



RISK
ASSURANCE
MANAGEMENT

Group Life Assurance

Proposal Form for Registered Group Life Assurance



PROPOSAL FORM FOR REGISTERED GROUP LIFE ASSURANCE

To: Risk Assurance Management Limited

We confirm that we wish to insure the Benefit of our Death-in-Service Scheme in accordance with the Terms and Conditions:

Quotation Ref No:	Dated:
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Name of Principal Employer:

Address:	Post Code:
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Names of any Participating Employers:
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Companies House Registration No:

Name of Scheme:

Date of Governing Trust Deed:	Date of Registration:
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Scheme Registration No:

Commencement Date:	Anniversary Date: <small>(if not anniversary of Commencement Date)</small>
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Address to which correspondence regarding this Contract is to be sent:

Intermediary for this Contract:
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Financial Services Registration No:
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The Trustees will need to have a separate Scheme bank account as the payment of any lump sum benefit will not be made to parties other than the Trustees of the Scheme.
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Data Protection

We understand that the use of information provided by us for the operation of this insurance is for the process of underwriting, administration, claims management, handling customer concerns and the detection, prevention and investigation of fraud.

We understand that in order to do this the information may be shared with other insurers, reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or employee benefits arrangements provided by the Company in accordance with the Data Privacy Notice shown on Risk Assurance Management Limited's website: www.ram-ltd.co.uk.

We understand the data will be processed fairly and securely and the details will be stored on computer but will not be kept longer than necessary.

We confirm that the data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited in accordance with the requirements of the General Data Protection Regulation.

Declaration

We hereby declare that the foregoing statements and details are correct and complete and that a separate Trustees bank account is in operation or will be established. We further confirm that the Contract will be subject to the provision of definitive membership data as applicable at the Commencement Date of the Contract and details of any other changes that have occurred between the date of the Quotation referred to and the Commencement Date.

We declare that we have made a fair presentation of the risk by disclosing all material facts*, or by providing Risk Assurance Management Limited with sufficient information to put them on notice to make further enquiry to reveal any material facts, in accordance with Section 3 of the Insurance Act (2015).

*A material fact in this context is a fact that is known, or ought to be known, by conducting a reasonable search for information and that would influence the decision on the terms and conditions (if any) of the insurance Risk Assurance Management Limited is prepared to offer. If you are unsure whether a fact is material or not you should disclose the full details.



For and on behalf of the Trustees:

This form must be signed by:

- if the Principal Employer or another Corporate Body are the Trustees, the duly authorised officers of that Company;
- if there are individual Trustees, each Trustee or by individuals who are authorised to sign for and on behalf of the Trustees.

We agree that a copy of this signed Declaration will be legally valid.

..... (Print Name) (Signature)

..... (Print Name) (Signature)

Dated this day of in the year

Please ensure all Trustees and authorised signatories sign above; additional signatories should use an Authorised Signatories form.

Please note that by not providing details of persons authorised to sign on behalf of the Trustees, claims settlement and/or amendments to the Policy may be delayed.

It is the responsibility of the Trustees to notify us if the authorised signatories change and failure to do so may delay claims settlement and/or amendments to the Policy.



Authorised Signatories

Scheme Name:

Policy Number:

This form shall be used in conjunction with the Proposal Form and shall include the name and signature of each individual who may complete/sign forms in the future.

..... (Print Name) (Signature) (Position)
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..... (Print Name) (Signature) (Position)
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..... (Print Name) (Signature) (Position)
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..... (Print Name) (Signature) (Position)
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We hereby declare that the above named persons are authorised signatories on behalf of the Trustees of:

We agree that a copy of this signed document will be legally valid.

..... (Print Name) (Signature) (Position)
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Dated this day of **in the year**

