

Key Product Information

Who is eligible?

You can apply for Flexible Protection Cover if you are aged between 18 and 74 (please see the table below for full details). You will need to complete an application form, giving us full details of your state of health – and it is possible that we may ask you to undergo a medical examination (at Aviva's expense). We might not be able to give you conversion option under this plan if we cannot offer you cover at standard rates.

	Age next birthday at entry	Age next birthday at cessation	Term
Minimum – Life cover	19	21	2 years
Minimum – with Specified Illness cover	19	24	5 years
Maximum – Life cover (level)	75	90	50* years
Maximum – Life cover (convertible)	65	85	50* years
Maximum – Specified illness cover (level, accelerated)	70	75	40** years
Maximum – Specified illness cover (convertible)	60	70	40** years

*subject to age 85 / **subject to expiry of conversion option at age 70

Premium payments

Premiums can be paid monthly or annually in advance by direct debit only. If you then wish to change from paying monthly to paying yearly – or vice versa – you may do so on any anniversary date. All premiums should be paid promptly – although we will allow up to 30 days of grace to cover the late payment of a premium. If a premium is delayed any longer, the plan will lapse and your cover will stop. If you do not claim during the period of cover, the plan will expire and no benefit will be payable. If you stop paying the premiums early, your cover will stop and the plan will have no cash-in value.

Minimum premium

The minimum premium is €10 monthly or €120 yearly per policy.

Joint life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness Cover under a joint life plan claims a death benefit or full payment specified illness benefit under the plan, that benefit will stop. In the case of Double Cover, reduced premiums will apply for any remaining benefit.

Dual life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness cover under a dual life plan claims a benefit under the plan, that benefit in respect of the claimant will stop and reduced premiums will apply for any remaining benefit. Premiums for the second life insured's cover will continue to be payable.

No cash-in value

Your Flexible Protection Cover won't ever have a cash-in value. So, at the end of your chosen term – or, if you stop paying the premiums earlier – your cover will stop and no payment will be made.

Reinstatement

If your Flexible Protection Cover lapses, you may reinstate it at any time within the following 6 months. This reinstatement will be subject to you providing us with satisfactory evidence of your ongoing good health – and paying all the outstanding premiums, plus any late payment charge.



Assigning your plan

The plan may be assigned to a third party – an option that may be useful if you ever borrow money from a bank, as most lenders will need to know that, if something happened to you, there should be enough money available to repay their loan

Writing the plan under trust

You may ask for your plan to be issued ‘under trust’. You can do this on any Life Insurance benefit under your plan. This could have two main advantages: You can specify exactly who you would like to receive the benefit on your death – and, if you choose more than one person, you can specify the amounts to be received by each of them. The payment of the benefit should be quicker – as we wouldn’t have to wait for a grant of probate or letters of administration before making a payment to the trustees of your policy.

Replacing an existing policy

If you are thinking of starting Flexible Protection Cover to replace an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, you should make sure that you are fully aware of the financial consequences of replacing an existing policy. If you are in any doubt about this, please speak to your Financial Broker

Medical evidence

You will be asked to complete an application form, giving us details of your medical history. According to the answers you give and the amount of cover that you have requested, we might need further information. In some circumstances, we may ask you to attend a medical examination at our expense. All the questions on the application form must be answered fully and accurately. If you are not sure whether or not to give us any information about your past or present health, you should do so. If you don’t tell us about something important, it could mean that we don’t pay a claim.

Territorial limits (Only applies to plans with Specified Illness Cover)

A claim for a specified illness will be invalid if you are resident outside of the European Union, Western Europe (Andorra, Channel Islands, Gibraltar, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland and the United Kingdom), Australia, Canada, Hong

Kong, New Zealand, Singapore, South Africa, United Arab Emirates and/or United States of America, for more than 13 weeks in the 12 consecutive calendar months immediately preceding a claim.

Exclusions applying to specified illness and terminal illness benefits

We will not pay any Specified Illness benefits or Terminal Illness benefits, where the disability or illness is caused by intentional self-inflicted injury, failure to follow reasonable medical advice or by alcohol, solvent or drug abuse. Specified Illness benefits or Terminal Illness benefits will also be excluded if they are caused by war or civil war; wilful participation in acts of violence; flying other than as a passenger on a recognised airline; participating in a dangerous pastime or pursuit; or any breach of the criminal law. The exclusions are described more fully in your policy document.

Accidental death benefit

We will provide you with free accidental death cover while your application is being considered. Accidental death means a death occurring before age 65 and within 12 months of an accident due to accidental bodily injury arising solely and directly from external violent, visible and accidental causes, totally independent of any physical or mental illness or infirmity.

Your accidental death cover will start on the day we receive your fully completed application and continue until the earliest of three dates:

1. the end of 3 month, or
2. the date that the cover provided by your plan comes into effect, or
3. the date you are informed that your application has not been accepted at ordinary rates.

Should death occur within 12 months of an accident that occurred while Accidental Death Benefit was in place, the full amount of life assurance cover for which you have applied will be paid out, up to a maximum of €150,000. In the case of a joint plan this immediate cover benefit will be payable on “first death” basis. This means that, whichever one of you dies first, the benefit will be paid to the survivor. If the plan has been effected on a dual life basis, then the immediate cover benefit will be payable on the death of each life. We will only pay once under Accidental Death Benefit in respect of any life insured

regardless of the number of policies or applications for life cover a person has with Aviva.

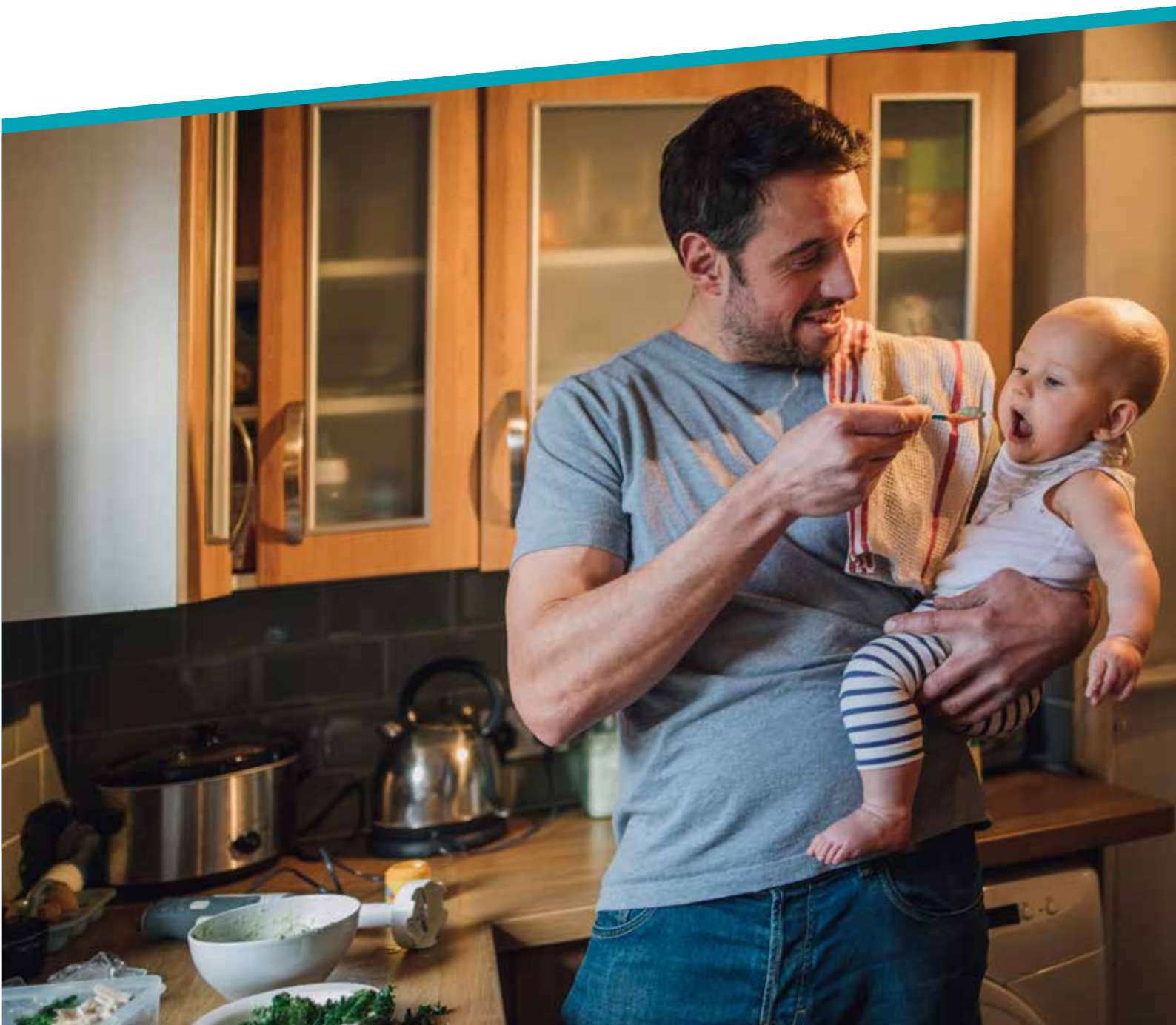
Accidental Death Benefit will not be paid if death is caused directly or indirectly by any of the following: self inflicted injury including suicide or attempted suicide; engaging in a hazardous pursuit; war (whether declared or not, riot or civil commotion); taking alcohol or drugs (unless they are prescribed by a registered doctor in the Republic or Ireland); committing, attempting or provoking an assault or criminal offence; taking part or attempting to take part in any aerial flight other than as a fare paying passenger on a licensed airline; death in a country outside the EU, Channel Islands, Gibraltar, Isle of Man or the United Kingdom; engaging in a hazardous occupation; an assault on the covered person which

is not reported to the police; disease, bodily or mental infirmity or surgical treatment of these or where the covered person acts against medical advice.

Notification of death must be received by Aviva Life & Pensions Ireland DAC at our registered office, Aviva Life & Pensions Ireland DAC, One Park Place, Hatch Street, Dublin 2,

Other Exclusions & Restrictions

Some additional exclusions and restrictions may apply to this plan and both the automatic and optional benefits attached to it. These are outlined in detail in your Policy Conditions.



Key Contacts

If you have any questions about your Flexible Protection Plan, you should contact your Financial Broker or our customer service team:

In writing

Customer Experience Department,
Aviva Life & Pensions Ireland,
One Park Place, Hatch Street, Dublin 2.

By phone

1890 64 64 64

By email

csc@aviva.com

Web

www.aviva.ie

To enable Aviva to assess the quality and consistency of its customer service, phone calls to and from our office may be recorded for training and verification purposes.

Connect with us:



Facebook.com/avivaireland



@avivaireland



youtube.com/avivaireland

A commitment to quality service

Aviva Life & Pensions Ireland is committed to providing the highest possible standards of customer service. However, if you are ever unhappy with any aspect of our service, do please let us know. We take all complaints very seriously and will aim to put things right as quickly as possible.

If you wish to complain about any aspect of the service you have received, please contact, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2. If your complaint is not dealt with to your satisfaction, you may complain to:

Financial Services and Pensions Ombudsman

Address: 3rd Floor, Lincoln House,
Lincoln Place, Dublin 2

Lo-call: +353 1 5677000

E-mail: info@fspo.ie

Website: www.fspo.ie

Full details of the remit of the Financial Services and Pensions Ombudsman can be obtained directly from their office.