



For customers | Whole of Life

# Options application form

This is an application to use an option on your Whole of Life policy.

- Guaranteed insurability option.
- Joint-life separation option.
- Gift inter vivos conversion option.

You can use this form to apply for more than one option.

See the following pages for notes that will help you complete your application.

## Adviser details – For financial adviser use only

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You can't use this form when using our online services.

Your Aegon agency number (this is your UAN and comprises of 3 letters and 3 numbers)

Your name and company name

Your principal Financial Services Register reference number

Your appointed representative Financial Services Register reference number

If you're a member of a support services company, please give your reference

Phone number

Email address

Please also complete section 7 and remind your client(s) of the importance of answering the questions fully and accurately.

**For the purposes of Financial Conduct Authority reporting:**

Did you give the applicant(s) advice about choosing to set up this policy?

Yes  No

## Notes to help you complete your application

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This form is split into two parts:

**Part A** explains the three options in more detail.

**Part B** is the application.

### Tips to completing your application

Write in BLOCK CAPITALS and ballpoint pen.

- Whenever you see this icon , you may need to send us additional material with this form.


### Please be aware of the following information

- These changes will apply to your Whole of Life policy.
- Refer to your **Policy conditions** booklet before you complete this form to make sure the option you want to use is available to you. All the options may not be available to you.
- If you're a Trustee or an absolute assignee but not the insured person, please be aware that to use these options the change must be in the circumstances of the insured person.
- Trustees of a policy in trust and absolute assignees must sign this form.
- If you chose to protect your payments on your original policy, this will also apply to any guaranteed insurability options, policies separated using the joint-life separation option, and to gift inter vivos insurance.
- If you chose inflation-linking on your original policy, this will also apply to any guaranteed insurability options and to policies separated using the joint-life separation option.
- While providing additional protection, protecting your payments and/or inflation-linking will also increase the amount of your payments. The gift inter vivos conversion option may reduce your Whole of Life policy payments. You'll be given an illustration of future payments to help you decide if these options are right for you.
- The options won't be agreed until we've assessed and accepted your application. If an insured person has a full or quarter birthday (quarter birthdays are at three, six and nine months after a birthday) while the application is being processed, the terms may differ from those originally illustrated. In most instances the policy payments will be as originally illustrated.

### Why it's important you give us the right information

- You must give the answers personally but, if another person is the insured person, they must answer the personal questions. If the answers are completed by anyone else then you and the insured person must read them over and agree them before the declaration is signed. You should make and initial your respective changes.
- The questions asked in this application form cover the facts that we think are important to our assessment of the application.
- When answering a question you're personally responsible for making sure you've given complete and accurate information. You shouldn't make any personal assessment about whether the information is relevant or not. If you're in any doubt about the information required, you should give full details.
- If you don't give full and accurate information, the option could be lost or cancelled.

### Additional information

- Once we've assessed the application we'll let you know when the additional cover can start.
- Please ask if you'd like a copy of the completed application form as submitted to us and/or a copy of our **Policy conditions**.
- If you need to give further details for any question, please write the details on a separate piece of paper, put your name and date of birth on it, then sign and date it and attach it securely to this form .

## Part A – Meeting your changing needs

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We'd like your policy to meet your changing needs so we have a number of options you may be able to use once your policy has started.

Refer to your **Policy conditions** booklet for full details of each option.

### 1. Guaranteed insurability options

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These options are available if there's no extra payment or additional exclusions on your policy for medical reasons. You can find these details in your policy schedule. These options aren't available for gift inter vivos.

If you need to increase your benefit amount because the circumstances of the insured person have changed, you can do, within limits, without having to give us proof of continued good health for the insured person. You must use these options within six months of the circumstances changing. These options are available until the insured person reaches age 55, or the older insured person reaches age 55 on a joint-life policy. These age limits are increased to 70 for inheritance tax liability.

- You can use these options as many times as you need to as long as the overall increase isn't more than the limits outlined in your **Policy conditions** booklet. We'll work out the payment for the increased benefit using the rates and how old the insured person is when the option is used.
- You can't use guaranteed insurability options on any part of the benefit amount that's arisen as a result of a previous use of a guaranteed insurability option.
- You can't use guaranteed insurability options during a deferred period or while we're making your policy payments if you've chosen to protect your payments and made a valid claim.
- Any secondary benefits taken out on the original benefit will be automatically included when these options are used. This means that:
  - the amount you pay to protect your payments would change to cover the increase in payment, and
  - for the inflation-linking option this would mean that the total new benefit amount would continue to increase each year in line with RPI.

#### When you can use these options

- **The birth or legal adoption of a child**  
We'll need an extract copy of the birth or adoption certificate as evidence – a photocopy of the certificate is not acceptable ☒.
- **Marriage or civil partnership**  
We'll need an extract copy of the marriage or civil partnership certificate as evidence – a photocopy of the certificate isn't acceptable ☒.
- **Change of home, change of mortgage, home improvement or home extension**  
If the mortgage is to buy a new home, this must be your main residence. We'll need a copy of the loan offer as evidence ☒.
- **Career change or promotion**  
This option isn't available if you're a controlling director, self-employed or if you can control how much you're being paid. We'll need written confirmation from your employer as evidence ☒.
- **Increase in partner's/shareholding director's interest or increase in business loan**  
We'll need proof of the increase as evidence ☒.
- **Sole trader – for an increase in net relevant earnings or a business loan**  
We'll need a copy of the financial accounts or a copy of the loan offer as evidence ☒.
- **Increased cover following divorce, or dissolving a civil partnership (single-life policies)**  
We'll need an extract copy of your decree absolute or dissolution certificate as evidence. We can't accept a photocopy ☒.

## 1. Guaranteed insurability options – continued

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- **Inheritance tax liability**

If your policy is set up on a single life, or you're the surviving life on a policy originally set up as joint-life second death and your inheritance tax liability has increased because:

- your assets have grown, for example if you've inherited assets;
- the inheritance tax rate has increased, and
- the inheritance tax rate bands, exemption or reliefs have reduced.

## 2. Joint-life separation option

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If you divorce or dissolve a civil partnership, providing neither of you have reached your 71st birthday, you might be able to split a joint-life policy into two separate single-life policies without giving us more medical information or evidence.

You'll need to give us:

- an extract copy of your decree absolute or dissolution certificate  – we can't accept a photocopy, and
- a letter from your legal adviser detailing how the cover is to be split, including the amount to apply for each insured person 
  - the split is subject to the new benefit amount under each policy not exceeding each person's inheritance tax liability immediately following the divorce or dissolution.

Any exclusion that applies to your original policy will also apply to these new policies.

Where your Whole of Life policy is held in trust the new policies will be placed and held in the same trust.

Due to your medical history or personal circumstances this option may not be available to you. If that's the case we'll tell you before your policy starts, and it will be shown on your policy schedule.

## 3. Gift inter vivos (GIV) conversion option

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If you make a gift before you die it's referred to as a gift inter vivos. If you die within seven years of making the gift it's included as part of your estate when calculating your inheritance tax liability. This means that the person who receives the gift will have to pay any tax due on it.

This option may be used on multiple occasions and will reduce the sum insured under your policy.

If your policy is on a single-life or joint-life, second death basis (but only after the death of the first life insured), this option lets you convert some of your sum insured into GIV insurance whenever you make a gift from your estate. The GIV option can be used to help pay any inheritance tax due on the gift.

## Part B – Application form

### 1. Personal details of insured person(s)

#### First insured person (1st life)

Title

Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

Surname

Previous surname (if changed in the last five years)

**Marital status** (tick one box only)

- Single     Married     Civil partner  
 Divorced     Separated     Widowed  
 Engaged

**Gender**

- Male     Female

Date of birth

Address

Postcode

Daytime phone number

Mobile phone number

Email

We might use your email address and phone numbers to get in touch with you about your application and policy. If you don't want us to send you information about our products, please tick the appropriate box under 'How we treat your personal information' in section 5.

#### Second insured person (2nd life)

Title

Mr / Mrs / Miss / Ms / Other – please specify

Full forename(s)

Surname

Previous surname (if changed in the last five years)

**Marital status** (tick one box only)

- Single     Married     Civil partner  
 Divorced     Separated     Widowed  
 Engaged

**Gender**

- Male     Female

Date of birth

Address

- Same as 1st life

Postcode

Daytime phone number

Mobile phone number

Email

We might use your email address and phone numbers to get in touch with you about your application and policy. If you don't want us to send you information about our products, please tick the appropriate box under 'How we treat your personal information' in section 5.

# 1. Personal details of insured person(s) – continued

## First insured person (1st life)

Occupation

Industry

Please give full details of occupation.

If you have more than one occupation, please give details on a separate sheet and attach it to your completed application form.


### Employment basis (tick one box only)

- Employed full-time
- Employed part-time over 16 hours a week
- Employed part-time under 16 hours a week
- Self-employed
- Unemployed

### Total yearly earnings

To be completed in all cases.

If you're self-employed, write your net taxable earnings after allowable expenses.)

## Second insured person (2nd life)

Occupation

Industry

Please give full details of occupation.

If you have more than one occupation, please give details on a separate sheet and attach it to your completed application form.


### Employment basis (tick one box only)

- Employed full-time
- Employed part-time over 16 hours a week
- Employed part-time under 16 hours a week
- Self-employed
- Unemployed

### Total yearly earnings

To be completed in all cases.

If you're self-employed, write your net taxable earnings after allowable expenses.)

## 2. Details of additional trustee(s)/absolute assignee(s) (if different from insured person(s))

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Only complete this section if the policy is held in trust or has been assigned. If you're an insured person and you completed section 1, you don't need to complete this section. Only additional trustee(s)/absolute assignee(s) need to complete this section.

If your policy isn't held in trust or assigned – go to section 3.

### First trustee/absolute assignee

Title

Full forename(s)

Surname or company name

Current address or business address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text" value="Postcode"/>

Daytime phone number

Mobile phone number

Email

We might use your email address and phone numbers to get in touch with you about your application and policy. If you don't want us to send you information about our products, please tick the appropriate box under 'How we treat your personal information' in section 5.

### Second trustee/absolute assignee

Title

Full forename(s)

Surname or company name

Current address or business address

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text" value="Postcode"/>

Daytime phone number

Mobile phone number

Email

We might use your email address and phone numbers to get in touch with you about your application and policy. If you don't want us to send you information about our products, please tick the appropriate box under 'How we treat your personal information' in section 5.



## 2. Details of additional trustee(s)/absolute assignee(s) (if different from insured person(s)) – continued

Only complete this section if the policy is held in trust or has been assigned. If you're an insured person and you completed section 1, you don't need to complete this section. Only additional trustee(s)/absolute assignee(s) need to complete this section.

If your policy isn't held in trust or assigned – go to section 3.

### Third trustee/absolute assignee

Title

Full forename(s)

Surname or company name

Current address or business address

Postcode

Daytime phone number

Mobile phone number

Email

We might use your email address and phone numbers to get in touch with you about your application and policy. If you don't want us to send you information about our products, please tick the appropriate box under 'How we treat your personal information' in section 5.

### Fourth trustee/absolute assignee

Title

Full forename(s)

Surname or company name

Current address or business address

Postcode

Daytime phone number

Mobile phone number

Email

We might use your email address and phone numbers to get in touch with you about your application and policy. If you don't want us to send you information about our products, please tick the appropriate box under 'How we treat your personal information' in section 5.

### 3. Personal details

You should answer the following questions.

If you don't answer the questions fully and accurately, we may not pay a claim, and the benefit amount may be cancelled.

#### Tobacco and/or nicotine use

1. Do you currently smoke or have you, in the last 12 months, smoked or used any nicotine products, including, but not limited to, cigarettes, cigars, nicotine gum/patches, e-cigarettes or pipe/rolled tobacco?

If **Yes**, tell us the type and average amount you smoke(d) or use(d) a day For pipe and rolled tobacco, give the number of grams a day.

	1st life	2nd life
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Amount <input type="text"/>	Amount <input type="text"/>
	1 ounce = 28 grams	1 ounce = 28 grams

If you answered 'No' we may ask for a simple medical test to confirm this.

#### Travel

2. In the next 12 months do you intend to live, work or travel abroad?

You don't have to tell us about holidays if they total less than 30 days in any 12-month period.

	1st life	2nd life
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If <b>Yes</b> , complete the table on the next page	If <b>Yes</b> , complete the table on the next page

#### 1st life

	Country/Countries	Reason for visit	Length of visit (in days)
Where do you plan to live/travel (next 12 months)?		<input type="checkbox"/> Live abroad <input type="checkbox"/> Moving abroad <input type="checkbox"/> Business/work <input type="checkbox"/> Holiday/leisure	

#### 2nd life

	Country/Countries	Reason for visit	Length of visit (in days)
Where do you plan to live/travel (next 12 months)?		<input type="checkbox"/> Live abroad <input type="checkbox"/> Moving abroad <input type="checkbox"/> Business/work <input type="checkbox"/> Holiday/leisure	

### 3. Personal details – continued

#### Leisure

1. Do you intend to take part in any hazardous activity? Don't include one-off events such as a parachute jump for charity.

If Yes, tick all that apply.

Your adviser can give you additional questionnaires for each of these pursuits. Completing these will help speed up the underwriting process. If you don't have access to these questionnaires, please give full details of your activities in the 'Details' section below.

#### 1st life

Yes  No

Aviation (other than as a fare-paying passenger on a licensed airline)

Motor sports

Mountaineering (other than hill walking, trekking, abseiling, artificial wall climbing)

Sports diving

Other – give details



#### 2nd life

Yes  No

Aviation (other than as a fare-paying passenger on a licensed airline)

Motor sports

Mountaineering (other than hill walking, trekking, abseiling, artificial wall climbing)

Sports diving

Other – give details



#### Details:

Give full details, including the activity you take part in, how often you take part in this activity, details of any related qualifications and any equipment you use.

If you need to give further details, you can write the details on a separate piece of paper, put your name and date of birth on it, sign and date it and attach it securely to this form .

## 4. Option details

Complete the details for the option(s) you'd like to apply for. You can use this form to apply for more than one option.

These changes will apply to your Whole of Life policy.

Tell us your policy number

### 4.1 Guaranteed insurability option

**What additional amount do you want to add to the benefit amount?**

Tick all options you want to use in the table below and tell us the amount for each option. Please make sure you attach the evidence required for the option you're using

Option	Amount (£)
<input type="checkbox"/> The birth or legal adoption of a child	
<input type="checkbox"/> Marriage or civil partnership	
<input type="checkbox"/> Change of home, change of mortgage, home improvement or home extension	
<input type="checkbox"/> Career change or promotion	
<input type="checkbox"/> Increase in partner's/shareholding director's interest or key person's value or increase in business loan	
<input type="checkbox"/> Sole trader – for an increase in net relevant earnings or a business loan	
<input type="checkbox"/> Increased cover following divorce, or dissolving a civil partnership (single-life policies)	
<input type="checkbox"/> Inheritance tax liability	

### 4.2 Joint-life separation option

Split a joint-life policy into two separate single-life policies. Please make sure you attach the evidence required for this option .

**You should seek your own legal or other professional advice before apply for this option.**

#### Joint-life first death

If you have a joint-life first death policy the highest amount that you can be insured for under a single-life policy is 100% of the sum insured under your original joint-life policy.

#### Joint-life second death

You can split the sum insured between you, but the total of the two new sums insured can't be more than 100% of the sum insured under the original joint-life policy.

**a What amount do you want to apply for each insured person?**

1st life

2nd life

£

£

**b What's the date of your decree absolute or dissolution certificate?**

Date

## 4. Option details – continued

### 4.1 Gift inter vivos conversion option

Tell us the date and amount of each gift.

Date the gift was made		Gift amount
D	D	£
M	M	
Y	Y	
Y	Y	
D	D	£
M	M	
Y	Y	
Y	Y	
D	D	£
M	M	
Y	Y	
Y	Y	
D	D	£
M	M	
Y	Y	
Y	Y	

## 5. How we treat your personal information

Here at Aegon, we're committed to protecting and respecting your privacy. We collect your personal information so that we can verify your identity, set up your plan and provide ongoing administration. We need this information to carry out our obligations and to provide you with the products and services under the terms of your contract with us. Without it, we wouldn't be able to provide you with a plan.

As part of our administration process, we work with carefully selected service providers (in other words suppliers) that carry out certain functions on our behalf. We only share the appropriate level of personal information necessary to enable our suppliers to carry out their services and they need to keep the information safe and protected at all times. Our suppliers must only act on our instructions and can't use your personal information for their own purposes.

The personal information we collect may be transferred to, and stored at a destination outside the European Economic Area (EEA). This could be to other companies within the Aegon Group or to our service providers. Where any such processing takes place, appropriate controls are in place to make sure your information is protected.

We may disclose your information to licensed credit reference and/or fraud prevention agencies to help make financial or insurance proposals and claims decisions (this will be during the application or enrolment process and on an ongoing basis), for you and anyone you're linked with financially or other members of your

household. Our enquiries or searches may be recorded.

You can find more information on how we use and share your personal information, including how long we keep it and details of your rights at [www.aegon.co.uk/protectinginformation](http://www.aegon.co.uk/protectinginformation) or by contacting us to request a copy.

We'd like to keep you up-to-date with information about our news, products and services relating to our protection products by email, phone, SMS or mail. If you'd like to hear more from us, please select the relevant box(es) below.

Yes, I'm happy for you to contact me with information relating to your protection products.

Please tick below to indicate who this applies to:

1st insured person  2nd insured person

1st trustee/absolute assignee

2nd trustee/absolute assignee

3rd trustee/absolute assignee

4th trustee/absolute assignee

You can change your mind and unsubscribe at any time simply by contacting us. For more information on how to do this go to [www.aegon.co.uk/protectinginformation](http://www.aegon.co.uk/protectinginformation)

We won't pass your information to other companies outside of the Aegon Group for marketing purposes.

## 6. Declaration and consent

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This declaration applies to the insured person(s) and trustee(s)/absolute assignee(s), if different.

In this declaration, 'I/me' means the insured person(s) and/or trustee(s)/absolute assignee(s), where appropriate, in the context and 'you' means Aegon.

### Declaration and consent

I confirm that:

- I've read both parts A and B;
- the information and statements I've made within this application, and within any additional documents you've asked for in connection with this application, are true and complete, and
- if I haven't received face-to-face advice from a financial adviser in connection with this application, I've received and had the opportunity to read the key features document, illustration and policy conditions that are relevant to this application.

I acknowledge it's my personal responsibility to:

- tell you about any change to my circumstances, except for changes to my health, which happen before this change to the policy starts;
- fully and completely give all the facts required when answering the questions in this form, and
- comply with the points detailed above. If I fail to comply with the points above, then the additional protection cover provided under this option may be altered or cancelled.

I agree:

- that if you need to accept my application on terms other than standard terms, you'll tell my financial adviser what those terms are.

- to you gathering relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I've applied for;
- to you gathering, using and disclosing information from the application form if it relates to the policy or services applied for and/or any trust, scheme or other arrangement where the policy is or may be an asset, and

I give you permission to:

- ask for the relevant financial information, if needed, to assess this application

You can use this information to maintain management information for business analysis.

### Terms of contract

- I agree that the contract will be governed by the following documents:
  - this declaration and consent;
  - this application record;
  - the application record for the original policy, and
  - the Aegon policy schedule and the accompanying policy conditions.
- By signing this declaration, I allow you to process my application using the information that I've given. You may also use this information to process any claim made on this policy.
- I've read the declaration and consent.

## 6. Declaration and consent – continued

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Signature(s) of the insured person(s)

Date

D	D	M	M	2	0	Y	Y
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Print name

Signature of 1st insured person

<b>X</b>	<b>X</b>
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Date

D	D	M	M	2	0	Y	Y
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Print name

Signature of 2nd insured person

<b>X</b>	<b>X</b>
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## 6. Declaration and consent – continued

Date

D	D	M	M	2	0	Y	Y
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If a company, give the position/authority of signatory

Print name

Signature of 1st trustee/absolute assignee

<b>X</b>	<b>X</b>
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Date

D	D	M	M	2	0	Y	Y
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If a company, give the position/authority of signatory

Print name

Signature of 3rd trustee/absolute assignee

<b>X</b>	<b>X</b>
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Date

D	D	M	M	2	0	Y	Y
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If a company, give the position/authority of signatory

Print name

Signature of 2nd trustee/absolute assignee

<b>X</b>	<b>X</b>
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Date

D	D	M	M	2	0	Y	Y
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If a company, give the position/authority of signatory

Print name

Signature of 4th trustee/absolute assignee

<b>X</b>	<b>X</b>
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## 7. For financial advisers only

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You should send the fully completed form to us at:

Aegon  
Edinburgh Park  
Edinburgh  
EH12 9SE

You can download copies of the industry-standard CVI and additional point-of-sale questionnaires at [www.aegon.co.uk](http://www.aegon.co.uk)

### 'Source of funds' concession

Money laundering guidance includes a 'source of funds' concession for 'reduced risk' business such as Aegon protection business. Where the insured person(s) and the person making the policy payments are the same, the 'source of funds' concession allows us to rely on a cheque or Direct Debit instruction from a UK bank account, in the insured person(s) individual or joint names, to provide evidence of identity.

Is the 'source of funds' concession being applied for this application?

Yes    No

### Money laundering

To comply with the requirements of the Money Laundering Regulations for the UK Financial Sector and the Prevention of Money Laundering/Combating the Financing of Terrorism Guidance, you're required (in some circumstances) to provide separate verification of identity for each insured person, which should be submitted together with this application form.

### Key points

- Identity verification data isn't required:
  - if the total new policy payment is less than £50 a month or £600 a year;
  - where identity verification was submitted for the original policy;
  - where payments are to be paid from a personal UK bank account in the name of the insured person(s), and
  - where the policy is taken out jointly, with payments being paid from a single bank account (or joint account) of one of the joint insured persons.
- If we get an application form for a policy payment of £50 a month or more without acceptable evidence of identity, but where the payments are being paid from a UK bank account in the name of the insured person who is a private individual (or, in the case of a jointly-owned policy, where payments are paid from a single bank account (or joint account) of one of the joint insured persons) we'll assume the 'source of funds' concession will apply.
- In all other cases, you must give evidence of your client's identity by completing and submitting an industry-standard confirmation of verification of identity form (CVI).
- Where evidence of identity is needed, it must be provided for each insured person as well as for the person making the policy payments, if different. For jointly-owned policies, both insured persons must be identified.

We won't hold up processing of this application pending receipt of the verification of identity. But please be aware that we may not be able to pay a claim or refund a policy payment until we've received verification of identity.

Where the application is being made on behalf of an individual who can't make the application themselves for whatever reason, verification of identity is needed for the attorney/guardian, for the person on whose behalf the attorney/guardian is acting and, if different, for the person making the policy payments.

# Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ballpoint pen and send it to:  
Aegon, Edinburgh Park, Edinburgh EH12 9SE

Name(s) of account holder(s)

Bank/Building society account number

Branch sort code

 -  - 

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Reference

Service user number

4	0	6	8	3	1
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**PLEASE COMPLETE**

This isn't part of the instruction to your bank or building society.

Policy number/online application reference

Insured person(s)

Direct Debits should normally be paid from the policyholder's own bank or building society account.

**Instruction to your bank or building society**

Please pay Scottish Equitable plc Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand this Instruction may remain with Scottish Equitable plc and, if so, details will be passed electronically to my bank/building society.

Signature(s)

<b>X</b>	<b>X</b>
<b>X</b>	<b>X</b>

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, Scottish Equitable plc will notify you three working days in advance of your account being debited or as otherwise agreed. If you request Scottish Equitable plc 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 Scottish Equitable plc 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 Scottish Equitable plc 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.

