



PROTECTION

Declaration and Consent

To be filled out, signed and returned to Royal London.

Identifying information

We need this information to match the declaration to your electronic application submission.

Financial Broker Name:

Proposal Number:

Name Life 1:

Name Life 2:

Name of Policy Owner:

(If different from above. If you are signing on behalf of a company, please also include the company name.)

A. Important information

All the information provided in your online application must be true and complete. 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 health, smoking or drinking habits, occupation, pastimes, policies with other insurance companies or any other fact that may influence the assessment and acceptance of your application by Royal London. If the Life Assured or Policy Owner has any doubt about whether certain facts are material, these facts should be disclosed.

The online application must be received by Royal London within 3 months of the date of signature of this form. You must continue to advise Royal London, in writing, of all material facts and any changes to any of the information given to Royal London (or to any third party acting on behalf of Royal London) which occur between the date that this declaration is signed and the date that cover commences under the policy.

B. Data Protection Statement

Use of information by Royal London

We may obtain personal information (including sensitive personal information) either from you directly or, with your consent, from your Financial Broker or from other sources such as your doctor or an identity authentication agency.

We will use your personal information, and where applicable that of the Life Assured (including sensitive personal information relating to their physical or mental health) if this person is not the Policy Owner, for the following purposes:

- Underwriting and administering your policy
- Providing and developing our products and services

B. Data Protection Statement continued

- 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 Financial Broker, 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
47 - 49 St Stephen's Green
Dublin 2

C. Declaration to Royal London

I submit this Declaration and Consent form to apply for a policy with Royal London. I understand that my application will be submitted to Royal London online and that a printed record of the online application will be sent to me. I agree to notify Royal London, in writing, if:

- I do not receive the printed record of the online application; or
- Any information in this record is, false, incorrect or incomplete.

I understand that my Financial Broker may use a data capture form in order to complete the online application and that the data capture form may be retained by my Financial Broker and will not be passed to Royal London.

I agree that any relevant additional information provided to Royal London in relation to this application will be true and complete and shall, together with the online application and this Declaration and Consent form constitute my full application to Royal London. Relevant additional information includes but is not limited to, my verbal response to telephone enquiries from Royal London or its third party provider, supplementary questionnaires which I am requested to complete and statements which I make to a medical examiner for Royal London.

I understand that I must disclose all material facts and 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 (or to the medical examiner for Royal London or any third party acting on behalf of 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 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 and consent that Royal London and its duly authorised agents may contact me by phone, letter, email or other electronic means in relation to the processing of this application.

I consent to Royal London seeking full medical information, at any time before or after my death, from any doctor who at any time has attended me concerning anything which affects my physical or mental health. I also consent to Royal London seeking medical information from any insurance office to which an application has been made for insurance on my life and I authorise the giving of such information. I agree a copy of this consent shall have the validity of the original.

I confirm that I am a resident of the Republic of Ireland.

If Whole of Life cover has been selected and my intention is to use this policy for inheritance tax planning, I understand that if I do not complete a Section 72 Trust Form or provide for this policy in my Will the policy proceeds will not qualify for relief under Section 72 of the Capital Acquisitions Tax Consolidation Act 2003.

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 agree to the use by Royal London of my personal data and where applicable, my sensitive personal data, as indicated in the Data Protection Statement.

Signature(s) of the life/lives to be assured

Life 1		Date D	<input type="text"/>		M	<input type="text"/>		Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life 2		Date D	<input type="text"/>		M	<input type="text"/>		Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Policy Owner If different from above		Date D	<input type="text"/>		M	<input type="text"/>		Y	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
For and on behalf of, if applicable.												

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.

Financial Broker Signature _____

Date D M Y

E. 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 Policy Owner):

Account holder name(s)	<input type="text"/>	
	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
Account number – IBAN	<input type="text"/>	
Bank Identifier Code – BIC	<input type="text"/>	
Creditor's name	Royal London	
Creditor identifier	IE22SDD990491	
Creditor address	47 - 49 St Stephen's Green, Dublin 2, Ireland	
Type of payment	Recurrent Payment	
Signature(s)	<input type="text"/>	<input type="text"/>
Date of signature	D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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	<input type="text"/>
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Royal London
47-49 St Stephen's Green, Dublin 2
T: 01 429 3333 F: 01 662 5095 E: service@royallondon.ie
royallondon.ie

The Royal London Mutual Insurance Society Limited is authorised by the Prudential Regulation Authority in the United Kingdom and is regulated by the Central Bank of Ireland for conduct of business rules. The Royal London Mutual Insurance Society Limited is registered in England and Wales, number 99064, at 55 Gracechurch Street, London EC3V 0RL and in Ireland, number 908341, at 47-49 St. Stephen's Green, Dublin 2.