



Individual Protection

YourLife Plan Term Assurance with Critical Illness Choices



Welcome to AIG

American International Group, Inc. (AIG, Inc.) is a leading international insurance organisation serving customers in more than 80 countries and jurisdictions. AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of AIG, Inc.

AIG Life Limited is the life insurance arm of AIG in the UK, Channel Islands, Isle of Man and Gibraltar. We provide financial and practical support for individuals, families and businesses when illness or injury threatens their life, lifestyle or livelihood.

Throughout this document, AIG means AIG Life Limited.

keyfacts[®]

This document gives you the key information you need to help you decide whether Term Assurance with Critical Illness Choices is right for you. It's available in other formats such as Braille, large print or audio. Please ask if you need one of these formats.

This document doesn't contain the full terms and conditions and exclusions of your cover. To find out more, you can ask for a copy of the terms and conditions, known as the Cover Details. The Cover Details and your Cover Summary will be sent to you when your cover starts.

This document is based on our understanding of the current laws in England and Wales and the tax rules in the UK (different rules apply in the Channel Islands, Isle of Man and Gibraltar).

If you're thinking of taking out insurance, you may wish to get expert advice from a financial adviser who can look at your personal circumstances and help you make the decision that's right for you. For help in finding a financial adviser, please visit the '**How to buy**' page on our website.

What is Term Assurance with Critical Illness Choices?

Term Assurance with Critical Illness Choices can be used to help pay off a mortgage, provide financial protection for a family member or friend, or leave behind a legacy.

The main benefit

Term Assurance with Critical Illness Choices will pay out a lump sum while you're insured if you die or if you're diagnosed with a terminal illness and are expected to die within 12 months. It will also pay out if you have one of the critical illnesses or operations specified under core critical illness cover.

Optional benefits

When you take out this cover, you can also choose to add optional benefits for an additional cost. These are:

- Enhanced critical illness cover
- Children's cover
- Waiver of Premium
- Total Permanent Disability

Who can buy Term Assurance with Critical Illness Choices?

Term Assurance with Critical Illness Choices is available to British Citizens or those resident in the United Kingdom, Channel Islands, Isle of Man and Gibraltar. They must be aged 17 up to and including 75. In certain circumstances, we may be able to offer cover where you're a resident overseas. Please contact us for further information.

The fundamentals

The amount of cover

When you take out Term Assurance with Critical Illness Choices, you decide how much you'd like the cover to pay out in the event of a valid claim. We call this the 'sum assured'.

Who you can cover

You can cover:

- you alone – we call this 'single life' cover
- you and another person – we call this 'joint life' cover, or
- one or two people other than yourself – this can be either 'single' or 'joint life' cover.

In this document, we assume that you're the owner of the cover and you're using it to cover yourself.

For single life cover, the cover will stop after we've paid the full sum assured.

For a joint life cover, the cover will stop after we've paid the full sum assured for one of the persons covered. The other person will therefore no longer be insured under this policy.

You can only cover someone else if you'd suffer financially were they to die or suffer from a terminal or critical illness. We call this 'insurable interest'. You'll always have an insurable interest in your own life, or in the life of your spouse or civil partner. You may also have an insurable interest in another person. If you're not sure if you have an insurable interest in a particular person, you should ask your adviser for guidance.

How long your cover lasts

You can choose how long your cover lasts – we call this the 'term of the cover'. This can be any number of years between 3 and 50, although your cover must end before you reach your 86th birthday.

The type of cover

You can decide whether you'd like the amount of your cover to either stay the same or change over time.

- Level – the amount of your cover stays the same.
- Decreasing – the amount of your cover decreases each month, to reach zero when your cover ends. This works in the same way as the outstanding amount on a repayment mortgage. You can select an interest rate of either 5%, 6%, 7%, 8%, 10%, 11%, 13% or 15%.
- Increasing – the amount of your cover increases each year by 5%.

Further information regarding these types of cover is available in the Cover Details.

How to pay for your policy

You can choose to pay for your cover monthly or annually. We'll collect monthly or annual premiums from you by direct debit to pay for your cover until the date your cover ends.

If you choose level or decreasing cover, the amount you pay won't change. If you choose increasing cover, the amount you pay will increase each year.

Summary of the benefits

Below is a summary outlining what's included in your Term Assurance with Critical Illness Choices and what optional benefits you can add.

The main benefit

These are included in your cover as standard:

Death benefit

Terminal illness benefit

Core critical illness cover

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Optional benefits

When you take out your cover, you can choose to add these optional benefits for an additional cost:

Enhanced critical illness cover

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Children's cover

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Waiver of Premium

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Total Permanent Disability

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- You can add children's cover at any point during the term of your cover. You can only add enhanced critical illness, Waiver of Premium or Total Permanent Disability when you take out your cover.
- Your Cover Summary will show if you have these options in your cover.



Core critical illness cover

Core critical illness cover is included in your cover as standard. The core critical illness cover benefit falls within two groups – Group 1 and Group 2.

Full definitions can be found in the Cover Details.

Core critical illness cover – Group 1

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the full sum assured. Once we've paid the full sum assured, the cover will end.

- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent symptoms or specified treatment
- Blindness or removal of an eyeball – permanent and irreversible
- Brain injury – resulting in permanent symptoms
- Cancer – excluding less advanced cases and including aplastic anaemia
- Coma – of specified severity
- Deafness – permanent and irreversible
- Degenerative neurological disorder – of specified severity
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Kidney failure – requiring permanent dialysis
- Liver failure – end stage
- Loss of use of a limb
- Lung disease or removal – as specified
- Major organ transplant – from another donor
- Multiple sclerosis or neuromyelitis optica (Devic's disease) – where there have been symptoms
- Reduced heart function – of specified severity
- Spinal stroke – resulting in permanent symptoms
- Stroke – of specified severity
- Surgery to the heart, aorta or pulmonary artery – as specified
- Surgery via the skull – as specified
- Systemic lupus erythematosus (SLE) – of specified severity
- Third degree burns – covering 20% of the body's surface area or 20% of the face's surface area

Core critical illness cover – Group 2

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the lower of 25% of the sum assured, or £25,000. If you have more than one cover, this is the maximum we'll pay per person covered for each Group 2 condition.

This is an additional payment, meaning any payments made won't affect the benefit we pay for any subsequent claim under Group 1.

A claim can be made once for each condition, per person covered.

- Cancer in situ of the breast – treated with surgery
- Low grade prostate cancer – requiring treatment



Enhanced critical illness cover

You can choose to add enhanced critical illness cover for an additional cost when you take out your cover.

Enhanced critical illness cover is in addition to core critical illness cover and provides:

- cover for more conditions in Group 1
- cover for more conditions in Group 2 (replacing those in core critical illness cover) and a higher payment, and
- pregnancy cover.

The enhanced critical illness cover will apply to both people covered on a joint life cover.

Full definitions can be found in the Cover Details.

Enhanced critical illness cover – Group 1

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the full sum assured. Once we've paid the full sum assured, the cover will end.

- Benign spinal cord tumour – resulting in permanent symptoms or specified treatment
- Cauda equina – with permanent symptoms
- Intensive care – requiring mechanical ventilation for 7 consecutive days
- Loss of independence – of specified severity
- Peripheral vascular disease – requiring bypass surgery
- Severe bowel disease
- Severe mental illness – as specified

Enhanced critical illness cover – Group 2

If you're diagnosed with any of the conditions listed below and survive for at least 10 days, we'll pay the lower of the full sum assured, or £35,000. If you have more than one cover, this is the maximum we'll pay per person covered for each Group 2 condition.

This is an additional payment, meaning any payments made won't affect the benefit we pay for any subsequent claim under Group 1.

A claim can be made once for each condition per person covered (unless stated otherwise within the definition).

- Accidental hospitalisation
- Angioplasty – requiring treatment to multiple coronary vessels
- Bladder removal
- Bowel disease – treated with intestinal resection
- Carotid artery stenosis – treated by endarterectomy or angioplasty
- Central retinal artery or vein occlusion (eye stroke) – resulting in permanent visual loss
- Cerebral or spinal arteriovenous malformation or aneurysm – with surgery or radiotherapy
- Diabetes mellitus Type 1 – requiring permanent insulin injections
- Endovascular surgery – as specified

- Less advanced cancers - of named sites and specified severity:
 - Breast
 - Cervix
 - Colon and rectum
 - Larynx
 - Ovary
 - Prostate
 - Renal pelvis (of the kidney) and ureter
 - Urinary bladder
 - Uterus
- Other early stage cancers – with surgery
- Permanent pacemaker insertion – for heartbeat abnormalities
- Pituitary gland tumours – with specified treatment
- Severe sepsis – resulting in admission to a critical care unit for 3 days or more
- Significant visual impairment – permanent and irreversible
- Single lobectomy – the removal of a complete lobe of a lung
- Skin cancer (not including melanoma) – advanced stage as specified
- Syringomyelia or syringobulbia – treated by surgery

Pregnancy cover

If you have a specified complication during pregnancy, we'll pay £5,000 per pregnancy, unless the claim is because of foetal death in utero, in which case we'll pay £5,000 per foetal death. If you have more than one cover, this is the maximum amount we'd pay.

Pregnancy cover would pay out following a definite diagnosis by a consultant Obstetrician of one of the following conditions:

- Disseminated Intravascular Coagulation (DIC)
- Ectopic Pregnancy
- Hydatidiform Mole
- Placental Abruption
- Eclampsia (excluding Pre-eclampsia), or
- Foetal death in utero after at least 20 weeks gestation.

Any claim made under pregnancy cover won't affect your main sum assured.

We won't pay a pregnancy cover benefit:

- if you were aware of an increased risk of suffering from a complication of pregnancy before the cover started or restarted; or
- if the pregnancy resulted in a child life cover benefit being paid (if children's cover is included).

Children's cover

You can choose to add children's cover for an additional cost. Children's cover includes:

- children's critical illness cover – Group 1 and Group 2
- birth defect cover
- child life cover, and
- hospitalisation benefit.

Children are covered from birth up to age 22 and there's no limit on how many children are covered under one policy.

Children's cover will apply to both people covered on a joint life cover.

Any claim made under children's cover won't affect your main sum assured.

Full definitions can be found in the Cover Details.



Children's critical illness cover – Group 1

If a child is diagnosed with any of the conditions listed below and survives for at least 10 days, we'll pay £50,000. If the person covered has more than one cover, this is the maximum we'll pay for each child.

We'll only pay a claim for Group 1 once per child, at which point the children's critical illness cover will end for that child.

- Blindness or removal of an eyeball – permanent and irreversible
- Cancer – excluding less advanced cases and including aplastic anaemia
- Degenerative neurological disorder – of specified severity
- Kidney failure – requiring permanent dialysis
- Liver failure – end stage
- Loss of use of two limbs
- Major organ transplant – from another donor
- Muscular dystrophy
- Permanent dependence – of specified severity
- Spina bifida
- Third degree burns – covering 20% of the body's surface area or 20% of the face's surface area

Children's critical illness cover – Group 2

If a child is diagnosed with any of the conditions listed below and survives for at least 10 days, we'll pay £25,000. If the person covered has more than one cover, this is the maximum we'll pay for each child.

We'll only pay a claim for Group 2 once per child. A further claim under Group 1 can be made for that child, but the benefit will be reduced to £25,000.

- Accidental hospitalisation
- Bacterial meningitis – resulting in permanent symptoms
- Benign brain tumour – resulting in permanent symptoms or specified treatment
- Benign spinal cord tumour – resulting in permanent symptoms or specified treatment
- Bowel disease
- Brain injury – resulting in permanent symptoms
- Cerebral palsy

- Cerebral or spinal arteriovenous malformation or aneurysm – with surgery or radiotherapy
- Coma – of specified severity
- Cystic fibrosis
- Deafness – permanent and irreversible
- Diabetes mellitus Type 1 – requiring permanent insulin injections
- Down’s syndrome
- Edwards Syndrome
- Encephalitis – resulting in permanent symptoms
- Heart attack – of specified severity
- Hydrocephalus – treated with the insertion of a shunt
- Intensive care – requiring mechanical ventilation for 7 consecutive days
- Loss of use of limb
- Lung disease or removal – as specified
- Multiple sclerosis or neuromyelitis optica (Devic’s disease) – where there have been symptoms
- Osteogenesis imperfecta
- Patau syndrome
- Permanent pacemaker insertion – for heartbeat abnormalities
- Reduced heart function – of specified severity
- Severe mental illness – as specified
- Severe sepsis – resulting in admission to a critical care unit for 3 days or more
- Stroke – of specified severity
- Surgery to the heart, aorta or pulmonary artery – as specified
- Surgery via the skull – as specified
- Systemic lupus erythematosus (SLE) – of specified severity
- Terminal Illness – where death is expected within 12 months
- Third degree burns – covering at least 5% of the body’s surface are or 10% of the face’s surface area

Overseas treatment for children’s critical illness cover – Group 1 or Group 2

We’ll pay double the amount of benefit if in the opinion of the treating consultant and our Consultant Medical Officer:

- the child is unable to receive treatment for the critical illness in the UK that is effective in curing or preventing further deterioration of the condition, and
- a prescribed specialised service or treatment directly commissioned by the NHS that is effective in curing or preventing further deterioration is available overseas.

Birth defect cover

We’ll pay £5,000 if a child has a specified birth defect:

- Cleft lip
- Cleft palate
- Congenital Talipes Equinovarus (Club foot)
- Developmental Dysplasia of the hip

If the person covered has more than one cover, this is the maximum we’d pay for each child.

Birth defect cover is payable once per child.

Child life cover

We’ll pay £10,000 if a child dies, including stillbirth after at least 24 weeks gestation. If the child is diagnosed with a terminal illness (defined under children’s critical illness cover Group 2), we’ll pay the child life cover early.

If the person covered has more than one cover, this is the maximum we’d pay for each child.

Child life cover is payable once per child.

Hospitalisation benefit

We’ll pay £100 per night for every night a child is in hospital from the seventh consecutive night, up to a maximum of 30 nights.

A claim can be made more than once, up to a maximum of £3,000 per child. If the person covered has more than one cover, this is the maximum we’ll pay for each child.

When we won’t pay children’s cover

We won’t pay a claim for children’s critical illness cover or birth defect cover if either parent was aware of the condition or the increased risk of the child having the condition before the children’s cover started, was last restarted or before the child was covered by the policy.

We won’t pay the child life cover if the cause of death first arose before the children’s cover started, was last restarted or before the child was covered by the policy.

We won’t pay the hospitalisation benefit if the hospitalisation is as a result of a child being born prematurely (before 37 weeks gestation).

There are some other important exclusions for children’s cover. For more information about when we won’t pay out under children’s cover, please see the Cover Details.

Waiver of Premium

If you're too ill or too injured to work, Waiver of Premium means you won't have to pay your premiums.

We'll waive your premiums if you're incapacitated for longer than 26 weeks. Waiver of Premium will end when you reach your 70th birthday.

You can include Waiver of Premium if you're 54 and below when you buy your cover, for an additional cost. You can add Waiver of Premium for one or both people if you have a joint life cover. We won't waive premiums if Waiver of Premium is not included in the cover for that person (the Cover Summary will show who is covered by Waiver of Premium).

What is incapacitated and how do we define it?

Incapacitated means you're too ill or injured to work. How we define incapacitated depends on whether you're in paid work and what kind of work you do.

This definition will be agreed when you apply based on your circumstances at the time and will be shown in your Cover Summary. If your circumstances change before you become incapacitated, a different definition may apply to your claim.

For a full definition of incapacitated, please see the Cover Details.

Total Permanent Disability

If you have an illness or injury that results in a permanent disability, Total Permanent Disability will pay out the sum assured.

You'll usually have to be incapacitated for at least 26 weeks before we can establish whether the incapacity is permanent. Once we've established that the incapacity is permanent, we'll pay the full sum assured and the cover will end. Total Permanent Disability will end when you reach your 70th birthday.

You can include Total Permanent Disability if you're aged 59 and below when you buy your cover, for an additional cost. You can add Total Permanent Disability for one or both people if you have a joint life cover.

Changing your policy

There are a number of ways in which you can change your policy to ensure that it's still meeting your needs.

Some of these options are not available to everyone. This could be because, for example, you have a particular medical condition when the cover is first taken out. For more information, including limitations, please see the Cover Details.

Life event changes

You're able to increase the sum assured without the need to answer any more health and lifestyle questions up until and including your 55th birthday and you:

- get married or enter a civil partnership
- get divorced, dissolve a civil partnership or separate
- have a child (including adoption)
- increase your mortgage for home improvements, moving home or buying a new home, or
- increase your salary by at least 10% following promotion or employment change.

You can also increase the term of the cover in relation to an increase in your mortgage term.

More than one increase can be requested, but there's a limit to the total increases allowed.

The increase to the sum assured can't be more than the lower of 100% of the original sum assured or £200,000. If it's in relation to a mortgage, then the increase cannot be more than the increase to the mortgage.

An increase to the term of the cover cannot result in the new term being more than 150% of the original term, or extend beyond the end of the term of the new mortgage or beyond the 65th birthday of the oldest person covered.

More ways you can change

You can also:

- reduce the sum assured
- reduce the term of the cover
- stop and restart the annual increase if you've selected increasing cover
- change from a decreasing to a level sum assured
- add another person to the cover
- change from joint life to two single life covers
- change how often a premium is paid
- add or remove children's cover
- remove enhanced critical illness cover, Waiver of Premium or Total Permanent Disability.

Important information

Cover for critical illnesses

Term Assurance with Critical Illness Choices will only pay out a benefit for a critical illness if you meet the condition as defined in the Cover Details.

For some people, we may not include every critical illness in the cover. This could be because, for example, they have a particular medical condition when they apply for cover. The Cover Summary will show if we have excluded any of these critical illnesses from the cover we're offering.

Association of British Insurers – guide to minimum standards for critical illness cover

The Association of British Insurers (ABI) is a trade body for the UK's insurance and long term savings industry. Part of its remit is to set standards that insurers must follow.

The ABI Guide to Minimum Standards provides that, to be called 'critical illness' insurance, policies must include cover for cancer, heart attack and stroke according to specified minimum definitions of those conditions. It also sets out minimum definitions for other conditions which insurers may or may not offer so that there is a degree of comparability and consistency, and to ensure that the cover for all these conditions meets certain minimum standards.

Our Term Assurance with Critical Illness Choices meets, and in some instances improves on, the standards provided for in the ABI Guide to Minimum Standards for Critical Illness Cover.

When you're covered

Term Assurance with Critical Illness Choices only protects you against events that happen during the term of the cover. If something happens outside that term, you won't be covered. Your Cover Summary shows what is covered and for how long.

Reviewing your cover

If you don't review your policy in line with your earnings and lifestyle, you may have more or less cover than you need.

Protecting against inflation

Inflation will reduce the spending power of any benefit you're paid in the future. To help protect your cover against this effect, you can choose to increase your sum assured by 5% each year.

If you have an increasing cover, the amount you pay will increase each year to pay for the extra cover. If you then change to a level sum assured, the premium will remain at the level it was when you made the change. If you restart the annual increase, the premium will increase again.

With increasing cover, the premium will increase by a higher percentage than that of the sum assured, because the amount of the increase of the premium will depend on your age and the remaining term of the cover at that time.

Covering a mortgage

If you have a mortgage and choose decreasing cover and select an interest rate that is lower than the rate you're paying on your mortgage, the benefit we'll pay for a successful claim may not meet the outstanding amount of your mortgage.

If you miss a premium

If any premium remains unpaid for more than 30 days from the date it was due to be collected, we'll cancel your policy and you'll no longer be covered. You may be able to reinstate your cover by paying any outstanding premiums up to six months after missing a premium.

Restrictions to optional benefits

You can choose to add enhanced critical illness cover, Waiver of Premium and Total Permanent Disability when you take out your cover, but these options may not be available to everyone or we may restrict cover. If this happens, we'll explain our decision.

Terminal illness

A claim for terminal illness can only be made where you've been diagnosed with 12 months or less to live. If a medical consultant cannot determine this, or expects death to occur more than one year after diagnosis, we won't pay a benefit.

Buying this cover

There are a number of options available in this cover and some of these options may not be available to you depending on where you buy your cover.

Your Cover Summary, which you will receive when you purchase your cover, will show which options you have selected.

If you would like to find out more about these options and whether they might suit your needs, please speak to a financial adviser.

Things you need to know

Making a claim

Whoever is making the claim should get in touch as soon as they can using the contact details provided.

If you'd like to know more about how to claim, you can find this in the Cover Details or visit our website aiglife.co.uk.

We'll pay the benefit to the person legally entitled to receive it. This will be confirmed when a claim is made. It will depend on the nature and circumstances of the claim, and whether the cover has been assigned or held in trust.

When we won't pay a claim

We won't pay a claim if you don't:

- keep paying your monthly or annual premiums until your cover ends
- give us accurate, complete and true information when you apply for your cover
- give us any medical or other evidence that we ask for, or
- tell us immediately if any of the information in the Cover Summary or Application Details that you'll receive when you purchase your cover is wrong.

There is also an important exclusion to your cover. We won't pay a claim if you die as a result of your own actions during the first year of the cover starting or within one year after restarting the cover. Once the cover has been active for more than 12 months, if you ask us to increase the sum assured in the 12 months prior to you dying as a result of your own actions, no death benefit will be payable in respect of this increase.

Further information about when we won't pay a claim is available in the Cover Details.

Where can a claim be made

For a death claim, the person covered or child can be anywhere in the world.

For critical illness and terminal illness claims, the person covered or child can be residing anywhere in the world, however the consultant must be in an eligible country.

For Waiver of Premium and Total Permanent Disability claims, you must be living in an eligible country when you become incapacitated. You must return to and remain in the UK, Channel Islands, Isle of Man or Gibraltar within 26 weeks of becoming incapacitated in order to receive the benefit.

A list of eligible countries is shown in the Cover Details.

Changing your mind about your cover

If you change your mind about having your cover within 30 days of receiving your policy documents, we'll refund any premiums you've paid, unless we've already paid you a benefit before you cancel.

If you don't stop your policy within this time period, your policy will remain active as set out in your Cover Summary.

If you stop your policy after 30 days, your insurance will end on the day before your next premium is due and you won't get any money back. If you're paying annual premiums, your policy will end on the day before the next monthly anniversary of the policy. We'll retain the cost of any full (or partial) months of cover up to the date of cancellation and will refund any balance of the annual premium.

Your policy won't have a surrender value at any time.

The law

The law of England and Wales will apply to this insurance.

Language

All our communications with you now, and throughout the term of your insurance, will be in English.

Current tax rules

Under current legislation and HMRC practice, benefit(s) payable under this cover are normally free from Income Tax and Capital Gains Tax for UK residents, unless you assign your policy to someone else.

Professional guidance should be sought before any type of assignment or changed ownership is undertaken.

If your policy is not placed in trust, the benefit we pay may form part of your estate for inheritance tax purposes.

If the sum paid out under this policy forms part of your estate, it may not be free of inheritance tax. You may wish to place your policy in trust to help mitigate the effect of inheritance tax. However, we cannot advise whether a trust is suitable in any particular circumstance or give tax advice in relation to the use of trusts. We recommend that you take professional advice before setting up a trust.

Personal information we collect

Personal information we collect about you includes sensitive information such as your health and medical history. Where we collect this information, we'll rely either on your consent, or on a combination of the following justifications: performing a contract with you or preparing to enter into a contract with you; complying with regulatory requirements; or having a legitimate interest to request your personal information.

To give you a quicker decision about your insurance, we may make decisions about your application using an 'automated decision-making tool'. An 'automated decision-making tool' doesn't involve human input and we sometimes use it to determine whether we are able to provide you with insurance and on what terms based on the answers you give us.

We may also use your personal information to detect, investigate and prevent crime (including fraud and money laundering).

Where permitted by applicable law, AIG may share personal information with carefully selected third parties, for example, other insurers, reinsurers, and financial advisers.

Your personal information may be transferred outside the country in which you're located including to countries outside the European Economic Area.

As a data subject you have certain rights in relation to your personal information.

More details about AIG's use of personal information and your rights as a data subject can be found at aiglife.co.uk/privacy-policy or you may request a copy using the following contact details:

Data Protection Officer,
AIG Life, 58 Fenchurch Street,
London, EC3M 4AB

Or by email at:
DataProtectionOfficer@aiglife.co.uk.

About our business

Information about our business, performance and financial position, and details on how we control our business and manage risks can be found in our Solvency and Financial Condition Report available on our website aiglife.co.uk.

Making a complaint

If you have a complaint, you can get in touch with us using the contact details provided.

We'll try to resolve complaints as quickly and fairly as possible. If we cannot deal with your complaint promptly, we'll send you a letter to acknowledge it and give you regular updates until it is resolved.

If you're not happy with how we deal with your complaint, you can refer it to the Financial Ombudsman Service.

You can email them at:

complaint.info@financialombudsman.org.uk.

Call **0800 023 4567** (calls to this number are free on mobile phones and landlines) or **0300 123 9123** (calls to this number cost no more than calls to 01 and 02 numbers)

Or write to:

The Financial Ombudsman Service,
Exchange Tower,
Harbour Exchange Square,
London E14 9SR.

What happens if AIG got into financial trouble and couldn't pay out the money?

The Financial Services Compensation Scheme (FSCS) is there to protect you if we cannot meet our obligations. Whilst most customers will be covered under the FSCS, whether or not you can claim and the amount you can claim depends on the specific circumstances of your claim. You can get further information from fscs.org.uk or by calling **020 7741 4100**.

How to contact us

For any enquiries about Term Assurance with Critical Illness Choices:

Call us on **0345 600 6820**

Email us at **enquiries@aiglife.co.uk**

To make a complaint:

Call us on **0345 600 6813**

Email us at **complaints@aiglife.co.uk**

To contact the Claims Team:

Call us on **0345 600 6815**

Email us at **claimsteam@aiglife.co.uk**

Write to us at:

**AIG Life Limited,
PO Box 12010 Harlow,
CM20 9LG**

We're open Monday to Thursday, 8.30am to 8pm and Friday, 8.30am to 5.30pm, except for bank holidays.

Please note these opening hours are UK local time.

Calls are charged at standard rates from a BT landline but may cost more via mobiles and other networks. We may record or monitor calls to make sure we have an accurate record of the instructions we are given, for training purposes, to improve the quality of our service and to prevent and detect fraud.

For more information visit **aiglife.co.uk**



aiglife.co.uk

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