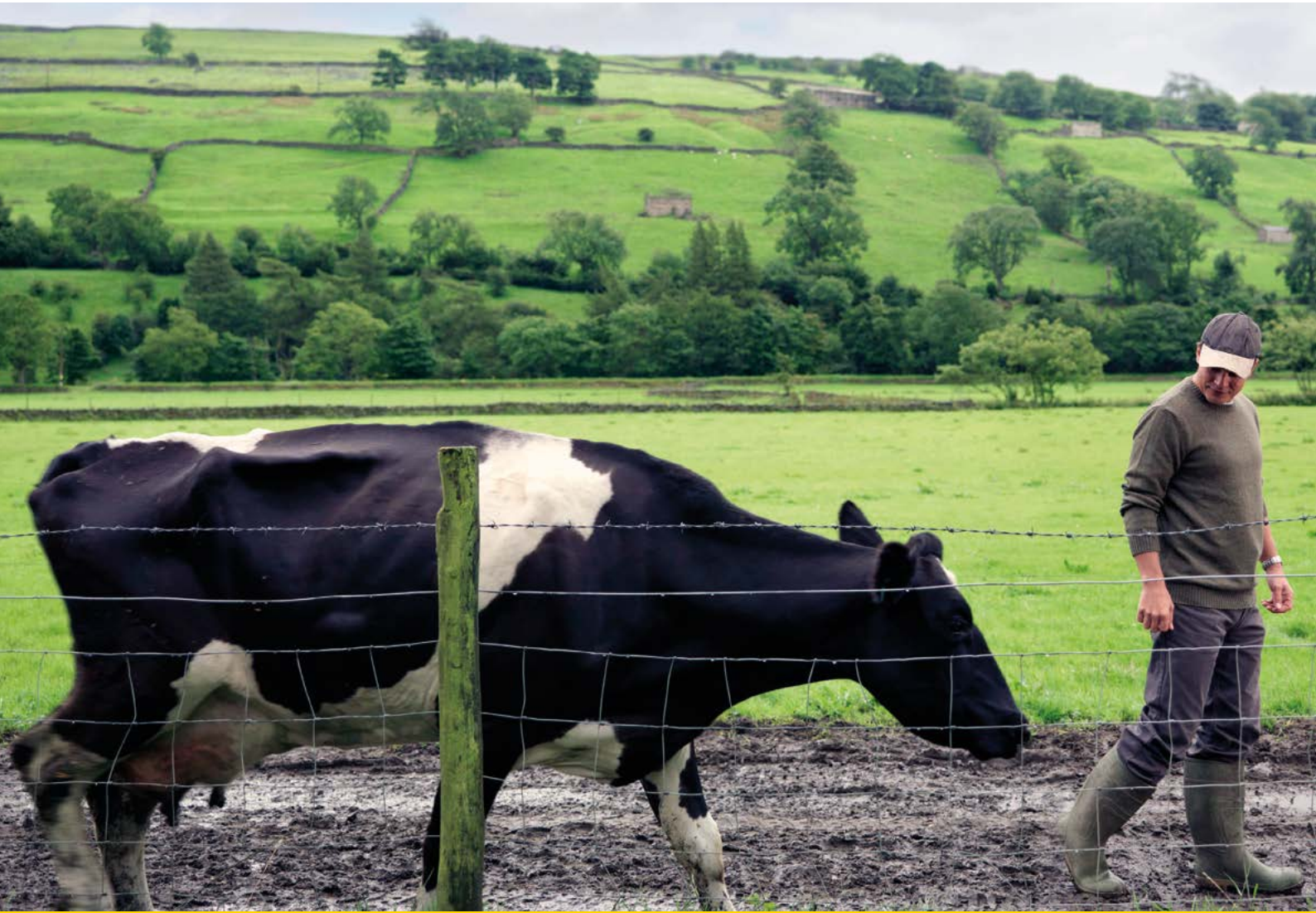


BUSINESS PROTECTION CRITICAL ILLNESS WITH TERM ASSURANCE



Chosen partner of NFU Mutual



BUSINESS PROTECTION INSURANCE IS DESIGNED TO PROTECT A COMPANY FINANCIALLY WHEN ITS OWNERS OR EMPLOYEES ARE AFFECTED BY ILLNESS OR DEATH.

WHO PROVIDES THIS BUSINESS PROTECTION CRITICAL ILLNESS WITH TERM ASSURANCE?

This policy is being provided to you by AIG Life Limited (AIG for short). They specialise in protection insurance in the UK – such as life insurance, critical illness and income protection cover.

NFU Mutual has chosen to partner with AIG to provide you with this protection policy because they:

- provide excellent service, and
- consider all claims fairly.

HOW TO USE THIS DOCUMENT

This is to help you decide whether our Business Protection Critical Illness with Term Assurance is right for you, featuring all the key bits you need to know. It'll help you understand how things work.

The full terms, conditions and exclusions of this cover can be found in the Cover Details and Cover Summary.

The Cover Details is the terms and conditions, and the Cover Summary is a summary of your cover if you decide to take it out. We'll let you know when you might want to check these out throughout this document.

You can ask your NFU Mutual financial adviser for the Cover Details, and you'll get a copy of the Cover Details and Cover Summary if you decide to buy from us.

TAKING ADVICE

If you're thinking of taking out insurance, you might want to get expert advice from your NFU Mutual financial adviser who can look at your personal circumstances and help you make the decision that's right for you.

GIVING US THE RIGHT INFORMATION

So that we can give you cover that matches your needs, it's really important that you provide us with information that's true, accurate and complete when you apply for your cover. If you don't, it can cause problems later on, like your policy being cancelled or a claim being rejected or reduced.

WHAT IS BUSINESS PROTECTION CRITICAL ILLNESS WITH TERM ASSURANCE?

Business Protection Critical illness with Term Assurance is a type of insurance that protects your business from the financial impact of death, terminal illness or critical illness of a key person, for shareholder or partnership protection or for business loan protection.

It also provides cover for children of the person covered, if they die or are diagnosed with a critical illness.

WHAT DOES TERMINAL ILLNESS MEAN?

A terminal illness means that the illness either has no known cure, or has progressed to the point where it can't be cured.

A claim for terminal illness can be made where the person covered has been diagnosed by a medical consultant with an illness that is expected to lead to death within 12 months. If the consultant can't diagnose this, or expects death to occur more than one year after diagnosis, we won't pay a terminal illness claim.

We'll only make a payment for a diagnosis of a terminal illness if the person covered meets the definition in the Cover Details.

WHO CAN BUY BUSINESS PROTECTION CRITICAL ILLNESS WITH TERM ASSURANCE?

To apply for this cover, businesses must be registered in the United Kingdom, Channel Islands, Isle of Man or Gibraltar, and can only provide cover in respect of British citizens or those resident in the United Kingdom, Channel Islands, Isle of Man and Gibraltar, aged 17 up to and including 75.

For renewable cover, the maximum age of the person covered is up to and including 54. In certain circumstances, we may be able to offer cover if the person to be covered is a resident overseas. For more information, please contact us using the details on page 12.

You can select to insure:

- you alone – we call this ‘single life’ cover,
- you and another person – we call this ‘joint life’ cover, or
- one or two people other than yourself – this can be either ‘single’ or ‘joint life’ cover

WHAT IS JOINT LIFE COVER?

Joint life cover is where two people require cover that if one person dies or is diagnosed with a terminal illness, the other is provided with financial support. The cover is jointly owned so once a claim is paid the policy will end, meaning the other person is no longer insured under this insurance. There needs to be an insurable interest (see below) between the two owners on a joint life cover, for example, they have a joint business loan.

INSURABLE INTEREST

You can only insure someone else if you would suffer financially were they to die or suffer a terminal illness or critical illness. We call this ‘insurable interest’. You or the business must have an insurable interest in the person covered at the time the cover is taken out.

You’ll always have an insurable interest in your own life. It’s possible to have an insurable interest in another person if you have a legally enforceable financial dependency or liability upon them.

THE FUNDAMENTALS – HOW IT WORKS

THE AMOUNT OF COVER

You can decide how much cover you want. This amount is called the ‘sum assured’. This is what we pay if the person covered dies, is diagnosed with a terminal illness or suffers or undergoes one of the specified critical illnesses or operations during the term of the policy.

THE TERM OF THE COVER

The term of the cover is how long the insurance lasts. You choose the term of the cover – it can be any number of years between 3 and 50. However, the policy must end before the person covered reaches their 86th birthday.

RENEWABLE COVER

With renewable cover, you choose a level term of 5 or 10 years. At the end of this term, you have the option to renew the cover for a further 5 or 10 years, depending on your initial term, without providing further medical information for the person covered. If you choose not to renew the cover, your cover will end.

You can renew the cover until the 60th birthday of the person covered.

TYPES OF COVER

- Level – a straightforward cover, where the amount of your cover stays the same.
- Decreasing – designed to cover any big debts you’re paying off. The amount of your cover decreases each month, so that it reaches zero when your cover ends. It works in the same way as the outstanding amount on a repayment business loan of either 10%, 11%, 13% or 15%.
- Increasing – designed to keep up with rising costs over the years. The amount of your sum assured increases by 5% each year to protect against the impact of inflation.

Renewable cover is only available with a level sum assured. Further information regarding these types of cover is available in section 2.1 of the Cover Details.

PAYING FOR YOUR POLICY

We’ll collect monthly or annual premiums from you by direct debit until your insurance ends. Your premiums won’t change, unless you choose increasing cover. If you choose an increasing cover, the amount you pay will increase each year to pay for the extra cover.

If you choose a renewable cover, your premiums will change when your cover renews. The new premium will be based on the premium rates at that time, the sum assured and the age of the person covered.

ADDITIONAL OPTIONS AVAILABLE AT EXTRA COST

Waiver of Premium

If the person covered is ill or too injured to work, Waiver of Premium means you won't have to pay your premiums.

We'll waive your premiums if the person covered is incapacitated for longer than 26 weeks. Waiver of Premium will end when they reach their 70th birthday.

You can include Waiver of Premium if the person covered is 54 and below when you buy the cover, for an additional cost. You can add Waiver of Premium for one or both people if you have a joint life cover. We won't waive premiums if Waiver of Premium is not included in the cover for that person (the Cover Summary will show who is covered by Waiver of Premium).

For more information regarding Waiver of Premium, take a look at section 2.4 of the Cover Details.

Total Permanent Disability

If the person covered has an illness or injury that results in a permanent disability, Total Permanent Disability will pay out the sum assured.

The person covered will usually have to be incapacitated for at least 26 weeks before we can establish whether the incapacity is permanent (see our definition of incapacitated below). Once we've established that the incapacity is permanent, we'll pay the full sum assured and the cover will end.

Total Permanent Disability will end when the person covered reaches their 70th birthday. You can include Total Permanent Disability if the person covered is aged 59 and below when you buy your cover, for an additional cost.

You can add Total Permanent Disability for one or both people if you have a joint life cover.

For more information about Total Permanent Disability take a look at section 2.3 in the Cover Details.

Waiver of Premium and Total Permanent Disability may not be available to everyone or we may restrict cover. If this happens, we'll explain our decision.

WHAT DOES INCAPACITATED MEAN?

Incapacitated means that you're too ill or injured to work. It depends on whether you're in paid work and what kind of work you do.

It'll either be based on your ability to be able to do your own occupation (the type of job you did before you stopped work), a suited occupation (the kind of job they could do) or certain work tasks (types of things people do in everyday life, like writing, walking or bending). We sometimes refer to work tasks as daily activities.

Which of these definitions applies to you, will be agreed based on your circumstances when you apply – and will be confirmed in your Cover Summary. If your circumstances change before you become incapacitated, a different definition may apply to your claim.

CRITICAL ILLNESSES COVERED

The critical illnesses we cover fall within three groups:

- Group I – If the person covered meets any of the conditions listed under this Group I, we'll pay the full sum assured. Once we've paid the full sum assured, the cover will end.
- Group II – These are additional payment conditions that pay a proportion of the sum assured. The maximum amount we'll pay for a Group II condition is the lower of 50% of the sum assured or £35,000.
- Group III – These are additional payment conditions specifically covering children that pay a proportion of the sum assured. The maximum amount we'll pay for a Group III condition is the lower of 50% of the sum assured or £35,000.

Full definitions can be found in section 5 of the Cover Details.

GROUP I CRITICAL ILLNESS CONDITIONS

- Aorta graft surgery – for disease or following traumatic injury
- Aplastic anaemia – with permanent bone marrow failure
- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent

- symptoms or specified treatment
- Benign spinal cord tumour – resulting in permanent symptoms or specified treatment
- Blindness – permanent and irreversible
- Brain injury due to anoxia or hypoxia – resulting in permanent symptoms
- Cancer – excluding less advanced cases
- Cardiac arrest – with insertion of a defibrillator
- Cardiomyopathy – of specified severity
- Coma – of specified severity
- Coronary artery bypass grafts – with surgery
- Creutzfeldt-Jakob disease
- Deafness – permanent and irreversible
- Dementia including Alzheimer’s disease – resulting in permanent symptoms
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Heart surgery – with thoracotomy
- Heart valve replacement or repair – with surgery
- HIV infection – from a blood transfusion, a physical assault or at work
- Intensive care – requiring mechanical ventilation for 7 consecutive days
- Kidney failure – requiring permanent dialysis
- Liver failure – end stage
- Loss of hands or feet – permanent physical severance
- Loss of independence – of specified severity
- Loss of speech – permanent and irreversible
- Lung disease – of specified severity
- Major organ transplant – from another donor
- Motor neurone disease and specified diseases of the motor neurones – resulting in permanent symptoms
- Multiple sclerosis – of specified severity
- Neuromyelitis optica (Devic’s disease)
- Paralysis of limbs – total and irreversible
- Parkinson’s disease – resulting in permanent symptoms
- Parkinson plus syndromes – resulting in permanent symptoms
- Primary pulmonary arterial hypertension – of specified severity
- Pulmonary artery replacement – with surgery
- Severe Crohn’s disease
- Severe mental illness – as specified
- Spinal stroke – resulting in permanent symptoms
- Stroke – of specified severity
- Surgical removal of an eyeball
- Systemic lupus erythematosus (SLE) – of specified severity
- Third degree burns – covering 20% of the body’s surface area or 20% of the face’s surface area
- Traumatic brain injury – resulting in permanent symptoms
- Ulcerative colitis – treated with total colectomy

GROUP II CRITICAL ILLNESS CONDITIONS

- Accidental hospitalisation
- Angioplasty – requiring treatment to multiple coronary vessels
- Carotid artery stenosis – treated by endarterectomy or angioplasty
- Central retinal artery or vein occlusion (Eye stroke) – resulting in permanent visual loss
- Cerebral or spinal aneurysm – with surgery or radiotherapy
- Cerebral or spinal arteriovenous malformation – with surgery or radiotherapy
- Crohn’s disease – treated with intestinal resection
- Diabetes mellitus Type 1 – requiring permanent insulin injections
- Gastrointestinal stromal tumour (GIST) – of specified severity with surgery
- Less advanced cancers – of named sites and specified severity of the following:
 - Anus
 - Bile Ducts
 - Breast
 - Cervix
 - Colon and rectum
 - Gallbladder
 - Larynx
 - Lung and bronchus
 - Oesophagus
 - Oral cavity or oropharynx
 - Ovary
 - Pancreas
 - Prostate
 - Renal pelvis (of the kidney) and ureter
 - Stomach
 - Testicle
 - Thyroid
 - Urinary bladder
 - Uterus
 - Vagina
 - Vulva
 - Other cancer in situ – with surgery
- Neuroendocrine tumour (NET) – of specified severity with surgery
- Permanent pacemaker insertion – for heartbeat abnormalities
- Pituitary gland tumours – with specified treatment
- Severe sepsis – resulting in admission to a critical care unit for 3 days or more
- Significant visual impairment – permanent and irreversible
- Single lobectomy – the removal of a complete lobe of a lung
- Skin cancer (not including melanoma) – advanced stage as specified
- Syringomyelia or syringobulbia – treated by surgery.

CHILDREN'S CRITICAL ILLNESS BENEFIT

Your policy also includes cover for children of the person covered. Children are covered from birth up to age 22. Children are covered for terminal illness and all critical illnesses specified under Group I and II, except Loss of Independence or any additional options such as Waiver of Premium or Total Permanent Disability.

GROUP III CRITICAL ILLNESS CONDITIONS

Children are also covered for additional child specific conditions (Group III):

- Cerebral palsy
- Craniosynostosis – requiring surgery
- Cystic fibrosis
- Down's syndrome
- Edwards Syndrome
- Hydrocephalus – treated with the insertion of a shunt
- Muscular dystrophy
- Osteogenesis imperfecta
- Patau syndrome
- Spina bifida.

There are some restrictions attached to children's critical illness cover and these are explained further in section 2.1 of the Cover Details.

There's no limit on how many children are covered under one policy. However, children's critical illness benefit will be payable once per child. The maximum children's critical illness benefit payable for each child is the lower of 50% of the sum assured and £35,000, regardless of how many policies you hold with AIG.

We'll pay double the amount of the children's critical illness benefit if in the opinion of the treating consultant and our Consultant Medical Officer:

- the child is unable to receive treatment for the children's critical illness in the UK that is effective in curing or preventing further deterioration of the condition, and
- a treatment that is effective, curative or prevents further deterioration is available overseas.

CHILD LIFE COVER

If a child dies during the term of the cover, we'll pay a child life cover benefit of £10,000. If the child is diagnosed with a terminal illness, we'll pay the child life cover benefit early.

Child life cover is payable in addition to children's critical illness benefit. Child life cover is payable once per child, regardless of how many policies you hold with AIG.

PREGNANCY COVER

If the person covered suffers from a defined complication during pregnancy, we'll pay £5,000 per pregnancy, unless the claim is because of foetal death in utero, neo-natal death or stillbirth, in which case we'll pay £5,000 per foetus or child. This is the maximum amount we'd pay regardless of how many policies you hold with AIG.

Any claim made under children's critical illness, child life cover or pregnancy cover won't affect your main sum assured.

CHANGING YOUR POLICY

You can change your policy to ensure that it still meets your needs.

Some of these options aren't available to everyone. This could be because, for example, the person covered has a particular medical condition when the cover is first taken out. For more information, including limitations, take a look at section 3.4 in the Cover Details.

BUSINESS CHANGES

You're able to increase the amount of cover without the need to answer any more health and lifestyle questions up to and including the 55th birthday of the person covered and:

- the cover was taken for business loan protection and the owner of the cover increases their business loan
- the cover was taken for key person cover and the value to the business of the key person covered increases
- the cover was taken for shareholder protection and the share, or shareholding, of the person covered in the business increases in value, or
- the cover was taken for business partnership cover and the value of the partnership share increases (for example, where the total number of partners has reduced).

MORE WAYS YOU CAN CHANGE

You can also:

- reduce the sum assured
- increase the term of the cover
- reduce the term of the cover
- stop, skip and restart annual increases if you have selected increasing cover, or
- change your premiums from annual to monthly and vice versa.

THE LIMITS

There's a limit to how much you can increase your sum assured – it can't be more than the lower of 50% of the original sum assured or £75,000.

If you have a renewable cover, you can't change the term of the cover.

IMPORTANT INFORMATION ABOUT YOUR COVER

COVER FOR CRITICAL ILLNESSES

This cover will only pay a benefit for a critical illness if the person covered meets our definition of that critical illness as defined in full in the Cover Details.

For some people, we may not include every critical illness. This could be because, for example, they have a particular medical condition when they apply for cover. The Cover Summary will show if we've excluded any of these critical illnesses from the cover we're offering.

ASSOCIATION OF BRITISH INSURERS – GUIDE TO MINIMUM STANDARDS FOR CRITICAL ILLNESS COVER

The Association of British Insurers (ABI) is a trade body for the UK's insurance and long term savings industry. Part of its remit is to set standards that insurers must follow.

The ABI Guide to Minimum Standards provides that, to be called 'critical illness' insurance, policies must include cover for cancer, heart attack and stroke according to specified minimum definitions of those conditions. It also sets out minimum definitions for other conditions which insurers may or may not offer so that there is a degree of comparability and consistency, and to ensure that the cover for all these conditions meets certain minimum standards.

Our Business Protection Critical Illness with Term Assurance meets, and in some instances improves on, the standards provided for in the ABI Guide to Minimum Standards for Critical Illness Cover.

WHEN YOU'RE COVERED

Business Protection Critical Illness with Term Assurance only protects you against events that happen to the person covered during the term of your policy. If something happens outside that term, you won't be covered. The Cover Summary shows what's covered and for how long.

REVIEWING YOUR COVER

Make sure you review your policy in line with the needs of the business. If you don't, you may have more or less cover than you actually need.

PROTECTING YOUR COVER AGAINST INFLATION

Inflation will reduce the spending power of any benefit you're paid in the future. To help protect your cover against this effect, you can choose to set it up with a sum assured that increases by 5% each year.

If you have an increasing cover, the amount you pay will increase each year to pay for the extra cover. If you then change to a level sum assured, the premium will remain at the level it was when you made the change. If you restart the annual increase, the premium will increase again. You won't be able to restart the cover if it's been stopped for 3 consecutive years.

With the increasing cover, the premium will increase annually by a higher percentage than that of the sum assured, because of the increased likelihood of a claim as the person covered gets older.

COVERING A REPAYMENT BUSINESS LOAN

If you have a repayment business loan and choose decreasing cover and select an interest rate that doesn't meet or exceed the rate you're paying on your loan, the benefit we'll pay for a successful claim may not meet the outstanding amount of your loan.

IF YOU MISS A PREMIUM

If any premium remains unpaid for more than 30 days from the date it was due to be collected, we'll cancel your policy and you'll no longer be covered.

THINGS YOU NEED TO KNOW

MAKING A CLAIM

If you need to claim, you should get in touch as soon as you can using the contact details on page 11.

If you'd like to know more about how to claim, you can find this in the Cover Details or visit aiglife.co.uk.

We'll pay the benefit to the person legally entitled to receive it. This will be confirmed when a claim is made. It'll depend on the nature and circumstances of the claim, and whether the policy has been assigned or put under a trust.

During the course of the claim assessment, we'll establish and confirm who we identify as legally entitled to receive the benefit.

WHERE A CLAIM CAN BE MADE

For a death claim, the person covered can be anywhere in the world.

For a critical illness and terminal illness claim, the person covered can be residing anywhere in the world, however the consultant must be in an eligible country.

For Waiver of Premium and Total Permanent Disability claims, the person covered must be living in an eligible country when they become incapacitated. They must return to and remain in the UK, Channel Islands, Isle of Man or Gibraltar within 26 weeks of becoming incapacitated in order to receive the benefit.

For a list of eligible countries, take a look at section 5 of the Cover Details.

WHEN WE WON'T PAY A CLAIM

More insurance claims are paid than aren't. Here are the reasons why we won't pay a claim:

- you've stopped paying regular premiums throughout the term of your policy
- you provided inaccurate information when you applied for the cover
- you don't give us medical or other evidence that we ask for, or
- you didn't tell us if any of the information in the Cover Summary or Application Details we sent you is wrong.

We won't pay a claim if the person covered as a key person or in connection with a business loan leaves the business before a claim.

We also won't pay a claim if the person covered dies as a result of their own actions within one year of the cover start date or the latest restart date, or when we're entitled to cancel or amend your cover. Once the cover has been active for more than 12 months, if the person covered has asked us to increase the sum assured in the 12 months prior to them dying as a result of their own actions, no benefit will be payable in respect of this increase.

It's important to be accurate and thorough when applying. If you don't take sufficient care and give us information that's untrue, incomplete or inaccurate, we may need to cancel or change your cover so that it fits what we should have been told about. So if you later spot an error in your documents, contact us as soon as possible to change it.

Further information about when we won't pay a claim, or when we're entitled to cancel or amend your insurance, is available in section 2.1 in the Cover Details.

WHEN WE WON'T PAY CHILDREN'S CRITICAL ILLNESS COVER

There's some instances where we may not be able to pay a claim for children's cover. We'll always explain these in full, but the following are some important ones to be aware of.

We won't pay a children's critical illness benefit if a child is diagnosed before birth with a children's critical illness and dies within 10 days of being born.

We also won't pay the children's critical illness benefit if a child dies within 10 days of being diagnosed with a critical illness.

In addition, we won't pay a child life cover benefit in the following circumstances:

- if the cause of death first arose before the cover started or before you last restarted the cover, or
- if the cause of death is miscarriage or stillbirth.

We won't pay a pregnancy cover benefit in the following circumstances:

- if the person covered was aware of an increased risk of suffering from a complication of pregnancy before the cover started or restarted, or

- if the pregnancy resulted in a child life cover benefit being paid.

For more information about when we won't pay a children's critical illness cover, take a look at section 2.1 on the Cover Details.

CHANGING YOUR MIND ABOUT THE COVER

If you change your mind about having cover within 30 days of receiving your policy documents, we'll refund any premiums you've paid, unless we've already paid a benefit before you cancel.

If you stop your policy, your insurance will end on the day before your next premium is due and you won't get any money back. If you're paying annual premiums, your policy will end on the day before the next monthly anniversary of the policy. We'll retain the cost of any full (or partial) months of cover up to date of cancellation and will refund any balance of the annual premium.

Your policy has no cash value.

THE LAW

This cover is governed by the law of England and Wales.

All our communications with you now and throughout the term of your insurance will be in English. If you have a specific communication need, we'll do our best to support you. Just let us know.

CURRENT TAX RULES

Benefit(s) payable may be subject to corporation tax, income tax or capital gains tax, however any tax payable depends on the legal structure of the business and the need for which the cover is taken out.

Professional guidance should be sought before any type of assignment or changed ownership is undertaken.

If your policy isn't placed in trust, the benefit we pay may form part of your estate for inheritance tax purposes.

Cover held by the trustees of a trust shouldn't normally form part of the estate for Inheritance Tax purposes. However, we can't advise whether a trust is suitable in any particular circumstances or give tax advice in relation to the use of trusts.

We recommend that you take professional advice before setting up a trust.

PERSONAL INFORMATION WE COLLECT

Personal information we collect about you includes sensitive information such as your health and medical history. Where we collect this information, we'll rely either on your consent, or on a combination of the following justifications: performing a contract with you or preparing to enter into a contract with you; complying with regulatory requirements; or having a legitimate interest to request your personal information.

To give you a quicker decision about your insurance, we may make decisions about your application using an 'automated decision-making tool'.

An 'automated decision-making tool' doesn't involve human input and we sometimes use it to determine whether we're able to provide you with insurance and on what terms based on the answers you give us.

We may also use your personal information to detect, investigate and prevent crime (including fraud and money laundering).

Where permitted by applicable law, AIG may share personal information with carefully selected third parties, for example, other insurers, reinsurers, and financial advisers.

Your personal information may be transferred outside the country in which you are located including to countries outside of the UK.

As a data subject you have certain rights in relation to your personal information.

More details about AIG's use of personal information and your rights as a data subject can be found at www.aiglife.co.uk/privacy-policy or you may request a copy using the following contact details: Data Protection Officer, AIG Life, 58 Fenchurch Street, London, EC3M 4AB or by email at DataProtectionOfficer@aiglife.co.uk

ABOUT OUR BUSINESS

AIG Life Limited operates in the UK, Channel Islands, Isle of Man and Gibraltar.

Information about our business, performance and financial position, and details on how we control our business and manage risks can be found in our Solvency and Financial Condition Report available on our website www.aiglife.co.uk.

MAKING A COMPLAINT

If you have a complaint, you can get in touch with us using the contact details provided. We'll try to resolve complaints as quickly and fairly as possible.

If we can't deal with your complaint promptly, we'll send you a letter to acknowledge it and give you regular updates until it's resolved.

If you're not happy with how we deal with your complaint, you can refer it to the Financial Ombudsman Service.

You can email them at complaint.info@financial-ombudsman.org.uk call 0800 023 4567 (calls to this number are free on mobile phones and landlines) or 0300 123 9123 (calls to this number cost no more than calls to 01 and 02 numbers) or write to: The Financial Ombudsman Service, Exchange Tower, Harbour Exchange Square, London E14 9SR.

Making a complaint to the Financial Ombudsman Service doesn't affect your right to take legal action.

WHAT HAPPENS IF AIG GOT INTO FINANCIAL TROUBLE AND COULDN'T PAY OUT THE MONEY

The Financial Services Compensation Scheme (FSCS) is there to protect you if we can't meet our obligations. Whilst most customers will be covered under the FSCS, whether or not you can claim and the amount you can claim depends on the specific circumstances of your claim. You can get further information from www.fscs.org.uk or by calling 0800 678 1100.

HOW TO CONTACT US

For any questions about your cover:

- call 0330 123 4467
- email nfumutual@aiglife.co.uk

To make a complaint:

- call 0345 600 6813
- email complaints@aiglife.co.uk

To contact the Claims Team:

- call 0345 600 6815
- email claimsteam@aiglife.co.uk

Write to us at:

AIG Life Limited
PO Box 12010
Harlow CM20 9LG

We're open Monday to Thursday, 8.30am to 6.00pm and Friday, 8.30am to 5.30pm, except for bank holidays.

Please note these opening times are UK local time.

Calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks.

We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

For more information, visit aiglife.co.uk

This document is available in other formats such as Braille, large print or audio. Please ask if you need one of these formats.



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