

# Family Income Benefit

## Policy Conditions

Family Income Benefit 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.

### Family Income Benefit at a glance

#### You are covered for:

Death and terminal illness for the duration of your policy (known as the 'policy term')



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.

#### 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.

#### 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
- Basic salary increase
- Divorce or dissolution of civil partnership
- Significant career progression salary increase
- 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, cover type and any exclusions.



#### 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.



# Contents

## Definitions

2

## Section A

### Family Income Benefit in detail

3

A1	–	What's covered	3
A2	–	What isn't covered	3
A3	–	Types of cover	3
		A3(a) Level cover	3
		A3(b) Inflation linked cover	3
A4	–	How to make a death claim	4
A5	–	How to make a terminal illness claim	4
A6	–	Who we'll pay the claim to	4
A7	–	Ways to receive money from the claim	4
A8	–	If you're insuring someone else	4
A9	–	Claiming from this policy and state benefits	4

## Section B

### Managing your policy

5

B1	–	Paying for your policy	5
B2	–	What happens if you stop paying for your policy	5
B3	–	Restarting your policy	5
B4	–	When the amount you pay can change	5
B5	–	Proof of your age and name when claiming	5
B6	–	Cancelling your policy	5
B7	–	When we can cancel your policy	5
B8	–	When your policy ends	6
B9	–	You choose who we pay a claim to	6
B10	–	Increasing your cover using a guaranteed increase option (GIO)	6
B11	–	Other ways to make changes to your policy	7

## Section C

### Other information

8

C1	–	Legal information	8
C2	–	How claim payments are taxed	8
C3	–	How to make a complaint	8
C4	–	How we use your information	8
C5	–	Financial crime and terrorist financing	8

## 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:

**Annual amount of cover** means the amount we'll pay if a claim is made. This will be paid monthly in 12 equal payments, unless you ask us to pay it as a one-off lump sum (see section A7).

**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.

**Pay my mortgage** is an option you can choose that allows us to pay the money directly to your mortgage lender when you make a claim. This option can only be used with residential mortgages on properties in the UK, and where the property is your main residence (this means the home that you live in most of the time). It doesn't apply to mortgages on buy-to-let properties, second homes, holiday homes, or commercial properties.

**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 Family Income Benefit 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.

**Special provisions** are also known as exclusions. We base these on your individual circumstances and will list them in your policy schedule if you have any.

**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 – Family Income Benefit 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 **annual amount of cover**. This is usually paid monthly in instalments and will continue until we have made the last payment due before the **end date** of the **policy**.

#### Here's an example

Jane earns £24,000 a year and decides to take out a Family Income Benefit policy with an annual amount of cover of £24,000. Jane chooses a policy that lasts until she retires in 20 years' time. The end date of the policy is 1 December 2040.

Jane dies on 1 August 2030 and her wife Pam makes a claim.

Pam will receive £24,000 a year paid in instalments of £2,000 every month for the next 10 years and four months.

The last full payment will be in November 2040 because the policy ends on 1 December 2040.

There is an option to receive the claim payment in a single lump sum instead of monthly instalments – we cover this in more detail in section A7.

- **Traveling 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**

If you live past the **end date**, 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 two types of cover available. Both will pay the **annual amount of cover** in monthly instalments which will start from the date you die or are diagnosed with a **terminal illness**, and finish at the **end date** of your **policy**.

#### A3(a) – Level cover

This means that your **annual 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 **annual amount of cover** of £20,000 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 **annual amount of cover** will go up each year 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 we're paying a claim on your **policy** when we increase your **annual amount of cover** the amount we pay will also go up in line with **inflation**. The maximum increase each year is limited to 12%.

If the Retail Prices Index (which is how we measure **inflation**) doesn't change, or goes down then your **annual 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 **annual 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 **annual 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.

#### 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**.

- If that person has died we'll pay the person named as the executor in **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 we would pay a claim to the estate of the younger **policy** owner because we pay to the surviving party.

#### A7 – Ways to receive money from the claim

When paying a claim we offer the person making the claim the option to receive the money in monthly instalments, or to have it paid as a one-off lump sum instead.

If the recipient of the claim decides to receive their payments in monthly instalments they can always choose to take the remaining amount as a one-off lump sum later on.

If they choose to receive it as a lump sum, the amount we pay will be lower than the total of the regular instalments we would pay. We cannot guarantee how much we'd pay as a lump sum, we'll be able to give that amount when a claim is made – but it will be lower than the total amount you'd receive if we paid you in regular instalments.

#### 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.

#### A9 – Claiming from this policy and state benefits

We won't reduce the payments we make to you or your beneficiary (we'll just say 'you' for the purpose of this explanation) from this **policy** if you're also claiming state benefits. However, claim payments from this **policy** may affect the amount of state benefits you receive unless you use them to make your mortgage repayments.

When we pay a claim we'll pay it either in instalments or as a lump sum (whichever you choose), unless you choose our '**pay my mortgage**' option which is only available to people who take their Family Income Benefit payment in instalments. This is because we'll pay an amount equal to your monthly mortgage repayment straight to your mortgage provider, and pay the rest to you.

When you make a claim on this **policy** we'll help you work out how the money we pay might affect state benefit entitlement and confirm your mortgage details.

If the amount we pay your mortgage lender is less than your monthly mortgage repayments you'll need to make up the difference. Please tell us immediately if your mortgage repayment amount changes, so we can ensure we pay your mortgage provider the correct amount if a claim is made.

It is our understanding that the government won't include payments we make directly to your mortgage lender when they assess your entitlement to Universal Credit. But they will take any remaining amount that we pay you into account when assessing means-tested benefits and will reduce your Universal Credit entitlement.

However, this could change at any time – so if you apply for or receive state benefits we recommend you confirm this with the Department for Work and Pensions immediately. Please remember you must tell them about the money you receive from this **policy**.

## 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 the **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) 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 **annual 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 get confirmation of age from the death certificate. If you've been diagnosed with a **terminal illness**, we'll 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 **annual amount of cover** to the amount that would have been available based on their actual age when this **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 birth 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 speak to your financial adviser first, as they may be able 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 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 **annual 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 **annual amount of cover**, or
- we would have provided you with a lower **annual 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, or to apply a **special provision** (a medical exclusion) to your **policy**.

After you've applied for your **policy** you'll receive a summary of the answers you gave before starting your **policy** – so it's really important you check it thoroughly and make sure everything is correct. If anything is incorrect you must let us know straight away so that we can put things right before your **policy** starts.

## B8 – When your policy ends

Your **policy** will stop on the **end date** shown in your policy schedule. 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**, but your **policy** doesn't end until the **end date** shown on your policy schedule. However, once we pay a claim on your policy we won't pay any further claims (for example, if we're paying 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 they are aged 54 or less.

You can increase your **annual amount of cover** by up to £10,000. However, you can't increase it by more than 50% of the original **annual amount of cover** shown in your policy schedule (unless you use the significant career progression 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 **annual amount of cover**, but the total of all these increases in your **annual amount of cover** cannot be more than £17,000. If you want to increase your **annual amount of cover** by more than this 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 **annual amount of cover** will have increased. The new price you pay will take into account whether or not you smoke, your age and any existing **special provisions**.

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 cover by more than the amount that your mortgage has increased by.
- **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 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.
- **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.

The following options have different conditions from our other guaranteed increase options:

- **Significant career progression with a salary increase of at least 20%**, this can be all at once or accumulated since the **start date** of your **policy** but it must be due to getting a promotion or a new job.

You can only use this option once during the lifetime of your **policy**.

This option is not available for self-employed people, or if you are (or related to) the owner, director or partner in the company you are employed by.

- **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 **annual amount of cover** each of you can have for your new individual policies cannot be more than the **annual amount of cover** on your joint policy.

Alternatively you can choose to share your current **annual amount of cover** between you when you take out new policies. For 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.
- Or 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 original <b>annual amount of cover</b> shown on the policy schedule, limited to the increase to your monthly mortgage payments	£10,000	54
Rent increase	50% of the original <b>annual amount of cover</b> shown on the policy schedule limited to the annual increase to your rental payments	£10,000	54
Marriage and civil partnership	50% of the original <b>annual amount of cover</b> shown on the policy schedule	£10,000	54
Converting a joint life policy to two individual policies	The <b>annual amount of cover</b> can't be more than the <b>annual amount of cover</b> on your original policy at the time you wish to use the option	Not applicable	No age limit
Divorce and dissolution of civil partnership	50% of the original <b>annual amount of cover</b> shown on the policy schedule	£10,000	54
Having a child – by birth or legal adoption	50% of the original <b>annual amount of cover</b> shown on the policy schedule	£10,000	54
Basic salary increase of at least 10% (for employees only)	50% of the original <b>annual amount of cover</b> shown in the policy schedule, limited to a maximum of the increase in basic salary	£10,000	54
Significant career progression - basic salary increase of least 20% (for employees only)	None, other than the maximum increase, limited to a maximum of the increase in basic salary	£17,000	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 Guaranteed Increase Option explained in section B10 or inflation linked cover explained in section A3(b)). However, we can't guarantee you'll be able to make these changes as it depends on whether we're still offering this type of policy, as well as your age and current circumstances, so we'll also 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 your **policy end date**.

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 Family Income Benefit 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 total of all the payments of the **annual amount of cover** that are due between your death and the **end date** of the **policy** 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](mailto: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](mailto:DPO@LV.com) or write to: Data protection officer, Liverpool Victoria Financial Services Limited, County Gates, Frizzell House, 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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