



Protection

## Gifting form

Please complete this form if you want to use the gifting option on your joint life second event plan.

Please return to: 22 Haymarket Yards, Edinburgh, EH12 5BH.

### Important information on using the gifting option

- Please provide proof that the gift was made along with this completed form. Evidence of the gift can be in the form of a bank transfer remittance, letter of gifting or receipt of gift purchase.
- Please refer to your plan details booklet for full eligibility criteria for using this option.
- We'll use the direct debit details on your existing plan to set up the payment for the covers on your new single life protection plan. **If you wish to change this, please contact us on 0345 6094 500.**
- If your existing plan was written in trust, your new single life protection plan will require a new trust form completed, should you wish the plan to be held in trust.
- If your existing plan has been assigned, we'll need the authority of the assignees.
- If your existing plan has been placed in trust, we'll need the authority of the trustees.
- Your premiums for your new single life covers will be based on our pricing at the time you take up the option and the age of the person selected in Question 3 at the time you take up the option.

### How we use your data

We need to make it clear how we'll use your personal information, including information about your health.

We'll use your data to administer the policy, additional underwriting activity and if you make a claim. We may share your information with selected third parties for assessing and servicing your application. More details can be found within our privacy notice [royallondon.com/protectionprivacy](https://royallondon.com/protectionprivacy)

### Impact of misrepresentation

- Please answer all questions accurately and honestly and to the best of your knowledge and belief. If you're not sure about including any information, then you should include it.
- If you miss any information out, give us wrong, incomplete or misleading information, or don't tell us about changes, it could mean we won't pay out if you have to make a claim. It could also result in your plan being cancelled or amended if this affects the terms we would have offered you.
- You must tell us if there is a change to any of the answers given to the questions or any other information provided between the date the answer was given and the date we start, re-start or change the plan.

### Further help and support

If you need any help with filling in this form, please contact us on **0345 6094 500**.

You can visit our Health and wellbeing directory at [royallondon.com/healthandwellbeing](https://royallondon.com/healthandwellbeing) which includes a list of organisations providing help and advice to support your mental and physical health.

# About the people covered

Please remember how important it is to answer all the questions on this form honestly and in full.

	Person 1	Person 2
<b>Title</b>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please give details) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please give details) <input type="text"/>
<b>First name(s)</b>	<input type="text"/>	<input type="text"/>
<b>Surname</b>	<input type="text"/>	<input type="text"/>
<b>Date of birth</b>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
<b>Address</b>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>Postcode</b>	<input type="text"/>	<input type="text"/>
<b>Email address</b>	<input type="text"/>	<input type="text"/>
<b>Telephone number (optional)</b>	<input type="text"/>	<input type="text"/>

If you move house while we're processing your alteration, please contact us once you've moved to your new address.

<b>1. Plan number (from which the gifting benefit is being used)</b>	<input type="text"/>
<b>2. Description of the gift</b>	<input type="text"/>
<b>3. Please tick who you wish to be covered on the new plan (only one can be selected)</b>	Person 1 <input type="checkbox"/> Person 2 <input type="checkbox"/>
<b>4. Please provide the date the gift was made</b>	<input type="text"/>
<b>5. How much of your existing cover is being used for the gifting benefit plan.</b>	£ <input type="text"/>

The maximum that each person covered can use is 50% of the joint life second event cover, including any increases, if your cover summary shows your cover is increasing. During the term of the cover, if a person covered dies or is diagnosed with a terminal illness that meets our definition, then the remaining person covered can use up to 100% of the joint life second event cover at the time of the gift.

## Declaration for the person(s) covered

Please refer to the plan details booklet for full eligibility before signing and dating below to apply for the gifting option.

I confirm that I have read the Important Information on page 1.

- I declare that the answers in this gifting form are true and complete to the best of my knowledge and belief. I acknowledge and agree that it is my responsibility to inform you of any missing or inaccurate information.
- I confirm that I am a resident in the UK, Jersey, Guernsey or Isle of Man at the time my new single life covers will start.
- I acknowledge and agree that choosing this gifting option will reduce my joint life second event cover by the amount specified in question 5 of this form and my premium for this cover will decrease accordingly.
- I acknowledge and agree that my five new single life covers will be on the terms that Royal London applied to my original cover - or the terms that applied if my cover has been restarted.
- I declare that Royal London is not paying or considering any claim for me and that no medical practitioner has given me a diagnosis or potential diagnosis of a terminal illness that meets Royal London's definition noted in my plan details.
- I acknowledge and agree that this form will become part of my application for a new protection plan. I agree that if I fail to provide all relevant information that could impact the assessment and acceptance of this form, any plan issued may be cancelled, its terms changed, and any claims may be refused.

## Client declaration

Please remember how important it is to answer all the questions on this form honestly and in full.

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

## Assignee declaration

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

# Trustee declaration

	Person 1	Person 2
Name	<input type="text"/>	<input type="text"/>
Signature	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>



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**We're happy to provide your documents in a different format, such as braille, large print or audio, just ask us when you get in touch.**

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