



Income Assured Enhanced

Adviser Product Guide

Income Assured Enhanced

The following guide is intended to provide further information to assist Financial Advisers, like you, with your understanding of the various features and benefits of Income Assured Enhanced. The guide is not exhaustive and should be read in conjunction with the Key Features and Schedule 5 Rules of the contract which are both available on request. If you have any further queries please contact our Customer Care Team on **0800 587 5098** or **customercare@cirencester-friendly.co.uk**

Important Note

As Income Assured Enhanced has an investment option you will need to be authorised by the Financial Conduct Authority to give investment advice to your clients on the suitability of this product.
As part of our due diligence processes for business introduction, we carry out identity checks on the introducing adviser.

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1. Who is Cirencester Friendly and what is “Holloway style” income protection?

At the turn of the 19th century the MP for Bradford Mr W E Forster offered two prizes in a national essay competition. The subject was to establish a Friendly Society that treated customers equitably, was at once financially sound and which combined the advantages of a sick-club with the provision of pensions or annuities for its customers in their old age. The adjudicators of the competition, which included His Honour Judge Hughes QC the author of ‘Tom Brown’s School Days’, were drawn from various walks of life but with one underlying theme: they were all experts in Friendly Society dealings and finance.

Mr George Holloway of Stroud, Gloucestershire, a leading industrialist and politician who pioneered the manufacture of ready-made clothing in the UK succeeded in winning a prize. As a result ‘Holloway style’ income protection insurance was born which combines the essential elements of income replacement with the opportunity to build up a cash lump sum payable at the maturity of the contract.

Cirencester Friendly was established in 1890 in Cirencester which is in the heart of the Cotswolds. Primarily formed for the benefit of agricultural workers based in Gloucestershire, today the Society caters for the income protection needs of tens of thousands of Members from all walks of life throughout the UK.

2. Why Income Assured Enhanced?

There is a growing income protection gap and as the financial burden on employers and the State increases it is likely to get even bigger.

Your clients need to have the peace of mind that comes with knowing that when their earnings stop through illness or injury everything they have worked for will not be at risk.

Choosing the right income protection contract for your clients is not easy because they do differ.

Income Assured Enhanced is a highly flexible and innovative income protection contract from a multiple award winning

Society that always puts customers first. The contract has been built around the needs of your clients with a wide range of options to choose from to cater for today's uncertain world.

3. Who can apply?

Income Assured Enhanced is available to clients who are:

- residents of the UK with no immediate intention to live or work abroad,
- employed or self-employed earning more than £4,550 per year or,
- a bona fide houseperson,
- of sound health,
- at least 16 years of age but who have not yet attained age 60,
- able to supply a minimum of three years medical history from a UK doctor.

The contract must run for a minimum term of five years until the selected maturity age.

Premiums are payable monthly by direct debit or standing order by arrangement.

4. What is the main purpose of the contract?

As with all income protection contracts the aim is to replace a part of your client's earnings when illness or injury strikes and they suffer a loss of earnings. The contract is not intended to replace all of your client's lost earnings or put them in a position where they will be better off than when they were working. The contract can be taken out on a 'pure protection' basis or on a 'protection with the option to build a capital sum' basis. If the investment option is selected, it will also provide a cash lump sum at the maturity of the contract (see question 23) which is free from tax*.

*This is based on our understanding of the current law and this could change in the future.

The contract cannot be cancelled by the Society because of deteriorating health but a material change in earnings, occupation, occupational status, unemployment, retirement or the country where your client resides or works could result in amended terms or withdrawal of cover.

5. What is a unit of cover?

A unit is a simple measure by which to determine premiums and benefits under the Income Assured Enhanced contract.

The contract is first and foremost an income protection contract but includes an option to build a capital sum if your client wishes to participate. The contract also has an option to allow your client to drop income protection cover and continue to build a capital sum, if they no longer require benefit.

When your client pays monthly premiums for benefit each unit taken out will provide them with maximum weekly cover of £10.50 or £1.50 per day. These premiums will rise according to age attained in the current year. If your client also wants to build a capital sum alongside the contract they may select this option and pay an additional fixed monthly premium. Any bonuses your client may receive when they have selected the investment option are not guaranteed and will depend upon the performance of the Society and overall sickness experience.

There is no obligation to build a capital sum alongside the contract and your client can proceed with their contract on a 'pure protection' basis if they wish to do so. Your client can add or remove the option to build a capital sum at any point during the contract. On the other hand if a client no longer needs the income protection cover they can simply continue to pay the fixed premium for this option and continue to build a capital sum.

Your client may not hold a mix of units conferring a right to claim benefit with investment, or benefit only, or investment only at the same time.

The following table shows the maximum weekly income protection cover based on the number of units selected.

Units	Weekly Cover £						
5	52.50	23	241.50	41	430.50	59	619.50
6	63.00	24	252.00	42	441.00	60	630.00
7	73.50	25	262.50	43	451.50	61	640.50
8	84.00	26	273.00	44	462.00	62	651.00
9	94.50	27	283.50	45	472.50	63	661.50
10	105.00	28	294.00	46	483.00	64	672.00
11	115.50	29	304.50	47	493.50	65	682.50
12	126.00	30	315.00	48	504.00	66	693.00
13	136.50	31	325.50	49	514.50	67	703.50
14	147.00	32	336.00	50	525.00	68	714.00
15	157.50	33	346.50	51	535.50	69	724.50
16	168.00	34	357.00	52	546.00	70	735.00
17	178.50	35	367.50	53	556.50	71	745.50
18	189.00	36	378.00	54	567.00	72	756.00
19	199.50	37	388.50	55	577.50	73	766.50
20	210.00	38	399.00	56	588.00	74	777.00
21	220.50	39	409.50	57	598.50	75	787.50
22	231.00	40	420.00	58	609.00		

6. Does it matter where a client lives and works?

At application your clients must be residents of the United Kingdom of Great Britain and Northern Ireland ('UK'), the Channel Islands and the Isle of Man and have no immediate intention to move or work abroad.

Some jobs may, however, require clients to temporarily live and work abroad.

Cover can continue if a client subsequently chooses to live or work abroad, however if your client works or resides outside the EU claims will not be admitted.

In the event that no verifiable treatment is available within the EU then at the discretion of the Society benefit is permitted whilst the client is outside the EU.

The procedure in the event of a claim remains the same as if your client was working in the UK but it is important to note that all documentary evidence in support of a claim must be in English. If it is not it will be the responsibility of and at the cost of the claimant to provide an accurate translation by a translator who has been accepted by the English High Court as competent to undertake such work.

7. What are the maturity ages?

Any Retirement Age can be selected from 50 to a maximum of 70 subject to a minimum term of five years. This can be varied during the term of the contract subject to underwriting and a minimum remaining term of five complete calendar years from 1 January to 31 December inclusive, rather than five anniversary years. Where the client applies for an extension to their selected Retirement Age to a maximum of age 70 and this is for a period of no more than one year, then the Society may not apply underwriting subject to such application not being made on more than two occasions.

8. What are the incapacity definitions?

Income Assured Enhanced offers a choice of two definitions of incapacity.

(i) Own Occupation

An “Own Occupation” definition of incapacity will mean that in order to claim for a loss of earnings your client must be totally unable to perform their own occupation(s) and must not be doing any other type of work whatsoever, as a result of illness or injury.

The definition refers to occupation or occupations in the 12 month period immediately preceding the incapacity.

The definition is drafted in the way that it is to prevent selection against the Society as a result of material (significant

or substantial) changes in a claimant's occupation that have not been notified to the Society prior to a claim. It is not intended to treat each and every notified change of occupation in the 12 month period preceding incapacity as a composite "Own Occupation" at claim. However an aggregate of earnings from all occupations in the 12 month period immediately preceding the onset of the incapacity are taken into account at claim to determine the level of benefit entitlement.

Under the Income Assured Enhanced contract clients are obliged to notify the Society of any material change in occupation within 2 months of it happening. Once they have done this and the change noted by the Society it will then constitute the client's "Own Occupation" applicable at claim.

If the client fails to notify the Society of a material change in their occupation they are effectively denying the Society the opportunity to consider or take account of any change in risk posed as a result of the change in occupation. Needless to say that if the change in occupation is not material then it will not affect the risk profile and as a consequence will be treated as the claimant's "Own Occupation" at claim even though it has not been notified.

Use of the term "occupations" in the disability definition also covers the claimant having more than one job at claim in which case "Own Occupation" will mean all the occupations being performed at the time of claim.

(ii) Houseperson

A "Houseperson" definition of disability will mean that in order to claim benefit your client must be a bona fide Houseperson and totally unable to perform by themselves, even with the use of aids or appliances, the core duties of maintaining their home being cooking, cleaning, shopping, washing and ironing and being confined to hospital, or any other recognised medical establishment, or to their home under medical supervision and not be engaged in any other type of work whatsoever. Benefit is limited to a maximum of £2,730 per year equal to five units of cover.

(iii) General

The Society is able to offer terms to most occupations with some exceptions, please refer to our website www.cirencester-friendly.co.uk for a list of occupations currently not covered. This list is kept under review by

the Society and we may amend the list from time to time. If clients work full-time in one job whilst undertaking semi-professional sport on a part-time basis, and receive some profit/reward from the sport or if your client undertakes their sport as a recreation only, please talk to our Underwriting Team on **0800 587 5098 option 5**, who will consider this on a case to case basis.

The contract is available to clients employed on fixed term contracts. Subject to normal qualification rules entitlement to benefit will terminate when they reach the contract end date as they will be deemed to be unemployed. However, if your client can prove that their contract would have been renewed, or they had a new contract to go to then their benefit will continue for the duration of the new contract.

Where a client has more than one occupation they must disclose this fact at application.

The Society will treat multiple occupations as one job at outset. This will mean that if your client is capable of performing one of their jobs – then there will be no entitlement to benefit.

Your clients can apply to change their definition of incapacity without any change in premium rate but not when making a claim or when they are in receipt of benefit.

Should you have any queries individual consideration of cases may be referred to the Society's Underwriting Department on **0800 587 5098 option 5**.

9. What is the maximum benefit my clients can apply for?

The maximum cover that can be taken out is 60% of relevant earnings being gross salary and P11D benefits if your client is employed or 60% of taxable profit from your client's business, if self-employed. If your client is employed as a Director within a private limited company with not more than three other working Shareholder Directors we can include the dividends they have received from their company's normal regular business. Earnings will be based on the period of 12 months immediately preceding the onset of the incapacity.

We look at a number of different things when deciding whether to take into account a type of income your client is getting or entitled to receive into the calculations for benefit from us. We will factor these income types in when calculating how much we will pay in benefit to them;

- continuing income and P11D benefits from their employer;
- dividends from their company;
- any early retirement pension payable through ill health;
- other insurances against incapacity by illness or injury which provides regular payment to the client or premium waiver.

As a result of any of these we may reduce the amount we pay, to ensure the client only receives up to a maximum of 60% of their pre-incapacity earnings.

Non-health related benefits such as housing and family benefits, tax credits, or capital sums gifted, inherited or loans are not taken into account. Neither is Employment Support Allowance, Statutory Sick Pay or Incapacity Benefit

The maximum insurable cover that can be taken out at the start of the contract is £40,950 per year which is equal to 75 units, which means earnings must be at least £68,250 per year. If the index-linking option is selected (see question 16) additional units of cover may be added over time and the maximum number of units held is allowed to exceed 75.

If your client is a Houseperson the maximum benefit they can apply for is £2,730 per annum which is equal to five units. As this is the maximum permitted cover the index-linking option is not available to Housepersons.

Under current legislation if your client is a UK tax payer the benefit they will receive at claim is free from tax and so it will represent a higher proportion of their after tax earnings when they were working which is why the contract only aims to protect a part of their taxable earnings.

10. Is there any minimum amount of benefit that clients must have?

The minimum insurable cover is £2,730 per annum which is equal to five units, which means if your client is working their earnings must be at least £4,550 per year. If earnings fall below this figure during the term of the contract entitlement to benefit will be entirely discretionary on the part of the Society. The five unit limit is not a guaranteed level of benefit and is subject to the client's earnings fully supporting this level of cover at the time of claim.

It is very important to ensure cover is kept under regular review to avoid clients paying premiums in excess of their entitlement at claim. If this happens the Society will not refund any premiums paid in excess of the cover they receive.

The Society has the right to recover benefit paid in error or in excess of entitlement. We would be mindful of the circumstances giving rise to an over-payment but if a request for repayment was not acted upon within 30 days of making a request the Society has the right to charge interest on the sum.

11. When can benefit be paid from?

In the event of loss of earnings due to illness or injury, your clients will be entitled to claim benefit after their chosen deferred period and following receipt of all due premiums.

Benefit can be claimed from the first day of incapacity, if your client has been unable to work for more than three consecutive days, or the expiry of 1, 4, 8, 13, 26 and 52 week deferred periods. Movement between deferred periods is permitted during the contract, subject to completion of the prescribed form and underwriting but not when making a claim or when in receipt of benefit.

Benefit is not payable during the deferred period unless the Day One Accident Protection option has been selected (see question 27).

Benefit is payable on a seven day a week basis for every qualifying day of incapacity.

12. Are there any time limits for making a claim?

For Day One, 1 and 4 week deferred contracts your clients must notify the Society within 7 days of the commencement of the incapacity and submit a completed claim form within 14 days together with the required original medical and financial documentation. For 8, 13, 26 and 52 week deferred contracts your client must notify the Society within one month of the commencement of the incapacity and submit a completed claim form not less than one month before the expiry of the deferred period, together with the required original medical and financial documentation. A failure to provide full information could result in a loss of benefit or a delay in payment.

As part of the claims control process the Society relies on information from third parties such as Employers, HM Revenue and Customs and GPs. Whilst every effort is made to obtain this information as quickly as possible delays can occur leading to a delay in the payment of benefit to your clients.

Please contact our Customer Care Team if you have any queries on **0800 587 5098**.

13. When is benefit paid?

Benefit is currently paid on the 15th and last day of every month in arrears. Benefit will cease when the qualifying conditions are no longer satisfied, upon death or retirement, maturity of the contract is reached, or when the career break premium holiday is selected or your client has selected the investment only option. Benefit will also cease if the client fails to maintain premium payments (see questions 15, 26 and 28) or fails to co-operate with the Society's requests in relation to the administration and conduct of the claim.

14. What evidence of earnings will be required at claim?

Financial evidence of earnings is required at claim with the exception of bona-fide Housepersons. In the event of claim we will ask to see evidence covering a 12 month period before illness or injury stopped your client working as follows:

(i) Employed

If your client is employed we will require original documentary evidence covering the 12 month period immediately

preceding onset of illness in the form of printed payslips, P60 and if applicable P11D and/or equivalent in the case of earnings in other member states of the EU.

(ii) Self-employed

If your client is self-employed we will require, as a minimum, original documentary evidence in the form of their most recent business accounts covering their latest full trading year and latest HM Revenue and Customs tax calculation/computation/return and/or equivalent in the case of earnings in other member states of the EU.

(iii) Directors of owner managed private limited companies

If your client is employed as a Shareholder Director with not more than three other Shareholder Directors we will require, as a minimum, original documentary evidence in the form of their most recent business accounts, the latest Inland Revenue tax calculation/computation/return, payslips, P60, dividend vouchers and P11D and/or equivalent in the case of earnings in other member states of the EU.

We will cover up to 60% of salary plus dividends. If the client is employed as a Director within a private limited company with not more than three other working Shareholder Directors we can include the dividends they have received from their company's normal regular business. The Society can only consider dividends that have been taken from the profits of the relevant accounting year. Retained profits from previous years cannot be considered as they represent historical earnings and the Society looks to calculate benefit entitlement based on the taxable earnings of the claimant during the 12 month period immediately preceding the onset of the claim.

(iv) Housepersons

Evidence of earnings is not applicable to Housepersons. If your client is a Houseperson they must not be engaged in any work whatsoever.

(v) General

The Society reserves the right to request proof of earnings and evidence of a client's entitlement to income from their

occupation in the event of illness in order to verify that the level of benefit entitlement remains appropriate to a client's circumstances. Subject to satisfying all other claim requirements, if satisfactory evidence to support a claim for benefit is not received within 6 months of notification under the rules (see question 12) the Society will be entitled to reject the claim.

15. When are premiums due and can they be changed?

(i) General

Premiums are payable according to a published rate table. For income protection cover they will depend upon the age attained in the current year, the level of cover selected, when your client wants benefit to be paid from, if they have selected a deferred period and whether they would like accident protection from Day One. At application your client can also decide whether they require 'pure protection' or 'protection with the option to build a capital sum'. For a modest additional fixed premium your client can add this option. At anytime after the second anniversary of the contract your client can also select the option to build a capital sum only option for a much reduced premium if they no longer require income protection.

Premiums are due on the first day of each month and are generally collected by direct debit. Premiums can be collected on either the 6th or 18th day of each month to suit your client's circumstances. Premiums for benefit are not level and will increase in specified age bands as your client gets older. Age related increases in premiums take effect on 1st January on the basis of age attained in the current year. Premiums are not currently loaded for occupation, smoking or hazardous pursuits. Premium loadings for adverse height/weight ratio are applied.

(ii) Can the premiums be changed?

No the Premium Table is fixed and guaranteed throughout the life of the contract.

Note: If the contract is terminated and at a later date you want to re-start cover or take out a new contract, then premiums could be higher.

(iii) Premiums when in claim

Clients must continue to pay premiums when in claim.

Once the claim has been admitted your client will receive a refund of premiums from the 29th day after the commencement of benefit or expiry of the deferred period whichever is the later. Refunds are made on the basis of 1/30th of your client's monthly premium for each qualifying day of incapacity.

(iv) Premium Rate Table

Age attained in current year	Day One Cover £	1 Week Def £	4 Weeks Def £	8 Weeks Def £	13 Weeks Def £	26 Weeks Def £	52 Weeks Def £
16	1.11	0.95	0.79	0.63	0.56	0.40	0.33
17	1.12	0.96	0.80	0.64	0.57	0.41	0.34
18	1.13	0.97	0.81	0.65	0.58	0.42	0.35
19	1.14	0.98	0.82	0.66	0.59	0.43	0.36
20	1.15	0.99	0.83	0.67	0.60	0.44	0.37
21	1.16	1.00	0.84	0.68	0.61	0.45	0.38
22	1.17	1.01	0.85	0.69	0.62	0.46	0.39
23	1.18	1.02	0.86	0.70	0.63	0.47	0.40
24	1.19	1.03	0.87	0.71	0.64	0.48	0.41
25	1.20	1.04	0.88	0.72	0.65	0.49	0.42
26	1.21	1.05	0.89	0.73	0.66	0.50	0.43
27	1.22	1.06	0.90	0.74	0.67	0.51	0.44
28	1.23	1.07	0.91	0.75	0.68	0.52	0.45
29	1.25	1.09	0.92	0.76	0.68	0.52	0.45
30	1.27	1.10	0.94	0.77	0.69	0.52	0.45
31	1.29	1.12	0.95	0.78	0.70	0.53	0.45
32	1.31	1.14	0.96	0.80	0.70	0.53	0.45
33	1.34	1.16	0.98	0.81	0.71	0.53	0.45

Age attained in current year	Day One Cover £	1 Week Def £	4 Weeks Def £	8 Weeks Def £	13 Weeks Def £	26 Weeks Def £	52 Weeks Def £
34	1.40	1.21	1.03	0.85	0.75	0.56	0.47
35	1.47	1.27	1.08	0.89	0.78	0.59	0.49
36	1.54	1.33	1.13	0.93	0.82	0.61	0.52
37	1.61	1.39	1.18	0.97	0.85	0.64	0.54
38	1.67	1.45	1.23	1.01	0.89	0.67	0.56
39	1.76	1.53	1.30	1.07	0.95	0.72	0.61
40	1.85	1.61	1.37	1.13	1.00	0.77	0.65
41	1.94	1.69	1.44	1.19	1.06	0.81	0.70
42	2.03	1.77	1.51	1.25	1.12	0.86	0.74
43	2.12	1.84	1.58	1.31	1.18	0.91	0.78
44	2.22	1.91	1.65	1.38	1.24	0.98	0.85
45	2.32	1.98	1.72	1.45	1.31	1.04	0.91
46	2.42	2.05	1.78	1.52	1.38	1.11	0.97
47	2.52	2.12	1.85	1.58	1.44	1.17	1.04
48	2.62	2.19	1.92	1.65	1.51	1.24	1.10
49	2.76	2.35	2.07	1.79	1.64	1.36	1.21
50	2.91	2.52	2.22	1.93	1.78	1.48	1.33
51	3.05	2.68	2.37	2.07	1.91	1.60	1.44
52	3.19	2.85	2.52	2.20	2.04	1.72	1.56
53	3.34	3.01	2.67	2.34	2.17	1.83	1.67
54	3.54	3.21	2.86	2.53	2.36	2.01	1.85
55	3.74	3.40	3.05	2.72	2.54	2.19	2.03
56	3.94	3.60	3.24	2.90	2.73	2.37	2.21
57	4.14	3.79	3.43	3.09	2.91	2.55	2.39
58	4.35	3.99	3.63	3.28	3.10	2.73	2.57
59	4.61	4.24	3.87	3.50	3.32	2.94	2.76
60	4.88	4.49	4.11	3.73	3.54	3.15	2.96
61	5.15	4.75	4.35	3.96	3.76	3.36	3.16

Age attained in current year	Day One Cover £	1 Week Def £	4 Weeks Def £	8 Weeks Def £	13 Weeks Def £	26 Weeks Def £	52 Weeks Def £
62	5.41	5.00	4.59	4.18	3.98	3.57	3.36
63	5.68	5.26	4.83	4.41	4.20	3.77	3.56
64	5.95	5.51	5.08	4.64	4.42	3.98	3.76
65	6.22	5.77	5.32	4.86	4.64	4.19	3.96
66	6.48	6.02	5.56	5.09	4.86	4.40	4.16
67	6.75	6.28	5.80	5.32	5.08	4.60	4.36
68	7.02	6.53	6.04	5.54	5.30	4.81	4.56
69	7.37	6.86	6.34	5.82	5.57	5.05	4.79
Day One Accident Protection Option – All ages	Included	0.06	0.13	0.19	0.22	0.28	0.32
Investment Option	0.53	0.53	0.53	0.53	0.53	0.53	0.53

The monthly premiums shown in the foregoing table will increase with age as your client gets older. Age increases currently take effect on the 1st January on the basis of the age your client attains in that year.

16. What is the index-linking option?

Unless your client has chosen not to benefit from the index-linking option, has selected the ‘option to build a capital sum’ only, or they are a bona-fide Houseperson, it will be automatically included in their contract without initial charge. If applicable, your client will have their units of cover reviewed annually on 1st January each year. In the event of an increase in the index adopted by the Society in the 12 month period ending on 30th September immediately preceding the review, your client’s units of cover will be increased on a pro-rata basis, provided such increase results in the addition of at least 1 further unit of cover. If this happens premiums will be adjusted accordingly. Units of cover added during a claim will be treated as if they had been added when not in claim. Fractions of units will be aggregated with a client’s current units of cover on 1st January each year for the purpose of calculating future unit additions.

If the index-linking option is not selected at outset it can be added at a later date, subject to completion of an application form and underwriting by the Society, but not when making a claim or when in receipt of benefit.

If your client has opted to participate in bonuses by selecting the 'option to build a capital sum', then complete units of cover added will qualify for profit distributions in the form of surplus allocations. (See question 23).

If your client reduces their cover or as a result of over-insurance it is reduced by the Society, the index-linking option will cease unless your client specifically requests to retain it.

Clients retain the right to increase or reduce their units of cover or to "opt in" or "opt out" of the index-linking option by application in the prescribed form. If at a later stage your client wishes to reinstate options or increase their unit holding their application may be subject to further medical underwriting.

17. What happens if a client returns to work but the illness reoccurs?

If your client returns to work after a claim and suffers from the same condition within 12 months, then upon satisfactory evidence of incapacity the Society, at its sole discretion, will not require the deferred period to be served again and benefit will resume at the level it was being paid at the time the client returned to work.

18. What happens if a client's circumstances change?

To ensure your clients get what they are paying for it is important to keep the Society informed of any changes which may affect entitlement under the terms of the contract, within a reasonable period of the change and in any event not more than two calendar months after the event, such as:

(i) A change in earnings

If your client's earnings fall below the level declared to the Society they may become over-insured and may not receive the benefit they have taken out. If their earnings rise and they do not increase their cover they could find themselves under-insured and may not have enough benefit to be able to maintain essential items of expenditure. For the purposes of the contract a material change in earnings is any increase or decrease of more than 10% in the earnings declared to the

Society. This figure is cumulative and so it is important that cover is regularly reviewed to ensure it remains appropriate to your client's needs.

(ii) A change in the country in which the client lives or works

If your client moves outside the United Kingdom of Great Britain and Northern Ireland ("UK"), the Channel Islands and the Isle of Man they must inform the Society to ensure that their benefit entitlement is maintained. If your client is not resident within the EU then unless they are undergoing medical treatment previously authorised by the Society which is not available within the EU their entitlement to benefit will cease and they will not be able to recover it if and when they return. If your client takes up permanent residence outside the EU and wishes to terminate their contract then, subject to satisfactory evidence to that effect, they can withdraw any accumulated bonuses standing to their credit without penalty.

(iii) A material change of occupation

If your client changes their occupation, takes on an additional alternative occupation, or goes from being full-time to part-time, permanent to fixed contract, employed to self-employed or vice-versa or changes the status of their company etc they will need to inform the Society as it may affect their entitlement to benefit and also the claim requirements.

(iv) Unemployment

If your client should be unfortunate enough to lose their job or choose to take time off work they will need to inform the Society to ensure they are made aware of the range of options open to them. With the exception of Housepersons benefit is not available to those without employment and earnings from work, or who are unable to substantiate them by producing satisfactory evidence at claim.

(v) Retirement

If your client is approaching their retirement and they have a deferred period contract or retire before they reach their contract maturity date, simply because they have reached their retirement, they will need to inform the Society to ensure they are made aware of the range of options open to them. Furthermore because they have retired they will no longer be entitled to claim benefit.

Income Assured Enhanced has a wide range of options designed to account for changes in your client's circumstances and you should feel free to consult with the Society if you are unsure as to whether a change may affect a client's entitlement.

19. What about Income Tax?

Under current legislation, benefit is free of Income Tax provided it is being used to replace lost income and the lump sum payable on maturity of the contract is also tax-free provided the premiums you pay have come from taxed income. Tax relief is not available to clients on premiums paid.

20. Can my client amend their contract once it has started?

Income Assured Enhanced has been designed to be as flexible as possible and provides for changes to be made to the terms of the contract once it has been started subject to certain qualifying conditions. It should be noted that variations in terms during the term of the contract and subsequent revisions in risk to the Society are subject to application and may be subject to further medical and/or financial underwriting which could result in fresh terms being applied to your client. Amendments which increase the risk of claim will not be allowed in the event that your clients have submitted a claim or are in receipt of benefit or where their claims experience exceeds six weeks in the three year period immediately preceding the date of application.

Where the contract has been held for less than three years the claims experience provision will be applied on a pro-rata basis.

Your clients can:

- Increase or decrease their cover.
- Add or remove the the option to build a capital sum.
- Select the to build a capital sum only option.
- Amend their deferment period.

- Add or remove Day One Accident Protection (applicable to one week + deferred period contracts only).
- Vary their selected retirement age.
- Vary their disability definition.
- Add or remove the index-linking option Rule.
- Select the career break premium holiday option.

Please refer to the Application for Amendment to Contract and Schedule 5 – Rules of the Income Assured Enhanced contract for full details.

(i) Guaranteed Insurability Options

This valuable facility allows your client to increase their benefit, without supplying medical information, when one of the following 'Lifestyle' events occurs; Marriage or entry into a civil partnership, Birth or legal adoption of a child to their partner, promotion or salary increase and an increase in their mortgage. In addition, they can also increase their cover on every fifth anniversary of the start date of the contract.

Full terms and conditions can be found in Schedule 5 – Rules of the Income Assured Enhanced Contract.

21. Is there anything that will not be covered for benefit?

Each application will be individually assessed to establish the basis on which the Society can offer your client cover. In some cases we may not be able to offer your client the terms they are looking for without restricting cover or charging additional premiums. On occasion the Society may not be able to offer terms at all.

(i) Pre-existing medical impairments

The Society applies exclusions or loadings for pre-existing medical impairments depending on the cover requested.

Commonly excluded conditions are dealt with by exclusions with broad standard wording. Less common conditions have

individually worded exclusions.

It should be clear that these exclusions apply only to specific pre-existing problems or conditions (including congenital or family history) declared and identified at the commencement of the contract and any subsequent exacerbation, complications, associated conditions and/or underlying cause or treatment thereof.

Any new unrelated problem or condition is not excluded and normal benefit entitlement will apply to existing cover and any additional cover added by virtue of the index-linking option if it is taken out before the problem or condition occurs. However, future applications to increase cover by separate application or by adding the index-linking option will take account of your client's medical condition at the time of the application.

Where we exclude conditions related to back disorders or mental illness, we will offer a 5% discount from your client's base premium for each of these excluded conditions (maximum of 10%). The discount is not optional and will be applied following the decision of our underwriters. If an undisclosed history of back or mental disorders is discovered at claim the discount will not be retrospectively applied. You should ensure that your client provides all the information required on the Application Form in full as failure to do so may result in a claim being declined and in some cases the contract being cancelled by the Society.

At the discretion of the Society it may be possible to consider alternative terms in limited circumstances on which the risk may be accepted. Please consult the Society's Underwriting Department on **0800 587 5098** who are happy to discuss individual cases prior to submission.

(ii) General

Income Assured Enhanced has a number of standard exclusions which are as follows:

- The misuse of solvents or substances used for other than their stated purposes;
- The use of illegal substances or drugs not taken under the advice or supervision of your client's Doctor;
- The misuse of alcohol;

- Pregnancy/childbirth;
- Sterilisation unless on the grounds of medical necessity;
- Any operation or treatment that is not medically necessary, including cosmetic surgery;
- Criminal conduct or participation in a criminal act.

22. Are there any medical limits?

As an essential part of the underwriting process involves your client’s medical history they must be registered with a UK Doctor at the time of application, variation or amendment of their contract and able to provide a minimum of the last three years of medical history from a UK Doctor. Without adequate records the Society will be unable to offer terms. If in doubt please consult the Society’s Underwriting Department.

Currently your clients will not be required to attend a full medical at application or amendment and the Society will rely on the information it is given on the application form which must be completed as fully and accurately as possible. We may require height / weight, blood pressure, urinalysis or blood tests which we will arrange with a registered nurse in the applicant’s home. These sort of tests tend to be the exception rather than the rule.

A Tele-Interview or General Practitioner’s Report will be obtained at the discretion of the Society’s Underwriter in order to clarify information given by the client or as a random check on applications. In any event, the following scale of cover (see Table 1) is applied at entry or at subsequent increases in cover, this indicates if a Tele-Interview will be automatically obtained. If the applicant does not wish to have a Tele-Interview a General Practitioner’s Report may be

Table 1	Will a tele-interview normally apply?	
Age Range	No	Yes
16 - 39	None	-
40 - 50	Not more than 33 units of cover	34 units of cover or more
51 +	Not more than 23 units of cover	24 units of cover or more

23. Are there any bonuses?

When George Holloway invented “Holloway style” income protection he recognised the importance of putting something away for retirement which is why he came up with the idea of combining income protection with a profit element to build a cash sum payable at the maturity of the contract. Times may have changed but the need to establish a “nest egg” for your client’s retirement remains as valid today as it was all those years ago.

There are currently three types of bonus:

(i) Surplus allocation

For a modest fixed monthly premium your client can add an option to build a capital sum during the life of the contract to their income protection cover which will allow them to participate in profit distributions in the form of surplus allocations which are earned from the second anniversary each unit of cover is held.

If protection plus the option to accumulate a capital sum is selected each unit held beyond 24 months will attract a surplus allocation bonus which will be placed to your client’s credit and which will be paid to them free from tax, under current legislation, when they reach their selected retirement age.

Of course, there are no guarantees as to the level of bonuses your client may receive as these will depend upon the performance of the Society and overall claims experience.

Surplus allocations are determined by the Board of Management acting on actuarial advice after the running costs of the Society and total claims have been deducted from gross premiums received, so you might like to think of this bonus as a “dividend” based on the overall performance of the Society.

(ii) Bonus allocation

Once your client has accumulated bonuses standing to their name in the form of surplus allocations they will be entitled to a further bonus based on that sum called a bonus allocation.

The accumulated funds held on behalf of clients are invested by the Society in a wide range of ways to produce risk

diversified returns for your clients and by way of an analogy you might like to think of the bonus allocation as “interest” on your client’s accumulated balance as a reward for leaving it with the Society.

(iii) Commuted bonus

Should your client find that they have no need for retirement saving they can opt for ‘pure protection’. If they later find they have no need of benefit they can switch to the option to accumulate a capital sum only. If this option is selected your client can continue to pay the fixed monthly premium that allowed them to participate in surplus allocations. Instead of receiving a bonus which mainly derives from any surpluses that arise from the sickness fund into which they were contributing for benefit they will simply be adding to their accumulated bonuses. The amount that will be added will be not less than 95% of the fixed premium they are paying. It is called a commuted bonus because they will have commuted their right to claim benefit in favour of the bonus. This will enable clients to build their tax free cash sum payable at retirement.

If, having previously held protection plus the option to accumulate a capital sum clients drop either option, then wish to reinstate income protection cover with profit participation, the period they serve before becoming entitled to a surplus allocation bonus on each unit of cover previously held will be reduced from 24 months to 12 months. Any subsequent like application will require no qualification period and your client will earn surplus allocation bonuses on their units of cover from immediate effect.

If your client has previously selected the option to accumulate a capital sum only and is changing to protection plus the option to accumulate a capital sum, then during any qualification period before surplus allocation is earned they will benefit from the addition of commuted bonus.

(iv) Bonus statement

In May each year your client will receive a bonus statement to enable them to track the progress of their tax-free cash sum.

(v) General

If your client would prefer not to participate in profit distributions they need not take up the option to accumulate a capital

sum. For a reduced monthly premium clients can opt for 'pure protection' only. If they wish to add or remove the option to accumulate a capital sum at a later date they can do so without the need for underwriting.

It should be noted that if your client selects the option to accumulate a capital sum and decides to terminate their contract before reaching their selected retirement age a penalty will be applied on any accumulated bonuses. See question 24(ii).

A quick guide to bonuses under the Income Assured Enhanced contract:

Surplus Allocations

- A bonus earned on each unit of cover held when the client takes out income protection cover with the capital sum option.
- Starts to be earned after 24 months.
- If combined protection and capital sum option is dropped but later re-instated the bonus waiting period is reduced to 12 months on first event and thereafter bonus earned immediately.

Bonus Allocation

- A bonus based on the accumulated surplus allocations standing to the credit of the client.

Commuted Bonus

- A bonus not exceeding the fixed premium on each unit of cover held when the client gives up the right to claim benefit in favour of the option to accumulate a capital sum only.
- If protection with the capital sum option has previously been held then during any qualification period before surplus allocation is earned commuted bonus will be added.

24. What happens in the event of early termination?

(i) Death

If your client is in claim then any entitlement up to the date of death will be paid to their next of kin or specified representative, along with any accumulated bonuses standing to their credit, without penalty.

Also, see Terminal Illness Benefit question 25.

(ii) Closure of the contract

Your client can cancel their contract at anytime but if they have accumulated bonuses standing to their name they will need to give the Society a minimum of one month's notice. Once they have notified the Society of their wish to terminate their contract all entitlement to benefit, if applicable, ceases. If the contract is terminated before your client reaches their selected retirement age and they have accumulated bonuses they will incur a forfeiture of 10% of their accumulated capital sum which will be deducted prior to payment. This penalty will reduce by 2% each year in the final five years of the contract.

25. What is the Terminal Illness Benefit?

No one likes to think about being seriously ill, even worse, being diagnosed with a life threatening illness. If your client is diagnosed with an incurable illness that, in the opinion of their Doctor, is likely to result in their death within 12 months, they can claim Terminal Illness Benefit. They must notify the Society of their condition within eight weeks of their diagnosis. To qualify their Doctor's diagnosis must first be agreed by our Medical Adviser. Terminal Illness Benefit is paid as a single lump sum equivalent to six months benefit. Your client will also continue to receive benefit in the normal way. Terminal Illness Benefit can only be claimed once.

26. Can premiums be stopped?

Premiums are due on the first day of each month and should be paid on time to avoid any loss of benefit.

However, there may be times when your client might like to retain their contract but find themselves hard pressed to pay their premiums. Alternatively they might want to stop premium payments to take a break from work to travel or start a family.

To accommodate such circumstances premiums can be suspended up to 12 months at a time once your client has paid a minimum of 12 months premiums. During this time no claims or benefits will be admitted or paid and no entitlement to claim benefit, with the exception of bonuses which will continue to be added to your client's accumulated credit if they have one.

Provided your client resumes the payment of their premiums within 12 months, they will be eligible to have cover restored to the level it was before the start of their career break premium holiday without the need for further underwriting and they will be eligible to claim once they have completed three consecutive months back at work.

If your client does not return to work within 12 months, when they do resume the payment of premiums, cover will be restored on a Houseperson basis with maximum benefit of £2,730 per annum. If this happens and your client wishes to amend their cover to something other than a Houseperson basis, they will need to apply to do so subject to underwriting.

Clients can take up to 24 months of career break premium holidays during the lifetime of their contract. There might be instances where your client would like to exceed that. In such cases the Society reserves the right to reject any application which takes the cumulative period of career breaks above a total of 24 months during the lifetime of the contract if it is felt that the core aim of the contract is being frustrated.

Any profit distributions on units will not start to be earned or added to the client's accumulated balance until the first 24 months premiums on such units have been received by the Society or such other qualifying period has been satisfied.

Clients in arrears with their premiums at the time of selecting career break need not clear those arrears during the "break" before recommencing the contract. Arrears will be waived and no profit distribution earned for the arrears period. On application, the Society will also consider backdating the start of the career break when clients find themselves in financial difficulty and have accumulated arrears provided these do not exceed four months in total and the client has paid a minimum of 12 months premiums under the contract.

27. What is the Day One Accident Protection option?

Some clients might believe illness is something that happens to other people. Accidents on the other hand can strike at anytime. For a modest extra premium clients who have selected deferred contracts because of cost and do not have other forms of personal health insurance cover or continuing earnings from work during this deferred period, can select the Day One Accident Protection option at outset or at a later stage, subject to application and underwriting. The Day One Accident Protection option will provide normal benefit cover in the deferred period against a loss of earnings from the first day off work because of sudden visible bodily injuries which result through external, violent and accidental means, provided your client has been off work for more than three consecutive days. If your client's incapacity continues beyond the period of deferment, then entitlement will continue for as long as they satisfy the requirements of claim. Day One Accident Protection benefit is not paid in addition to normal benefit. Notification of claim is the same as that for Day One, 1 and 4 week deferred contracts. (See question 12).

Day One Accident protection is automatically included in contracts with day one cover. No additional profit distributions accrue for this option.

Your clients may remove the Day One Accident Protection by giving written notice to the Society. If at a later stage they wish to reinstate this option their application may be subject to further medical and/or financial underwriting.

28. How does refund of premiums work?

Refund of premium benefit is automatically included when your client pays their premium for benefit. When a claim is admitted all premiums due under the contract must continue to be paid and any premiums due after the later of 28 days of the incapacity starting or expiry of their deferred period will be refunded with their benefit.

Refund of premium benefit shall be defined as 1/30th of the total monthly premium for each qualifying day of illness.

Where over-insurance or continuing income applies at claim, refund of premium benefit shall be expressed as a percentage of the actual benefit being paid as a proportion of the maximum benefit provided by the number of units of cover currently being held.

Where the Society is paying rehabilitation or proportionate benefit it will pay the same proportion of the waiver of premium benefit.

No additional profit distributions accrue for this option.

29. Can my clients resume work and still get benefit?

With the exception of clients to which the Houseperson disability definition applies, if as a result of your client's incapacity they are unable to return to their occupation or can only return to work on a part-time basis or in a reduced capacity, the Society can give consideration to paying a reduced benefit in proportion to the reduction in their earnings. For rehabilitation benefit and for proportionate benefit, the Society should be consulted before your client returns to work.

30. How can I get an illustration for my client?

Client specific illustrations are available on request from the Customer Care Team on **0800 587 5098**.

Alternatively, these can be obtained from the Society's website **www.cirencester-friendly.co.uk** where you can complete your own illustration. Income Assured Enhanced also features on the the following portals; IRESS, Assureweb, Solution Builder and Weblines.

31. When will the contract commence?

Your clients have the choice of commencing their contract on the following basis:

- (a) The date on which the Society offers terms (if on standard terms).
- (b) The date on which the Society receives a copy of the Declaration of Acceptance special terms signed and dated by your client (if on non-standard terms).
- (c) The first day of the month following either of the foregoing.
- (d) The date as advised to the Society by you if not covered by (a), (b) or (c).

Please note commencement dates cannot be backdated before Option (a) or (b).

To avoid any dispute in the future as to the applicability of any special terms it is the policy of the Society to obtain signed confirmation of acceptance by your client within four weeks of the offer. For delayed commencement of the contract see question 32 below.

To avoid delays in putting clients on risk under option (b) you may send the Declaration of Acceptance by post, fax or email to the Society.

As entitlement to claim benefit is linked to the commencement date of the contract (plus any deferred period) and if the investment option has been selected, surplus bonuses are awarded for each complete calendar months premium paid, clients will need to select the most appropriate start date to suit their requirements as no part premiums apply in relation to the month in which the contract commences or reaches maturity.

Premiums under the contract are due on the first day of each month and will be collected by direct debit on the 6th or 18th day. Your client may select which of the two dates they require premiums to be taken from their account. If no date is selected payment will automatically be taken on the 6th. Where the agreed collection date does not fall on a working day, payment will be collected on the next available working day. We will do our best to ensure that your client's first premium is collected on their preferred date (6th or 18th of each month) however, please be aware that on rare occasions it might not be possible to set up the direct debit in time. In this instance we will collect the first premium payment within 14 working days of commencement of the contract. There after, premiums will be taken on the preferred collection date.

32. Can the start of the contract be delayed and is there a cost?

The underwriting process relies on accurate and timely information. A prolonged delay in putting the contract on risk will naturally mean that the information gathered at underwriting will become out of date. If the Society has not received a start date within two months of the date on the application form it will be necessary for your client to complete and sign a Declaration of Acceptance. If the society does not receive the Declaration of Acceptance within a further two months of this, at our discretion we may request a new application form to be completed. This may result in fresh medical underwriting and consequently the terms on which the risk is accepted may differ from any previous terms offered to your

client. If it is necessary for the Society to obtain up to date information from the client's GP a nominal charge of £25 may be applied at the discretion of the Society to help defray some of the extra cost the Society has incurred as a result of the delay in putting the case on risk. This nominal charge may also be applied at the discretion of the Society if a contract has lapsed through the non-payment of premiums in the first 36 months of the contract and a subsequent application from the same client requires the Society to obtain a medical report from their GP.

33. What about introductory commission?

Commission payments are currently payable by BACS two times each month. The first payment will normally be within 10 working days of the commencement of the contract.

Financial Advisers who are members of Networks will need to consult their Networks for applicable payment arrangements.

The following sets out the Commission options available to you. A more detailed note on Commission is available on request.

(i) Initial commission

Initial commission on the Society's Income Assured Enhanced contract is paid on the following terms:

Indemnity

Indemnity Commission terms with initial commission paid as a lump sum at the beginning of the three year initial earnings period. The rate of initial commission is currently 200% of the first month's premium multiplied by 12.

Non-indemnity

Non-indemnity Commission terms with initial commission paid in 36 equal monthly instalments over the initial earnings period. The rate of initial commission is currently 200% of the first month's premium multiplied by 12 and enhanced by 5% equal to a rate of 210%.

(ii) Clawback

If your client cancels their contract, takes a career break or reduces their premiums during the initial earnings period on which introductory commission has been paid, clawback will apply.

34. What about money laundering?

Because premiums increase with age and the contract can be varied it is the Society's policy to obtain confirmation of verification of identity in respect of all contracts at commencement to avoid the need to do so in the future. Contracts cannot be completed until the declaration on the front of the application form has been completed and received by the Society.

35. What happens in the event of non disclosure?

A failure to provide information requested on the application form or tele-interview which subsequently comes to the attention of the Society could result in declinature, amended terms or termination of the contract. It is therefore vitally important that all questions on the application form are answered in full, truthfully and correctly. If clients are unsure as to whether information is material to their application they should disclose it to the Society. The Society's Underwriting Department will be happy to discuss individual cases with you and also receive information direct from applicants in confidence if they are reluctant to reveal it to you. Also, see incomplete applications question 38.

36. What about service standards?

The Society puts customers first and continually strives to improve the way it works and the quality of service it provides for its Members and supporting Financial Advisers.

The Society is committed to treating its customers fairly and dealing with enquires and requests in a timely manner. We encourage feedback from both Members and Financial Advisers as we continuously seek to improve and deliver on our agreed service levels.

The Society has an outstanding history when it comes to the top industry awards including, HIGHLY COMMENDED for the Best Income Protection Provider in the Moneyfacts Investment Life & Pensions Awards 2016 and Winner of the Above and Beyond Team in the 2017 COVER Customer Care Awards.

37. What about data protection?

The Society fully supports the principles of the Data Protection Act. Before the release of “personal” or “sensitive personal data”, to Financial Advisers, explicit up-to-date written authority will be obtained from the Member before information of this category will be released. Standing authority from Members that is more than 24 months old at the date of request will be considered out of date. Explicit written consent from Members will always be required prior to the release of any medical data which is, in the opinion of the Society, of a particularly sensitive nature. In the event of a claim there is a section on our Claim Form that allows Members to authorise the Society consent to deal with third parties (eg. Spouse, Partner or Financial Adviser) in relation to the administration of their claim.

38. What happens to incomplete applications?

To enable the Society to process applications with the minimum of delay, proposal forms should be completed in full with all the questions answered and include all material facts which might have a bearing on the terms offered by the Society.

A failure to provide all the information on the application form will result in the Society writing directly to you, or if required, via the client in a tele-interview.

It should be noted that unsigned forms will be returned before the Society commences the processing of the application.

The Society will rely on what your client tells us and they must not assume that we clarify or confirm any of the information they will provide.

39. Where do I get further information?

The Society strives to ensure that Members are entirely happy with their contract and that Financial Advisers are able to deliver high standards of service to their clients. If you have any further questions about the Income Assured Enhanced contract, or for that matter anything else, please do not hesitate to contact the Society on **0800 587 5098** or email us

customercare@cirencester-friendly.co.uk

This document is a brief guide to the Income Assured Enhanced contract and should be read in conjunction with the Key Features Document and Schedule 5 – Rules of the Income Assured Enhanced contract. If there is any conflict between the literature, notes and the Rules, the Rules take precedence.

40. Who should I contact?

For general enquiries

Call **0800 587 5098 option 1**

Email **customercare@cirencester-friendly.co.uk**

Submit your clients application form

newbusiness@cirencester-friendly.co.uk or **www.cirencester-friendly.co.uk**

To talk to an Underwriter

Call **0800 587 5098 option 5**

Email **underwriting@cirencester-friendly.co.uk**

For Claims

Call **0800 587 5098** and select **option 3** to make a new claim or **option 4** for ongoing claims

Email **claims@cirencester-friendly.co.uk**



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