



RISK
ASSURANCE
MANAGEMENT

Group Life Assurance

Proposal Form for
Excepted Group Life Assurance



PROPOSAL FORM FOR EXCEPTED GROUP LIFE ASSURANCE

To: Risk Assurance Management Limited

We confirm that we wish to insure the Benefit of our Death-in-Service Scheme under an Excepted Policy as defined in Section 480 of the Income Tax (Trading and Other Income) Act 2005 to meet the conditions set out in Sections 481 and 482 of that Act.

| | |
|--------------------------|---------------|
| Quotation Ref No: | Dated: |
|--------------------------|---------------|

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|------------------------------------|
| Name of Principal Employer: |
|------------------------------------|

| | |
|-----------------|-------------------|
| Address: | Post Code: |
|-----------------|-------------------|

| |
|---|
| Companies House Registration No: |
|---|

| |
|--|
| Names of any Participating Employers: |
|--|

| |
|------------------------|
| Name of Scheme: |
|------------------------|

| | |
|---------------------------|--|
| Commencement Date: | Anniversary Date <small>(if not anniversary of Commencement Date):</small> |
|---------------------------|--|

| |
|---|
| 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 in accordance with Section 482(2) Income Tax (Trading and Other Income) Act 2005. |
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**Data Protection Act 1998**

We understand and consent to the use of any information provided by us for the operation of this insurance. This includes the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

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 the employee benefit arrangements provided by the company.

We understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be stored on computer but will not be kept for longer than necessary.

We confirm that the data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited accordance with the requirements of the Data Protection Act 1998 and confirm that we have the employees' consent to forward such information to the insurer.

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 us 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 our decision on the terms and conditions (if any) of the insurance we are prepared to offer. If you are unsure whether a fact is material or not you should disclose the full details to us.

For and on behalf of the Trustees:

This form must be signed by the Trustees 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) | (Position) |
| (Print Name) | (Signature) | (Position) |
| Dated this: (day) of (month) (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) |

| | | |
|---------------------|--------------------|-------------------|
| | | |
| (Print Name) | (Signature) | (Position) |

| | | |
|---------------------|--------------------|-------------------|
| | | |
| (Print Name) | (Signature) | (Position) |

| | | |
|---------------------|--------------------|-------------------|
| | | |
| (Print Name) | (Signature) | (Position) |

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) |

Dated this day of in the year



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Risk Assurance Management Limited, insurances arranged at Lloyd's
Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority
Registered Address: 35 Lavant Street, Petersfield, Hampshire GU32 3EL
Registered in England and Wales No: 1334065

Coverholder at **LLOYD'S**