MEMBER PROTECTION PLAN
GROUP LIFE INSURANCE SCHEME

POLICY SCHEDULE & POLICY WORDING

for

Capital Credit Union

Underwritten by:

Aviva Life & Pensions UK Limited

Welcome to Member Protection Plan Group Life Insurance Scheme underwritten by Aviva

Keep this document safe

The policy insures the benefits payable on the death of an eligible person.

This policy wording, along with the policy schedule, sets out details of the cover we have agreed to provide to you and should be read together. It is evidence of a legal contract between you and us. Keep this document safe.

You may need to refer to these documents in the future if you need to make a claim.

Getting it right

Some terms of the policy depend upon the information provided by you. Failing to disclose information, giving false information, or failing to disclose where any facts have changed since they were provided where done deliberately or recklessly gives us the right to cancel the policy.

If the information was given carelessly or the failure to disclose the information was careless, then we will have the right to amend the policy to be consistent with what the terms should have been based on the correct information (or cancel the policy if we would not have offered any terms for the policy applied for).

If you fail to comply with all policy terms and conditions, claims may not be paid. We may also cease to accept further premiums, meaning cover under the policy will cease.

This insurance is underwritten by Aviva Life & Pensions UK Limited. CMutual Group Limited are the intermediary for this insurance and carry out the administration and claims services on behalf of us. This means that CMutual will be your main point of contact for all queries concerning your policy. Please see contact details below.

Any Questions?

If you have any questions , please have your policy number to hand (this can be found on your policy schedule):

call 0121 8248 100
email at insurance@cmutual.co.uk
or write to
CMutual
10.2 Centre City
Hill Street
Birmingham
B5 42A

If you have cause for complaint

Our aim is that our customers receive a first class service, and to do everything we can to ensure you are satisfied. However, if you ever feel the service received has fallen short of this standard and you have cause to make a complaint, please:

call 0121 8248 100
email at insurance@cmutual.co.uk
or write to
CMutual
10.2 Centre City
Hill Street
Birmingham
B5 42A

Need to make a claim?

Please read the 'What information is needed to make a claim' section in this document first, then:

call 0121 8248 090
email at claims@cmutual.co.uk
or write to
CMutual
10.2 Centre City
Hill Street
Birmingham
B5 42A

You will then be advised you what will happen next.

Opening hours are Monday to Friday, between 9.00am and 5.30pm. For your protection calls may be recorded and/or monitored.

Calls from UK landlines will be charged at local rates. Calls from UK mobiles will be charged at your network provider's rates. Calls from outside the UK may be charged at international rates.

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Member Protection Plan Group Life Insurance Scheme - Policy Schedule

Aviva Life & Pensions UK Limited
Group Protection, PO Box 3240, Norwich, Norfolk NR1 3ZF. www.aviva.co.uk

Important Information

The **policy schedule** should be read in conjunction with the policy wording to gain a complete understanding of the terms of this policy. Where the **policy schedule** and policy wording conflict it is the **policy schedule** that takes precedence.

Please ensure the details in this policy schedule are correct, as if not, this may affect any future claims.

Policy Number:	**60900399**
Policy Name:	[Credit Union name] Member Protection Plan Group Life Insurance Scheme
Group Policyholder:	Capital Credit Union
Start Date:	1st April 2026
Effective Date of Policy Schedule:	1st April 2026
Eligibility:	**Members** who have **savings balances**, who have opted to join the **member protection plan** and who meet the eligibility criteria set out in the sections titled "Who Qualifies as a Life Insured" and "Who is Insured".
Age limits	Minimum age at joining – 16 Maximum age at joining – The day before their 70th birthday
Benefit Basis:	£3,000
Premium Rate:	£1.33 per £1,000 of **benefit amount**
Premium Frequency:	Annually

Future Changes

Should any changes to this information be required (for whatever reason), a revised **policy schedule** will be issued.

Policy Schedule Issue Date 26th February 2026

Call 0121 8248 100. Opening hours are Monday to Friday, between 9.00am and 5.30pm.
For **your** protection, calls may be recorded and/or monitored.

POLICY WORDING

DEFINITIONS & INTERPRETATION

As used in this policy, these words and terms shall have the following meanings:

Benefit Amount	the amount which is payable under this policy to the **group policyholder** following a successful claim.
Documentation	the member document prepared by CMutual Group Limited and any other documents related to the **member protection plan** that the **group policyholder** may provide to **members.**
Grace period	the period of thirty one (31) days from the date on which premium is due.
Group Policyholder	the credit union named in the **policy schedule** which is contracting with **us** to provide this insurance coverage for its **members** who meet the definition of **lives insured**.
Holiday	an event where the **life insured** leaves the **standard territories** with documented arrangements to return within thirty one (31) calendar days.
Life/Lives Insured	**members** who are eligible for cover in accordance with the eligibility criteria set out in the sections titled "Who Qualifies as a Life Insured" and "Who is Insured" and have opted to join the **member protection plan**.
Member	a natural person who is a member of the **group policyholder**.
Member Protection Plan	the member death benefit scheme provided by the **group policyholder** to **members** in accordance with the **documentation**.
Operational Death	means the death of a **member** resulting from his/her service as a member of the United Kingdom's Armed Forces (Armed Forces of the Crown), Reserves and Cadet Forces, such death being directly attributable to war, invasion, hostilities (whether war declared or not) civil war, rebellion, revolution, terrorism, riot or civil commotion. Death must be caused by enemy action/fire, friendly action/fire, **operational accident**, nuclear, chemical, radiological or chemical means.
Operational Accident	means any accident occurring during an event referred to in the definition of **operational death** or during training carried out in the area where the event occurs in order to improve or maintain the effectiveness of the United Kingdom's Armed Forces (Armed Forces of the Crown), Reserves and Cadet Forces with respect to any such event.
Policy Schedule	the current schedule (as issued from time to time) stating details of the **group policyholder**, cover provided by this policy and any endorsements (if applicable).
Policy year	if the start date of this policy shown in the **policy schedule** is the first day of October, the 12 month period following the start date and each subsequent 12 month period. If the start date of this policy shown in the **policy schedule** is not the first day of October, the period between the start date shown in

	the **policy schedule** and the first day of the next-falling month of October, and each subsequent 12 month period.
Savings	includes share purchase, certificates of deposit or any other form of savings purchased from or placed in the **group policyholder**.
Savings Account	the accounting record(s) of the **group policyholder** on which are recorded the deposits, withdrawals and **savings balance** of a **member** and if a **member** has **savings** in more than one account, each such account is a **savings account**.
Savings Balance	the total amount of **savings** standing as a credit in the **savings account** of a **member** at any one time. If a **member** has **savings** in more than one account, **savings balance** means the sum of their **savings** in all of their accounts.
Standard Territories	Western Europe (i.e. the United Kingdom, Channel Islands, Isle of Man, Ireland, France, Germany, Belgium, Netherlands, Luxembourg, Italy, Spain, Portugal, Austria, Switzerland, Denmark, Sweden, Finland and Norway), North America (i.e. United States of America and Canada), Australia and New Zealand.
We, Us or Our	Aviva Life & Pensions UK Limited.
You or Your	the **group policyholder**.

1 WHAT BENEFITS ARE COVERED

1.1 Lump sum benefit

Lives insured are covered for a lump sum benefit equal to the **benefit amount** selected by the **group policyholder.** The **policy schedule** will show the **benefit amount.**

The lump sum is payable if a **life insured** dies.

Each **life insured** is covered for only one **benefit amount**, regardless of the number of **savings accounts** they hold.

2 WHO QUALIFIES AS A LIFE INSURED

2.1 Eligibility for cover

Members of the **group policyholder** who have **savings balances**, reside in one of the **standard territories,** and who have opted to join **the member protection plan** are eligible for cover under this policy provided they meet the age limit qualifications. All **lives insured** must be notified to **us** by the **group policyholder** in such format and at such frequency as **we** may notify to the **group policyholder** from time to time.

3 WHO IS INSURED

3.1 Age Limit Qualifications

A **member** does not qualify for cover if the **member's** age was less than the minimum age and equal to or greater than the maximum age limit indicated in the **policy schedule** (if such age limits are shown in the **policy schedule**) at the date on which cover starts for that **member** in accordance with the section "When Does Cover Start and Stop for Lives Insured".

3.2 Joint accounts

Cover under this policy is provided on the **member** whose signature appears first on the **savings account**. Second-named **members** on **savings accounts** are not covered.

3.3 New entrants

All **members** who join the **group policyholder** after this policy commences who are eligible for cover and who have opted to join the **member protection plan** shall be added, from time to time, to the group of **lives insured** originally covered under this policy at its effective date, provided the **group policyholder** has notified **us** that the **member** is to be covered as a **life insured** in such format and at such frequency as **we** shall notify to the **group policyholder** from time to time. The **group policyholder** shall include all such **lives insured** in the calculation of premium.

4 WHEN DOES COVER START AND STOP FOR LIVES INSURED

4.1 Cover starts

Cover for a **life insured** starts on the 1st of the month following the date they opt to join the **member protection plan** or, if later, on the date the **life insured** qualifies for cover under the terms of this policy, in accordance with the eligibility criteria set out in the sections titled "Who Qualifies as a Life Insured" and "Who is Insured".

4.2 Cover stops

Cover for a **life insured** stops on the date when:

- the **life insured** dies; or
- the **life insured** ceases to be a **member** of the **group policyholder**; or
- the **life insured** moves overseas to a location not listed in the **standard territories** or any additional locations shown in the **policy schedule**, unless **we** agree otherwise; or
- the **life insured** leaves the **member protection plan** or no longer qualifies for it for any other reason; or
- the **life insured** otherwise ceases to be a **life insured**; or
- premium is not received within the **grace period**, unless **we** agree otherwise; or
- this policy is cancelled.

5 POLICY LIMITATIONS AND EXCLUSIONS

5.1 Nuclear reaction/ radiation/ Radioactive contamination

If a **life insured** dies as a result of a nuclear reaction, radiation or radioactive contamination, **we** reserve the right to not pay a lump sum **benefit amount.**

5.2 War/terrorism exclusion

Benefit amounts under this policy are not payable if a **life insured** dies resulting from insurrection or any act of war, declared or undeclared, revolution, terrorism, usurped power or action taken by the governmental authority in hindering or defending against any of these.

5.3 Pre-existing condition

We will not pay a **benefit amount** for a **life insured** if their death results from an illness or injury that occurs within the first 6 months of the **life insured's** cover, where they received medical advice, consultation or treatment for that illness or injury within the 6-month period prior to the **life insured's** commencement of cover.

5.4 Suicide exclusion

Benefit amounts under this policy are not payable if a **life insured** dies from suicide, within 12 months from the date on which cover starts for that **life insured** in accordance with the section "When Does Cover Start and Stop for Lives Insured" .

5.5 Drugs/alcohol

If a **life insured** dies as a result of the illegal use of drugs and/or alcohol or the abuse of legal drugs or drugs prescribed by a medical doctor, **we** reserve the right to not pay a lump sum **benefit amount.**

5.6 Criminal activity

If a **life insured** dies as a result of perpetrating a criminal activity, **we** reserve the right to not pay a lump sum **benefit amount**.

5.7 Flying

If a **life insured** dies as a result of flying in an aircraft except as a passenger or crew member of a commercial airline licensed as a common carrier, **we** reserve the right to not pay a lump sum **benefit amount.**

5.8 Time limitation	If this insurance policy is cancelled, there will be a period of two (2) years from the date of cancellation in which the **group policyholder** may submit a claim that was incurred while this policy was in force, subject to the terms of the "notice and proof of death" provision in the section titled "What happens in the event of a claim".
5.9 Overseas cover	**We** will not pay a lump sum **benefit amount** if a **life insured** dies outside of the **standard territories** or any additional locations shown in the **policy schedule**, unless **we** agree otherwise. However, a claim may be valid if the death of the **life insured** occurs while they are on **holiday** or as part of normal working duties on the United Kingdom's Stations and Armed Forces Bases worldwide, provided it is not an **operational death**. For the purposes of this exclusion, the place of death of a **life insured** is determined by the location where the death occurs or, if that is not known, where the body is found.
5.10 Incorrect age	If a **member** has stated an incorrect age to the **group policyholder**, and their correct age on starting cover exceeded the maximum age at joining limit shown in the **policy schedule**, **we** will only return the premium paid to **us** in respect of that **member**.
5.11 Operational death:	**We** will not pay a **benefit amount** if a **member's** death falls within the definition of an **operational death.**

6 CALCULATION AND PAYMENT OF PREMIUM

6.1 Who pays the premium	The premium for cover for all **lives insured** is payable to **us** by the **group policyholder**.
6.2 How the premium payable is calculated	The premium payable for annual premium frequencies is based on the **benefit amounts** of the **lives insured** on the last working day of the first calendar month of the relevant **policy year**. Premium payable for any new entrants throughout the **policy year** will be calculated on a pro-rata basis for the remainder of the relevant **policy year**.
6.3 Premiums and reports	The **group policyholder** needs to complete reports of coverage using the forms provided. All premiums and reports of coverage shall be submitted within such timeframes as notified to **you** from time to time. The completed reports of coverage should be sent securely by email to insurance@cmutual.co.uk .
6.4 When the premium is due	The premium frequency is detailed in the **policy schedule**. For annual premium frequencies, the premium for the year is due and payable on the 15th day of the month following the second month of that **policy year**.
6.5 When premium rates are reviewed	**We** reserve the right to change the premium rate. Unless **we** agree to make changes to the policy that **you** have requested, **we** will not change the premium rate more often than once every **policy year**.

7 CANCELLATION OF THIS POLICY

7.1 When **you** can cancel the	This policy can be cancelled by the **group policyholder** at any

policy

time. **You** must give at least thirty one (31) days advance written notice of **your** intention to cancel this policy. This should be sent by:

email to insurance@cmutual.co.uk
or write to
CMutual
10.2 Centre City
Hill Street
Birmingham
B5 42A

7.2 When a **member** leaves the **Member Protection Plan**

The **group policyholder** shall notify **us** if a **life insured** has left the **Member Protection Plan** or no longer qualifies for it for any other reason in such format and at such frequency as **we** shall notify to the **group policyholder** from time to time. We will refund any premium paid in respect of that **life insured** for the period from the cover stop date notified to **us** by the **group policyholder** and **we** will not pay any claim in respect of that **life insured** for death occurring during that period.

7.3 When **we** can cancel the policy

We may cancel the policy in the following circumstances:

1. Thirty one (31) days after a receiver or liquidator is appointed for **you**; or
2. Immediately when **you** merge into or are taken over by, another Credit Union or financial institution; or
3. Immediately if **your** regulatory authorisations are cancelled.

In the above circumstances, a final account will be provided based on the cover that **we** have actually provided. Either a refund will be paid to **you**, or **you** will need to pay any outstanding premiums.

Any lump sum **benefit amount**, to which entitlement has arisen, that has not been paid, will still be paid.

In addition to the above, if the provision of cover would cause, or be reasonably likely to cause, **us** to breach any law or regulation in the given territory **we** reserve the right to cease cover within that territory.

7.4 Unpaid premiums

If a premium is not paid on or before the date it is due, it may be paid during the **grace period**. During the **grace period** the policy will stay in force. The **grace period** will not apply if this policy is cancelled by **us** or by the **group policyholder**.

We may cancel this policy if any premium is not paid within the **grace period** unless **we** agree otherwise. The **group policyholder** will be liable for payment of any premium due.

If **we** cancel the policy **you** will be given at least 31 days' notice.

7.5 Surrender Value

There will be no surrender value under this policy if it is cancelled at any time.

7.6 Sanction Checking

In order for **us** to help manage **our** exposure to the risk of financial crime, **we** will, from time to time, undertake a sanction check of the **group policyholder** and its directors If, as a result of **our** investigations **we** believe that providing this policy would place **us** at a high risk of exposure to

financial crime, **we** reserve the right to cancel or amend the policy as appropriate.

8 WHAT HAPPENS IN THE EVENT OF A CLAIM

8.1 What will be paid

The **benefit amount** to be paid upon the death of a **life insured** as shown in the **policy schedule**, subject to the exclusions detailed in the section titled "Policy limitations and exclusions".

8.2 Who receives the proceeds

If a **life insured** dies while covered under this policy, the **benefit amount** will be paid to the **group policyholder**.

Any lump sum **benefit amounts** under this policy will be paid to the **group policyholder** once written proof of death has been received and the claim has been investigated. These payments will completely discharge **our** liability.

8.3 Notice and proof of death

Proof of death must be submitted within two (2) years of the occurrence of death.

If notice and/or proof cannot reasonably be given within this period, the claim will not be invalidated if it is shown to have not been reasonably possible to give notice and/or proof, prior to the date it is first presented.

8.4 How to make a claim

For proof of a death claim, the **group policyholder** must provide certified copies of:

1. the death certificate;
2. proof of age; and
3. an original claim statement.

In addition a letter of consent to gather medical information must be completed, if requested.

For details of where to send this information, please refer to the 'Need to make a claim?' section on page 2 of this document.

9 POLICY CHANGES

9.1 When a change can be made by **you**

Requests to change the policy can be made at any time. This includes changes to the **savings balance** qualification (if applicable) and to the age limit qualification (if applicable).

We will need to be informed in writing prior to the date **you** wish to alter the policy. **You** will then be informed of any information **we** need. **You** will be informed of **our** agreement to (or reason for declining) the change, any change to the premium and the date from which the change is effective. **Your** request for a change should be sent to:

email to insurance@cmutual.co.uk
or write to
CMutual
10.2 Centre City

Hill Street
Birmingham
B5 42A

9.2 When **we** can make changes to the policy

We reserve the right to change the terms and conditions provided for in this policy at **our** annual review of the policy.

We may at each annual review of the policy, or at any time if required, make reasonable changes to the terms and conditions provided for in this policy which are needed to:

- respond in an appropriate manner to changes in the way **we** administer policies of this type;
- respond in an appropriate manner to changes in general practice in the insurance industry;
- respond in an appropriate manner to changes in taxation, the law or interpretation of the law, decisions or recommendations of a Court, Ombudsman, Regulator or similar person, or any code of practice with which **we** intend to comply; or
- correct errors that need correcting and it is reasonable to do so.

If **we** consider any change is to **your** advantage or is needed to meet regulatory or legal requirements, **we** may make the change immediately and **you** will be informed at a later date.

You will be informed in writing of any change **we** consider is to **your** disadvantage (other than any change needed to meet any legal or regulatory requirements) at least 31 days before the change becomes effective, unless it is not possible to do this, in which case **you** will be given as much notice as possible.

10 FURTHER POLICY CONDITIONS

10.1 Documentation

We are not responsible for the content of any **documentation** and shall not be liable for any losses suffered by **you** or **members** as a result of inaccurate or misleading information contained in the **documentation**. If **you** intend to make any changes to the **documentation**, **you** shall notify **us** prior to making such changes. **We** shall not be responsible for handling enquiries from **members** or **life insureds** in respect of the **member protection plan** or this policy.

10.2 Accurate Information

We rely on the information given to **us**. If any of the information **you** give is untrue or incomplete, and might have reasonably affected **our** decision to provide **you** with this policy or the terms **we** offered for the policy, then **we** may:

- change the terms of this policy; or
- restrict the benefits payable under this policy; or
- cancel this policy.

Where **we** do any of these, **we** will refund any overpayment of premium less **our** reasonable expenses.

10.3 Group policyholder records

The **group policyholder** shall make available to **us**, on request, any books and records of the **group policyholder** pertaining to cover under this policy or other documents as **we** may reasonably require.

We shall be entitled to act upon the data, information and evidence so furnished. **We** shall not be liable for any loss or consequential loss occurring as a result of any error, omission or inaccuracy made by the **group policyholder** or its agents in any data, information or evidence so furnished.

10.4 Third party rights

No person other than Aviva Life & Pensions UK Limited and **you** will have any rights under this policy. Any person who is not a party to this policy shall have no rights under the Contracts (Rights of Third Parties) Act 1999 to enforce any terms under this policy. Reference to, or the consent of, any person who is not a party to the policy is not required for any changes to it or its cancellation.

10.5 Data protection

In this section any capitalised terms shall have the same meaning as under the data protection laws which refer to all applicable laws, rules, regulations, regulatory guidance, regulatory requirements from time to time relating to the processing of Personal Data and privacy in the UK which includes the Channel Islands and the Isle of Man.

We and **you** will each act as a separate and independent Controller in relation to the Personal Data (which includes Special Category Data) which is processed for the administration of the policy.

We and **you** will each comply with our respective obligations under Data Protection Laws in respect of the processing of Personal Data.

Where Personal Data is disclosed by **us** or **you** to the other party, the party disclosing the data will:

- only disclose the Personal Data for one or more defined purposes which are consistent with the terms of the policy (other than to comply with a requirement of applicable law to which a party is subject);
- take all reasonable steps appropriate to provide a fair processing notice to those Data Subject(s) whose Personal Data are to be disclosed under the policy, informing them that their Personal Data will be disclosed for the defined purposes;
- obtain where applicable, necessary consents or authorisations required to permit the disclosure of such Personal Data.

Where data is received by **you** or **us**, the recipient will notify the other without undue delay following any Personal Data Breach involving the Personal Data and each of us will co-operate with the other, to the extent reasonably requested, in relation to any notifications to a Supervisory Authority or to Data Subjects which are required following a Personal Data Breach involving the Personal Data.

Each party shall co-operate with the other, to the extent reasonably requested, in relation to:

- any other communication from a Data Subject concerning the Processing of their Personal Data including requests to exercise their rights; and

- any communication from a Supervisory Authority concerning the Processing of Personal Data, or compliance with the Data Protection Laws.

We will process data in accordance with **our** Group Protection Privacy Policy available at aviva.co.uk/privacypolicy and **you** or the **members** can request a copy by contacting **us** at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. **You** will refer or provide **members** to **our** Group Protection Privacy Policy.

If **you**, or any **members**, have any questions about how **we** use personal data, please contact **our** Data Protection Officer by writing to them at The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.

Members have certain data rights in relation to their personal data, including a right to access personal data, a right to correct inaccurate personal data and a right to erase or suspend **our** use of their personal data. These rights may also include a right to transfer their personal data to another organisation, a right to object to **our** use of their personal data, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. **You** will inform **members** about their data subject rights and explain to them that they can find out more about these rights in the "Data Rights" section of **our** Group Protection Privacy Policy or by contacting **us** at dataprt@aviva.com.

10.6 If **you** have cause for a complaint

Our aim is that **our** customers receive a first class service, and to do everything **we** can to ensure **you** are satisfied. However, if **you** ever feel service received has fallen short of this standard and **you** have cause to make a complaint, please:

call 0121 8248 100
email at insurance@cmutual.co.uk
or write to

CMutual Complaints
10.2 Centre City
Hill Street
Birmingham
B5 42A

Opening hours are Monday to Friday, between 9.00am and 5.30pm. For **your** protection calls may be recorded and/or monitored.

We have every reason to believe that **you** will be totally satisfied with **your** Aviva policy, and with **our** service. It is very rare that matters cannot be resolved amicably. However, if **you** are still unhappy with the outcome after **we** have investigated it for **you** and **you** feel that there is additional information that should be considered, **you** should let **us** have that information as soon as possible so that **we** can review it. If **you** disagree with **our** response or if **we** have not replied within eight weeks, **you** may be able to take **your** case to the Financial Ombudsman Service to

investigate. Their contact details are:

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR
0800 0234567
complaint.info@financial-ombudsman.org.uk
financial-ombudsman.org.uk.

Please note that the Financial Ombudsman Service will only consider **your** complaint if **you** have given **us** the opportunity to resolve the matter first. Making a complaint to the Ombudsman will not affect **your** legal rights.

10.7 Compensation scheme

The Financial Services Compensation Scheme (FSCS) may cover **your** policy. It will cover **you** if Aviva becomes insolvent and **we** are unable to meet **our** obligations under the policy. For this type of policy, the FSCS will cover **you** for 100% of the total amount of an existing claim. The FSCS will also provide a refund of 100% of the premiums that have not been used to pay for cover whether **you** are making a claim under the policy or not.

For further information, see fscs.org.uk or telephone 0800 678 1100.

10.8 Currency and Jurisdiction

This policy is issued in England and is subject to English Law. All payments to or by **us** under this policy will be made in pounds sterling.

10.9 Invalid and/or unenforceable

In the event of any one or more of the provisions contained in this policy provisions being invalid or unenforceable, the validity and enforceability of the remaining provisions contained herein shall not in any way be affected. The policy shall apply as if the invalid and/or unenforceable provisions had not been included.

Need this in a different format?

Please get in touch if you'd prefer this document in large print, braille, a different colour or as audio.

Call: 0800 051 3472
Email: groupprotection@aviva.co.uk
Website: Aviva.co.uk

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