

Key Features of the ReAssure Lifelong Protection Plan



The Financial Conduct Authority (FCA) is our financial services regulator. It requires us, ReAssure, to give you this important information to help you decide whether our Lifelong Protection Plan is right for you. You should read the document carefully so that you understand what you are buying, and then keep it safe for future reference.

Your fund choices for this policy are shown in the 'further information' section of this document. You can also download information about the fund performance and risk ratings at **www.reassure.co.uk/funds**. Alternatively, if you don't have internet access contact us on 0800 073 1777 and we will send you a copy.

With this document you will find a personal illustration showing the benefits included and how the plan may work for you. You should read your illustration with this document.



Key Features of the ReAssure Lifelong Protection Plan

Its aims

- To provide one or more benefits to enable you to tailor your protection needs. We can provide the following benefits according to the choices you have made:
 - A cash lump sum if you die or are diagnosed with a terminal illness
 - A cash lump sum if you are diagnosed with a critical illness

Stand-alone cover:

Critical illness cover pays out a lump sum if you are diagnosed with a critical illness that meets our policy definition and then survive for at least 28 days. We will only cover the critical illnesses we define in our Policy Provisions and no others.

Life and critical illness cover:

Life and critical illness pays out a lump sum if you either die or are diagnosed with a critical illness that meets our policy definition and then survive for at least 28 days. We will only cover the critical illnesses we define in our Policy Provisions and no others

- A cash lump sum if you are diagnosed as being permanently disabled
- A regular income replacement benefit if you suffer illness or injury leading to a loss of earnings
- Waiver of Premium Benefit. This is where we pay your premiums for you if you are unable to do so after six months of incapacity.

You can find more information on these benefits in sections 8 to 12.

Protection benefits may last either throughout your life or for a shorter period. This choice affects the amount of premium you pay.

Your commitment

- To agree to pay regular premiums for as long as you wish the benefits to last.
- To tell us if your income reduces, if you change employment, if you move to another country, or if you change your smoking habits.
- To give us all the information we ask for when applying for your policy and when claiming benefit. If you do not do this we may not pay out your benefit, or your benefits may be reduced.
- To tell us of any claim within the time limits we set.



Risks

- This policy is unit linked, which means it's linked to the value of investments held in fund(s)
 of your choice. If investment performance is worse than assumed, the benefits may be lower
 than shown on your illustration.
- If you stop paying your premiums then your cover will end when all the units attached to your policy are used up to pay the cost of providing the cover.
- You may suffer from a condition covered under your policy that is caused by circumstances
 that are specifically excluded, in which case we will not pay out under the policy. These
 circumstances are described under the heading When will the policy not pay out?
- Our charges at the time you apply for your policy are based on a number of assumptions, and may be subject to change. We'll only change our charges for certain reasons - we won't simply change them to make up for any losses we've made, or to increase our profits.
- The benefit we pay under income protection, if chosen, may affect your claim to some means tested state benefits. It may also affect your claim to benefits under other income protection policies. Your right to any state Employment and Support Allowance (formerly Incapacity Benefit) won't be affected under current rules.
- State benefit rules may change.
- The present tax treatment of the policy's income protection benefits, if you choose them as part of your policy, may change.
- If you do not disclose all the information we ask for clearly and accurately, the policy may not pay out.
- The income protection cover may be less than you need if you don't review it regularly to keep it in line with your earnings. On the other hand if your income does not support your chosen cover, then your benefit will be reduced. We won't give you back any of your premiums if this happens, so you should contact us as soon as possible to update your policy details. Your policy documents will confirm the proportion of your income that will be paid out by your policy.
- We will review your policy regularly, at least once every five years. Your premium may increase because of changes in your lifestyle, investment performance, or changes to our charges. If investment performance or charges vary from those assumed in the illustration, we will give you options to change your policy to ensure that your policy remains suited to your current circumstances. The policy may automatically expire if you do not choose one of the options we offer, in which case you will no longer be entitled to any benefits.
- Due to the impact of inflation, the money that the policy provides may buy less in the future than the same amount would buy today.



Questions and answers

This section aims to answer some questions you may have about this policy. Where relevant, the answers will direct you to where you can find more information.

What is the Lifelong Protection Plan?

- A flexible whole of life policy, designed to provide a range of protection benefits that you can select together or separately. The policies can provide a cash lump sum or monthly income depending on the benefits you choose.
- It does this by investing your premiums in investment funds. The cost of cover is then deducted from the fund each month.
- Whole of life means it does not have a maturity date and therefore ends when a death, terminal illness, disability or critical illness claim is made.

All the benefits, not including income protection insurance, may be issued on either a single life or a joint life first death basis. 'Joint life first death' means that under a policy issued in the names of two lives assured, the death benefit is payable on the first of the lives to die. This definition extends to diagnosis of a critical or terminal illness, or total permanent disability, where such benefits have been selected. The Income Protection Insurance benefit may only be issued on a single life basis.

Life cover may also be available on a joint life second death basis in certain situations. 'Joint life second death' means that the benefit is payable once both lives assured have died.

- How much there may be in your fund at any time depends on investment performance and how much your benefits cost.
- Each year, at your policy anniversary we will notify you of the number of units held, the unit price and the value of units.
- The life and terminal illness policy has no minimum or maximum term. All other policies have a minimum term of five years.
- Income protection benefit provides a regular benefit if you suffer illness or injury leading to a loss of earnings. You select the features of the policy to make sure the cover is right for you.
 - You decide the amount of benefit you need,
 - You decide how soon you need the benefit to start,
 - You decide for how long you want the cover to last.
 - You pay regular premiums to keep the cover in force.
 - We provide cover until the policy ends no matter how many claims you make.
 - You tell us when illness or injury has stopped you working.
 - We pay an income for as long as the claim is valid.
- Total permanent disability unable to do any occupation at all ever again
 - Loss of the physical or mental ability through an illness or injury to the extent that the insured person is unable to do the duties of any



- occupation at all ever again. The duties are those that are normally required for, and/or form a significant and integral part of, the performance of the occupation that cannot reasonably be omitted or modified.
- Any occupation means any type of work at all, irrespective of location and availability.
- The relevant specialists must reasonably expect that the disability will last throughout life with no prospect of improvement, irrespective of when the cover ends or the insured person expects to retire.
- For the above definition, disabilities for which the relevant specialists cannot give a clear prognosis are not covered.

Are the death and disability benefits guaranteed?

- If you have chosen the death and/or disability benefit, we guarantee to pay the benefits while your policy remains in force. This is provided you answered all the health questions in the proposal clearly and accurately.
- The value of the benefit will be the sum assured or the value of units, whichever is greater. The policy will then end following the first admitted claim.
- We have provided more questions and answers for each of the benefits this plan offers. These can be found on the following pages. Please read these carefully to decide which benefits are right for you.

Are there any age restrictions?

- The minimum age that a policy can be taken out is 16 for all benefits.
- The maximum age depends on the benefit taken.
 - For Life assurance benefit, the maximum age is 80. Critical Illness Cover (CIC) may be included up to a maximum age of 74. Total permanent disability benefit may be included up to a maximum age of 59.
 - For standalone CIC, the maximum age is 70.
 - For standalone total permanent disability benefit, the maximum age is 55.
 - For standalone income protection insurance, the maximum age is 55.

How often can I pay premiums, and how much can they be?

- You can pay premiums monthly, quarterly, half-yearly or yearly by direct debit.
- The current minimum premium for any of the benefits is £10 a month or £100 a year.
- Premiums are subject to the minimum levels set by us from time to time.
- You can choose to pay the same premium for the term of the policy, subject to regular review, or ask for the regular premiums to increase each year on the date shown on your Policy Schedule. One of the following annual increase options may be selected at the start date of the policy:
 - the increase in the Retail Prices Index (RPI); or
 - a fixed percentage in the range 0%-5%.



100% of your premiums will be allocated to buy units in the selected investment funds, after taking off the costs of the waiver benefits if chosen. The cost of cover is deducted from the fund units separately.

Which funds can I invest in?

- Premiums will buy units in one or more of ReAssure's investment funds.
- It is important to remember that the value of units can go down as well as up.
- If you choose the Life and Terminal Illness policy there are currently 14 funds to choose from. Please see the Investment Funds area of the Further Information section for a list of them.
- For all other policies only the Deposit and Managed funds are available.
- You should be aware that some funds have a higher risk associated with them than others.
- You may switch funds at any time. The first 20 switches in each policy year are free and after that, we currently charge £10 for each switch.

What if I stop paying premiums?

- If you stop paying premiums, provided the policy has gained a cash value, we will make it paid up. This means the policy will continue and we will take charges from any fund you have built up to pay for your benefits.
- If your funds are used up, to the extent that it is no longer possible to pay for the benefits, then the policy and your cover will end.
- You may restart premiums within 13 months of the last paid premium whilst the policy is still in force, subject to evidence of continued good health and payment of all premiums in arrears.

Can I cash in the policy?

- You can cash in (surrender) the policy at any time. There are no penalties for doing this. The surrender value will depend on the bid price of units at that time and what benefits you have chosen. We have provided further details in the bullet points below.
- Please note that the value of units can go down as well as up. You may get back a lot less than the premiums paid in, as we will have taken the cost of your protection benefits from your fund.

Death and terminal illness

If you cash in the policy you will receive the value of the units allocated to your policy at that time.

Critical illness, total permanent disability or income protection insurance

- If you cash in the policy you will receive the lower amount of:
 - the value of the units allocated to your policy at that time; or
 - a return of the premiums paid.



What are the charges?

- The premium payments shown in your illustration include all the costs of administration, underwriting, claim expenses and the fees payable for any medical examinations which we may ask you to attend.
- The charges for each fund are broken down as follows:
 - An **Annual Management Charge** (AMC) of 0.95% which covers fund administration and management costs. This charge is included in the unit pricing of the funds.
 - Investment expenses, such as stamp duty and dealing commission. These expenses
 depend on the type of policy or funds that you are invested in (please see Fund Charges
 and Expenses area of the Further Information section within this document). This
 charge is included in the unit pricing of the funds.
 - A monthly deduction to cover the cost of providing any of the benefits you have selected.
 This charge varies according to the type of policy you have, and funds that you are invested in. This charge is deducted from the units held in your policy.
- Units are allocated to your policy at the price on the date the premium is received
- Please refer to the enclosed illustration for further details of the charges that apply.

What about tax?

Fund taxation:

We will pay corporation tax on the income and realised capital gains, net of indexation, from the underlying investments. This tax liability will be taken off the fund and will be included in the unit price.

Personal taxation:

Gains on UK life policies are assessable for income tax under HMRC rules for investment income:

- Because of the fund taxation described above, basic rate tax is treated as already paid
 and cannot be reclaimed by anyone (even non-UK taxpayers). So, if you are a basic rate
 taxpayer, you will not have to pay any further tax unless a gain moves you into a higher
 tax band.
- If you pay tax at a higher rate you may have to pay the difference between this and basic rate tax on any investment gains.
- The proceeds of policies not placed in trust may be liable to inheritance tax.

Please remember that tax rules and rates can change.

How often will you review my policy?

- We'll review your policy at least once every five years.
- If this review suggests the fund may not support your protection benefits over the intended term, then we may recommend that you increase your premiums.
- If you do not follow our review recommendations then your policy may not provide the intended benefits.



What happens if I lose touch with you?

- It is your responsibility to let us know where you live. We will make every effort to trace you if you move away, but you should not rely on this.
- If we cannot contact you, we will not be able to:
 - tell you about changes in legislation;
 - give you statements about how your fund is performing; or
 - provide you with information on your policy reviews. This could result in your benefits being reduced or your policy ending.

Can I change my mind?

- After we accept your proposal we will send you a Policy Provisions document, which will
 include a Cancellation Notice. If you decide you do not want the policy, you will have 30
 days from the day you received your policy provisions to let us know. You can do this by
 writing to us or sending back the completed Cancellation Notice.
- If you cancel within 30 days we will refund any money you have paid free of any charges.
 See the section Your right to change your mind in the Further Information section for more details.

Death and terminal illness cover

The amount of benefit that can be paid

You choose the level of benefit you need.

What does it cover?

The benefit is payable on the earlier of death or diagnosis of a Terminal Illness, where Terminal Illness is defined as a definite diagnosis by the attending consultant of an illness that satisfies both of the following:

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- In the opinion of the attending consultant, the illness is expected to lead to death within 12 months.

The amount payable will be the benefit amount chosen by you or the value of the fund, whichever is greater. The policy will then end.

• When will the policy pay out?

We should be notified as soon as possible of a death or terminal illness claim. Once we are satisfied that we have the correct paperwork, we will pay out the benefits under this cover.

When will the policy not pay out?

- criminal acts
- failure to follow medical advice
- hazardous sports or pastimes
- incapacity, due to or arising from HIV or AIDS



- self-inflicted injury
- taking of alcohol or drugs other than under the directions of a registered medical practitioner
- taking part in any flying activity (except as a fare paying passenger)
- war, riot or civil commotion.

Please refer to the **Policy Provision** document for further details.

Total and Permanent Disability cover

• The amount of benefit that can be paid

You choose the level of benefit you need between a minimum and maximum amount.

What does it cover?

A disability, caused by an accident or illness, that is total and permanent and prevents the life assured doing any occupation at all ever again.

How long the cover should last

You choose for your cover to end when you think you would no longer need the benefits but no later than age 60.

When will the policy pay out?

You should tell us as soon as possible of a claim. Once we are satisfied that we have the correct paperwork, we will pay out the benefits under this cover.

When will the policy not pay out?

The following are examples of when we will not pay benefit for total and permanent disability:

- criminal acts
- failure to follow medical advice
- hazardous sports or pastimes
- incapacity, due to or arising from HIV or AIDS
- If the claim is for a total and permanent disability from a cause that arose while the injured person was living abroad, unless living in one of the listed countries shown in the policy provisions
- self-inflicted injury
- taking of alcohol or drugs other than under the directions of a registered medical practitioner
- taking part in any flying activity (except as a fare paying passenger)
- war, riot or civil commotion.

Please refer to the **Policy Provision** document for further details.

Waiver of premium cover

• This is not automatically part of your policy unless you decide to pay for it. If you decide to opt in for waiver of premium, we may decline following advice from our underwriting department, or you are already aged 50 or above.



- We will pay your policy premiums for you after six months of incapacity (or the deferred period if it is on an Income Protection policy), subject to the following conditions:
 - (i) you are unable to perform any occupation because of illness or injury; and
 - (ii) during the 12 months immediately before incapacity, you were working an average of at least 30 hours a week.
- We will waive premiums until whichever of the following occurs first:
 - (i) you return to work
 - (ii) the policy lapses
 - (iii) your 60th birthday
 - (iv) the policy stops through a death, terminal illness, critical illness or disability claim.
- You may only include waiver of premium before your 50th birthday.
- The cost of waiver benefit is 3% of each regular premium, for each life covered.
- Waiver may be selected for either or both lives on a joint life policy

Critical Illness cover

 The amount of benefit that can be paid You choose the level of benefit you need.

Which critical illness does the policy cover?

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

- Some types of cancer are not covered.
- To make a claim for some illnesses, you need to have permanent symptoms. Please let us know if you would like to see a copy of the Policy Provisions document.
- Blindness permanent and irreversible
- Cancer excluding less advanced cases
- Coma with associated permanent symptoms
- Coronary artery by-pass grafts with surgery to divide the breastbone
- Deafness permanent and irreversible
- Heart attack- of specified severity
- Heart valve replacement or repair— with surgery to divide the breastbone
- Kidney failure requiring permanent dialysis
- Loss of hand or foot permanent physical severance

- Loss of speech total permanent and irreversible
- Major organ transplant
 – from another donor
- Multiple sclerosis with persisting symptoms
- Paralysis of limb total and irreversible
- Parkinson's Disease (before age 60) resulting in permanent symptoms
- Stroke resulting in permanent symptoms
- Third-degree burns covering 20% of the body's surface

Please remember that the heading of each critical illness is only a guide to what we cover. For example, we do not cover some types of cancer. Further details of how we will

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consider your claim, including the definitions we use and the evidence we will need, are given in the Policy Provisions document. You may ask us for a copy of this document prior to taking out the policy.

How much does the policy pay out?

- You decide how much benefit you would like this policy to pay out. The higher the level of benefit and the longer the period of cover, the higher the monthly premium will be.
- The enclosed personal illustrations shows whether critical illness is included, the period of cover, how much cover you have chosen, and your monthly premium.

When will the policy not pay out?

The following are examples of when we will not pay benefit for a critical illness:

- If you do not provide us with the information required
- If the insured person dies within 28 days of the condition being diagnosed. Critical Illness cover is designed to cover ongoing conditions and does not pay a death benefit. Life cover should be selected if a death benefit is required.
- If a claim arises within three months of your reinstating a policy that had previously ended.
- If the cause of the claim results from:
 - criminal acts
 - failure to follow medical advice
 - hazardous sports or pastimes
 - incapacity, due to or arising from HIV or AIDS
 - self-inflicted injury
 - taking of alcohol or drugs other than under the directions of a registered medical practitioner
 - taking part in any flying activity (except as a fare paying passenger)
 - war, riot or civil commotion.

Full detail of what we cover, and any limits to the cover, are given in the Policy Provisions document. You may ask us for a copy of this document. We may apply specific exclusions when we accept your policy and if applied we will show these in the Policy Schedule.

Income Protection cover

How do I make sure that the policy meets my needs?

The amount of benefit that can be paid

You choose the level of benefit you need. The maximum we will provide is:

- (i) 60% of the first £30,000 in gross earnings
- (ii) 30% after that up to a further £30,000 in gross earnings
- (iii) 15% after that up to a maximum of a further £50,000 in gross earnings.

No benefit will be applicable to gross earnings above £110,000.



Remember tax and national insurance are taken from your normal earnings but not from the benefits we pay you. See also the section **When will the policy pay out?** and **Other income which is likely to reduce your benefit**.

• The earnings on which to base your cover

When choosing your cover, remember that if you claim we will pay the benefit based on your pre-incapacity earnings as follows:

- (i) If you are employed these are your pre-tax earnings for Pay As You Earn (PAYE) assessment purposes in the six months before you became unable to work.
- (ii) If you are self-employed these are your share of pre-tax profit from your trade, profession or vocation after deduction of your trading expenses, in the six months before you became unable to work.

We will ask for evidence of your earnings during this period. Remember that we do not take income from investments or savings into account.

• The earnings on which to base your cover

- You may choose to increase your premiums and initial level of benefits by 3% each year, when you take out this policy.
- See also the section The amount of benefit that can be paid.
- A premium increase will apply when your cover increases.

When benefit payments start

There will be a period of continuous absence when you are first unable to work for which we do not pay benefit. This is known as a deferred period. You can choose between 13, 26 or 52 weeks. The longer the deferred period, the cheaper your policy will be. Your choice should allow for any earnings, which you expect to continue after you stop working, such as sick pay, or how long you're able to live off savings.

How long can benefits be paid

We will pay the income and continue to waive premiums until whichever of the following occurs first:

- (i) you recover and are no longer incapacitated
- (ii) you return to work
- (iii) the policy ends
- (iv) the policy stops through a death, terminal illness or a disability claim
- (v) you reach your 60th birthday.

If you return to work with a lower income or if you partially return to work, a proportionate benefit will continue to be payable.

How long the cover should last

You may select your policy end date based on when you think you should no longer need the benefits, but no later than age 60 or your retirement date if sooner.

Medical and other details we need

Your application will include questions about your medical history, finances, and other personal circumstances. It may be followed by a medical examination.



How flexible is it?

This section deals with the choices you can make once your plan has started.

Regular review of your cover

- You should consider how your earnings and living costs have changed since you last reviewed your cover.
- If you wish to increase your cover, by more than any indexation rate already chosen, please contact us. It will be subject to a fresh assessment of your health, occupation and pastimes. Your premium payments to us will increase.

- Change of occupation

You should tell us of any change in your occupation. We will decide if this has any effect on your premiums and/or benefit levels. If there are any amendments to be made, we will write to you. If you do not tell us and later make a claim, your claim may be affected.

When will the policy pay out?

- When to claim

When you are unable to work, because of illness or injury, resulting in a loss of earnings.

- The deadline for claiming

Tell us as soon as possible as claims will not be admitted after eight weeks from when you were first incapacitated.

The extent of incapacity

Our usual definition of incapacity is **continuously and totally disabled by means of sickness or accident from performing any part whatsoever of your own occupation, or any other occupation for which you are suited by reason of your skills or knowledge.** The use of **totally** in our definition is to distinguish from partial incapacity and we will apply a reasonable, non-literal interpretation. We will tell you if we want to apply a different definition.

How we assess your claim

- We will look at the duties of your occupation, and your ability to do them.
- We will ask for evidence of your earnings. If employed, we will need your last P60; if self-employed, your last audited accounts.
- We will then consider your ability to work in an alternative occupation.
- You will qualify for benefit if you are unable to perform the essential duties of your occupation and any other occupation to which you are suited by education, training or experience resulting in a loss of earnings, and are not doing any other work.

How long we will pay for your claim



We will pay your benefit until the first of the following happens:

- you recover and are no longer incapacitated
- you return to work
- the policy ends but not after your 60th birthday
- the policy stops through a death, terminal illness or a disability claim.

Claiming again after returning to work

- There is no limit to the number of claims you can make.
- You must restart premium payments when your claim ends to maintain your cover.
- If you need to claim again for the same cause within six months of returning to work then the deferred period will not apply.

- Returning to part-time or less well paid work

- As well as the money you earn we will pay you a reduced benefit, which takes account of your lost earnings.
- The benefit will increase in payment if you choose this option at the start of your policy.

- How we pay benefits

Benefits are payable from the end of the deferred period.

- Premium payments when claiming

- You should continue your premiums until we accept your claim
- However, you don't need to pay any premiums to us while we are paying your benefit.

- Other income which is likely to reduce your benefit

- We will reduce the benefit we pay if any of the following take you over the maximum allowance (which is explained in **The amount of benefit that can be paid**).
 - continuing payments from your employment, such as sick pay
 - pension payments, unless you would have received them if you were still working
 - other insurance benefits, if they arise because of your incapacity and either result in regular payments to you or make regular payments on your behalf, such as mortgage payments.
 - if you receive any means tested State Benefit, such as Employment and Support Allowance (formerly Incapacity Benefit), Income Support.
- If we reduce your benefit we don't refund any of your premium payments and your cover remains unchanged unless you choose to reduce it.
- We will not reduce your benefit if you receive Investment Income.

It is important to consider these factors when deciding on the level of benefit you require.



When will the policy not pay out?

The following are examples of when we will not pay benefit for income protection:

- criminal acts
- failure to follow medical advice
- hazardous sports or pastimes
- incapacity, due to or arising from HIV or AIDS
- self-inflicted injury
- taking of alcohol or drugs other than under the directions of a registered medical practitioner
- taking part in any flying activity (except as a fare paying passenger)
- if you've changed your occupation and haven't told us the policy may not pay out, or the level of benefit may be amended

Full detail of what we cover, and any limits to the cover, are given in the Policy Provisions document. You may ask us for a copy of this document. We may apply specific exclusions when we accept your policy and if applied we will show these in the Policy Schedule.

- What will my premium payments be?

- Your illustration will show the normal premium paid for the cover you have chosen.
- Your premium payments depend on your age, occupation, hobbies, medical history and on the level and features of the cover you choose. We will tell you the actual premium you will pay once we have assessed your application.
- Payments to us are monthly, quarterly, half-yearly, or yearly by direct debit.

What about tax?

- Present UK tax law and HM Revenue and Customs (HMRC) practice means that you do not get tax relief on premiums or pay tax or national insurance on your benefits. This may change in the future.



Key Features - Further Information

This section aims to give you more detailed information about the plan, in addition to the Questions and Answers section.

Type of Policy

A flexible non-qualifying, whole of life policy that is designed to allow you to balance savings with life assurance and/or a range of protection benefits.

About ReAssure

ReAssure Ltd is part of the Phoenix Group.

Our permitted business is the undertaking of ordinary long-term assurance business in the United Kingdom, namely life assurance, pensions, income protection and annuities.

You can check this on The Financial Services Register by visiting **register.fca.org.uk**.

General

- We will only communicate with you in English.
- We do not offer financial advice, and all business you take out with us is on a direct offer basis. This means that you make your own decision and tell us what you want us to do after reading the information we send to you.
- The law of England will apply to any disagreements about the policy.

Investment Funds

If you choose the Life and Terminal Illness policy there are currently 17 funds to choose from, which we have listed below. For all other policies only the Deposit and Managed funds are available. You should be aware that some funds have a higher risk associated with them than others, and fund values can go down as well as up.

For more information on the risk rating, asset categories and fund descriptions please visit **www.reassure.co.uk/funds**. Alternatively a paper copy is available on request.

American: This fund invests in North American equities, with exposure to both large and small companies.

Balanced: This fund invests in UK Government issued fixed interest stocks (gilts) and directly held equities in a selection of the top 100 UK companies.

Corporate Bond*: The fund aims to provide investment growth by investing in fixed interest securities while also providing some protection against investment loss.

Deposit*: This fund invests in short-dated money market instruments and cash deposits with leading financial institutions. The aim of the fund is to provide capital protection with growth at short-term interest rates.

European: This fund invests in European equities, both in countries within the euro zone and those outside.

Far East: This fund invests in unit trusts whose investments are in Japan and the Pacific Rim countries.

Index-Linked: The fund invests in UK Government index-linked stocks (index-linked gilts). The returns from index-linked treasury stocks are linked to the Retail Prices Index; however the returns from the Fund are linked to the underlying price of the stock, which can go down as well as up.

International: This fund invests in global equities, held both directly and via unit trusts.



Japan: This fund invests in unit trusts whose investments are only Japanese.

Managed: This fund has a spread of investments by geography, sector and asset class.

You can find out more about how this fund is managed and invested in the unit linked fund guide at www.reassure.co.uk/funds.

Mixed Investment*: This fund has a spread of investments over all the major areas, except Property.

Property: This fund invests in UK property, with exposure to all the main property and geographical sectors. It will always hold some cash assets to facilitate property trading.

Property cannot be bought and sold as easily as some other assets, such as stocks and shares. As a result, the fund will always hold some cash; either to allow our fund managers to invest in new opportunities, or from the proceeds of a property sale which is awaiting reinvestment.

We will always try and limit the amount of cash held in our Property Funds to less than 20% of the total asset value. Sometimes the amount of cash held may temporarily be more than this amount, depending on market conditions, trading activity by the Fund Manager, or as policyholders buy and sell units in the fund. However, the Fund Manager will make sure the average cash holding stays below 20% over the longer term.

The fund invests in assets that may at times be hard to sell. This means that there may be occasions when you experience a delay or receive less than you might otherwise expect when selling your investment.

Special Situations: This fund invests in a mix of unit trusts and direct equities, investing in both UK and overseas equities, with a bias towards smaller and mediumsized companies.

UK & Global Equity Tracker*: The fund aims to provide long-term growth by investing in UK and overseas equity markets, however this fund has a higher risk of investment loss, and could be especially volatile in the short-term.

UK Equity: The fund invests in a wide range of UK equities, held in both unit trusts and direct equities.

UK Equity Tracker: This fund aims to track an index of the top 100 UK companies by market capitalisation. It invests directly in the companies.

UK Fixed Interest: This fund invests in high-quality, sterling denominated fixed interest stocks. Although the income from fixed interest stocks is fixed, the price of the underlying assets can go down as well as up due to changes in interest rates.

Fund charges

All funds have an AMC of 0.95%, except those with an asterix (*) after the fund name, which have an AMC of 0.65%.

Investment expenses

The above funds bear their own investment expenses (including any fees charged by and rebates given by unit trust managers where applicable). The amount of investment expenses varies by fund. These will increase the charge on the funds and will be included in statements. The approximate range will be between 0.00% and 0.75%.

A Guide to Critical Illness Cover

The Association of British Insurers (ABI) give general information about critical illness cover in their booklet **A Guide to Critical Illness Cover**. You can get a copy at www.abi.org.uk or by writing to:

The Association of British Insurers One America Square 17 Crosswall London EC3N 2LB



Your right to change your mind

You have 30 days from the date you receive your policy provisions to let us know if you want to cancel your policy.

If you change your mind we will give you back your money. You will not receive more than you gave us.

Your cancellation notice will include full details of what to do if you change your mind. If you decide not to go ahead you can send the completed cancellation notice or a letter to ReAssure Ltd, Windsor House, Telford Centre, Telford, Shropshire TF3 4NB.

Compensation

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme if we cannot meet our responsibilities. The FSCS currently covers 100% of the total claim. You can get more information about compensation arrangements from the Financial Services Compensation Scheme by visiting www.fscs.org.uk.

Questions and complaints

If you have any questions or need more information about your policy, or if you want to make a complaint, you can contact us using the details below.

In writing:

ReAssure

Customer Services Department,

Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB

By phone:

0800 073 1777

We have a complaints procedure, and you can ask us for a copy of this.

If you are not happy with how we deal with your complaint, you can then complain to:

The Financial Ombudsman Service Exchange Tower London E14 9SR.

You can also contact them by phone:

0800 023 4567

If you contact the Financial Ombudsman Service, or make a complaint, it will not affect your right to take legal action.

Please note

This leaflet complies with the ABI Guide to Minimum Standards for Critical Illness Cover and the ABI Statement of Best Practice for Income Protection Insurance. It is a guide to our Lifelong Protection Plan and is based on our understanding of current laws and tax rules. Further details are given in the policy schedule and the policy documentation. You should get expert advice about the legal and tax information in this leaflet.

These Key Features (TP400 version 24.2 KF 11/23) are a guide to the product. They are based on ReAssure's understanding of the Law of England and HM Revenue & Customs practice as at November 2023. The statements made relate only to the packaged products of ReAssure and its marketing group. Full details are contained in the policy document, which is a legally binding contract between you and ReAssure.