9% / 10% / 12%
<b>Family Income Cover</b>	Yes / No	Yes / No
Joint Life	Yes/No	
Cover Reason*	Personal / Mortgage / Other Loan	Personal / Mortgage / Other Loan
Period of Cover Required <small>Please specify - Term or To Age or End Date</small>		
Monthly Cover Amount	£	£
Escalation Basis	Level / RPI	Level / RPI

\* Please tell us what need this cover is meeting, e.g. for personal protection, or for house purchase. This is required to ensure appropriate handling of the case by our underwriting system and to determine whether the Free Cover Benefit is applicable. Please be aware that changing the cover reason may require you to revisit the underwriting questions for this case. Please note that this product has been designed for personal, mortgage and pension protection.

<b>COVER DETAILS cont.</b> Only complete the details for the Cover(s) required	<b>LIFE ASSURED 1</b>	<b>LIFE ASSURED 2</b>
<b>Waiver of Premium Cover</b>	Yes / No	Yes / No
Joint Life	Yes / No	
Deferred Period	13 / 26 weeks	13 / 26 weeks

<b>TRUST DETAILS</b>	If Plan is to be written in Trust, the documentation can be found in the Royal Liver Extranet PDF Library at <a href="http://www.ifaprogress.com">www.ifaprogress.com</a>
Plan to be written in Trust	No / Yes (Pre-issue) / Yes (Post-issue)

<b>PLANHOLDER DETAILS</b> Only required if the Life Assured(s) are not Planholder(s)	<b>PLANHOLDER 1</b>	<b>PLANHOLDER 2</b>
Title		
Surname		
Forenames		
Address:		
House Name / Flat Number		
House Number		
Street		
District		
Town / City		
County		
Postcode		
Sex		
Insurable Interest	Spouse / Mortgage Loan / Parent (Scotland) / Guardian / Child (Scotland) / Dependant / Civil Partnership	Spouse / Mortgage Loan / Parent (Scotland) / Guardian / Child (Scotland) / Dependant / Civil Partnership
Mailname		
Salutation		
Payer	Yes / No	Yes / No

PAYER DETAILS	PAYER
Only required if the Life Assured(s) or Planholder(s) are not the Payer	
Title	
Forenames	
Surname	
Address:	House Name / Flat Number
	House Number
	Street
	District
	Town / City
	County
	<b>Postcode</b>
Sex	

## PAYMENT DETAILS

If the Payer is different to the Life Assured(s) or Planholder(s) a completed paper Direct Debit form will be required. This can be printed from the progress from Royal Liver Extranet PDF Library at [www.ifaprogress.com](http://www.ifaprogress.com)

Bank / Building Society Account Number	
Branch Sort Code	
Name(s) of Account Holders	
Name of Bank / Building Society	
Preferred Collection Day (1 <sup>st</sup> to 28 <sup>th</sup> of the month)	

## UNDERWRITING QUESTIONS

If you fail to disclose any relevant information this could result in non payment of your claim. You must also advise of any changes to these questions right up to the date your plan commences.

When completing this application on-line, additional questions may be asked depending on the answers given to the mandatory questions listed below. In order to try and save both you and your Adviser's time and to make sure you have enough details to complete any additional questions, should the answer to any questions be "YES", then further details should be given. Information that could be asked includes impairment name, dates, what the treatment was / is, has a full recovery been made, was any time taken off work, etc. Some prompts have been included to help you answer the questions as fully as possible:

	LIFE ASSURED 1	LIFE ASSURED 2
Full Name		

## GENERAL QUESTIONS

Have you smoked cigarettes, cigars or a pipe or used chewing tobacco or nicotine replacement over the past 12 months?	Please specify:	<i>Never smoked</i> <i>Gave up over a year ago</i> <i>Gave up in last year</i> <i>Smoke 10 or less a day</i> <i>Smoke 11-20 a day</i> <i>Smoke 21-40 a day</i> <i>Smokes 41+ a day</i> <i>Cigar smoker</i> <i>Pipe smoker</i> <i>Chewing tobacco</i> <i>Nicotine replacement</i>	Please specify:	<i>Never smoked</i> <i>Gave up over a year ago</i> <i>Gave up in last year</i> <i>Smoke 10 or less a day</i> <i>Smoke 11-20 a day</i> <i>Smoke 21-40 a day</i> <i>Smokes 41+ a day</i> <i>Cigar smoker</i> <i>Pipe smoker</i> <i>Chewing tobacco</i> <i>Nicotine replacement</i>
How many units of alcohol do you consume per week?	<i>Number of Units:</i>		<i>Number of Units:</i>	
Have you any intention of living or travelling outside the UK other than for trips of less than 1 month to Europe, North America, Australia or New Zealand?  Note: Applicants must be resident in the UK and have permanent right to reside.	Yes / No	<i>Country</i>  <i>Dates</i>  <i>Reason</i>	Yes / No	<i>Country</i>  <i>Dates</i>  <i>Reason</i>
Do you, or are you likely to take part in any hazardous activities?	Yes / No	<i>Activity</i>	Yes / No	<i>Activity</i>

## GENERAL QUESTIONS CONTD...

Have any of your natural parents, brothers or sisters, suffered or died before the age of 65 from any of the following: heart disease (e.g. angina, heart attack), bowel, breast or ovarian cancer, diabetes, Multiple Sclerosis, Huntington's chorea, polycystic kidney disease, polyposis of the colon, Paralysis, Chorea, Neuropathy/polyneuropathy, Muscular Dystrophy?	Yes / No	<i>Relative</i>	Yes / No	<i>Relative</i>
		<i>Medical Condition</i>		<i>Medical Condition</i>
		<i>Age at diagnosis</i>		<i>Age at diagnosis</i>
		<i>Relative</i>		<i>Relative</i>
		<i>Medical Condition</i>		<i>Medical Condition</i>
		<i>Age at diagnosis</i>		<i>Age at diagnosis</i>
Please advise the amount of other Life, Critical Illness or Disability cover that will be in force in addition to this Royal Liver progress plan (do not include the cover under this plan)	<i>Other Life Cover: £</i>		<i>Other Life Cover: £</i>	
	<i>Other CI Cover: £</i>		<i>Other CI Cover: £</i>	
	<i>Other Disability Cover: £</i>		<i>Other Disability Cover: £</i>	
Have any proposals for Life, Critical Illness, Accident or Health Insurance on your life ever been declined, deferred or offered on non-standard terms?	Yes / No	<i>Details</i>	Yes / No	<i>Details</i>
		<i>Dates</i>		<i>Dates</i>
What is the current outstanding balance of your mortgage?	£		£	
What is the amount of the mortgage you are currently applying for?	£		£	
What is the mortgage term (whole years)?				
What is your height?	<i>in metres</i> _____		<i>in metres</i> _____	
	<b>or</b> <i>feet &amp; inches</i> _____		<b>or</b> <i>feet &amp; inches</i> _____	
What is your weight?	<i>in kilograms</i> _____		<i>in kilograms</i> _____	
	<b>or</b> <i>stones &amp; pounds</i> _____		<b>or</b> <i>stones &amp; pounds</i> _____	

## OCCUPATION QUESTIONS

Are you a member of the Armed Forces either full or part time?	Yes / No	Yes / No
Additional questions to be answered if applying for Waiver of Premium:		
Do you work at heights above 50ft (15m)?	Yes / No	Yes / No
Do you work offshore?	Yes / No	Yes / No
Do you work in a hazardous environment or with hazardous materials?	Yes / No	Yes / No
What percentage of your work involves manual work?	%	%
Do you require the ability to drive a vehicle in order to carry out your occupation?	Yes / No	Yes / No
What percentage of your work is administrative, skilled or professional?	%	%
How many hours do you work per week?		
Are you self employed?	Yes / No	Yes / No
Do your earnings fluctuate from year to year, for example due to bonuses or dividend payments?	Yes / No	Yes / No

## MEDICAL QUESTIONS

If the customer answers 'yes' to any of the questions on this page, or the next page, please add the details of the condition they have disclosed into an 'additional underwriting' section on page 10 onwards.

Do you have, or have you ever had, any of the following medical conditions?	LIFE ASSURED 1	LIFE ASSURED 2
Any disorder or disease of the heart, circulatory problems, chest problems or high blood pressure?	Yes / No	Yes / No
Stroke, brain haemorrhage or embolism?	Yes / No	Yes / No
Diabetes or raised blood sugar levels?	Yes / No	Yes / No
Kidney, urinary, prostate or bladder disorders?	Yes / No	Yes / No
Stomach, bowel, pancreas or liver disorders?	Yes / No	Yes / No
Any benign or malignant cancer, tumour, lump, cyst, or growth of which you are aware or for which you have sought medical advice or treatment?	Yes / No	Yes / No
Asthma, bronchitis, or chest complaint?	Yes / No	Yes / No
Fits, convulsions or blackouts?	Yes / No	Yes / No
Any form of paralysis?	Yes / No	Yes / No
Multiple Sclerosis?	Yes / No	Yes / No
Joint, back or spinal problems (other than arthritis)?	Yes / No	Yes / No
Depression, anxiety, stress, chronic fatigue, suicide attempt?	Yes / No	Yes / No
Have you ever used illegal drugs?  Drug(s)  Date last used	Yes / No	Yes / No

## MEDICAL QUESTIONS CONTINUED

<p>Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test?</p> <p>If you wish to make a confidential disclosure please choose tele-underwriting</p> <p>Note: If the result is negative, the fact of having an HIV test will not, of itself, have any effect on your acceptance terms for insurance.</p>	<p>Yes / No</p> <p>Tele-Underwriting</p>	<p><i>Details</i></p> <p><i>Dates</i></p>	<p>Yes / No</p> <p>Tele-Underwriting</p>	<p><i>Details</i></p> <p><i>Dates</i></p>
<p>Within the last five years have you been exposed to the risk of HIV infection?</p> <p>If you wish to make a confidential disclosure please choose tele-underwriting</p> <p>(This can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU)</p>	<p>Yes / No</p> <p>Tele-Underwriting</p>	<p><i>Details</i></p> <p><i>Dates</i></p>	<p>Yes / No</p> <p>Tele-Underwriting</p>	<p><i>Details</i></p> <p><i>Dates</i></p>
<p>Have you had any medical consultations in the last 3 years regarding a condition you have NOT already disclosed? (Medical consultations would include your GP, a specialist, consultant, chiropractor, osteopath, counsellor, etc).</p>	<p>Yes / No</p>	<p><i>Details</i></p> <p><i>Dates</i></p>	<p>Yes / No</p>	<p><i>Details</i></p> <p><i>Dates</i></p>
<p>Have you undergone any tests, scans or investigations in the last 3 years?</p>	<p>Yes / No</p>	<p>Tests / Scans / Investigations</p> <p><i>Dates</i></p>	<p>Yes / No</p>	<p>Tests / Scans / Investigations</p> <p><i>Dates</i></p>
<p>Are you awaiting any tests, scans, investigations, consultations or referrals?</p>	<p>Yes / No</p>	<p>Tests / Scans / Investigations</p> <p><i>Dates</i></p>	<p>Yes / No</p>	<p>Tests / Scans / Investigations</p> <p><i>Dates</i></p>
<p>Are you currently on any medication or having any treatment?</p>	<p>Yes / No</p>	<p><i>Treatment / Medication</i></p> <p><i>Dates</i></p>	<p>Yes / No</p>	<p><i>Treatment / Medication</i></p> <p><i>Dates</i></p>
<p>Is there any additional Underwriting Information that you wish to disclose that you have been unable to do using the underwriting questions above?</p>	<p>Yes / No</p>	<p><i>Details</i></p> <p><i>Dates</i></p>	<p>Yes / No</p>	<p><i>Details</i></p> <p><i>Dates</i></p>

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**Please note that for many conditions we now ask additional underwriting questions in a standard format. Please complete a section below for each condition disclosed by the customer in the answers to their MEDICAL QUESTIONS from pages 8 and 9. Please note we reserve the right to ask other additional questions.**

Life Assured Name	
Name of condition/reason for attendance?	
Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

Life Assured Name	
Name of condition/reason for attendance?	
Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

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Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

Life Assured Name	
Name of condition/reason for attendance?	
Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

Life Assured Name	
Name of condition/reason for attendance?	
Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

Life Assured Name	
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Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
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Any other information regarding this that we may find useful?	

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Life Assured Name	
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Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

Life Assured Name	
Name of condition/reason for attendance?	
Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

Life Assured Name	
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Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

Life Assured Name	
Name of condition/reason for attendance?	
Date first attended with it	
Is the above first date attended an estimate or known?	
Any medications given? (Give dates and name)	
Any investigations done? (Give dates and name)	
How much time off work did it require?	
Has a full recovery been made?	
Any other information regarding this that we may find useful?	

**This document has the space to input details against a total of 10 conditions that the customer(s) may have if it is printed in 'print all pages / one copy' format. We would suggest you print duplicate copies of this current page if you know the customer(s) has / have details of more than 10 conditions to disclose.**

## PROGRESSIVE UNDERWRITING DETAILS

If further medical or underwriting details are required, then the preferred route is for an underwriter to contact the client(s) by phone to gain this information directly.

	Life Assured 1	Life Assured 2
Please indicate if you wish to 'Opt Out' of progressive underwriting and process this application via a traditional underwriting route	Opt out: Yes / No	
Telephone Number(s) <b>AT LEAST ONE IS MANDATORY!</b>	Day	Day
	Evening	Evening
	Mobile	Mobile
Contact Time	9am-12pm / 12-3pm / 3-6pm / 6-9pm	9am-12pm / 12-3pm / 3-6pm / 6-9pm
Contact Day	Mon / Tue / Wed / Thu / Fri	Mon / Tue / Wed / Thu / Fri
Contact Date		
Current GP Name		
Surgery Address: House Name / Flat Number		
House Number		
Street		
District		
Town / City		
County		
<b>Postcode</b>		
Previous GP Name (If you have been with the current one for less than 6 months)		
Surgery Address: House Name / Flat Number		
House Number		
Street		
District		
Town / City		
County		
<b>Postcode</b>		
Do you wish to see the medical report before it is sent to company?	Yes / No	Yes / No
I have completed an AMRA declaration and it is held by my financial adviser.	Yes / No	Yes / No

## ADDITIONAL INFORMATION

Existing progress Cover will be cancelled when this Plan goes on risk	Plan No:
Please link this application to another application	App No:
This is an increase to Plan	Plan No:

MONEY LAUNDERING	PLANHOLDER 1*	PLANHOLDER 2*	PAYER*
Name			
Date of Birth (dd/mm/yyyy)	___/___/___	___/___/___	___/___/___
Address			
Lived at current address more than 3 months?	Yes / No	Yes / No	Yes / No
Previous address (If less than 3 months at current address)			
Meets the standard evidence set out within the guidance of the UK Financial Sector issued by Joint Money Laundering Steering Group?	Yes / No	Yes / No	Yes / No
Exceeds the standard evidence?	Yes / No	Yes / No	Yes / No
Was sale made face-to-face?	Yes / No	Yes / No	Yes / No
Additional information (Required if not a face-to-face sale)			

\*If the Plan is put in trust/assigned/subject to a power of attorney, please ensure the names of the legal owners are used in addition to the lives assured.

**PLEASE READ THE FOLLOWING IMPORTANT NOTES AND KEEP FOR INFORMATION**

### **IMPORTANT NOTES**

#### **Material Facts**

When you apply for insurance of any kind, it is most important to give the insurance company all the 'material facts', otherwise you could find that your Plan is invalid when it comes to making a claim and no Benefit will be payable.

It is very important that you tell us if there is a change to any of the following:

- Personal Health
- Family History
- Any occupation change
- Intentions regarding travel or residence
- Participation in any hazardous leisure activities
- Smoking Habit
- Illegal drug use

You must tell us of any changes between competing the underwriting questions and the plan starting. Failure to tell us of any change in material facts may result in non payment of a claim.

A material fact is any information that is likely to affect our decision to accept your application or the level of payments to be made. You are legally obliged to disclose this kind of information to us, even if the application form has not asked specific questions about it. So if you are not sure whether a fact is material or not, you must include it on your application form.

If we ask you to have a medical examination in connection with this application, the answers you give to the doctor count as material facts. If we ask for your permission to contact another Life Company about your medical history, again the facts we collect in this way are material facts.

#### **Medical Information**

You must tell us everything that may affect your application. If you have any doubts whether facts are relevant, please tell us about them. If you do not give us this information, we may not cover you in the event of a claim. Please note that we reserve the right to request medical information within 30 days after the commencement date of your Plan. This forms part of our quality control procedures and individual cases accepted without medical evidence are selected at random. We may carry out an examination which includes cotinine testing for tobacco. In the event that information is not forthcoming or if the examination highlights a material fact which you have knowingly failed to disclose, we reserve the right to amend the terms or cancel your Plan. You must notify us of any changes which occur before the Plan is issued.

The Access to Medical Reports Act 1988, The Access to Personal files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports (Isle of Man) Act 1993.

Should Royal Liver Assurance Limited require medical information from your doctor, you have certain rights under the above Act/Order. You have the right to withhold your consent. You can see any report from your doctor before it is sent or during the 6 months after that. You can ask the doctor to amend any part you consider misleading or incorrect and add comments if he/she doesn't agree to make the changes. The doctor does not have to show you any part of the report he/she feels might cause you harm. Without your consent we cannot apply for a medical report. Please indicate on the Declaration if you wish to see any report before it is sent to us.

#### **Genetic Testing**

In accordance with the Association of British Insurers' policy on genetics and insurance you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals £500,000 or less for life insurance; £300,000 or less for critical illness. Above these limits, you may need to tell us about certain genetic test results when applying for insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at [www.abi.org.uk/consumer2/disclosure.htm](http://www.abi.org.uk/consumer2/disclosure.htm). However, you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

## **Data Protection Act 1998**

The information you provide on the Application will be used by Royal Liver Assurance Limited to set up and administer your policy or Plan. We may also use it for underwriting, claims handling, customer service, business analysis, rehabilitation, market research, statistical purposes and the prevention and detection of fraud. If necessary a copy of the application form and any other supporting information may be given to a reassurance company who will share the risk with us. We will keep the information you have supplied confidential and will not share it with others without your agreement, except where the law permits, when it may be disclosed to law enforcement agencies, Ombudsman and Regulators. Your information may be shared with financial advisers or people acting on your behalf. It may also be shared amongst Royal Liver Assurance Limited to provide the service you applied for, to update our records and to identify other products and services which may interest you.

Under the terms of the Data Protection Act 1998 you are entitled to request a copy of information we hold relating to you. A £10.00 charge will be payable.

Any information which you have provided relating to your health or lifestyle is required for underwriting purposes and is defined as 'sensitive personal data' by the Data Protection Act 1998. This information will be held securely with access limited to those who need to see it. In cases where, on health grounds, individuals are declined life assurance or are only offered life assurance at an increased premium, this information may be shared via a central register with other insurance companies as a safeguard against non-disclosure or fraudulent claims. We may record and monitor telephone calls with you in case we need to check we have carried out your instructions correctly and to help improve our quality of service.

## **Money Laundering**

Under current regulations we are required to verify the identity of our customers. In order to meet this requirement and for the prevention and detection of fraud, we will access information from a credit reference agency\* to confirm your identity. They will authenticate your name and address, which involves checking the details you supply against those held on any databases that the company carrying out the checks on our behalf (or any similar company) has access to. This includes information from the Electoral Register. We will use scoring methods to authenticate your identity. Our search will not be used by lenders or insurers when assessing lending or insurance risks. We may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

Where Royal Liver Assurance Limited receives notification affecting the legal ownership of the Plan, e.g. Power of Attorney, the same process as set out above will apply.

Please note that if we cannot confirm your name and address by using a credit reference agency, we may contact you to ask you to supply certain documents to verify your name and address. If you ask, we will tell you which credit reference agency we have used so you can get a copy of your details from them.

\* Please note we only use this agency to verify identity to fulfil anti-money laundering regulations and not to check credit worthiness.

## **Contracts (Rights of Third Parties) Act 1999**

Please note that when a Plan is taken out, the contract is between the applicant(s) and Royal Liver Assurance Limited. The terms of the Contracts (Rights of Third Parties) Act 1999 and any other legal third party rights are specifically excluded. This means that only the parties to the contract (or their legal successor(s)), will have contractual rights.

Copies of the completed Application (where applicable), and of the Plan Conditions are available from Royal Liver Assurance Limited on request.