

# Data capture form for telephone application (May 2011)

## Information for advisers – how to use our telephone application service

For an easy way to apply for a Bright Grey Personal Protection Menu plan, simply go to [www.brightadviser.co.uk](http://www.brightadviser.co.uk) and log in to quote and apply. You'll be given the option to apply by telephone application where you can enter the information you've captured from this form. Or, if your client is present, you can just enter the information we need directly. We will then call your client and ask them questions about their lifestyle and health that are relevant to their application. If 2 people are applying then we will have to speak to both of them – but we can do this with separate calls. We will make appointments to speak to your client over the next 14 days, excluding Sundays and most public holidays. The times we use to make appointments are as follows:

Monday – Thursday between 8.30am and 8.45pm, Friday between 8.30am and 6.45pm and Saturday between 8.30am and 3.45pm.

Person 1		Person 2	
Preferred time to call: Time	Date	Preferred time to call: Time	Date
Alternative time to call: Time	Date	Alternative time to call: Time	Date

After the telephone call(s), we will send your client a copy of the answers they have given us. We will ask them to confirm that the information provided is accurate and complete by signing and returning a confirmation form within 60 days.

## Important information for the person completing this form

It is very important that you tell us if there is a change to your health, occupation or leisure activities between completing this form and the date we assume risk on your plan. The date we assume risk is the later of:

- The date that you or someone acting on your behalf contacts us to ask us to start your plan; or
- The plan start date that will be shown on your cover summary.

If you have had a genetic test, you only have to tell us the results if this application, when added together with any cover you have of the same type, is more than:

- £500,000 of Life Cover
- £300,000 of Critical Illness Cover or Life or Critical Illness Cover; or
- £30,000 each year of Income Cover for Sickness

However, if you have had a test and the results are in your favour, you can choose whether to tell us the results or not. You must tell us however, if you think you are having treatment for, or are experiencing symptoms of, a genetic condition.

Please note: if your plan is not in force 6 months after the date your application is sent to us, we will ask you to complete a new application form.

For financial advisers	
Quote number	Special commission instructions
Adviser name	Your unique reference
Account number	If you would like us to use a reference for future correspondence, please write your unique reference here.

# About the plan owner

1 Will the people covered also be the plan owner?

- No  
If No, go to Q2
- Yes  
If Yes, go to 'About the people covered' on page 3

2 Who will be the plan owner?

- Other applicant  
 Person 1 only  
 Person 2 only
- (For an 'Other applicant' please answer the questions below)

Other applicant

title

first name

middle name

last name

/ /

3 What is the plan owner's name?

What is the plan owner's date of birth?

4 What is the plan owner's relationship to the person or people covered?

- Wife  
 Husband  
 Partner  
 Cohabitant  
 Common law spouse
- Business partner  
 Company  
 Employer  
 Other

If Other, please give full details

5 In which country is the plan owner permanently resident?

- UK  
 Jersey  
 Guernsey
- Isle of Man  
 Other

If Other, please give full details

6 In the next 6 months will the plan owner be moving from the country in which they are permanently resident?

- No  
 Yes
- If Yes, please give full details

7 What is the plan owner's address?

house name

house/building number

street name

town/city

county

country

postcode

# About the people covered

	Person 1	Person 2
<b>1 Your name</b>	<input type="text"/> title <input type="text"/> first name <input type="text"/> middle name <input type="text"/> last name	<input type="text"/> title <input type="text"/> first name <input type="text"/> middle name <input type="text"/> last name
<b>2 Date of birth</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>3 Sex</b>	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
<b>4 Marital status</b>	<input type="radio"/> Married <input type="radio"/> Living together as partners <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Civil partnership <input type="radio"/> Surviving civil partner	<input type="radio"/> Married <input type="radio"/> Living together as partners <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Civil partnership <input type="radio"/> Surviving civil partner
<b>5 What is your relationship to Person 1?</b>		<input type="radio"/> Wife <input type="radio"/> Husband <input type="radio"/> Partner <input type="radio"/> Cohabitant <input type="radio"/> Common law spouse <input type="radio"/> Business partner <input type="radio"/> Other If Other, please give full details <input type="text"/>
<b>6 Your home address</b>  Please only give us your current address.  If you move house while we are processing your application, please contact us once you've moved to your new address.	<input type="text"/> house name <input type="text"/> house number <input type="text"/> street name <input type="text"/> town/city <input type="text"/> county <input type="text"/> country <input type="text"/> postcode <input type="text"/> phone daytime <input type="text"/> phone evening <input type="text"/> mobile <input type="text"/> email	<input type="text"/> house name <input type="text"/> house number <input type="text"/> street name <input type="text"/> town/city <input type="text"/> county <input type="text"/> country <input type="text"/> postcode <input type="text"/> phone daytime <input type="text"/> phone evening <input type="text"/> mobile <input type="text"/> email

# About the people covered continued

	Person 1	Person 2
<p><b>7 Have you smoked in the last 12 months?</b></p> <p>A smoker is anyone who has used any form of nicotine replacement products in the last 12 months.</p> <p>If you answer No, we may carry out tests to check that you are a non smoker.</p> <p><b>How old were you when you started smoking?</b></p>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please tell us how much you smoke a day.	<input type="radio"/> No <input type="radio"/> Yes If Yes, please tell us how much you smoke a day.
	<input type="text" value="cigarettes a day"/>	<input type="text" value="cigarettes a day"/>
	<input type="text" value="cigars a day"/>	<input type="text" value="cigars a day"/>
	<input type="text" value="pipes a day"/>	<input type="text" value="pipes a day"/>
	<input type="text" value="other"/>	<input type="text" value="other"/>

**ONLY ANSWER THE FOLLOWING QUESTION IF YOU HAVE NOT SMOKED IN THE LAST 12 MONTHS**

<p><b>Have you ever smoked any form of tobacco products?</b></p> <p><b>How old were you when you started smoking?</b></p> <p><b>When did you stop smoking?</b></p>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please tell us how much you smoked a day.	<input type="radio"/> No <input type="radio"/> Yes If Yes, please tell us how much you smoked a day.
	<input type="text" value="cigarettes a day"/>	<input type="text" value="cigarettes a day"/>
	<input type="text" value="cigars a day"/>	<input type="text" value="cigars a day"/>
	<input type="text" value="pipes a day"/>	<input type="text" value="pipes a day"/>
	<input type="text" value="other"/>	<input type="text" value="other"/>
	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
<p><b>8 Have you ever had an application on your life accepted on special terms, deferred or declined?</b></p>	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details	<input type="radio"/> No <input type="radio"/> Yes If Yes, please give details
	<input type="text"/>	<input type="text"/>
<p><b>9 Do you have an existing plan or application with Bright Grey?</b></p> <p><b>If Yes, please give us the plan/application number.</b></p> <p><b>Is this existing plan being replaced by this application?</b></p>	<input type="radio"/> No <input type="radio"/> Yes <input type="text"/>	<input type="radio"/> No <input type="radio"/> Yes <input type="text"/>
	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

**10 Do you have, or are you currently applying for, insurance cover with other insurance companies that means the total amount of insurance cover you have, or will have, with all insurance companies, including this application to Bright Grey, will be higher than**  
 - £750,000 Life Cover or  
 - £400,000 Critical Illness Cover?

**Cover 1**

What is the cover for?

What is the amount of cover?

At claim, will the cover be paid as a lump sum or income?

What is the remaining term of the cover?

Do you intend to cancel this cover when your Bright Grey plan starts?

**Cover 2**

What is the cover for?

What is the amount of cover?

At claim, will the cover be paid as a lump sum or income?

What is the remaining term of the cover?

Do you intend to cancel this cover when your Bright Grey plan starts?

**Person 1**

No  Yes

If Yes, please give us details of all plans you have, or are applying for, with other companies.

Life Cover  Critical Illness Cover  
 Life or Critical Illness Cover

Lump sum  Income

No  Yes

Life Cover  Critical Illness Cover  
 Life or Critical Illness Cover

Lump sum  Income

No  Yes

**Person 2**

No  Yes

If Yes, please give us details of all plans you have, or are applying for, with other companies.

Life Cover  Critical Illness Cover  
 Life or Critical Illness Cover

Lump sum  Income

No  Yes

Life Cover  Critical Illness Cover  
 Life or Critical Illness Cover

Lump sum  Income

No  Yes

If you need to tell us about more covers, please use page 15.

# About the people covered continued

ONLY ANSWER QUESTION 11 IF YOU ARE APPLYING FOR INCOME COVER FOR SICKNESS

	Person 1	Person 2
<p><b>11 Do you have, or are you making an application for, any other income protection, mortgage payment protection insurance or accident and sickness cover plan?</b></p> <p><b>Cover 1</b> What is the cover for?</p> <p>What is the amount of cover?</p> <p>At claim, what is the deferred period before payment is made?</p> <p>At claim, what is the payment period of the cover?</p> <p>Do you intend to cancel this cover when your Bright Grey plan starts?</p> <p><b>Cover 2</b> What is the cover for?</p> <p>What is the amount of cover?</p> <p>At claim, what is the deferred period before payment is made?</p> <p>At claim, what is the payment period of the cover?</p> <p>Do you intend to cancel this cover when your Bright Grey plan starts?</p>	<p><input type="radio"/> No      <input type="radio"/> Yes</p> <p>If Yes, please give us details of all plans you have, or are applying for, with other companies.</p> <p><input type="radio"/> Income protection <input type="radio"/> Mortgage payment protection insurance <input type="radio"/> Accident and sickness</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> No      <input type="radio"/> Yes</p> <p><input type="radio"/> Income protection <input type="radio"/> Mortgage payment protection insurance <input type="radio"/> Accident and sickness</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> No      <input type="radio"/> Yes</p>	<p><input type="radio"/> No      <input type="radio"/> Yes</p> <p>If Yes, please give us details of all plans you have, or are applying for, with other companies.</p> <p><input type="radio"/> Income protection <input type="radio"/> Mortgage payment protection insurance <input type="radio"/> Accident and sickness</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> No      <input type="radio"/> Yes</p> <p><input type="radio"/> Income protection <input type="radio"/> Mortgage payment protection insurance <input type="radio"/> Accident and sickness</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="radio"/> No      <input type="radio"/> Yes</p>
	<p>If you need to tell us about more covers, please use page 15.</p>	

## Your job and lifestyle

	Person 1	Person 2
<p><b>1 In which country are you permanently resident?</b></p>	<p><input type="radio"/> UK <input type="radio"/> Jersey <input type="radio"/> Guernsey <input type="radio"/> Isle of Man <input type="radio"/> Other</p> <p>If Other, please give full details</p> <p>_____</p>	<p><input type="radio"/> UK <input type="radio"/> Jersey <input type="radio"/> Guernsey <input type="radio"/> Isle of Man <input type="radio"/> Other</p> <p>If Other, please give full details</p> <p>_____</p>
<p><b>2 What is your current job?</b></p>	<p>_____</p>	<p>_____</p>
<p><b>3 What is your employment status?</b></p>	<p><input type="radio"/> Salaried employee <input type="radio"/> Self-employed <input type="radio"/> House person <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Not employed</p>	<p><input type="radio"/> Salaried employee <input type="radio"/> Self-employed <input type="radio"/> House person <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Not employed</p>

# Your GP details

	Person 1	Person 2
<b>1 Your GP</b>	<input type="text"/> <b>GP name</b>	<input type="text"/> <b>GP name</b>
	<input type="text"/> <b>surgery name</b>	<input type="text"/> <b>surgery name</b>
	<input type="text"/> <b>surgery address</b>	<input type="text"/> <b>surgery address</b>
	<input type="text"/> <b>postcode</b>	<input type="text"/> <b>postcode</b>
	<input type="text"/> <b>phone</b>	<input type="text"/> <b>phone</b>
	<input type="text"/> <b>fax</b>	<input type="text"/> <b>fax</b>
	<input type="text"/> <b>email</b>	<input type="text"/> <b>email</b>
<b>2 Have you been with this GP for less than 6 months?</b>	<input type="radio"/> <b>No</b> <input type="radio"/> <b>Yes</b> If Yes, please give us your previous GP's name and address	<input type="radio"/> <b>No</b> <input type="radio"/> <b>Yes</b> If Yes, please give us your previous GP's name and address
	<input type="text"/> <b>GP name</b>	<input type="text"/> <b>GP name</b>
	<input type="text"/> <b>surgery name</b>	<input type="text"/> <b>surgery name</b>
	<input type="text"/> <b>surgery address</b>	<input type="text"/> <b>surgery address</b>
	<input type="text"/> <b>postcode</b>	<input type="text"/> <b>postcode</b>

# Start of cover and payment details

## 1 Please tell us when you would like the plan to start

For a joint life application we will not start your plan until we have accepted both people covered for all covers.

- Immediately you accept my application
- I will tell you later
- On the date I tell you below

/ /

## 2 Is the person paying for this plan the plan owner?

The plan owner will usually be the person/people covered unless you have told us something different on page 2.

- No

If the plan owner is not paying for this plan, the payer must complete and sign the direct debit details on page 13 and post it to us when you submit the application.

- Yes

If the plan owner is paying for this plan, please only answer questions 7 and 8 and complete their bank details.

## 3 What is the plan payer's relationship to the plan owner(s)?

- Wife
- Husband
- Partner/cohabitant
- Common law spouse
- Business partner
- Company
- Employer
- Other

If Other, please give full details

## 4 What is the plan payer's full name?

If a company is paying for this plan and your adviser has not verified the company's identity then we may need to ask for more detailed information when we receive your application.

## 5 What is the plan payer's address?

house name

house/building number

street name

town/city

county

country

postcode

## 6 Plan payer's date of birth (individuals only)

/ /

## 7 How would you, or the person paying for this plan, like to pay?

- Monthly by direct debit

Please tell us the day of the month between the 1st and 28th you would like us to collect your payment.

- Yearly by direct debit

## 8 Is more than one signature required to authorise payments?

- No
- Yes

If Yes, both people must complete and sign the direct debit mandate on page 13. You must then post the signed direct debit mandate to us when you submit the application.

## Account details for direct debit payments

Name of account holder

Sort code

Account number

## How we use your personal information

We, The Royal London Group (including Bright Grey), may obtain personal information either from you directly, or with your consent, from your approved intermediary or from other sources such as your doctor or an identity authentication agency.

**We will use your personal information (including sensitive personal information) for the following purposes:**

- Providing and developing our products and services
- Improving customer care
- Verifying your identity and fraud prevention
- Research and analysis
- Marketing
- Legal and regulatory reasons
- Administering your plan.

We will retain your personal information for a reasonable period and we may also share information about you with other companies within the Royal London Group, your approved intermediary, our service providers and agents and with third parties such as auditors, underwriters, reinsurers, medical agencies, identity authentication and fraud prevention agencies, other financial institutions and legal and regulatory bodies.

Your personal data may be processed in countries outside the European Economic Area. This processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and comply with the requirements of the Data Protection Act 1998.

We may contact you by mail, phone, fax, email or other electronic messaging either directly or through your approved intermediary with further offers, promotions and information about our products and services that may be of interest to you. By providing us with this information you consent to being contacted by these methods for these purposes. Please tick this box if you do not wish to receive these communications.

Person 1                       Person 2

Other applicant

We may also share your information with carefully selected third parties, who may contact you by mail, phone, fax or electronic messaging to let you know about products and services which they believe may be of interest to you. By providing us with this information you consent to being contacted by these methods for these purposes.

Please tick this box if you do not wish to receive such information.

Person 1                       Person 2

Other applicant

We may carry out an identity authentication check to verify your identity. This involves checking the details you supply against those held on any databases that may be accessed by the reputable third party company which carries out our checks. This includes information from the Electoral Register and fraud prevention agencies.

We will use scoring methods to verify your identity. A record of this search will be kept and may be used to help other companies verify your identity.

We may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

We may monitor and record phone calls and retain these for the purposes of training and quality assurance and to ensure that we have an accurate record of your instructions.

If you provide us with information about another person, you confirm that they have appointed you to act for them to consent to the processing of their personal data and that you have informed them of our identity and the purposes (as set out above) for which their personal data (including sensitive personal data) will be processed.

You have the right to ask for a copy of the information that we hold on you, for which we are entitled to charge a small fee. You can ask us to correct any inaccuracies in your information.

**If you have any questions about how we will use your personal information or if you would like to receive our marketing communications by some but not all of the above methods, please contact a member of the Bright Grey Customer Care Team on 0845 6094 500.**

# Access to Medical Reports Act

## Information and declaration (please read and sign the declaration)

### 1. Access to Medical Reports Information

We may need to obtain a medical report from your current GP or specialist, or from a doctor you have seen in the past. You have specific rights in relation to medical reports, which are covered in the Access to Medical Reports Act 1988 (also the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Access to Health Records and Reports Act 1993 (Isle of Man)). Before we ask for such a report, we need your consent, which you can give by signing the declaration in the 'Declaration and consent' section. You can choose not to give your consent, but then we may not be able to continue with your application. This does not prevent you from applying to other insurance companies for insurance.

We will let you know if we ask for a report. Under the Acts described, you can choose to see your medical report before it is sent to us. You will then have 21 days to make arrangements with your doctor to see it. You should indicate below whether you want to see your report.

If you do not want to see the report now, you can still contact your doctor later and tell them that you do in fact want to see it. As long as it has not already been sent to us, you will still have 21 days from the time you contact your doctor to make arrangements to see it.

If the report has already been sent to us, you are entitled to see a copy of the report at any time during the 6 months following the date the report was sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you say that you do want to see the report, then it will not be sent to us until:

**either** you have seen the report

**or** 21 days have passed since we requested the report and the doctor has not heard from you.

If you see the report, you can withdraw your consent for the doctor showing it to us, or you can ask the doctor to change it if you disagree with it. If the doctor refuses to change it, you can insist that they attach a statement of your views to the report.

A doctor may refuse to let you see your report if they feel that seeing it will cause physical or mental harm to you or others.

**Note:** Your doctor is entitled to charge you for supplying you with a copy of the report.

### 2. The medical report your doctor fills in asks about the following:

#### Your current health:

- any care, medication or treatment you are currently receiving
- the results of referrals or tests you are waiting for.

#### Time off work:

- any time off work in the last 3 years.

#### Your past health:

- details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases
  - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
  - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
  - suicidal thoughts or attempts at suicide
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last 2 years, urinalyses (tests on urine), X-rays or other investigations
- any blood pressure readings in the last 3 years.

#### Family history of disease:

- any history of disease among your parents or brothers or sisters that you have told your doctor about.

## Access to Medical Reports Act Information and declaration (please read and sign the declaration)

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C
- any sexually-transmitted diseases unless there could be long-term effects on your health
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you or your doctor provide about your health may result in us:

- setting payments at standard rates
- increasing payments above standard rates
- refusing to provide insurance.

If you have any questions about your rights under the act please contact:

Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG

### 3. Declaration and consent (please read and sign)

Bright Grey is a division of Royal London. The Royal London Group consists of The Royal London Mutual Insurance Society Limited and its subsidiaries.

By signing this declaration, I give Bright Grey permission:

- to disclose my name, address, phone number and date of birth to an approved medical agency in order to arrange and obtain medical examinations and tests
- to gather medical reports within 6 months of the start of the plan, or after my death, to support any claim made on the plan
- to ask any doctor I have seen for information about anything which affects my physical or mental health, and I understand my rights under the Access to Medical Reports legislation.

By signing this declaration, I declare that:

Please only tick this box if you DO want to see your medical report before it is sent to Bright Grey.

Person 1 or Person 2 should always sign here

- I have read the statement above notifying me of my rights under the Access to Medical Reports legislation, and consent to my doctor providing medical reports to Bright Grey, so that they can deal with my application for a protection plan.

#### Person 1

**name**

**postcode**

**date of birth**

**Yes** I **DO** want to see my medical report. I understand that it will not be sent to Bright Grey until I have seen it, and that they will not be able to make a decision on my application until then.

**signature**

**date**        /        /

#### Person 2

**name**

**postcode**

**date of birth**

**Yes** I **DO** want to see my medical report. I understand that it will not be sent to Bright Grey until I have seen it, and that they will not be able to make a decision on my application until then.

**signature**

**date**        /        /

**This page has been deliberately left blank.**

Financial adviser use  
Application number

**bright grey**<sup>®</sup>

Protection. We make it personal

## Direct debit details

Please return this form to:

**Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG**

You must complete this form if:

- the person, or people, paying for the plan are not the applicant(s); or
- more than one signature is required to authorise payments for the plan.

So that we can identify the plan when you return this form, please give us the full name of the person or people covered

**Person 1**

**Person 2**

name

name

postcode

postcode

date of birth / /

date of birth / /

Bright Grey is a division of the Royal London Group which consists of The Royal London Mutual Insurance Society Ltd and its subsidiaries. The Royal London Mutual Insurance Society Ltd provides life and pension products, is a member of the Association of British Insurers, is authorised and regulated by the Financial Services Authority No.117672 and is registered in England and Wales No.99064. The registered office is 55 Gracechurch Street, London, EC3V 0RL. Bright Grey is a member of IFA Promotion Ltd.

**bright grey**<sup>®</sup>

**Instructions to your Bank or Building Society to pay by Direct Debit**



Protection. We make it personal

Name and full postal address of your Bank or Building Society

To: The manager Bank/Building Society

Address

Postcode

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Service user number

6 7 1 7 5 2

Reference

**Instruction to your Bank or Building Society**

Please pay Bright Grey Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this may remain with Bright Grey and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date / /

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

**This guarantee should be detached and retained by the payer.**



### The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Bright Grey will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bright Grey to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Bright Grey or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Bright Grey asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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