

PROTECTION FOR LIFE

POLICY PROVISIONS

Life Cover PFL - LC (2016)

INTRODUCTION

THIS BOOKLET PROVIDES DETAILS FOR A LIFE COVER POLICY.

EACH SCHEDULE ISSUED BY SCOTTISH WIDOWS LIMITED (“SCOTTISH WIDOWS”) AND REFERRING TO THIS BOOKLET, THE PROVISIONS CONTAINED IN THIS BOOKLET, AND ANY VALID ENDORSEMENTS TO THESE ISSUED BY SCOTTISH WIDOWS, MAKE UP THE POLICY DOCUMENTS OR A CONTRACT BETWEEN SCOTTISH WIDOWS AND THE POLICYHOLDER(S) NAMED IN THE SCHEDULE.

Notes to help you understand your policy.

Because this is a complicated legal document, we have provided explanations in the right-hand margin (just like the information you are reading now). However, please note that these explanations do not form part of the contract between you and us. They are included only to help you understand the policy.

The meaning of “endorsement” is given in provision 1.1.

This contract and all other communications will be written in English.

Contacting us

- Please inform us if you change your name, address or bank account.
- Our main administrative office is at 15 Dalkeith Road, Edinburgh, EH16 5BU or you can call us on 0131 655 6000.
- If you ever wish to complain, please see provision 6.8.

Claims

- Please contact us in plenty of time if you are going to make a claim, to make sure you don't lose out – see provisions 3, 4, and 5 about this.
- To make a claim, please call us on 0345 601 4179 for a Life Cover claim, and 3845 601 4839 for a Terminal Illness claim, or Premium Protection Cover claim.

We may record and monitor calls to help us to improve our service.

It will help if you can quote your policy number or plan number (shown on the schedule) when you contact us.

Please keep this document in a safe place.

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1 PRELIMINARY

1.1 MEANINGS OF TERMS

“**Assignment**” of a policy means an agreement to transfer all or some of the rights to benefits from the policy to another party (the “assignee”).

“**Endorsement**” is a document that becomes part of the policy documents. If we agree to or make certain types of changes to the policy, we will send you an Endorsement.

“**Policyholder**” is the legal owner of the policy. This is the person or persons named in the schedule or, if applicable, their legal successor(s).

“**Policy month**” is a one-month period starting on the start date or a monthly anniversary of the start date.

“**Time of the claim**” is the day a cash sum or monthly cash sums as appropriate becomes payable as detailed under provision 4.

“**We**” or “**us**” means Scottish Widows.

“**You**” means the life assured named in the schedule.

Other terms are used throughout the provisions and their meanings or descriptions are established in the schedule or in particular provisions.

Headings to the provisions (except for those headings which are the names of illnesses or options) are included for reference only and do not form part of the provisions or affect their interpretation.

1.2 ENTITLEMENT UNDER THE POLICY ON DEATH

If there is more than one **policyholder**, on the death of any one of them the deceased **policyholder** will have no rights under the policy and the survivor(s) will be exclusively entitled to any benefit under the policy.

Provision 1 deals with some formalities.

The meanings of certain terms are established in the schedule or in certain of these provisions.

*You will see that we have sometimes shown words in **bold type** to help you see where a specially-defined term is being used.*

Provision 6.6 deals with notices of assignments. For example, a mortgage lender may require an assignment of some or all of the life cover benefit in security for a mortgage. The policy would be said to be “assigned” and the lender would be the “assignee”. Any life cover benefit paid, would repay all or part of the mortgage.

If more than one person is a policyholder and we accept a claim, each person will normally have an equal entitlement under the policy.

“Legal successor” means someone to whom the whole legal entitlement under the policy has been transferred, for example a trustee or a full assignee (where all benefits have been assigned). This does not include assignees in security (usually a mortgage lender), because although they have important rights they do not have all of them.

If the policy is under trust, the terms of the trust will determine any entitlement under the policy.

2 PREMIUMS

2.1 WHEN AND HOW

Premiums will be due on the first premium due date and monthly after that until and including the last premium due date. However, no premiums will be due during any period that they are waived under provision 5.

No premiums will be payable after the date on which any claim is accepted under provision 4.

Unless we agree otherwise, premiums will be payable on or before the due date and must be paid by direct debit.

2.2 AMOUNT

Subject to the following paragraph and to provision 3.2.3 (if the basis of the policy is "Increasing"), the amount of each premium will be equal to the cover premium stated in the schedule plus the policy fee stated in the schedule.

However, if premium protection applies to the policy, we will reduce the premium by an amount as we reasonably determine from the **premium reduction date**. The "**premium reduction date**" is the earlier of

- a) if applicable, the monthly anniversary of the start date which occurs six months before the start of the policy month in which you reach your 66th birthday, and
- b) the date which is seven months before the expiry date

2.3 NON-PAYMENT OF PREMIUMS

If any premium is not paid, we will allow 30 days from its due date for it to be paid. We will then write to the policyholder with our reasonable requirements to allow the policy to continue. If these requirements are not met, we will cancel the policy and no premiums will be returned.

The following terms are detailed in the schedule:

first premium due date;

last premium due date;

start date.

Provision 4 deals with Life Cover.

Provision 5 explains what happens to your premiums if you have premium protection and we accept a claim for it.

If the premiums for more than one "Scottish Widows Protection for Life" policy are paid for by one direct debit then we will reduce the total amount of direct debit collected by a "Multiple Benefit Discount". The "Plan Summary" document, which we will send out from time to time, will give details of the amount of any discount then applying.

The expiry date and whether premium protection applies or not are shown in the schedule. The amount of the reduction will be similar to the amount included in the premiums to pay for the cost of premium protection. The meaning of "policy month" is given in provision 1.1.

You must pay your premiums on time to ensure your cover continues. This policy does not have a cash-in value.

If the policy is cancelled, you will get nothing back.

Our reasonable requirements could include a declaration of good health and the outstanding payments.

We must inform anyone to whom the policy is assigned if premiums are not paid.

If you wish to cancel the policy, please see provision 6.1.

3 CLAIM AMOUNT(S)

If we accept a claim under provision 4 then

- a) whether we pay a single cash sum or monthly cash sums will be determined in accordance with provision 3.1, and
- b) the amount of a cash sum (the “**claim amount**”) will be determined in accordance with provision 3.2.

3.1 NUMBER OF CASH SUMS

- i) If either a “Benefit amount” or “Initial benefit amount” is shown in the schedule, the **claim amount** will be payable as a single cash sum.
- ii) If either a “Monthly benefit amount” or “Initial monthly benefit amount” is shown in the schedule, the **claim amount** will be paid as monthly cash sums in accordance with the following paragraphs.

The number of monthly cash sums will be equal to the number of monthly anniversaries of the start date which occur after the **time of the claim** up to and including the last monthly anniversary. For this purpose, the expiry date will be assumed to be the last such anniversary (or if applicable the only such anniversary).

The first monthly cash sum will be due within one month of the **time of the claim**. Unless we reasonably decide otherwise, the other monthly cash sums (if any) will be payable at monthly intervals after the first, but should the last cash sum be due on or after the expiry date of the policy, it will instead be payable on the day before the expiry date.

3.2 LEVEL, DECREASING, AND INCREASING BASIS

The basis that applies to the policy is shown in the schedule. However, it is possible for an “Increasing” basis to change to “Level” under provision 3.2.3.

3.2.1 Level

If the basis is “Level” then the **claim amount** at the **time of the claim** will be equal to either the “Benefit amount” or the “Monthly benefit amount” shown in the schedule.

3.1.2 Decreasing

If the basis is “Decreasing” then

- a) the **claim amount** at the start date will be equal to the “Initial benefit amount” shown in the schedule, and
- b) the **claim amount** at the **time of the claim** will be calculated as follows.

At the end of each month the **claim amount** will reduce in line with the amount of capital that would be outstanding under a repayment mortgage which assumes:

Initial amount of mortgage:	the initial benefit amount
When mortgage taken out:	the start date of the policy
Mortgage to be repaid by:	the expiry date of the policy
Type of repayments:	capital and interest, with level monthly instalments all made when they are due
Mortgage interest rate:	as shown in the schedule

The following terms are detailed in the policy schedule:

start date;

expiry date;

basis;

one of: benefit amount, initial benefit amount, monthly benefit amount, initial monthly benefit amount.

Before the policy started you chose whether one cash sum or monthly cash sums would be paid if a claim becomes payable.

The meaning of “time of the claim” is given in provision 1.1.

Although provision 3.1(ii) describes monthly cash sums being paid, we will consider, at the “time of the claim”, a request from the claimant for us to instead pay a single cash sum. If we agree to such a request, the amount of the single cash sum would be equivalent in value to the monthly cash sums due to be paid, as reasonably determined by us. The claimant would then have a choice of receiving that single amount or receiving the monthly cash sums as originally provided for.

Before the policy started you chose whether it would be on a “level”, “decreasing” or “increasing” basis and your choice is shown in the policy schedule.

If the policy is “level” then provision 3.2.1 will not alter the amount of the cash sum, or each monthly cash sum as appropriate, which will remain level. The cover premium (while payable) will also remain level, subject to provision 2.2.

If the policy is “decreasing” then provision 3.2.2 will each month reduce the single cash sum we would pay. The cover premium will remain level, subject to provision 2.2.

3.2.3 Increasing

If the basis is “Increasing” then the following paragraphs apply.

- a) The **claim amount** at the start date will be equal to either the “Initial benefit amount” or the “Initial monthly benefit amount” shown in the schedule.

On each yearly anniversary of the start date, the **claim amount** applying immediately before that anniversary will increase.

Subject to a minimum of 2% and a maximum of 10%, it will increase by the percentage increase in the **Retail Prices Index** (as defined below) over the twelve months ending four, or such other number as we may reasonably decide, months prior to that anniversary.

“**Retail Prices Index**” means the United Kingdom Retail Prices Index or such other similar index as we reasonably determine.

- b) The increased cover premium applying on or after each yearly anniversary (if premiums are still payable under provision 2.1) will be calculated as follows:

- i) We will first take the cover premium applying for the **claim amount** immediately before the anniversary.
- ii) Next, we will increase the cover premium from (i) above in accordance with the paragraph below.

If an “Initial monthly benefit amount” is shown in the schedule, we will increase that cover premium by the percentage increase in the **claim amount** for that anniversary calculated in (a) above.

If an “Initial benefit amount” is shown in the schedule, we will:

- 1) Calculate a “**premium increase percentage**” by multiplying the percentage increase in the **claim amount** for that anniversary calculated in (a) above by 1.35.
- 2) Finally, we will increase that cover premium by the **premium increase percentage** calculated in (1) above.

- c) If premiums are still payable under provision 2.1, we will write to the **policyholder** at least six weeks before each yearly anniversary to let them know the results of the automatic increases under this provision. The increases for an anniversary will then take effect on the anniversary unless the **policyholder** requests us to cancel the increases. A request must be in a form reasonably acceptable to us and be received at our main administrative office at least two weeks before the relevant anniversary. If on two consecutive anniversaries the automatic increases are cancelled, all future automatic increases will cease to apply.

The **policyholder** may request us at any time to cease all future automatic increases in the **claim amount** and premiums. Their request must be in a form reasonably acceptable to us.

If all future automatic increases cease to apply, for whatever reason, the basis of the policy will become “Level”.

If the policy is “increasing” then provision 3.2.3 will increase, at each policy anniversary, the cash sum(s) we would pay. The cover premium (while payable) will also increase.

If monthly cash sums are being paid and the basis of the policy was increasing at the time of the claim, the monthly cash sum will continue to increase at each yearly policy anniversary.

You will not have to provide us with any information about your state of health for these yearly automatic increases.

The Retail Prices Index is the index we will be using for the foreseeable future, but we might have to use something else if this changed or no longer existed.

The increase in a year applies to the original amount of cover plus any previous increases. For example, if a policy starts with a benefit amount of £100,000:

- *if the increase in the Retail Prices Index over the 1st year is 3%, the claim amount will increase by 3% to £103,000; and*
- *if the increase in the Retail Prices Index over the 2nd year is only 1%, the claim amount will increase by the minimum of 2% to £105,060 (£103,000 + 2% of £103,000).*

If we accept a claim no further premiums are due.

If we would pay monthly cash sums for a claim, the increase in the cover premium will be at the same rate as the increase in the claim amount.

The cover premium will increase at a greater rate than the rate of increase in the claim amount. For example, if the existing cover premium is £100 and the claim amount increases by 2%, the cover premium will increase by 2.7% (1.35 x 2%) to £102.70.

We will tell you about the premium increases before they happen.

Details of our main administrative office are shown at the start of this booklet.

If the policy becomes ‘Level’, the claim amount and the premiums will remain at their then current amounts. It will not be possible to later reinstate automatic increases.

4 LIFE COVER

4.1 PAYMENT EVENT

Subject to any further provisions referred to in the schedule, if, on or after the start date and before the end of the expiry date

- a) you die, or
- b) you contract a **terminal illness** as defined in provision 4.2 and the requirements of provision 4.3 are met

then on the day of notification by us at our main administrative office of the death or of such proof as we may reasonably require of the terminal illness, whichever is appropriate, a cash sum will become payable in accordance with provision 3.

If we accept a claim under this provision, no further claim will be accepted under the policy and the policy will end once we have paid the cash sum or last monthly cash sum as appropriate.

The start date and expiry date are shown in the schedule.

Provision 4.3 is about our claim requirements.

Details of our main administrative office are shown at the start of this booklet.

If we accept a claim under provision 4 then provision 3 explains whether one cash sum or monthly cash sums would be paid, and also the amount of each cash sum.

4.2 TERMINAL ILLNESS

“**Terminal illness**” means a definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

- a) the illness either has no known cure or has progressed to the point where it cannot be cured; and
- b) in the opinion of the attending Consultant, the illness is expected to lead to death within 12 months.

4.3 TERMINAL ILLNESS CLAIM REQUIREMENTS

No cash sum will be payable under provision 4.1 in respect of terminal illness unless

- a) we receive notice of the illness at our main administrative office before the expiry date,
- b) any claim form that we will issue on receipt of such notice is completed and received back by us at our main administrative office within a reasonable period of time,
- c) we receive (at the expense of the claimant, whose reasonably incurred expenses we will reimburse if we accept the claim) such certificates and information about, and such evidence of, the illness and your medical history as we may reasonably require,
- d) you attend (at our reasonable expense) such examinations by a medical examiner appointed by us as we may reasonably require, and
- e) the certificates, information and evidence in (c) above and any examinations in (d) above all indicate to us (acting reasonably) that the claim is valid in accordance with these policy provisions.

For (c) and (d) if you are not resident in the UK at the time of the claim, provision 6.4 applies.

Details of our main administrative office are shown at the start of this booklet. The expiry date is shown in the schedule.

It will help if any claim form we issue is returned within 28 days.

5 PREMIUM PROTECTION COVER

This provision applies only if the schedule states that premium protection applies to the policy.

5.1 MEANING OF TERMS

The following terms are used in provision 5.

5.1.1 Meaning of disability

Subject to the following paragraph and provision 5.5, the definition of **disability** that applies to the policy for premium protection is stated in the schedule.

If

- a) either “Definition 1 – Own Occupation”, or “Definition 2 – Suited Occupation” is stated in the schedule to apply to the policy and
- b) you are working less than 16 hours a week before the start of the disability and you are not self-employed

then “Definition 3 – Activities of Daily Work” will apply instead.

In both “Definition 1” and “Definition 2” below, “**occupation**” means a trade, profession or type of work undertaken for profit or pay. It is not a specific job with any particular employer and is independent of location and availability.

If “Definition 1 – Own Occupation” applies, “**disability**” means you are totally unable due to sickness or accident to follow the **occupation** from which you last derived any earnings before the start of disability (if there was more than one it will be that from which the largest part of those earnings was derived), and are not doing any other **occupation** for payment or profit.

If “Definition 2 – Suited Occupation” applies, “**disability**” means due to sickness or accident you are totally unable to follow:

- the **occupation** from which you last derived any earnings before the start of disability (if there was more than one it will be that from which the largest part of those earnings was derived), and
- any other **occupation** for which we reasonably consider you suited taking into account your education, training and experience,

and you are not doing any other occupation for payment or profit.

If “Definition 3 – Activities of Daily Work” applies, “**disability**” means any sickness or accident which

- a) prevents you from doing, even with the use of appropriate assistive devices, at least two out of six activities of daily work (“**ADWs**”) without the assistance of another person or
- b) causes **mental failure**.

The six **ADWs** are:

i) **Hearing**

The ability to hear, with a hearing aid if required, well enough to hear someone speaking in a normal voice in a quiet room.

ii) **Lifting**

The ability to pick up 1kg from waist height and carry it for 5 metres.

Remember it is important to keep paying your premiums on time for the first three months of disability to ensure the cover still applies.

Provision 5.5 states the circumstances in which disability is not covered.

If we accept a claim for Premium Protection Cover, we will waive the premiums due during a claim period (see provision 5.1.2). It's possible for us to waive the premiums more than once - for example, if you become unable to work, recover and become unable to work again.

iii) **Speech**

The ability to be understood in a common language in a quiet room.

iv) **Using a pen, pencil or keyboard**

The ability to use a pen, pencil or keyboard with either hand.

v) **Vision**

The ability to see well enough to read 16 point print using spectacles or other aids if required.

vi) **Walking**

The ability to walk 200 metres on a level surface with a stick or other aid if required, without stopping or severe discomfort.

“**Mental failure**” has the meaning given in the following paragraphs:

You will be treated as suffering from mental failure if, due to an organic brain disease (such as Alzheimer’s Disease or senile dementia) or brain injury, your ability to reason, remember and understand things deteriorates to such an extent that you can no longer look after yourself without the continual supervision and assistance of another person.

You may not claim benefits because of a mental or nervous disorder which cannot be shown to be due to an organic brain disease or brain injury.

Mental failure will be determined using clinical evidence and recognised tests of mental capacity.

5.1.2 Meaning of other terms

“**Period of disability**” means any period throughout which you suffer disability arising after the start date.

“**Deferred period**” means the first 13 weeks of a **period of disability**.

“**Claim period**” means that part of a **period of disability** commencing immediately after the later of:

- a) the day on which we receive at our main administrative office notice of the disability, and
- b) the end of the **deferred period**

and ending immediately before the earliest of

- i) your 66th birthday,
- ii) the expiry date, and
- iii) the day any amount becomes payable under provision 4.

Details of our main administrative office are shown at the start of this booklet.

Note that a claim period may end before the end of a period of disability.

Provision 4 deals with life cover.

Provision 5.4 covers evidence that we will need.

If the basis of the policy is “increasing”, the premiums we protect during a claim period will allow for the increases under provision 3.2.3 (b).

5.2 PROTECTION OF PREMIUMS

On receipt of evidence of disability as required in provision 5.4 and subject to any further provisions referred to in the schedule, we will waive any premium due during a claim period and will treat it as having been paid.

5.3 LINKED CLAIMS

We will treat successive periods of disability as a single **period of disability** if the successive periods

- a) arise from the same cause, and are separated only by less than six months of active full-time work (over 16 hours), or
- b) arise from different causes and are separated only by less than one month of active full-time work

except that we will not treat such intervening periods of active full-time work as part of the **period of disability**.

The "deferred period" (wait of 13 weeks before premiums are waived) would not apply more than once to successive periods of disability linked by provision 5.3, but in the intervening periods premiums are payable.

5.4 EVIDENCE OF DISABILITY

We will not waive any premium unless

- a) such certificates, information and evidence as we reasonably require as proof of the start and continuation of the **period of disability** are provided to us at your expense (we will reimburse your reasonably incurred expenses), and
- b) you are examined at our expense by an examiner appointed by us as often as we reasonably require.

For (a) and (b) if you are not resident in the UK at the time of the claim, provision 6.4 applies.

5.5 EXCLUSIONS

The disability must not result directly or indirectly from:

a) **Alcohol or drug abuse**

Inappropriate use of alcohol or drugs, including but not limited to the following:

- Consuming too much alcohol.
- Taking an overdose of drugs, whether lawfully prescribed or otherwise.
- Taking Controlled Drugs (as defined by the Misuse of Drugs Act 1971) otherwise than in accordance with a lawful prescription.

b) **Criminal acts**

Taking part in a criminal act.

c) **Self-inflicted injury**

Intentional self-inflicted injury.

d) **Unreasonable failure to follow medical advice**

Unreasonable failure to seek or follow medical advice.

e) **War and civil commotion**

War, invasion, hostilities (whether war is declared or not), civil war, rebellion, revolution or taking part in a riot or civil commotion.

6 GENERAL

If the policy is cancelled, all cover will end and any later claim made will not be paid.

6.1 CANCELLING THE POLICY

The **policyholder** may request us to cancel the policy at any time. The policy will not have a cash-in value.

At the start of the policy we will issue a cancellation notice to the **policyholder**. If it is returned to us within the notice period stated, we will cancel the policy and refund any premiums paid.

After that period the **policyholder** may request us to cancel the policy by writing to us at our main administrative office, but we will not refund any premiums paid.

Details of our main administrative office are shown at the start of this booklet.

This provision explains how we may have to alter the terms of your policy.

6.2 CHANGES TO POLICY TERMS

If while the policy is in force

- a) there is any change in law or taxation affecting us or the policy,
- b) there is any exceptional change in circumstances which in our reasonable opinion makes it no longer possible to carry out any one or more of these provisions, or
- c) we become aware of any error or omission in the policy documents,

then we may with immediate effect make such reasonable alterations to the policy documents as we may in good faith consider appropriate in the circumstances. We will inform the **policyholder** in writing in advance of any such alterations being made. However, if that is not possible, we will inform you as soon as we reasonably can.

We may also make changes in line with provision 6.3.

6.3 PAYMENT OF BENEFITS

6.3.1 Conditions

Subject to provision 6.3.2, we will only pay benefits if :

- a) you,
- b) the person making the claim, or
- c) anyone else connected with the policy or claim,

For (c), this could be a trustee or a legal representative.

gives us such evidence as we may reasonably require of:

- i) the happening of the event on which, or the continuation of the circumstances under which, the benefits are payable,
- ii) the legal entitlement of the claimant,
- iii) your date of birth,
- iv) such authorisations as we may require to obtain medical information about you; and
- v) other information that we may reasonably require to enable us to assess the claim.

We will need to write to your doctor to assess any claim and we will need authorisation to obtain medical information about you. We will require you or a personal representative to provide this authorisation when making a claim. If you or the personal representative do not provide the authorisation and we can't obtain the information we need, we might not pay the claim, and the policy could be made void with no payments to us being refunded.

For example, if a change to the policy is being requested.

We will require a correctly completed claim form to be returned to us before we assess a claim.

6.3.2 Information Given To Us

We may reasonably ask for information about you:

- a) during the application for the policy,
- b) during the making of a claim, or
- c) at any other relevant time while the policy is in force.

All questions we ask must be answered honestly and in full.

6.3.2.1

If we discover that

- a) you,
- b) the person making the claim, or
- c) anyone else connected with the policy or claim,

has given us incorrect information or did not provide us with all the information we asked for, provision 6.3.2.2 will apply.

6.3.2.2

If this provision applies under 6.3.2.1, we may reasonably decide to

- a) make proportionate changes to the policy,
- b) cancel the policy, or
- c) in the event of a claim,
 - i) pay only some of the benefits, or
 - ii) not pay any benefits.

If we make changes to the policy or pay only some of the benefits, it will be to reflect the terms that we would have offered at the start of the policy had we been given full and correct information.

If we cancel the policy or do not pay any benefits because we reasonably believe there has been fraud, we will not refund any premiums paid.

For example, types of changes under (a) could include changes to the premium, benefit amount and to add or remove limits or exclusions when we would not pay out benefits.

6.3.3 Application of Money

Our responsibility under this contract is to pay any money due in accordance with the policy. We will not in any way be responsible to enquire into or see to the application of any such money.

6.4 RESIDENCE

Unless otherwise stated in the schedule, you may, without restriction or payment of additional premium, reside or travel in any part of the world or engage in any occupation.

If at any stage in connection with a claim you are resident outside the United Kingdom and we reimburse the cost of any evidence obtained from outside the United Kingdom or pay for any examination held outside the United Kingdom then we will do so only to the extent that it does not exceed the amount we would reasonably expect the cost within the United Kingdom to have been.

6.5 LAW OF THE CONTRACT

The law of the contract between the **policyholder** and us is that of England and Wales, unless one of the following applies:

- a) the **policyholder** resided in Scotland at the start date of the policy in which case the contract is subject to the law of Scotland, or
- b) the **policyholder** resided in Northern Ireland at the start date of the policy in which case the contract is subject to the law of Northern Ireland.

If there was more than one **policyholder** at the start date of the policy, the **policyholder** referred to above will be the first named in the schedule.

6.6 NOTICE OF ASSIGNMENT

Notice of assignment must be given to us in writing at our main administrative office as soon as practicable after the assignment takes place.

This is important to protect the legal rights of any person to whom the policy is assigned. The meaning of "assignment" is given in provision 1.1.

Details of our main administrative office are shown at the start of this booklet.

This means that only you (or your legal successor(s)) can enforce the contract against us.

6.7 THIRD PARTY

The policy is a contract between us and the **policyholder** and is not intended to benefit anyone else (a "third party").

A **third party** has no rights under the policy and cannot require any term of the policy to be carried out.

6.8 HOW TO COMPLAIN

The **policyholder** can contact us at our main administrative office if they wish to make a complaint. If the **policyholder** is not satisfied with the response we give, they can complain to:

The Financial Ombudsman Service,
Exchange Tower,
London E14 9SR
Tel 0800 023 4567

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Complaining to the Ombudsman won't affect the **policyholder's** legal rights.

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