

DIVE INTO THE DETAIL

Terms & Conditions

MONEY



Hello

Here are the **Policy Terms and Conditions** for **your** Family & Lifestyle Insurance **policy**. These **Policy Terms and Conditions** along with **your Policy Schedule** form the contract for **your policy**.

They also explain how **you** or **your** family can make a **claim**, if it does come to that.

Remember, **your policy** info is always available digitally. **You'll** just need to log in to **your** account at **myvirginmoney.com** to view it.

Any questions? **We're** always here to help **you**.

Just give **us** a call on **0800 294 7575**.

We are here, Monday to Friday 8am - 9pm,
Saturday 9am-5pm.

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How to contact us

Claims

0800 294 7576

We are here, Monday to Friday 8am - 9pm,
Saturday 9am-5pm.

For anything else

0800 294 7575

We are here, Monday to Friday 8am - 9pm,
Saturday 9am-5pm.

Visit

virginmoney.com

Email

enquiries@life.virginmoney.com

Write

Virgin Money Life Insurance
16-17 West Street
Brighton
BN1 2RL

Your policy provider

Your policy is provided by Family Assurance Friendly Society Limited, which is a friendly society registered and incorporated under the Friendly Societies Act 1992, registration number 939F.

Family Assurance Friendly Society Limited, registered address 16-17 West Street, Brighton, BN1 2RL is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 110067.

We've defined the key words in these **Policy Terms and Conditions** in our glossary at the end.

Policy basics

- Your policy will run for a minimum of 5 years and a maximum of 40 years. The **policy expiry date** must be reached before the oldest **life assured's** 90th birthday for **Life Insurance**, or the oldest **life assured's** 80th birthday for **Life Insurance with Critical Illness** or **Additional Critical Illness**.
- Your **policy sum assured** can be up to £750,000 for **Life Insurance** and up to £300,000 for **Life Insurance with Critical Illness** or **Additional Critical Illness**. Your **policy term** and **sum assured** will be shown in your **Policy Schedule**.

- Before the **policy start date** you must be aged between 18 and 77 for a **Life Insurance policy**, or 18 and 64 for a **Life Insurance with Critical Illness** or **Additional Critical Illness policy**.
- To start your policy with us you must be a **permanent UK resident**. If during the term of the **policy** your circumstances change and you move somewhere else, you must let us know and we will confirm if your move impacts the **policy benefits** or your ability to **claim**.

Paying out

Life Insurance

Pays a maximum of one **full claim payment**, if you (the **life assured**) die or if you are diagnosed with a **Terminal Illness** (whichever happens first) between the **policy start date** and the **policy expiry date**.

In the event of a valid death **claim** on a **joint life policy** which is not in **trust**, the **sum assured** will be paid to the surviving **policyholder** named on the **policy**.

The **policy** stops when we pay a **claim** for this **benefit**.

Life Insurance with Critical Illness

Pays a maximum of one **full claim payment**, if you (the **life assured**) dies, are diagnosed with a **Critical Illness** and survives for at least 10 days from the date of diagnosis or are diagnosed with a **Terminal Illness** (whichever happens first) between the **policy start date** and the **policy expiry date**. In the event of a valid death **claim** on a **joint life policy**, the **sum assured** will be paid to the surviving **policyholder** named on the **policy**.

In the event of a valid **Terminal Illness** or **Critical Illness claim** on a **joint life policy**, the **sum assured** will be paid into the bank account held on the **policy**. The **policy** stops when we pay a **claim** for this **benefit**.

Terminal Illness

This **benefit** is included with all **Life Insurance** and **Life Insurance with Critical Illness** policies. **Terminal Illness** pays a maximum of one **full claim payment**, if you are diagnosed with an illness between the **policy start date** and the **policy expiry date** and the illness is expected to lead to death within 12 months.

In the event of a valid **Terminal Illness claim** on a **joint life policy**, the **sum assured** will be paid into the bank account held on the **policy**.

The **policy** stops when we pay a **claim** for this **benefit**.

Additional Critical Illness

Pays a maximum of one **full claim payment**, if the **life assured** is diagnosed with a **Critical Illness** between the **policy start date** and the **policy expiry date** and survives for at least 10 days from the date of diagnosis. In the event of a valid **Additional Critical Illness claim** on a **joint life policy**, the **sum assured** will be paid into the bank account held on the **policy**.

This **benefit** will stop when we pay an **Additional Critical Illness claim**. If you have a **Life Insurance policy** and we have not paid a death or **Terminal Illness claim** the **Life Insurance** will continue until either the **policy expiry date** or a valid **claim** is paid (whichever is sooner) as long as you continue to pay the **premiums**.

Children's Critical Illness

This optional **benefit** will pay the lower of £25,000 or 25% of the **sum assured** if **your child** is diagnosed with a **Critical Illness**, is aged between 10 days and their 18th birthday. **Your child** must survive for at least 10 days from the date of diagnosis.

We will pay a maximum of one **claim per child**, however we will cover any of **your children**. In the event of a valid **Children's Critical Illness claim**, the **sum assured** will be paid into the bank account held on the **policy**.

This **benefit** will continue until either the **policy expiry date**, a valid death **claim** is paid, or a valid **Critical Illness claim** is paid for the **life assured** (whichever is sooner) as long as you continue to pay the **premiums**.

What Critical Illnesses are covered?

Critical Illness

Our **Critical Illness** cover complies with the ABI Guide to Minimum Standards for **Critical Illness** Cover.

The following list of conditions are covered:

Aorta graft surgery – for disease or trauma

The undergoing of, or inclusion on an NHS waiting list for, surgery for disease or trauma to the aorta with excision and surgical replacement of a portion of the affected aorta with a graft.

Aorta includes the thoracic and abdominal aorta but not its branches.

The following are not covered:

- Any other surgical procedure, for example, the insertion of stents or endovascular repair.

Aplastic Anaemia – requiring specified treatment

A definite diagnosis by a Consultant Haematologist of **permanent** bone marrow failure, which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- Blood transfusion;
- Marrow stimulating agents;
- Immunosuppressive agents;
- Bone marrow transplant.

For the above definition, the following are not covered:

- Other forms of anaemia.

Benign brain tumour – resulting in permanent symptoms or specified treatment

A non-malignant tumour or cyst originating from the brain, cranial nerves or meninges within the skull resulting in either:

- **Permanent neurological deficit with persisting clinical symptoms;**
- The undergoing of chemotherapy treatment to destroy tumour cells, or
- The undergoing of stereotactic radiosurgery or invasive surgery.

The following are not covered:

- Tumours in the pituitary gland
- Angiomas and cholesteatoma, or
- Tumours originating from bone tissue.

Blindness – permanent and irreversible

Permanent and **irreversible** loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 6/60 or worse in the better eye using a Snellen eye chart.

Brain injury due to trauma, anoxia or hypoxia – resulting in permanent symptoms

Death of brain tissue due to trauma or reduced oxygen supply (anoxia or hypoxia) as evidenced by:

- **Permanent neurological deficit with persisting clinical symptoms;** and
- Definite evidence of death of brain tissue on a brain scan.

Cancer – excluding less advanced cases

Any malignant tumour positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes:

- Leukaemia
- Sarcoma except those that arise from or are confined to the skin (including cutaneous sarcomas)
- Lymphoma except those that arise from or are confined to the skin (including cutaneous lymphomas)
- Pseudomyxoma peritonei; and
- Merkel cell cancer.

The following are not covered:

- All cancers which are histologically classified as any of the following:
 - Pre-malignant;
 - Non-invasive;
 - Cancer in-situ;
 - Having borderline malignancy; or
 - Having low malignant potential.
- All tumours of the prostate unless histologically classified as having a Gleason score of 7 or above or having progressed to at least TNM classification cT2bN0M0 or pT2N0M0 following prostatectomy (removal of the prostate).
- All urothelial tumours unless histologically classified as having progressed to at least TNM classification T1N0M0.
- Malignant melanoma skin cancers that are confined to the epidermis (outer layer of skin).
- All cancers (other than malignant melanoma) that arise from or are confined to one or more of the epidermal, dermal, and subcutaneous tissue layers of the skin (including cutaneous lymphomas and sarcomas).
- Neuroendocrine tumours without lymph node involvement or distant metastases unless classified as WHO Grade 2 or above.
- Gastrointestinal stromal tumours without lymph node involvement or distant metastases unless

classified by either AFIP/Miettinen and Lasota as having a moderate or high risk of progression, or as UICC/TNM8 stage II or above.

- Tumours in the pituitary gland unless the tumour has spread to involve the lymph nodes or has become metastatic.

Coma – resulting in **permanent** symptoms

A state of unconsciousness with no reaction to external stimuli or internal needs which:

- Requires the use of life support systems; and
- Results in **permanent neurological deficit with persisting clinical symptoms.**

The following is not covered:

- Coma secondary to alcohol or drug abuse.

Coronary artery by-pass

The undergoing of, or inclusion on an NHS waiting list for, surgery on the advice of a Consultant Cardiologist to correct narrowing or blockage of one or more coronary arteries with by-pass grafts.

The following are not covered:

- Balloon angioplasty
- Atherectomy
- Rotablation
- Insertion of stents
- Laser treatment.

Deafness – **permanent** and **irreversible**

Permanent and **irreversible** loss of hearing to the extent that the loss is greater than 70 decibels across all frequencies in the better ear using a pure tone audiogram.

Dementia including Alzheimer's disease

– of specified severity

A definite diagnosis of Dementia, including Alzheimer's disease by a Consultant Geriatrician, Neurologist, Neuropsychologist or Psychiatrist supported by evidence including neuropsychometric testing.

There must be **permanent** cognitive dysfunction with progressive deterioration in the ability to do all of the following:

- Remember
- Reason and
- Perceive, understand, express and give effect to ideas.

The following is not covered:

- Mild cognitive Impairment (MCI).

Heart attack – of specified severity

A definite diagnosis of acute myocardial infarction with death of heart muscle as evidenced by all of the following:

- New characteristic electrocardiographic changes or new diagnostic imaging changes.
- The characteristic rise of cardiac enzymes or Troponins.

The following are not covered:

- Myocardial injury without myocardial infarction.
- Angina without myocardial infarction.

Heart valve repair or replacement

The undergoing of, or inclusion on an NHS waiting list for, surgery on the advice of a Consultant Cardiologist to replace or repair one or more heart valves.

Kidney failure – requiring **permanent** dialysis

Chronic and end stage failure of both kidneys to function, as a result of which regular dialysis is **permanently** required.

Loss of hand or foot – **permanent** physical severance

Permanent physical severance of one or more hands or feet at or above the wrist or ankle joints.

Loss of speech – **permanent** and **irreversible**

Total **permanent** and **irreversible** loss of the ability to speak as a result of physical injury or disease.

Major organ transplant – from another donor

The undergoing as a recipient of a transplant from either another human donor or animal, of bone marrow or of a complete heart, kidney, liver, lung, or pancreas, or whole lobe of the lung or liver, or inclusion on an official UK waiting list for such a procedure.

The following is not covered:

- Transplant of any other organs, parts of organs, tissues or cells.

Motor neurone disease – resulting in **permanent** symptoms

A definite diagnosis of one of the following motor neurone diseases by a Consultant Neurologist:

- Amyotrophic lateral sclerosis (ALS);
- Primary lateral sclerosis (PLS);
- Progressive bulbar palsy (PBP);
- Progressive muscular atrophy (PMA); or
- Kennedy's disease, also known as spinal and bulbar muscular atrophy (SBMA).
- Spinal muscular atrophy (SMA).

There must also be **permanent** clinical impairment of motor function.

Multiple sclerosis

A definite diagnosis of Multiple Sclerosis by a Consultant Neurologist and with current clinical impairment of motor or sensory function.

Paralysis of a limb – total and **irreversible**

Total and **irreversible** loss of muscle function to the whole of any limb.

Parkinson's disease – resulting in **permanent** symptoms

A definite diagnosis of Parkinson's disease by a Consultant Neurologist or Consultant Geriatrician and with **permanent** clinical impairment of motor function with associated tremor and muscle rigidity.

The following are not covered:

- Parkinson's disease secondary to drug abuse;
- Parkinsonism; and
- Other Parkinsonian syndromes.

Stroke – of specified severity

Death of brain tissue due to:

- Inadequate blood supply; or
- Haemorrhage within the skull

That has resulted in all of the following evidence of stroke:

- **Permanent neurological deficit with persisting clinical symptoms** lasting at least 24 hours; and
- Definite evidence of death of brain tissue or haemorrhage on a brain scan.

For the above definition, the following are not covered:

- Transient ischaemic attack
- Traumatic injury to brain tissue or blood vessels
- Death of tissue of the optic nerve or retina / eye stroke.

Third degree burns – covering 20% of the body's surface area or affecting 20% of the area of the face or head

Burns that involve damage or destruction of the skin to its full depth through to the underlying tissue and covering either:

- At least 20% of the surface area of the body; or
- At least 20% of the surface area of the face or head.

Children's Critical Illness

We will provide **Children's Critical Illness** cover if the **benefit** is shown in **your Policy Schedule**. You can **claim** if **your child** is diagnosed with a **Critical Illness** between the ages of 10 days up to their 18th birthday.

The amount of money payable per **child** will be the lower of:

- 25% of the **sum assured**; or
- £25,000.

Children's Critical Illness cover is subject to the following conditions:

- The **child** must survive for at least 10 days from the date of diagnosis
- The **Critical Illness** must not have been known to be present at birth
- The symptoms must begin after the **policy start date**
- Diagnosis must take place on or after the **policy start date** and on or before the **policy expiry date**
- Only one **claim** per **child** will be paid under this **policy**
- **Children's Critical Illness** cover stops if a **Critical Illness claim** is paid in respect of the **life assured**

- The **child** must be **your natural child** or **you** must have adopted and become the **child's** legal guardian or **step-parent** before the date of diagnosis.

We won't pay a **claim** for a condition or related condition if before the **policy start date**:

- The eligible **child** was already having symptoms relating to, was awaiting investigations or being investigated for, or had been diagnosed with, a condition resulting in **your claim**;
- Either **parent** had sought or received counselling or medical advice in relation to the eligible **child** being affected by a condition resulting in **your claim**, or
- Either **parent** was aware of an increased risk, including as a result of a screening or test during pregnancy or thereafter, of the eligible **child** being affected by a condition resulting in **your claim**.

Paying for your cover

You'll make a monthly payment (**premium**) from the **policy start date** to the end of **your policy term**. Make a note of the payment date and the amount **you** will be paying. **Your payment details** shouldn't change unless:

- **You** or **your Doctor** inform **us** that the info **you** provided within **your application** was not complete, accurate or truthful.
- **You** request to change **your policy**.
- A **claim** is paid under **your Additional Critical Illness benefit**.

If the **premiums** do change, **we** will get in touch to confirm the updated details of **your policy** and **premiums**.

If you missed a payment

If **you** stop paying, **we** will let **you** know how long **your grace period** is to pay **us your** missed **premium(s)**. If **you** do not pay **us your** missed **premium(s)** by the end of **your grace period**, **your policy** will stop, it will have no value and **you** will no longer be covered. **We** will contact **you** as soon as **you** miss a payment to offer an alternative way to pay.

Changing your policy

There are different ways **you** may be able to change **your** cover.

Please contact **us** and **we** will let **you** know what options **you** have available.

Depending on the changes **you** want to make to **your** current **policy**, **we** may need to ask **you** more questions about **your** health and lifestyle.

New Policy

If **you** can't use any of the options available to change **your** current **policy** or they don't suit **your** needs, **you** could apply for a new **policy** instead. **You** will need to answer any questions completely, accurately, and truthfully, should **you** consider any further insurance **applications** in the future.

The terms of **your** current **policy** and **your** new one might differ. If so, **we** will explain these before making changes. With a new **policy** **you** will be provided with a new **policy** number, either in addition to **your** current **policy**, or to replace **your** current **policy**. **We** will explain if the new **policy** is in addition or a replacement, before making these changes.

How to make a claim

For all **claims**, **you** or **your** representative must contact **us** by one of the following:

Email

claims@life.virginmoney.com

Phone

0800 294 7576

We are here, Monday to Friday 8am - 9pm, Saturday 9am-5pm.

Write

Claims Department
Virgin Money Life Insurance
16-17 West Street
Brighton
BN1 2RL

For death

We will only pay the **claim** when **we** have received proof of the death, any medical evidence needed to support the **claim** and appropriate documentation confirming that the person claiming is legally entitled to do so.

We will pay the **sum assured** to the person who is legally entitled to it.

The **policy** will end when the **claim** is paid, and **we** will have no further liability under the **policy** following such payment.

For a Critical or Terminal Illness

You or **your** representative will be asked to complete a **claim** form and **we** will also ask for evidence to support the diagnosis and/or to review the answers **you** provided in **your** original **application** to ensure they were truthful, accurate and complete. If **we** ask for a report from **your** **Doctor** or any medical specialist or Consultant this will be a cost **we** cover.

All diagnoses and medical opinions must come from a medical specialist who:

- Holds an appointment as a Consultant at a hospital in the UK;
- Is accepted by **our** **Appointed Medical Officer**; and
- Is a specialist in an area of medicine appropriate to the cause of the **claim**.

You must live for 10 days after diagnosis, before **we** can accept a **Critical Illness claim**.

Once **we** accept **your claim**, **we** will pay the **sum assured** to the person who is legally entitled to it.

We'll then refund any **premiums** paid between the date from which **your claim** is valid and the date the **claim** is paid. The **benefit** ends when **we** pay the **claim** and **we** will have no further liability under the **benefit** following such payment.

If **we** do not accept a **Critical Illness** or **Terminal Illness claim**, this may not prevent a future **claim** being accepted. It is therefore important to pay every month and keep **your policy** in force while **Critical Illness** and **Terminal Illness claims** are being assessed.

When aren't you covered

If **we** have reasonable suspicion of either financial crime activity or any form of fraudulent behaviour during the purchase of **your policy** or at any time during the term of **your policy**, including when making a **claim**, **we** reserve the right to cancel or void **your policy**. **We** may retain any **premium** paid.

We will not pay a **claim** within the first 12 months of the **policy start date** if the cause of death is as a result of suicide, intentional and serious self-injury or an event where, in **our** reasonable opinion, **you** took **your** own life.

Your policy will not pay out if **you** do not have a valid **claim** before the end of **your policy term**.

We may not pay a **claim** for **Life Insurance**, **Terminal Illness** or **Critical Illness** cover, and **we** have the right to cancel or void the **policy**, if at the time **you** completed **your application** for the **policy** and before the **policy start date**, when making **us** aware of any info relevant to **your application** after the **policy start date**, or when making a **claim**, **you** fail to answer all **our** questions truthfully, accurately and completely to the best of **your** knowledge and/or **you** do not provide all the info **we** ask for.

We will not pay a **claim** under **Critical Illness** cover if the **Critical Illness** **you** are claiming for is caused directly or indirectly by a condition listed in the **policy exclusions** section of **your Policy Schedule** or if the **Critical Illness** does not occur, is not sustained and is not diagnosed between the start date and the expiry date of **your policy term**.

You can cancel

You have up to 30 days to inform **us** that **you** wish to cancel **your policy** after **your policy start date**.

You can contact **us** in writing, or by telephone. If **you** decide to cancel, **we** will refund any payments paid. If **you** do not cancel within the 30 days, **your policy** will continue as detailed in this document.

If **you** wish to cancel **your policy** after the first 30 days, then **you** can also do this by contacting **us** either in writing, or by telephone. **You** will not receive a refund of **your** payments if **your policy** is cancelled after the first 30 days. **You** will not be able to make a **claim** once **your policy** has been cancelled.

If you're not happy, we're not happy

We'd love to think **we** always get it right. But **we're** only human and sometimes **we** slip up. If **we** do, let **us** know and **we'll** try to fix it, without any charge to **you** for raising **your** complaint directly with **us**. **You** can ask **us** for more info about how **we** handle complaints or to make a complaint, using any of the details in the "How to Contact **Us**" section.

If **you're** not satisfied with **our** complaint decision or resolution letter, or if **we** have not provided this in the timescales required by the Financial Conduct Authority, **you** may be able to ask the Financial Ombudsman Service (FOS) to look at **your** complaint, before six months from the date of **our** complaint decision or resolution letter. FOS is a free, independent organisation which can help to settle disputes between customers and financial services firms.

More details can be found on their website: financial-ombudsman.org.uk or they can be contacted:

In Writing

Financial Ombudsman Service
Exchange Tower
London
E14 9SR

By Phone

0800 023 4567

Free for people phoning from a fixed line (for example, a landline at home).

0300 123 9123

Free for mobile phone users who pay a monthly charge for calls to numbers starting 01 or 02.

By Email

complaint.info@financial-ombudsman.org.uk

Financial Services Compensation Scheme (FSCS)

Your policy is covered by the FSCS. **You** may be entitled to compensation from the scheme if **we** cannot meet **our** obligations under **your policy**.

This depends on the type of business and the circumstances of the **claim**. For more info visit fscs.org.uk or call **0800 678 1100**.

Solvency II Directive info

Under this directive, **we** are required to provide **you** with a Solvency and Financial Condition Report, which **you** can access via **our** website at onefamily.com/our-story/companyinformation/financial-reports/

General Conditions

The laws of England apply to this **policy**.

If the **life assured's** date of birth in the **Policy Schedule** is incorrect, the terms of the **policy** shall be cancelled and reissued based on terms that would have applied if the correct date of birth had been given. **We** are entitled to cancel this **policy** if it would not have been issued if the correct date of birth had been given.

We may make changes to the **Policy Terms and Conditions** due to a change in any relevant legislation, regulation or taxation.

We'll only do this if **we** think it's reasonable and the changes are appropriate.

We'll let **you** know before **we** make any changes.

We'll only ever write to **you** in English.

All payments should be paid in GBP from a UK bank account and all payments will be made in GBP to a UK bank account.

Privacy notice

Who is processing your data?

Virgin Money Life Insurance is promoted by CYB Intermediaries Limited and provided by Family Assurance Friendly Society Limited and both companies act as data controllers for **your** personal data in relation to **your** insurance **policy**. This means they are the companies responsible for how **your** data is processed. **We** may also share **your** data with **our** reinsurer.

This privacy **policy** describes how **we** and CYB Intermediaries Limited use **your** info.

CYB Intermediaries Limited is part of the Virgin Money Group of Companies operating under the Virgin Money brand. If **you** want to know more about the Virgin Money Group of Companies **you** can find out more on the Virgin Money website.

If **you** have instructed an insurance broker or intermediary to set up or manage **your policy** **we** may also exchange info with the insurance broker or intermediary in relation to the administration of **your policy**. The insurance broker or intermediary will be the data controller of the data they hold and their use of **your** data will be subject to their own privacy **policy**.

If **you** purchase a **policy** via a cashback website, some data may also be shared with the cashback website provider in relation to this for example to confirm **your** purchase. For more info **you** will need to read the privacy **policy** for the relevant cashback website.

Where do we get the data from?

From you

Most of the data that **we** process will be data that **we** collect from **you** directly when **you** request a **quotation**. **We** will ask **you** various questions to collect the data **we** need for the purpose of **your policy**. **We** will not be able to provide a **quotation** unless **you** answer the mandatory questions.

If **you** have previously held any products or services with CYB Intermediaries Limited then **we** may carry out checks against data that CYB Intermediaries Limited already hold on **you**. This includes data that may be needed to apply any discounts or offers that **you** may be entitled to from time to time as an existing customer, for fraud prevention, research and analysis and to help **us** assess **your application** for insurance. **We** may do this when **you** request a **quotation** or when changes are made to **your policy**.

From your GP or from your medical records

To help check the quality of info **you** provide in **your application**, **we** may ask **your Doctor** for info after **we** offer cover to **you** as a post-sale check. **We** will need **your** consent under the Access to Medical Reports Act (AMRA) 1988. If **you** do not give **us** consent then **your policy** will remain active but, if a **claim** is made against **your policy**, **we** may obtain medical evidence before any **claim** is considered. This does not imply that there is an issue with the info **you** have provided but is to ensure **your application** is accurate.

If selected, **we** will ask **you** to give **us** permission to contact **your Doctor** and make all efforts to allow **us** to complete **our** review. **You** have certain rights under the Access to Medical Reports legislation such as the right to ask to

see any medical report before it is sent to **us**. **We** will provide **you** with more info on **your** rights regarding **your** medical records at the time **we** ask for **your** permission or **you** can ask **us** for details in advance. **We** will make every effort to obtain the info **we** need. Where **we** carry out such a review **we** may also review the info **you** have provided on any other **policies** that **you** hold with **us**. **We** reserve the right to void **your** cover under any **policies** **you** hold should **we** find that **you** have given incomplete, inaccurate, or false info in **your** application for that **policy**.

From your use of our website and services

We also collect data about **you** based on **your** actions, for example **we** collect data about how and when **you** use **our** websites, or **our** services so that **we** can build up a picture of **you** as a customer. This can include info such as how many **quotations** **you** have obtained for insurance from **us**, mouse clicks/taps, mouse movements, page scrolling and text entered into forms. This helps **us** to provide **you** with a good service and to design improvements to **our** products and services (including changes to **our** website) but is also used to help **us** to prevent and detect fraud.

If **you** contact **us** electronically, **we** may collect **your** electronic identifier e.g. Internet Protocol (IP) address or telephone number supplied by **your** service provider. This info may be used by **us** to aid in the detection of fraud.

If **we** speak to **you** on the telephone, **we** may record the telephone call and if **you** use **our** webchat service **we** will keep a record of the conversation. **We** do this so that **we** have an accurate record of **your** conversation with **us**. **We** also use this data for monitoring and quality control purposes and may use it for training purposes.

From price comparison sites or other websites providing quotes

If **you** have been directed to **us** from a price comparison site then the price comparison site will have provided **us** with data that **you** entered in order to allow **us** to provide **you** with a **quotation**.

When **you** purchase one of **our** **policies** through a price comparison site **we** will need to share some info with the price comparison site, for example, info relating to whether the **policy** has been purchased or the status of the **policy**. **We** will also exchange info that is necessary to help resolve any queries or complaints.

Our service providers

We will sometimes use third parties to process personal info on **our** behalf. Where third parties process **your** personal info on **our** behalf, **we** will have a contract in place with them placing obligations on them to keep **your** data secure and only use it for the purposes that **we** authorise.

The third parties that **we** use may include, for example, IT service providers or market research agencies.

From other companies

As part of considering **your** quotation, administering (including amending) **your** policy or dealing with any **claims** on **your** policy, **we** or the reinsurer will exchange info about **you** with other companies and/or carry out checks with various databases, which is standard practice in the insurance industry. This includes:

- Undertaking checks against publicly available info such as the electoral register, County Court Judgments, bankruptcy or repossession info.
- Carrying out searches against data held by Credit Reference Agencies.
- Using info relating to **you** which is provided to **us** or the reinsurer by other parties for example other insurance companies or fraud prevention agencies.

The Credit Reference Agencies will keep a record of the search and **you** may see this recorded on **your** credit file. If **you** want to check the info that the Credit Reference Agencies hold about **you** then **you** can contact them directly.

Existing Data

We will check **our** existing records to see if **you** have ever held a **policy** or obtained a **quotation** with **us** or any of the brands **we** administer. **We** will also share personal data with **our** other Group companies and brands.

Checking and comparing this data helps **us** to assess **your** quotation. This data will also be used for fraud prevention, research and analysis in accordance with the section headed "What do **we** use **your** data for?".

Publicly available sources

We use some open sources of data which are not personal data (such as info about particular geographic areas) and combine this with the personal data that **we** hold about **you** (such as **your** own address) in order to assess insurance risk and provide **you** with an accurate **quotation**.

Providing data about other people

We will sometimes need **you** to provide **us** with data about other people, for example where another person is being added to the **policy** as a joint **policyholder**. Where **you** give **us** data about someone else, **you** must make sure that **you** have made that person aware of this privacy notice. Where this privacy notice refers to “**your** data” this also includes data about anyone else named on the **policy** or whose data **you** provide **us** with.

What do we use your data for?

The data that **we** hold is used for the following purposes:

Part 1 - Providing you with a quotation and administering your policy

The personal data that **we** use for the purposes set out in this part includes:

- Info **you** provided during **your** quotation
- Info about previous or current **policies** held by **us**
- Identification info
- Info from Credit Reference Agencies
- **Your** **policy** and payment history
- Behavioural info that **we** gather from **your** use of **our** website and how **you** manage **your** **policy**.

Providing you with a service

As **you** would expect, this data is used to provide **you** with the service **you** have requested, for example a **quotation** or an insurance **policy**. Data is used to ensure that any **policies** **you** hold are accurate (for example by using info from **your** medical records to verify the info **you** have provided on **your** **application**).

We also use this data (including data held in relation to **our** other brands) to help **us** build up a picture of **you** as a customer. This allows **us** to carry out more accurate assessments of **you** as a customer when **you** apply for products with us, including creditworthiness assessments. It helps **us** to provide **you** with more relevant info such as making sure **we** show **you** the right content at the right time. **We** also use this info to help calculate **your** future **quotation**.

Data protection law says that **we** have to tell **you** the legal basis on which **we** process **your** personal data. In relation to personal data used for the purposes described in this Part 1, **we** process this data because it is necessary to perform the contract that **we** have in place with **you** to provide **you** with the **quotation** or the **policy** that **you** have requested.

Part 2 – Fraud Prevention

In order to prevent and detect fraud **we** and/or the reinsurer may use the personal data set out above at any time to:

- Undertake credit searches;
- Check and/or share **your** details with fraud prevention and detection agencies; and
- Share info about **you** with other organisations including the police, where necessary and proportionate.

If false or inaccurate info is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this info. **We** or other organisations may also access and use this info to prevent fraud and money laundering, for example when: recovering debt and tracing beneficiaries; checking details on **applications** for new products and dealing with **claims** for all types of insurance. In relation to personal data used for the purposes described in this Part 2, **we** process this data because **we** have a legitimate business interest in carrying out these activities to protect against fraud and because there is a substantial public interest in preventing and detecting crime including fraud.

Part 3 – Other Uses of Data

Marketing

CYB Intermediaries Limited will use **your** info to identify other products and services that **you** may find useful. (But they will only contact **you** if **you** are happy to hear from them).

Where **you** say **you** are happy to receive this material, CYB Intermediaries Limited will use **your** postal address, email address and telephone number to send **you** marketing materials by post, email, telephone call or SMS. **We** and CYB Intermediaries Limited do not pass **your** data to third parties for marketing purposes.

Where CYB Intermediaries Limited have asked **you** about **your** marketing preferences, **you** can change **your** mind at any time by writing to Virgin Money, Jubilee House, Gosforth, Newcastle upon Tyne NE3 4PL. Where CYB Intermediaries Limited do send **you** any marketing emails **you** can also unsubscribe from emails by clicking on the unsubscribe link or by contacting them.

If **you** tell CYB Intermediaries Limited **you** don't want to receive marketing or if they don't ask **you** about **your** marketing preferences it means that **your** data will not be used for marketing. This will

not impact any communications that **we** need to send **you** for the purpose of **your policy**, for example, updates about **your policy** or info about any **quotations we** have provided to **you**.

CYB Intermediaries Limited use the data **we** and they hold to help them understand their customer demographic, to help them improve the services that they provide to **you** and to help target advertising and marketing so that they show customers adverts or marketing which may be more relevant. CYB Intermediaries Limited may sometimes work with carefully selected third parties to do this for example using advertising services provided by organisations such as Google and Facebook and may share data with them to carry out this research and analysis, however CYB Intermediaries Limited will not sell **your** data to third parties for them to market to **you**.

Your marketing preferences with CYB Intermediaries Limited will not impact any communications Family Assurance Friendly Society Limited need to send **you** for the purpose of **your policy**, for example, updates about **your policy** or info about any **quotations we** have provided to **you**.

Market Research

From time to time **we** and CYB Intermediaries Limited may want to use **your** postal address, email address and/or telephone number to contact **you** to assist **us** with **our** research by asking **you** a few questions about the service **you** have received or by asking if **you** would like to complete a review of **our** services. **We** and CYB Intermediaries Limited may sometimes ask market research companies to contact **you** on **our** behalf.

If **you** would prefer **us** not to contact **you** for market research purposes then **you** can let **us** know by contacting **us**.

Research and Analysis Activities

We and CYB Intermediaries Limited use data relating to **your quotation** or **your policy**, including **your claims** history, to carry out various research and analysis activities to help **us** to regularly review and improve the products and services **we** and CYB Intermediaries Limited provide and carry out research relating to underwriting, **claims** and pricing. Where possible, data will be shared on an anonymised basis. The data will not be used to make any decisions that will affect **you** or any other individual.

We also use the data that **we** collect about **you** through **your** website usage to carry out research and analysis into usage and activities on **our** website to enable **us** to continue to improve **our** website and **our** products and services. In relation to personal data used for the purposes described in this Part 3, **we** process this data because **we** have a legitimate business interest in carrying out these activities to promote and improve **our** business. **We** have ensured appropriate safeguards to protect **your** rights when processing this data for these purposes.

Part 4 - Special Personal Data and Criminal Convictions

In order to provide **your quotation** and administer **your policy** **we** may ask **you** to provide data which data protection law classifies as "special personal data". This includes info about **your** health (such as any medical conditions) or info relating to criminal convictions or alleged or actual criminal offences.

Where **we** collect special personal data and criminal conviction or offence data to provide **you** with **your quotation** and **your policy**, **we** process this data because it is in the substantial public interest to do so for the purposes of advising on, arranging, underwriting or administering an insurance contract.

It may also be necessary for **us** to retain a copy of any special personal data and criminal conviction or offence data for the purpose of making or defending **claims** or preventing or detecting crime, including fraud.

How long do we keep data?

We will only keep **your** personal data as long as **we** need it and ensure it is securely destroyed when it is no longer required. **We** do however need to keep certain data after **your policy** has ended for certain periods as detailed below.

Generally, if **you** take out a **policy** with us, **you** can expect **us** to keep **your** data for a period of 10 years following the end of **your policy** unless there is a requirement for **us** to keep the data for longer, for example if there are any ongoing queries or **claims** relating to the **policy**.

We keep data for these periods as it plays an important part in allowing **us** to undertake fraud detection and prevention activities, allows **us** to deal with any queries or complaints that may arise regarding the **quotation** and allow **us** to carry out research and analysis to help **us** improve **our** products and services (as described in the section headed "What do **we** use **your** data for?").

Overseas Transfer of Data

We may use third party suppliers to process personal data about **you**. Some of these suppliers may be located in countries outside the UK which may not have equivalent laws in place to protect **your** personal data. For example, we use third party software suppliers to process data such as **your** IP address and email address.

Whenever we do use third party suppliers to process personal data about **you** outside the UK we will ensure that **your** personal data is kept securely, is only used for the purposes set out in this privacy notice and is afforded equivalent protection as it would be if it were processed in the UK. We do this through various mechanisms, for example making sure that approved contractual clauses are in place with the supplier. If **you** would like any further info please contact **us** using the details in the "Contacting **us**" section.

Your rights

Data protection law gives **you** various rights in relation to **your** personal data. All the rights set out below can be exercised by contacting **us** using the contact details set out under the "Contacting **us**" section. Those rights include:

- **You** have the right to ask **us** to provide a copy of the personal data that **we** hold about **you**. This is called a Data Subject Access Request or "DSAR".
 - **You** can access info about **your policy** and **your policy** documents by logging into **your** account. If **you** want to receive other personal data that **we** hold then please contact **us** using the contact details in this document. When contacting **us** please describe the info **you** require and include the following: **your** full name, **your** date of birth, **your** full address and **your quotation/policy** number.
 - For security purposes **we** may need to ask **you** for further info to verify **your** identity. If **you** require info sending to different contact details to those held on **your policy** please include a copy of **your** passport or driving licence and proof of address such as a recent utility bill to assist **us** in verifying **your** identity. **We** might also need to ask **you** for additional info to help **us** locate the data that **you** are looking for.
 - Once **we** have all the info that **we** need to process **your** DSAR, **we** will respond within one month unless **your** DSAR is very large or complex, in which case **we** may need to extend this period. If **we** need to do this **we** will let **you** know.
- If **you** want to make a DSAR in relation to personal data that is held by CYB Intermediaries Limited, then **you** will need to contact them directly. **You** can contact them by going to uk.virginmoney.com/security/#yourdata-protection-rights. Please mention that it relates to **your** Virgin Money Life Insurance policy.
 - **You** have the right to ask **us** to correct inaccurate personal data that **we** hold about **you**. If **you** think any of **your** personal data is inaccurate, please contact **us** and, provided **we** can verify **your** identity and are satisfied as to the accuracy of the correction requested, **we** will correct the relevant personal data as soon as **we** can.
 - **You** have the right to request that **we** provide a copy of **your** personal data in a machine readable format or to ask **us** to send **your** personal data to another company. This applies to personal data that **you** have provided to **us**, which **we** have processed electronically, such as data **you** entered on **our** website when **you** obtained a **quotation**.
 - **You** also have the right to ask **us** to delete personal data that **we** hold about **you**. **We** are obliged to delete personal data in some circumstances, such as where it is no longer needed. However, data protection laws allow **us** to keep the personal data if **we** need to, for example if the data is needed to allow **us** to administer **your policy** or if the data is needed for fraud prevention. In any case, **we** will retain **your** personal data in line with the retention periods detailed under "How long do **we** keep data?".
 - **You** have the right to ask **us** not to do anything with **your** personal data except store it in limited circumstances, such as if **you** and **we** do not agree on the accuracy of personal data and steps are required to validate it.
 - **You** have the right to object to **us** processing certain personal data about **you**. For example, **you** can ask CYB Intermediaries Limited to stop processing data for marketing or market research purposes. However, where **we** need to continue to process the personal data, for example to administer **your policy** or for fraud prevention purposes, **we** are not obliged to stop processing it.
 - **You** have the right to ask to review significant decisions that **we** have made about **you** wholly by automated means. The nature of the **quotations** that **we** provide to **you** means that **we** have to use this kind of automated decision

making in relation to **your** personal data (including special categories of personal data) to assess **your quotations**. This means that **our** computers will consider lots of different pieces of info about **you** and about the **policy you** have requested in order to calculate whether or not **we** are able to offer **you** a **quotation** and at what price this should be. Automated decision making will be used when **you** request a **quotation**, and if any changes are made to **your policy**. If **you** ask **us** to review the decision, **we** will make sure that it is examined by a human and **we** will confirm the outcome to **you**. This does not necessarily mean that the decision will be changed.

Contacting us about data

If **you** have any queries or concerns about this privacy notice, would like to contact **us** about **your** data rights set out under “**Your rights**”, or if **you** would like to contact **our** Data Protection Officer, **you** can email OneFamilyDPO@OneFamily.com or write to the Data Protection Officer at One Family, 16-17 West Street, Brighton, BN1 2RL.

Please make sure **you** include details of the product and brand that **you** are contacting the Data Protection Officer about. Please mention it relates to **your** Virgin Money **Life Insurance policy**. **You** can contact Virgin Money any time, using the contact details, to discuss how they hold and use **your** info and **your** rights.

You can also contact Virgin Money’s Data Protection Officer for further info and to exercise **your** rights in relation to the data they hold about **you** by writing to Virgin Money, Jubilee House, Gosforth, Newcastle upon Tyne NE3 4PL.

Information Commissioner’s Office

If **you** have a complaint regarding how **your** personal data has been processed by **us** then please contact **us** first using **our** complaints procedure set out in the “If **you’re** not happy, **we’re** not happy” section. **You** also have the right to complain to the Information Commissioner’s Office, which regulates data protection compliance. **You** can find more info by visiting their website ico.org.uk.

Glossary

We’ve defined some key words used throughout these **Policy Terms and Conditions** which are shown below. Words that **we** use in the singular will also include words in the plural, and words of the masculine gender will also include those of the feminine, unless the context requires otherwise.

A reference to an Act of Parliament, or other regulation, includes any amendments or replacements after the date the **policy** is issued.

Additional Critical Illness

This **benefit** will pay a valid **claim** on the diagnosis of a **Critical Illness** meeting the **claim** criteria contained in **our Policy Terms and Conditions**.

On the payment of a **claim**, **Additional Critical Illness** will cease, but any **Life Insurance you** have with **us** will continue, provided **premiums** are paid until the end of the **policy term**.

Application

The **application you** make when **you** wish to purchase a **policy** from **us**. **We** will ask **you** a number of questions and calculate how much **you** need to pay. These questions form part of **your application**.

Appointed Medical Officer

One of a panel of qualified **Doctors** who will consider all the info provided by **your Doctor** and/or treating Consultant, to help support **our** underwriting and/or **claims** decisions.

Benefit

A **policy** can have a number of **benefits**. A **benefit** is defined as:

- **Life Insurance**
- **Life Insurance with Critical Illness**
- **Additional Critical Illness**
- **Children’s Critical Illness**
- **Terminal Illness**.

Child

A natural, step or adopted **child** of **you** and/or **your** spouse, or civil partner or any **child** of which either of **you** are the legal guardian.

Children's Critical Illness

This **benefit** will pay a valid **claim** on the diagnosis of a **Critical Illness** which meets the **claim** criteria contained in **our Policy Terms and Conditions** for **your child** or **children**. For any **Children's Critical Illness claims**, the **child** must survive for at least 10 days after the date of diagnosis.

Claim

A **claim** under the **policy**.

Critical Illness

Any of the illnesses set out in the 'What **Critical Illnesses** are Covered' section of this **Policy Terms and Conditions**. For a valid **Critical Illness claim**:

- The **claim** criteria in the **Critical Illness** section must be met
- The **life assured** must survive for at least 10 days after the date of diagnosis, where the **claim** is being made under the **Life Insurance with Critical Illness, Additional Critical Illness** or **Children's Critical Illness** benefits.

Decreasing term

The **sum assured** of the **benefits** will reduce throughout the **policy term** until it reaches zero on the **policy expiry date**. This type of **policy** is designed so that if a **claim** is paid, it will pay off a debt which reduces over time, such as a repayment mortgage with an interest rate of up to 6%. If the interest rate of the debt is higher than 6% and **you** make a **claim**, the pay-out might not be large enough to cover any outstanding debt **you** may have planned to clear.

Doctor

A **Doctor** registered, or provisionally registered, with the General Medical Council and licensed to practise in the United Kingdom.

Final response

The written response **we** provide to **your** complaint which explains **our** final decision after carefully considering **your** complaint.

Full claim payment

A **claim** payment for the full **Life Insurance, Life Insurance with Critical Illness** or **Additional Critical Illness** sum assured amount.

Grace period

The time period **we** give **you** when **you** have missed one or more **premiums** before **your policy** stops and **you** are no longer covered. During

the **grace period**, **you** will be able to pay **us** any missed **premiums** to allow **your policy** to continue. If **you** have not paid **us** the missed **premiums** by the end of **your grace period**, **your policy** will stop and **you** will no longer be covered. The time period **we** will give **you** as a **grace period** will differ depending on **your policy start date** and when **your** direct debit collection date is.

Irreversible

Cannot be reasonably improved upon by medical treatment and/or surgical procedures used by the National Health Service in the UK at the time of the **claim**.

Joint life

This is where two people are covered by a single **policy**.

This means that for **joint Life Insurance** two people are covered until the first dies or is diagnosed with a **Terminal Illness**. For **joint Life Insurance with Critical Illness** two people are covered until the first person dies or is diagnosed with a **Terminal Illness** or a **Critical Illness**. For **joint life Additional Critical Illness** two people are covered until the first person is diagnosed with a **Critical Illness**.

Life assured

The person or people named in the **Policy Schedule** and covered by **your policy**. There can be a maximum of 2 **lives assured** per **policy**.

Life Insurance

This **benefit** covers the **life assured** in the event of death or **Terminal Illness** which meets the definition contained in **our Policy Terms and Conditions** occurring during the **policy term**.

Life Insurance with Critical Illness

We will pay a valid **claim** upon death or the earlier diagnosis of a **Terminal Illness** or **Critical Illness** meeting the definitions contained in **our Policy Terms and Conditions**.

Parent

The **life assured** who is the natural, step or adopted **parent** or legal guardian of the **child**.

Payment details

Your payment details which are part of **your policy** and detail **your** monthly payments.

Permanent/permanently

Expected to last throughout the insured person's life, irrespective of when the cover ends.

Permanent neurological deficit with persisting clinical symptoms

Symptoms of dysfunction in the nervous system that are present on clinical examination and expected to last throughout the insured person's life. Symptoms that are covered include numbness, hyperaesthesia (increased sensitivity), paralysis, localised weakness, dysarthria (difficulty with speech), aphasia (inability to speak), dysphagia (difficulty in swallowing), visual impairment, difficulty in walking, lack of coordination, tremor, seizures, dementia, delirium and coma.

The following are not covered:

- An abnormality seen on brain or other scans without definite related clinical symptoms.
- Neurological signs occurring without symptomatic abnormality, e.g. brisk reflexes without other symptoms.
- Symptoms of psychological or psychiatric origin.

Policy

The **Policy Terms and Conditions**, **Policy Schedule**, **Statement of Facts** and **payment details** issued by us.

Policyholder

The person or persons who own the **policy**. If the **policy** is placed in **trust** the trustee(s) are the legal owners of the **policy** who exercise control over it for the **trust** beneficiaries.

Policy exclusions

For **Life Insurance** you are not covered if within the first 12 months of the **policy start date** the cause of death is a result of suicide, intentional and serious self-injury or an event where, in our reasonable opinion, you took your own life. Specific **Critical Illnesses** or activities that are not covered under this **policy** are shown in the **Policy Schedule** or these **Policy Terms and Conditions**.

Policy expiry date

The date the **policy** ends. Once a **policy** ends no further **claims** or **premiums** are payable.

Policy Schedule

A schedule issued as part of this **policy** containing details of **your** cover. Details within **your Policy Schedule** may change over time during the **policy term** such as (but not limited to) the **sum assured** on a **decreasing term policy**.

Policy start date

The date when the **policy** starts, as shown on **your Policy Schedule**.

Policy term

The length of time **your policy** will run for. It will start on **your policy start date** and end on **your policy expiry date**.

Policy Terms and Conditions

This document, which specifies the terms of **your policy** in detail and should be kept safe and read alongside the **Policy Schedule** we issue when **your** cover starts.

Premium

The monthly amount you pay us as shown in **your payment details**.

Quotation

This is an indication of the chosen **benefits**, based on **your** age, chosen **policy term**, chosen **sum assured** and smoking status – but before you have provided info about **your** health and lifestyle.

Statement of Facts

This lists the answers you gave us in **your application**. You need to check that the info is accurate and correct before continuing with **your policy**. If you have not answered the questions accurately, completely and truthfully, this may invalidate a **claim**.

Sum assured

The **sum assured** shown on **your Policy Schedule**. The **sum assured** may remain level, or decrease over the **policy term** as shown in **your Policy Schedule**.

Summary resolution

The written response we provide to a complaint which summarises the complaint and, if possible, at this stage, provides a resolution.

Terminal Illness

This **benefit** is included with **Life Insurance** and **Life Insurance with Critical Illness** and will pay out a **claim** if during the **policy term**, the **life assured** has a definite diagnosis by an attending Consultant (supported by **our Appointed Medical Officer**) of an illness that satisfies both of the conditions below.

- The illness either has no known cure or has progressed to the point where it cannot be cured; and
- The illness is expected to lead to death within 12 months.

Trust

A **trust** allows the **policyholder**, to leave assets (in this case, any proceeds of a future death **claim**) to the chosen Trustee(s), who's responsibility it is to leave the death **claim** proceeds to the beneficiaries of the **trust**, in a share the Trustee(s) decide. Any proceeds from a death **claim**, where the **policy** is placed in **trust**, will not be included in the **policyholder's** estate on death.

UK resident

You must satisfy all of the following:

- Have **your** main home address in England, Wales, Scotland or Northern Ireland
- Live at **your** main home address for more than six months of each year
- Be registered with a UK **Doctor**; and
- Have no plans to leave England, Wales, Scotland or Northern Ireland.

The UK does not include the Channel Islands or the Isle of Man.


We, us or our

Family Assurance Friendly Society Limited.

You or your

The **life assured**, as named in **your Policy Schedule**. In the event of the death of the **life assured**, the **life assured's** legal personal representative, or anyone **we're** satisfied is authorised to act on the **life assured's** behalf.

Family Assurance Friendly Society Limited is a friendly society registered and incorporated under the Friendly Societies Act 1992, registration number 939F. Family Assurance Friendly Society Limited, registered address 16-17 West Street, Brighton, BN1 2RL, is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 110067.

A large, stylized number '2' is rendered in a dark red color, set against a lighter red background. The number is composed of thick, rounded strokes and is positioned diagonally, starting from the upper right and extending towards the lower left. It occupies most of the page's vertical space.

Virgin Money Life Insurance is promoted by CYB Intermediaries Limited registered in England and Wales 04056283, Jubilee House Gosforth Newcastle upon Tyne NE3 4PL authorised and regulated by the Financial Conduct Authority. Policies underwritten and administered by Family Assurance Friendly Society Limited no. 939F, 16-17 West Street Brighton BN1 2RL authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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