keyfacts®

Key Features of Term Assurance

(with options)

AVIVA

Term Assurance

(with options)

Key Features

The Financial Conduct Authority is a financial services regulator. It requires us, Aviva, to give you this important information to help you to decide whether our Term Assurance (with options) is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

This Key Features document has been written on the basis that the Policyholder and the Life Assured are the same person. However, it is possible for the Policyholder to take out cover on another person.

Its aim

- To provide the type of cover that you choose. Your plan will provide you with life cover and for an additional premium you can also choose to include Critical Illness cover.
  - **Life cover** – pays out a lump sum if you die
  - **Life and Critical Illness cover** – pays out a lump sum if you either die or are diagnosed with a critical illness that meets our plan definition and then survive for at least 14 days. We only cover the critical illnesses we define in our plan and no others.
- Alternatively, the plan will pay out if you are diagnosed as suffering from a terminal illness within the plan term with a life expectancy of less than 12 months.
- The plan ends if we pay out the cash sum on death, terminal or critical illness. It continues if we pay out under additional critical illness benefit or children's benefit.
- To provide cover for the period of time that you choose, subject to your age and the options included in the plan. At the end of the term the plan will end and you will get nothing back.

Your commitment

- To ensure you answer all the questions on your application fully, truthfully and accurately to the best of your knowledge. Failure to do so may invalidate any future claim you may make.
- To tell us if any of the medical or other information you give us changes in the time between when you sign the application and the start of your plan. Failure to do so may result in the cover you receive being inappropriate for your revised needs and may invalidate any future claim you may make. When you make a claim under Critical Illness cover or Premium Protection, the occupation that you are following at the time will be taken into consideration when assessing your claim.
- To pay regular monthly or yearly premiums over the plan's term. If you choose reviewable Critical Illness premiums your premium may change every five years. Further details can be found in the section entitled 'What else do I need to know about the Critical Illness cover?' later in this document. If you stop paying your premium, your cover will end after 30 days from the date your last premium was due.
- To tell us if you move outside the UK, Channel Islands and Isle of Man as some options of your plan may not be available, and will depend on where you move to and for how long for.
- You should regularly review your plan to ensure that it is still adequate for your needs. As your needs change, the level of cover you require may also change. Therefore, if you do not regularly review your plan, you may have too little cover for your needs or be paying too much for the cover that you already have. Further details can be found in the section entitled 'How flexible is it?' later in this document.

Risks

- If you don't pay your premiums, your plan and your cover will end 30 days after the payment was due. You'll get nothing back.
- This plan has no cash-in value at any time.
- If you choose Critical Illness cover, we'll only pay out if you're diagnosed with a critical illness that meets our plan definition and then survive for at least 14 days. All of the conditions that we cover are described in the Plan Conditions and our 'Guide to Critical Illness Cover' booklet.
- If you've chosen reviewable Critical Illness cover we'll review your premiums every five years:
  - we may increase your premiums. We'll tell you if we're going to do this
  - there is no maximum amount that your premium can be increased by. Plans with longer terms have a greater risk of premium increases as they have more reviews and are more likely to be affected by the factors that we take into consideration when reviewing the premium
  - if you decide to cancel the plan due to increased premiums you won't get any money back.

  Further details can be found under the heading 'What else do I need to know about the Critical Illness cover?'.
- It is vital that you answer all the questions on your application fully, truthfully and accurately and that you tell us about your medical history in full. Failure to mention something could result in your plan being inappropriate for your protection needs and may invalidate any claim you may make later.
- If you don't provide any information we ask for when making a claim, we won't pay out under the plan.
- There are some exclusions which we apply to the plan. For more information about these exclusions please see the section 'When will the plan not pay out?'

Questions and answers

What is a Term Assurance plan?

- It's an insurance plan that provides you with life cover and for an additional premium you can also choose to include Critical Illness cover.
  - **Life cover** – pays out a lump sum if you die
  - **Life and Critical Illness cover** - pays out a lump sum if you either die or are diagnosed with a critical illness that meets our plan definition and then survive for at least 14 days. We only cover the critical illnesses we define in our plan and no others.
- Alternatively, the plan will pay out if you are diagnosed as suffering from a terminal illness within the plan term with a life expectancy of less than 12 months.
- You can take out the plan on your own or with someone else. The cash sum is payable on the first claim only.
- For life cover you must be aged between 16 and 89 at the start of the plan.
- The plan is available for a term of your choice, subject to your age, any options you may choose and any age restrictions of the plan. At the end of the term the plan will end and you will get nothing back.
- If you choose Critical Illness cover then children of the life insured will also be automatically covered under children's benefit. We'll pay out 50% of the critical illness amount up to a maximum of £25,000 if your child is diagnosed with a critical illness or additional critical illness we cover (excluding Total Permanent Disability). If your child dies we'll pay £5,000. Cover will start from when the child is 30 days old and end on their 18th birthday or 21st birthday if in full time education as long as the plan is in force.
- If you choose Critical Illness cover then the life assured will also be automatically covered under the Additional Critical Illness Benefit.

How flexible is it?

- This plan is not designed to be flexible. You can't alter the plan once it's started, other than under the terms of the Conversion and Renewal options if selected at the start.

When does the plan pay out?

- We'll pay out a guaranteed cash sum if you:
  - die during the plan term or
  - are diagnosed as suffering from a terminal illness within the plan term and you aren't likely to live more than 12 months or
  - are diagnosed, during the plan term, as having a critical illness that meets our plan definition and then survive at least 14 days (if this option is selected at the start of the plan).

- claim and meet our definition for Arteriovenous Malformation (AVM) of the Brain, Bladder Removal, Carcinoma in situ of the Breast, Carcinoma in situ of the Cervix, Carcinoma in situ of the Testicle, Cerebral Aneurysm, Crohn's Disease treated with intestinal resection, Low Grade Prostate Cancer, Non-Malignant Pituitary Tumour, Removal of an Eyeball or Significant Visual Impairment. These 11 conditions are in addition to the main plan (if Critical Illness cover is selected at the start of the plan). The amount payable will be £20,000 or 20% of the critical illness amount, whichever is lower.
- claim for an eligible child under the children's benefit. We'll pay out 50% of the critical illness amount up to a maximum of £25,000 if your child is diagnosed with a critical illness or additional critical illness we cover (excluding Total Permanent Disability). If your child dies we'll pay £5,000. Cover will start from when the child is 30 days old and end on their 18th birthday or 21st birthday if they are in full time education as long as the plan is in force.

- The plan ends if we pay out the cash sum on death, terminal or critical illness. It continues if we pay out under additional critical illness benefit or children's benefit.

- ## What else do I need to know about the Critical Illness cover?

To include this cover:

- you must be aged between 16 and 59 at the start of the plan
- if you choose guaranteed premiums, the plan must end before your 76th birthday and the maximum term of the plan can be 40 years
- if you choose reviewable premiums, the plan must end before your 91st birthday and the maximum term the plan can have is 50 years

£2,000,000 is the maximum total critical illness cover available with Aviva including existing cover already in force with Aviva.

£3,000,000 is the maximum total critical illness cover available in the market including existing cover already in force with Aviva or any other provider.

We will pay you the cash sum if you are diagnosed as having one of the specified critical illnesses covered by the plan, during the plan term, if you choose this cover. Full details of the illnesses covered by the plan are available within the 'Guide to Critical Illness Cover' booklet. Please ask your financial adviser for a copy.

If the cash sum is paid on diagnosis of a critical illness, no further benefit is payable on terminal illness or death and the plan will end.

What are the Critical Illness premium options?

Critical Illness premiums can be on a guaranteed or reviewable basis. Your financial adviser will be able to help you decide the best option for your circumstances.

If you choose the **guaranteed basis**, this means your premiums will stay the same throughout the term of your plan.

You may wish however to choose the **reviewable** premium basis. This means that your premium is very likely to change over the term of your plan.

How will the Critical Illness premium be reviewed?

If you choose a Critical Illness plan on a reviewable basis it means that:

- we will review the part of the premium relating to this benefit prior to every fifth anniversary of the inclusion of Critical illness in the plan
- your premium will not be changed in between reviews
- premiums will be reviewed in a fair and reasonable way and as a result of the review your premium may increase, decrease or remain unchanged
- there is no limit to the change in premium that could be applied to your plan at review
- we will inform you of the outcome of the review at least 60 days before we make any change to your premium.

We will review your premium based on a range of factors including:

- The possible impact of further medical advances
- Claims experience and the experience of the rest of the industry
- Expectation of future claims
- Investment returns
- Changes in taxation, legislation and regulation
- The early cancellation of our plans which include Critical Illness cover.

What are the options following a review?

If, following a review, your premium needs to change, we will advise you of the proposed change at least 60 days prior to the five year anniversary date unless the reason for the change is beyond our control and means only a shorter notice period is possible.

If your premium needs to increase there are some options available to you. You can:

- Accept the higher premium and maintain your level of cover
- Reduce the amount covered on the plan to keep your existing premium

- Remove the Critical Illness Cover – you will not get back any premiums you have already paid
- Cancel the plan and stop paying premiums – you will not get back any premiums you have already paid.

If you do not wish to accept the higher premiums, you must confirm your chosen option to Aviva at least 14 days prior to the five year anniversary date. Otherwise, we will assume you wish to pay the higher premium.

What critical illness conditions are covered?

The complete list of the conditions we cover is set out below. These headings are only a guide to what is covered. The full definitions of the illnesses covered and the circumstances in which you can claim are given in the plan conditions. These typically use medical terms to describe the illnesses but in some cases the cover may be limited. For example:

- Some types of cancer are not covered
- To make a claim for some illnesses, you need to have permanent symptoms.

Please ask your financial adviser for a copy of the plan conditions. The definitions are also available in our 'Guide to Critical Illness Cover' booklet.

- **Alzheimers's Disease or Pre-Senile Dementia before age 65** - *resulting in permanent symptoms*
- **Aorta Graft Surgery** - *for disease or trauma*
- **Aplastic Anaemia**
- **Arteriovenous Malformation (AVM) of the Brain** – *with specified treatment*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Bacterial Meningitis**
- **Benign Brain Tumour -***resulting in permanent symptoms or requiring invasive surgery.*
- **Benign Spinal Cord Tumour**
- **Bladder Removal**
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details
- **Blindness** - *permanent and irreversible*
- **Cancer** - *excluding less advanced cases*.
- **Carcinoma in Situ of the Breast –** *requiring surgery to remove the tumour*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Carcinoma in situ of the Cervix** - *requiring treatment with hysterectomy*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Carcinoma in situ of the Testicle** - *requiring surgical removal of one or both testicles*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Cardiac Arrest** - *with insertion of a cardiac defibrillator*
- **Cardiomyopathy** - *of specified severity*
- **Cerebral Aneurysm** - *with specified treatment*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Coma** - *with associated permanent symptoms*
- **Coronary Artery By-Pass Grafts**
- **Creutzfeldt-Jakob Disease**
- **Crohn's Disease** - *treated with intestinal resection*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Deafness** - *permanent and irreversible*
- **Devic's Disease** - *with persisting clinical symptoms*
- **Encephalitis**
- **Heart Attack**
- **Heart Valve Replacement or Repair**
- **HIV Infection** - *caught in the European Union, North America, Australia or New Zealand from a blood transfusion, a physical assault or at work*
- **Intensive Care** - *requiring mechanical ventilation for 30 consecutive days*
- **Kidney Failure** - *requiring permanent dialysis*
- **Liver Failure**
- **Loss of Hand or Foot** - *permanent physical severance*
- **Loss of Independent Existence**
- **Loss of Speech** - *total, permanent and irreversible*
- **Low Grade Prostate Cancer –** *with specified treatment*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Major Organ Transplant** - *from another donor*
- **Motor Neurone Disease** - *resulting in permanent symptoms*

- **Multiple Sclerosis** - *with current symptoms*
- **Multiple System Atrophy**
- **Non-Malignant Pituitary Tumour** - *with specified treatment*
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Paralysis of a Limb** - *total and irreversible*
- **Parkinson's Disease before age 65** - *resulting in permanent symptoms*
- **Pneumonectomy** - *removal of a complete lung*
- **Primary Pulmonary Hypertension** - *of specified severity*
- **Progressive Supranuclear Palsy**
- **Pulmonary Artery Surgery**
- **Removal of an Eyeball**
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Rheumatoid Arthritis** - *of specified severity*
- **Severe Lung Disease** - *of specified severity*
- **Significant Visual Impairment**
  Included as a separate benefit to the main plan providing a maximum of £20,000 or 20% of the critical illness cover, whichever is lower. See 'Additional Critical Illness Benefit' section below for further details.
- **Spinal Stroke** - *resulting in permanent symptoms*
- **Stroke**
- **Structural Heart Surgery**
- **Systemic Lupus Erythematosus** - *of specified severity*
- **Third Degree Burns** - *covering at least 20% of the body's surface area or covering at least 20% of the surface area of the face or head.*
- **Total Permanent Disability before attaining age 65**
- **Traumatic Brain Injury** - *resulting in permanent symptoms*

Total Permanent Disability pays out if you become **totally and permanently disabled**, before age 65, because of sickness or accident. The definition of disability we use will depend on your occupation and will not change unless you are not in gainful employment immediately before the claim. You can find full descriptions of our definitions in the plan conditions and our 'Guide to Critical Illness Cover' booklet. Please ask your financial adviser for a copy.

What else is included?

Additional Critical Illness Benefit

Arteriovenous Malformation (AVM) of the Brain, Bladder Removal, Carcinoma in Situ of the Breast, Carcinoma in situ of the Cervix, Carcinoma in situ of the Testicle, Cerebral Aneurysm, Crohn's Disease treated with intestinal resection, Low Grade Prostate Cancer, Non-Malignant Pituitary Tumour, Removal of an Eyeball and Significant Visual Impairment are included as extra cover to the main plan. We will pay the maximum of £20,000 or 20% of the critical illness cover, whichever is lower. Only one claim can be made for each of these benefits per life assured. Claims paid will not affect the amount that can later be claimed under Critical Illness Cover. This means that your insured amount remains in place in case you suffer from a critical illness defined in the plan in the future.

Children's Benefit

When you purchase Critical Illness cover from Aviva, any natural, step or legally adopted children and any future children of the life insured are also covered under children's benefit. We'll pay out 50% of the critical illness amount up to a maximum of £25,000 if your child is diagnosed with a critical illness or additional critical illness we cover (excluding Total Permanent Disability). If your child dies we'll pay £5,000. Cover will start from when the child is 30 days old and end on their 18th birthday or 21st birthday if they are in full time education as long as the plan is in force.

By full time education we mean attendance at a full time course at a school, college or university. This includes placements that are part of a full time course, but excludes breaks from education, for example a gap year.

The benefit is payable once for each child and the plan will continue after the payment has been made so your own cover or the cover of any other children is not affected.

What other benefits can I choose?

For an extra cost the following options are available:

• Premium Protection

To include this benefit you must be aged between 16 and 54 at the start of the plan.

This benefit will help to cover the cost of your premiums if you're totally disabled by illness or injury for more than 26 weeks.

- **You will be covered if you are** – unable to follow your normal occupation as a result of illness or accident and not following any other occupation. Normal occupation means the occupation of the Life Insured immediately before sickness or accident that resulted in the claim.

- If you've chosen Critical Illness on a reviewable premium basis, the cost of Premium Protection will change in line with each review. Please see the 'How will the critical illness premium be reviewed?' section for more information.
- The assessment of your claim will depend on your occupation and will not change unless you are not in gainful employment immediately before the claim, in which case you will be covered under the 'Personal Capability Assessment'. You can find more details about the personal capabilities and serious conditions in the plan conditions. Please ask your financial adviser for a copy.

• Conversion option

This option allows you to change part or all of your life insurance into another Term Assurance or Whole of Life plan without having to provide more evidence of your health. If you only change part of your life insurance, your original plan will continue with a reduced amount of life insurance and a cheaper premium.

• Renewal option

This option lets you take out a new plan when this plan ends without having to provide more evidence of your health.

Both the Conversion and Renewal options will be subject to any age limits at the time. If your original plan includes Premium Protection, you can choose to continue to have this on your new plan. However, you will have to complete extra health questions.

To include Conversion or Renewal options you must be aged between 16 and 63 at the start of the plan and the plan must end before your 65th birthday.

The Renewal option isn't available if you have chosen Critical Illness cover on a guaranteed premium basis.

The Conversion option isn't available if you have chosen Critical Illness cover, either on a guaranteed or reviewable premium basis.

You will be able to renew your Critical Illness cover under the terms available at that time.

When will the plan not pay out?

We won't pay any benefit:

- if you fail to provide any documents and evidence to support your claim
- if the date of birth of any person covered by the plan has been incorrectly stated and we would not have offered cover had we known the correct date of birth at the time of application

We might not pay any benefit:

- if you did not tell us about an illness or condition at the application stage, which is considered to have had an effect on the underwriting decision that we made at the commencement of your plan.

We won't pay out the life insurance amount:

- if a claim for terminal illness benefit or critical illness benefit has already been accepted under the plan.
- if you die as a result of intentional self-inflicted injury or committing suicide within the first 12 months of taking out your plan

We won't pay the terminal illness benefit

- if diagnosis of terminal illness occurs after the plan has ended or if you are expected to live longer than 12 months.

We won't pay a critical illness claim:

- if the diagnosis isn't for one of our described illnesses
- in respect of Total Permanent Disability unless we receive notice of disability within 13 weeks of the commencement of Total and Permanent Disability
- if the cause of the claim is specifically excluded by any specific terms we apply to the plan when we accept the application. If applicable, we will show these in the acceptance letter and plan schedule
- unless you are still alive 14 days after being diagnosed as suffering from a critical illness covered by the plan.

We won't pay out if a claim results from criminal acts or self-inflicted injury where the claim is for:

- Blindness
- Coma
- Deafness
- Loss of Hand or Foot
- Loss of Independent Existence
- Loss of Speech
- Paralysis of a Limb
- Third Degree Burns
- Total Permanent Disability before age 65
- Traumatic Brain Injury

Full details of the exclusions can be found in the Plan Conditions.

We won't pay out under the Additional Critical Illness Benefit:

- if the diagnosis isn't for one of our described illnesses or conditions covered by the plan
- unless you are still alive 14 days after being diagnosed as suffering from one or more of the illnesses or conditions covered by the plan
- if we have already accepted a claim for terminal illness benefit or integrated critical illness cover under the plan
- if the cause of the claim is specifically excluded by any specific terms we apply to the plan when we accept the application (if applicable we will show these in the acceptance terms and plan schedule)

We won't pay out if a claim results from criminal acts or self-inflicted injury where the claim is for:

- Removal of an Eyeball

You can find full details of the exclusions in the plan conditions

We won't pay out under the children's benefit in respect of critical illness:

- if the diagnosis isn't for one of our described illnesses
- unless the child is still alive 14 days after being diagnosed as suffering from a critical illness covered by the plan
- if there is a successful claim on the main benefit within 14 days of diagnosis of the child's critical illness
- if the illness results from a condition the child had before he/she became covered by the plan.

We won't pay out under the children's benefit in respect of a death claim:

- if there is a successful claim on the main benefit prior to the child's death

We won't pay out if a claim for children's critical illness results from criminal acts or self-inflicted injury where the claim is for:

- Blindness
- Coma
- Deafness
- Loss of Hand or Foot
- Loss of Independent Existence
- Loss of Speech
- Paralysis of a Limb
- Removal of an Eyeball
- Third Degree Burns
- Traumatic Brain Injury

Full details of the exclusions can be found in the Plan Conditions.

Full details of what is covered, and any limits to the cover, are given in the 'Guide to Critical Illness Cover' booklet. Please ask your financial adviser for a copy.

If the amount of Critical Illness cover you have with us and/or any other provider is more than £2,000,000 we may refuse to offer you cover or reduce the cover we are prepared to offer you.

We won't pay benefits for Premium Protection:

- for the first 26 weeks of incapacity
- if the cause of the incapacity is specifically excluded on the plan schedule
- if the claim is due to criminal acts or self-inflicted injury, or
- if you're living outside the European Union for more than 13 consecutive weeks in any 12 months.

Full details of the exclusions can be found in the Plan Conditions.

This benefit will end when one of the following happens:

– the plan term ends

– the person covered dies

– the incapacity ends or

– the cash sum is paid on diagnosis of a terminal or (if chosen) critical illness.

What will my premiums be?

- Your illustration shows an indication of the premium you'll need to pay for your chosen amount of life insurance and Critical Illness cover (if chosen). This amount may change following completion of the underwriting process.
- Your premiums are based on the cover you choose and your personal circumstances.
- Your premiums can be paid monthly by direct debit or annually by cheque or direct debit.
- Remember if you choose critical illness on a reviewable premium basis your premium may increase. Please see the 'How will the critical illness premium be reviewed?' section for more information about how this may affect you.

What are the charges?

- We make a charge for managing your plan. The charges cover your life insurance, any extra benefits you've chosen and our expenses. We include these in your premium.

What if I stop paying?

- Your plan and cover will end after 30 days from the date the last premium was due. You won't get back any premiums you've paid.

What about tax?

- The cash sum paid on death, terminal illness and critical illness is currently free from income and capital gains tax.
- Death, terminal illness and critical illness benefits may be subject to inheritance tax unless you put your plan in trust. Please ask us for details on our trusts and for an explanatory booklet.
- Tax rules may change.
- Your financial adviser can give you more details about your tax position.

Can I change my mind?

- You can change your mind within 30 days from the later of:
  - the day you are advised that the contract is concluded
  - the day you receive the contract.

  Your plan will continue if we don't receive your cancellation notice within the 30 days.
- If you change your mind and cancel your plan within 30 days, Aviva will give you your money back.
- The cancellation notice will include the address you must send it to if you change your mind about your plan. Alternatively, you can contact us at the address given overleaf.

How to contact us

- Remember that your financial adviser will normally be your first point of contact. They will have provided you with information that contains their contact details.

  If you have any questions at any time, you can phone, e-mail or write to us.

Call us on **08000 686 800**
Monday to Friday 8.30am – 5.30pm
Saturday 8.30am – 2.00pm

Outside of these hours, you can use the same number and leave a message on our answerphone. We may monitor calls to improve our service.

E-mail
helpdesk@aviva.co.uk

Office address
Aviva
Po Box 520
Norwich
NR1 3WG

How to make a claim

- A claim can be made by contacting our Life Claims Department on 0800 015 1142.

Other information

How to complain

- If you ever need to complain, you can contact us at:

  Aviva
  Customer Relations
  PO Box 3182
  Norwich
  NR1 3XE

  Telephone number: 08000 686 800

  Email: Helpdesk@aviva.co.uk
- If you are not satisfied with our response, you may be able to take your complaint to the Financial Ombudsman Service.

  The Financial Ombudsman Service can look at most complaints and is free to use. You do not have to accept their decision and will still have the right to take legal action. Their contact details are:

  The Financial Ombudsman Service
  Exchange Tower
  London
  E14 9SR

  Telephone number: 0800 023 4567

  Email: complaint.info@financial-ombudsman.org.uk

  Website: www.financial-ombudsman.org.uk

Terms and conditions

- This Key Features document only gives a summary of Aviva's Term Assurance (with options). You should also see the full terms and conditions. You may already have a copy or you can get one from your adviser, or you can contact us direct. Alternatively, if you are buying on line, you can obtain a copy from the website.
- Unless otherwise stated, your illustration assumes that we accept your proposal at our normal rates.
- We won't be liable to pay any benefit until:
  - you've completed a proposal form
  - we've issued acceptance terms and
  - we've received your first premium or an acceptable method of collecting them.

The Association of British Insurers

- This Key Features document complies with the Association of British Insurers (ABI) Statement of Best Practice for Critical Illness cover. It is a guide to our Term Assurance Plan and is based on our understanding of current laws and tax rules. Further details are given in the plan schedule and the plan conditions. If you'd like a copy of the 'ABI Guide to Critical Illness cover' which provides general information about Critical Illness cover, please write to The Association of British Insurers, 51 Gresham Street, London EC2V 7HQ.

Law

- The law of England will apply in legal disputes and your contract will be written in English. We'll always write and speak to you in English.

  We're regulated by the Financial Conduct Authority:

  The Financial Conduct Authority
  25 The North Colonnade
  Canary Wharf
  London
  E14 5HS

  We're also regulated by the Prudential Regulation Authority:

  The Prudential Regulation Authority
  20 Moorgate
  London
  EC2R 6DA

Potential Conflicts of Interest

- Occasions can arise where Aviva plc group Companies, or their appointed officers, will have some form of interest in business which is being transacted.
- If this happens, or the Aviva Group becomes aware that its interests, or those of its officers, conflict with your interests, we will take all reasonable steps to manage that conflict of interest, in whatever manner is considered appropriate in the circumstance. This will be done in a way which ensures all customers are treated fairly and in accordance with proper standards of business.

Client classification

- The Financial Conduct Authority has defined three categories of customer. You've been classed as a 'retail client', which means that you'll be provided with the highest level of protection provided by the Financial Conduct Authority rules and guidance.

Compensation

- Qualified advisers will recommend that you buy products suitable for your needs. You've legal rights to compensation if at any time it's decided that you've bought a plan that wasn't suitable for your needs at that time.
- The Financial Services Compensation Scheme covers your plan. If Aviva becomes insolvent and we are unable to meet our obligations under this plan, the scheme may cover you for 100% of the total amount of your claim. For further information, see www.fscs.org.uk or telephone 0800 678 1100 or 020 7741 4100.

Braille, large font, audio material

You can order our literature in Braille, large font or audio.
Just call **08000 686 800** or email **helpdesk@aviva.co.uk** and tell us:

- the format you want
- your name and address
- the name or code of the document. The code is usually in the bottom left hand corner on the back of most documents.

Aviva Life & Pensions UK Limited. Registered in England No 3253947. 2 Rougier Street, York, YO90 1UU.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Firm Reference Number 185896. Member of the Association of British Insurers.
aviva.co.uk

PT01002 11/2015

© Aviva plc