



LIFE ASSURANCE OPTION

Application Form

Option Under Policy Number:

Option Date:* / /

* Commencement date of new policy
(can be no later than conversion option expiry date)

Please Note that Royal London's products and the information on this application are provided for residents of the Republic of Ireland only.

For Financial Broker use only

Email address:

Contact details:

Broker consultant:

Agency code (if known):

1 Important information

- Please complete using BLOCK CAPITALS. In the event that you wish to make any alteration to the proposal please ensure that it is clearly initialled by the relevant life to be assured/proposer.
- If you propose to take out this policy in complete or partial replacement of an existing policy/policies, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy/policies with this policy by cancellation or reduction, and of the possible financial loss as a result of such replacement. If you are in doubt about this, please contact your insurer or insurance intermediary.
- The person whose life is to be assured must provide the answers personally. If the answers are filled in by anyone else then they must be read over and agreed by the person whose life is to be assured before the declaration is signed. If you need to give further details please do not answer using vague replies as this will mean that we will have to refer back to you. If there is not enough space please use a separate sheet of paper which you should also sign and date.
- Failure to continue to disclose all material facts or provide Royal London with full and accurate information may result in the policy being cancelled from inception or any subsequent claim not being paid. A Material Fact is any fact about your smoking habits, pastimes or any other fact that may influence the assessment and acceptance of your application by Royal London. If the applicant or proposer has any doubt about whether certain facts are material, these facts should be disclosed.
- Copies of the completed Application Form and Policy Conditions are available on request.
- Monthly premiums must be paid by direct debit.

2 Personal Information

This section should be completed by all applicants

Life Assured Details – Life 1

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

First name(s):

Surname:

Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐

Date of Birth: D M Y

Life Assured Details – Life 2

Title: Mr ☐ Mrs ☐ Miss ☐ Ms ☐

First name(s):

Surname:

Marital Status: Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐

Date of Birth: D M Y

Address for Communication

Life 1:

Telephone No:

Email:

If different from Life 1

Life 2:

Telephone No:

Email:

Home address if different from above

Life 1:

Life 2:

3 Proposer(s)

If other than life/lives to be assured

Full name(s)	<input type="text"/>
What is the nature of the proposer(s) interest in the life/lives to be assured (if other than spouse)?	<input type="text"/>
Proposer(s) other instructions (if any)	<input type="text"/>
Proposer(s) address	<input type="text"/>
Telephone No:	<input type="text"/>
Email:	<input type="text"/>

4 Cover Required

Complete **only one** of section (a) or section (b) as required.

(a) Term Assurance

Term of Cover	<input type="text"/> years
Basis of Cover (for 2 lives)	Joint Life <input type="checkbox"/> Dual Life* <input type="checkbox"/>
Level of Life Cover**	Life 1 <input type="text"/> €
	Life 2** <input type="text"/> €
Premium Frequency	Monthly (by Direct Debit only) <input type="checkbox"/> Annual <input type="checkbox"/>

* Dual Life Cover is only available if the original policy was also on a Dual Life basis.

** For Joint Life Cover, the level of Life Cover for Life 2 must be the same as for Life 1. The level of Life Cover for each Life Assured cannot be greater than the level of Life Cover for that Life Assured under the original policy on the date that the option is exercised.

(b) Mortgage Protection Assurance

Term of Cover	<input type="text"/> years
Initial Level of Life Cover	€ <input type="text"/>
Premium Frequency	Monthly (by Direct Debit only) <input type="checkbox"/> Annual <input type="checkbox"/>
Mortgage Interest Rate Band	0%–6% <input type="checkbox"/> 6.01%–9% <input type="checkbox"/> 9.01%–13% <input type="checkbox"/>

In the event that no box is ticked the default we will use is the 0–6% interest rate band. The interest rate band selected will determine the exact level of Life Cover in the event of a claim. If you are unsure whether this band meets your needs you should consult with your Financial Broker.

5 Smoking Habits

This section should be completed by all applicants

Have you smoked or used any tobacco or nicotine replacement products at any time in the last 12 months?

Life 1 Yes ☐ No ☐

Life 2 Yes ☐ No ☐

6 Residence, Travel, Aviation and Pursuits

This section should be completed by all applicants

(a) Have you lived, worked or travelled outside of the European Union, North America, Australia, New Zealand or Japan in the last 2 years or is it your intention to do so in the next 2 years? Yes ☐ No ☐

(b) Do you, or do you intend to, engage in hazardous sports or activities of any kind e.g. aviation (other than as a fare paying passenger), climbing, diving or motor sports? Yes ☐ No ☐

If the answer to any of the questions in section 6 is YES, please supply further details and dates.

Life 1

Life 2

7 Use of Information by Royal London

We may obtain personal information either from you directly or, with your consent, from your intermediary or from other sources such as an identity authentication agency.

We will use your personal information, and where applicable that of the Life Assured if this person is not the Policyholder, for the following purposes:

- Underwriting and administering your policy
- Providing and developing our products and services
- Improving customer care
- Verifying your identity and fraud prevention
- Research and analysis
- Legal and regulatory reasons.

We will keep your personal information for a reasonable period and we may also share information about you and the Life Assured with other companies within the Royal London Group, your intermediary, our service providers and agents and with third parties such as auditors, underwriters, reinsurers, medical agencies, professional advisors, identity authentication and fraud prevention agencies, other financial institutions and legal and regulatory bodies, or where we are required by law to provide this information.

Your personal data may be processed in countries outside the European Economic Area. In this event, the processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and comply with the requirements of the Data Protection Acts 1988 and 2003.

We may carry out an electronic check to verify your identity. We will use a reputable reference agency that will access a range of data sources including information from the Electoral Register to carry out identity checks. Although we will retain a record of this search, we will not share this information outside of the Royal London Group.

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.

We may monitor and record phone calls and retain these for the purposes of training and quality assurance and to ensure that we have an accurate record of your instructions.

You have the right to ask for a copy of the information that we hold on you, for which we are entitled to charge a small fee. You can ask us to correct any inaccuracies in your information.

If you have any questions about how we will use your personal information, please write to:

Compliance Manager
Royal London Group
Royal London House
47 St Stephen's Green
Dublin 2

8 Declaration

(If you have dictated your answers, please read them over to ensure that they are correct)

I submit this application form with a view to entering into a contract for the benefit set out herein on the terms and conditions of Royal London (which are available on request). I understand that the application is subject to written acceptance by Royal London.

I declare that I have read the entire application form after it was completed and that to the best of my knowledge all the answers and statements in this application, whether completed by me or written down on my behalf at my dictation, are true and complete in every particular. I also agree that any verbal statements which are made to Royal London, will be true and complete and shall, together with this application, form the basis of this contract of insurance.

I understand that I must disclose all material facts. A material fact is any fact about your smoking habits, pastimes or any other fact that may influence the assessment and acceptance of your application by Royal London. If you are in any doubt about whether certain facts are material, these facts should be disclosed.

I understand that I must continue to advise Royal London, in writing, of all material facts and any changes to any of the information given to Royal London which occur between the date I sign this declaration and the date that cover commences under the policy.

I understand that failure to continue to disclose all material facts or provide Royal London with full and accurate information may result in the policy being cancelled from inception or any subsequent claim not being paid.

I understand that in the event of my application not proceeding, information provided in connection with my application may be retained by Royal London for a period of six years to facilitate any future application by me and as a protection against non-disclosure of material facts.

I hereby declare that in accordance with Regulation 6 (1) of the Life Assurance (Provision of Information) Regulations, 2001, I have been provided with the information specified in Schedule 1 to those Regulations and have been advised as to the financial consequences of replacing an existing policy/policies with this policy by cancellation or reduction, and of the possible financial loss as a result of this replacement.

I/We confirm that I/we have read and fully understand all parts of the above declaration.

PLEASE SIGN & DATE HERE

Signature(s) of life/lives
to be assured

Date

D M Y

Proposer (if different
from above)

Date

D M Y

(For business insurance purposes proposers' signatures must be different to lives assured – and where the proposer is a company or organisation should be signed 'For/on behalf of').

If Company, state position of
Signatory (e.g. Co. Director)

Date

D M Y

Financial Broker Disclosure Statement

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the client has been provided with the information specified in Schedule 1 to those Regulations and that I have advised the client as to the financial consequences of replacing an existing policy/policies with this policy by cancellation or reduction, and of the possible financial loss as a result of such replacement.

For Financial Broker use only.

Signature

Date

D M Y

SEPA Direct Debit Mandate

By signing this mandate form, you authorise (A) Royal London to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Royal London. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all empty fields below.

Name and address of the payer (if different from proposer):

Account holder name(s)

Address

Account number – IBAN

Bank Identifier Code – BIC

Creditor's name

Royal London

Creditor identifier

IE22SDD990491

Creditor address

47 St Stephen's Green, Dublin 2, Ireland

Type of payment

Recurrent Payment

Signature(s)

Date of signature

D M Y

By signing this mandate form, you agree to an advance payment notification period of three days before the first collection is **debited** from your account.

Policy Number



Royal London

Royal London House, 47 St Stephen's Green, Dublin 2
T: 01 429 3333 F: 01 662 5095 E: service@royallondon.ie
royallondon.ie

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