RISK ASSURANCE MANAGEMENT

Group Life Assurance

Registered Group Life Assurance Proposal Form
(For Schemes Participating in a Master Trust)

PROPOSAL FORM
FOR REGISTERED GROUP LIFE ASSURANCE
USING THE RISK ASSURANCE MANAGEMENT LIMITED MASTER TRUST (FOR REGISTERED SCHEMES)

To: Risk Assurance Management Limited

We confirm that we wish to insure the Benefit of our Death-in-Service Scheme in accordance with the Terms and Conditions:

Quotation Ref No:	**Dated:**

Name of Scheme:

Name of Principal Employer:

Address (including postal code):

Companies House Registration No:

Names of any Participating Employers:

Commencement Date:	**Anniversary Date:**

Intermediary for this Contract:
Financial Services Registration No:

Address to which correspondence regarding this Contract is to be sent (including postal code):

Data Protection

We understand that the use of any information provided by me for the operation of this insurance is for the process of underwriting, administration, claims management, handling customer concerns and the detection, prevention and investigation of fraud.

We understand that in order to do this the information may be shared with the underwriter (The Shepherds Friendly Society Limited), reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or the employee's benefits arrangements provided by the Company in accordance with their Data Privacy Notice shown on their website: www.ram-ltd.co.uk and the underwriter's Privacy Notice: www.shepherdsfriendly.co.uk/privacy-policy.

We understand the data will be processed fairly and securely and the details will be stored in line with UK Data Protection Law and will not be kept longer than necessary.

We confirm that the data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited in accordance with the requirements of the General Data Protection Regulation.

Declaration

We hereby declare that the foregoing statements and details are correct and complete. We further confirm that the Contract will be subject to the provision of definitive membership data as applicable at the Commencement Date of the Contract and details of any other changes that have occurred between the date of the Quotation referred to and the Commencement Date.

We declare that we have made a fair presentation of the risk by disclosing all material facts*, or by providing Risk Assurance Management Limited with sufficient information to put them on notice to make further enquiry to reveal any material facts, in accordance with Section 3 of the Insurance Act (2015).

*A material fact in this context is a fact that is known, or ought to be known, by conducting a reasonable search for information and that would influence the decision on the terms and conditions (if any) of the insurance Risk Assurance Management Limited is prepared to offer. If you are unsure whether a fact is material or not you should disclose the full details.

For and on behalf of the Principal Employer:

This form must be signed by duly authorised officers of the Principal Employer.

We agree that a copy of this signed Declaration will be legally valid.

Signature: …… **Full Name (please print):** …… **Position:** …… **Date:** ……	**Signature:** …… **Full Name (please print):** …… **Position:** …… **Date:** ……

Please ensure all authorised signatories sign above; additional signatories can be added on the following page.

Please note that by not providing details of persons authorised to sign on behalf of the Principal Employer, claims settlement and/or amendments to the Policy may be delayed.

It is the responsibility of the Principal Employer to notify us if the authorised signatories change and failure to do so may delay claims settlement and/or amendments to the Policy.

Additional Authorised Signatories

This page should be used where there is not enough space provided above. It is essential to include the name and signature of each individual who may complete/sign forms and give instruction regarding this Scheme in the future.

Print Name:	**Signature:**	**Position:**
…….	…….	……
Print Name:	**Signature:**	**Position:**
……	…….	……
Print Name:	**Signature:**	**Position:**
……	…….	……
Print Name:	**Signature:**	**Position:**
……	…….	……

We hereby declare that the above named persons are authorised signatories on behalf of the Principal Employer.

We agree that a copy of this signed document will be legally valid.

Print Name:	**Signature:**	**Position:**
……	…….	……

Date: ……

Risk Assurance Management Limited. Policies underwritten by The Shepherds Friendly Society Limited (FRN 109997)

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority (FRN 306891)

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Managing General Agents' Association

GRID Group Risk Development