

Key Features
Financial Foundations



Providing flexible protection throughout life

This is an important document. Please read it alongside your personal illustration and keep it safe for future reference.

In this Key Features document

1	Aims, Commitments, Risks	page 3-4
2	Your questions answered	page 5
	– Life cover	page 6
	– Critical health options	page 7
	– Critical health benefit options	page 10
	– Income protection	page 11
	– Additional Financial Foundation options	page 15
3	Glossary	page 21-22
4	Other information	page 23
5	Contact details	page 24

Terms marked in *italics* are explained further in the glossary

Key Features

Financial Foundations

1

The Financial Services Authority is the independent financial services regulator. It requires us, Lincoln Assurance Limited, to give you this important information to help you decide whether our Financial Foundations policy is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

Choosing a financial product is an important decision, so you should always seek professional advice from a financial adviser. Before selecting Financial Foundations, you also need to know what the plan is, how it works, what the risks are, and what it can do for you. That's where this document comes in, providing information to help you and your financial adviser make an informed choice.

Its aims

Financial Foundations is a protection policy that:

- protects you and the people you care about with a choice of protection benefits to suit your individual needs
- includes the protection benefit options of life cover, critical illness, income protection, permanent disability and elderly care cover.

Your commitment

- To pay regular monthly or annual premiums for the duration of the plan.
- When applying or making a claim, you must provide us with correct medical and personal information. If you do not do this it could mean your policy will not pay out and the policy could be cancelled.
- To notify us of any change in information given to us between the date the application form is filled in and the date the policy starts. If you don't do this we may not pay your benefits.
- To notify us within the relevant time limits of any claim you wish to make (see 'What will stop the policy paying out?' on page 18).
- To regularly review the level of benefits against your current circumstances to ensure the benefits continue to meet your needs.

Risk factors

- We will not pay out any benefits in the circumstances described under the heading (see 'What will stop the policy paying out?' on page 18).
- When we review your policy, you may need to increase your payments, perhaps significantly, to maintain the same level of cover. There is no limit to the amount your payment may increase but any increase will be fair and reasonable (see 'When will my premiums be reviewed?' on page 16).
- The level of our changes are not guaranteed and may change in the future.
- Unless you choose the index-linked benefit, inflation will erode the real value of the level of cover you select.
- If you stop paying into the plan, it will come to an end when its value cannot maintain your benefits.
- If you choose income protection, the payment of benefits under this policy may affect your eligibility for some of the Government's means-tested benefits.
- If you have income protection with other providers this will affect the amount you can claim with Lincoln. Refunds of premiums will not be given (see 'How much benefit can I receive?' on page 12).
- Although the policy may give you some money back if you cash it in, this is not the primary aim. The main purpose of the policy is to provide insurance protection.
- Any *cash-in value* of your policy is not guaranteed and may be less or more than shown on your illustration. The value can fall or rise. *Cash-in values*, if any, may be low even after several years.

Your questions answered

2

What is Financial Foundations?

- Financial Foundations is a whole of life protection plan designed to provide protection benefits for you and your dependants.

What benefits does the policy provide?

- You decide which protection benefits you want. You can choose any combination of the following:
 - life cover (including terminal illness)
 - critical health options include:-
 - critical illness cover
 - permanent disability cover
 - elderly care cover
 - income protection cover (including houseperson's cover)
 - waiver of premium cover.
- You can find details of your chosen benefits, level of cover, and payments in your personal illustration.

Who can the policy cover?

- The policy can cover just yourself with a single policy, or you can apply for a joint policy for yourself and another person which can either pay on the first death or the second death.

How can I pay into my policy?

- You can choose whether to pay into the policy regularly, or make one-off payments or both.
- The minimum regular premium is £20 a month or £200 annually.
- The minimum single premium is £1000, with additional single premiums of £500 at any time.
- If you only take income protection cover the minimum regular payment is £10 a month (£100 annually).

Life cover

What does the life cover provide?

- An agreed lump sum if you die or are diagnosed with a terminal illness.
- If you are diagnosed by your doctor (and confirmed by our Medical Officer) as suffering from a terminal illness and are unlikely to survive for the next 12 months, we will pay the life cover immediately.
- If 101% of your plan's *cash-in value* is greater than this agreed sum, we will pay the larger amount.

Is there an age limit to the life cover?

- The maximum age on entry for this benefit is 79.
- This cover can last throughout your lifetime, to any age.



Critical health options

- The critical health options include:
 - critical illness
 - permanent disability cover
 - elderly care cover.

What does critical illness cover provide?

- It pays out a lump sum if you are diagnosed with a critical illness that meets our policy definitions.
- The complete list of conditions we cover is as follows:
 - angioplasty before age 75 - for coronary artery disease of specified severity
 - aorta graft surgery before age 75 - for disease
 - aplastic anaemia before age 75 - of specified severity
 - bacterial meningitis before age 75 - resulting in permanent symptoms
 - benign brain tumour before age 75 - resulting in permanent symptoms
 - cancer before age 75 - excluding less advanced cases
 - cardiomyopathy before age 75 - of specified severity
 - coma before age 75 - resulting in permanent symptoms
 - coronary artery by-pass grafts before age 75 - with surgery to divide the breastbone
 - heart attack before age 75 - of specified severity
 - heart valve replacement or repair before age 75 – with surgery to divide the breastbone
 - HIV infection before age 75 - caught in the UK from a blood transfusion, a physical assault or at work
 - kidney failure before age 75 - requiring dialysis
 - liver failure before age 75 - end stage
 - major organ transplant before age 75
 - multiple sclerosis before age 75 - with persisting symptoms
 - pre-senile dementia before age 65 - resulting in permanent symptoms
 - stroke before age 75 - resulting in permanent symptoms

- third degree burns before age 75 - covering 20% of the body's surface area
 - traumatic head injury before age 75 - resulting in permanent symptoms.
- Full definitions of the critical illness conditions covered are provided in our Financial Foundations Critical Health Options Guide. A copy is available from our Customer Services team. You should read this so you understand what is and isn't covered.
- The critical illness cover ceases at age 75 where there is only one life assured or at age 75 of the elder life where there are two lives assured on a joint life basis.
- Complimentary cover for your children is also provided at no extra charge (age 30 days to 18 years, or 21 years if in full time education) up to a maximum of £15,000, or 50% of parents' sum assured, whichever is the lower.

Is there an age limit to the critical illness cover?

- The maximum age that you can apply for this benefit is 64.
- Critical illness cover ceases at age 75.

What does the permanent disability cover provide?

- This pays the agreed lump sum if you are diagnosed with one of the following conditions and it is deemed to be total and permanent:
 - blindness - permanent and irreversible
 - deafness - permanent and irreversible
 - loss of hands or feet - permanent physical severance
 - loss of speech - permanent and irreversible
 - paralysis of limbs - total and irreversible
 - inability to perform daily working activities before you're 60. We will pay out if you cannot perform three of these six activities without assistance: hearing; speech; standing; using a pen, pencil or keyboard; vision; walking.
- It is sometimes difficult to establish whether some of the above conditions are total and permanent, therefore Lincoln may delay payment until the disability has continued for a period not exceeding 12 months.

Is there an age limit to the permanent disability cover?

- The maximum age that you can apply for this benefit is 64.
- This cover does not cease at age 75. It can cover you for the whole of your life – to any age.

What does elderly care cover provide?

- This pays the agreed lump sum if you are diagnosed with one of the following conditions which are more likely to occur in older age:
 - Alzheimer's disease - resulting in permanent symptoms
 - Motor Neurone disease - resulting in permanent symptoms
 - Parkinson's disease - resulting in permanent symptoms
 - Inability to perform daily living activities. We will pay out if you cannot perform three of these five activities without assistance: continence; dressing; feeding; mobility; using the toilet.

Is there an age limit to the elderly care cover?

- The maximum age that you can apply for this benefit is 65.
- This cover does not cease at age 75. It can cover you for the rest of your life, to any age.

Is elderly care cover a long term care product?

- No. Elderly care cover is not a long term care product and will not provide continuing payments.



Critical health benefit options

What payment options can I choose?

- For the critical health options listed, you decide whether you require prepayment or standalone benefits.

What is prepayment benefit?

- If you choose prepayment benefits, cover is in the form of an advance payment of part or all of the life cover on your policy. In other words, following a claim the amount of life cover reduces by the amount of critical illness benefit paid.

What is standalone benefit?

- If you choose standalone benefits, the critical illness benefit is kept completely separate from any other benefits you may have chosen and the amount of life cover is unaffected by any claim under this option.
- If you have chosen a standalone critical illness benefit, the claim amount will only be paid when you survive for 14 days after your diagnosis.

Income protection cover

What does the income protection cover provide?

- This pays you an agreed regular tax-free monthly income.
- The benefit will be paid if you are unfit to work as a result of illness or injury in your *preferred* or a *standard occupation* for longer than the deferred period until you are fit to return to work, or you reach expiry age or you die.
- Waiver of premium cover is included automatically if you select income protection cover. It cannot be chosen if the life assured is unemployed at outset, unless they are a houseperson (see 'What is houseperson's benefit?' on page 14).

Is there an age limit for income protection cover?

- You can choose at which age you want the benefit to end (the expiry age) – age 50, 55, 60 or 65.
- There is no limit to the number of separate income protection claims that can be made before the expiry age.

When is the benefit paid?

- The benefit will be paid until the first of the following occurs:
 - you recover and are no longer incapacitated
 - you no longer suffer a loss of earnings
 - the expiry age
 - you die.

How much benefit can I receive?

- The maximum annual level of benefit is 60% of *pre-incapacity gross earnings* up to £45,000, plus 35% of *pre-incapacity gross earnings* in excess of £45,000, less the amount of *State Long Term Incapacity Benefit* (regardless of whether this state benefit is actually received or not), subject to a maximum benefit of £120,000 per year.
- The maximum amount of benefit paid will also be reduced by the amount due from any private sickness, accident or disability policy or scheme, any source of earned income, or any pension benefit.

When will my payments start?

- Payments will start one month after the end of your chosen *deferred period* and monthly in arrears from then on, provided that you are still unable to work.
- You choose the *deferred period*. You can choose between 3, 6 and 12 months.

What are stepped benefits?

- If you receive a reduced employer sick pay benefit for a limited period, you can apply for *stepped benefits* to increase the level of income protection within one policy rather than applying for two policies. The minimum salary for *stepped benefits* is £40,000 a year when maximum benefits are required.

Do I continue to pay premiums when claiming under income protection cover?

- You should continue to pay premiums until we accept your claim or the end of the *deferred period* if later. However, your premiums to us will not be required for the period that the benefit is actually paid.

How is my income protection cover affected if I become unemployed?

- If you are not in paid work at the time of contracting an illness or disability, you may still be entitled to a benefit of up to £750 per month under *houseperson's benefit*.
- In this case, a special definition of disability will apply, the *deferred period* will be six months and the expiry age will be 60.

- It is important that you inform Lincoln of your change in circumstances so that your policy can be amended accordingly.
- Those earning less than £10,000 a year can also ensure cover is maintained under *houseperson's benefit*.

Under what circumstances can I claim?

- You can make a claim when you are incapacitated by reason of sickness or accident resulting in a loss of earnings and you are receiving regular medical care and supervision for your condition (see 'How incapacitated do I have to be?' below). We will require financial and medical information to support your claim.

How incapacitated do I have to be?

- If you are in paid employment at the start of the disability, the definition of disability, stated on your policy document, will be one of the following, depending on your occupation group:
 - **Preferred occupation** You are, as a direct result of illness or injury, totally unable to continue in the material and substantial duties of the occupation in which you were employed immediately before the event, and you are not engaged in any other work for pay or profit. Examples of *preferred occupations* include professional, executive, managerial, clerical and some semi-skilled occupations
 - **Standard occupation** As above for the first two years of a claim. Thereafter you must be as a direct result of illness or injury, totally unable to carry out the material and substantial duties of any full time paid employment which your training, education and experience would make appropriate, and you are not engaged in any other work for pay or profit. Examples of *standard occupations* include those where duties are semi-skilled and those involving a degree of light manual work.
- We will consider the duties involved in your normal occupation, your ability to perform them and the potential for adapting your workplace to assist the performance of your job.
- For the *standard occupation* definition we will also look at your ability to work in an alternative occupation.

- If you are not in paid employment at the start of the disability, the definition of disability will be that you are totally unable to perform any three out of the following five activities without assistance:
 - climbing stairs
 - dressing/undressing
 - household duties
 - preparing food
 - washing/bathing.

What happens if I am able to return to work on a part-time basis or to a less well paid position?

- We will pay you a benefit based on the difference between what your old job paid you and what your new job is paying you.
- A reduced benefit will only be paid following a period of total incapacity. The reduced benefit will continue to be paid for the shorter of the period in which the disability continues or 12 months (but we may extend the 12 months in certain circumstances).

After I return to work can I claim again?

- Yes, the terms of your policy are not affected by the number of times you claim.
- If you have received benefit and claim again from the same cause within six months of returning to work, a further *deferred period* will not apply. You must resume your premiums on returning to work to maintain your cover.

What is houseperson's benefit?

- A payment up to £750 a month if you are not in paid work and earning less than £10,000 a year up to aged 60. For this 'houseperson's cover', we will apply a special definition of disability. The *deferred period* is six months.
- The policy is designed for men and women who are in paid employment (for at least 16 hours per week), earning £10,000 per annum or more and have at least five years to go before retirement age.

Additional Financial Foundations options

Are there any additional benefits or options I can choose?

- Yes, these are:
 - waiver of premium
 - inflation proofing
 - guaranteed increase option
 - divorce/dissolution and cover continuation options.

What is waiver of premium?

- You can choose this option if you want us to pay your premiums if you are unable to work due to an accident or illness for longer than six months.
- Your premiums during the initial six months *deferred period* will be refunded once the claim is accepted.
- Waiver of premium cover is automatically included when income protection is included.

When will waiver of premium pay out?

- The benefit will be paid until the first of the following occurs:
 - you recover and are no longer incapacitated
 - you reach age 60, or the expiry of an income protection claim if later
 - you die.

What is the index-linked benefit?

- It allows you to increase your sum assured automatically each year at the rate of increase in the Retail Prices Index (RPI) limited to a maximum of 12% in any year. Premiums and cover would both increase by the same percentage. This option is available in conjunction with regular premiums only.

What is the Guaranteed Increase Option?

- This option is normally included automatically in respect of life cover and the critical health options. It lets you increase your sum assured within stated limits – regardless of your state of health – at special times, such as:
 - if you marry/enter into a civil partnership
 - if you have children/adopt
 - if your IHT liability increases (life cover only)
 - if you increase your mortgage
 - upon receiving a salary increase (see the policy document for further details).

- The cost of any extra cover you buy under this option will be based on your age and Lincoln's charges. Please note that there are time limits to exercising this option as detailed in the policy document, available on request or from your financial adviser.

What are the divorce/dissolution and cover continuation options?

- If you take out a joint life policy and get divorced (or if there is a formal dissolution of a civil partnership), you may each apply for a new policy up to the same level of cover, without further evidence of health.
- Please refer to the policy document for full details of these options.

Are my benefits and premiums guaranteed?

- The level of benefits and premiums chosen are guaranteed for an *initial guaranteed period*. At the end of the *initial guaranteed period* and at regular intervals thereafter we will review your premium.

When will my premiums be reviewed?

- The timing and frequency of the reviews are detailed in the table below.

Initial review

Age at entry	Number of years until first review
64 or younger	10
65	9
66	8
67	7
68	6
69 or older	5

Subsequent review

Age at entry	Number of years until first review
70 or younger	5
71	4
72	3
73	2
74 or older	1

- At each policy review we will assess whether or not the premiums you are paying are sufficient, in our opinion, to maintain the protection benefits until the next policy review.
- If the premiums you are paying are sufficient, the premium guarantee will automatically be extended to the next policy review.
- If the premiums you are paying are not sufficient, we will recommend that you either:
 - increase the amount of your regular premium and/or pay an additional single premium such that the premiums are sufficient; or
 - reduce the protection benefits to a level such that the premiums are sufficient. This approach can only be taken if the reduced level of the protection benefits is greater than the then current minimum levels of the protection benefits that we allow.
- If you follow our recommendations, the *premium guarantee* will then be extended to the next policy review. If you do not follow our recommendations, the policy guarantee will no longer apply.
- The *premium guarantee* will no longer apply if you stop paying premiums or if you do not follow our recommendations if you increase the level of your benefits or reduce the level of your premiums.
- Whilst the *premium guarantee* applies, your policy will remain in force and the benefits intact even if it runs out of value. Your policy will end if it runs out of value when the policy guarantee does not apply.
- The level of our charges, including those deducted to cover the cost of the protection benefits is not guaranteed and may change in the future.
- The period until the first review is guaranteed but the periods between subsequent reviews may vary in the future.
- When we review your policy we will take into account the *cash-in value* of your policy, the amount you are paying, and the anticipated levels of future charges and growth.

Can the policy have a cash-in value?

- Yes. Your policy is primarily intended to provide protection cover and not to accumulate a *cash-in value*. Any *cash-in value* is likely to be substantially less than the premiums you have paid us and is not guaranteed.

What fund choices are available?

- You can invest in up to four funds selected from a wide range of funds. You can choose from a fund range managed by external managers or our own internally managed fund range.
- You can currently switch between funds free of charge.
- You can find details of our fund choices in our Fund Factsheets, available on request or from your financial adviser.

What will stop the policy paying out?

- We will not pay a critical health option claim if you do not give us written notice of your claim within three months of the date of diagnosis.
- We will not pay a *standalone critical illness* claim if you die within 14 days of meeting the definition of the critical illness.
- We will not pay a claim under the children's critical illness cover if your child suffers from a congenital or pre-existing condition.
- We will not pay an income protection claim if you do not give us written notice of your claim within:
 - two months of the start of the disability if the *deferred period* is three months
 - four months of the start of the disability if the *deferred period* is six months
 - six months of the start of the disability if the *deferred period* is twelve months.
- We will not pay a waiver of premium claim if you do not give us written notice of your claim within four months of the start of the disability.
- We will not pay a critical health option, income protection or waiver of premium claim if the cause of the claim arises from criminal acts, drug or alcohol abuse, failure to follow medical advice, HIV (except for claims which would satisfy the critical illness cover definitions for HIV infection before age 75 - caught in the UK from a blood transfusion, a physical assault or at work), self inflicted injury or war and civil commotion.
- In addition we will not pay an income protection claim if the cause of the claim arises from living abroad.
- We will only pay an income protection cover claim for a maximum of three months whilst you are outside of Australia, Channel Islands, Isle of Man, New Zealand, North America, Norway, Sweden, Switzerland or any member country of the European Union as at January 2006. Please refer to the policy document for further details.
- We will not pay if the claim is excluded by any specific terms applied to your policy when we accept your application. If applicable, we will present these to you before the policy is issued.

- We may not pay out if you do not disclose any requested information or if you give us information known by you to be incorrect.
- Full details of the exclusions and limitations are contained in the policy document available on request from our Customer Service team.

What happens if my circumstances change?

- You can apply to increase the amount of your insurance protection and add new benefits to your existing policy, although this may be subject to evidence of health. However this will normally mean that your premiums will need to increase.
- You can also reduce the amount of a benefit at any time or remove it completely.
- You can reduce your premiums down to our minimum premium.

What happens if I have a joint policy with critical health or income protection and one policyholder dies?

- In most circumstances, the policy will continue, however, we may need to issue a new policy on current terms although we won't need new medical evidence. Please see your policy document for more details, available on request or from your financial adviser.

Is this policy suitable for me?

- If you are unsure as to the suitability of this policy, you should obtain financial advice.

What about tax?

- Critical illness cover, permanent disability cover, elderly care cover and income protection cover claim payments are free of UK income tax and capital gains tax.
- For life cover claim payments and partial/full surrender value payments, there is no UK tax liability for basic or lower rate tax payers on any gain, where the gain equals the surrender value immediately prior to death/surrender less the total premiums you have paid to us. Certain changes to your policy may also give rise to a potential tax liability for higher rate tax payers.
- Benefit payment may be subject to UK inheritance tax.

- The funds in which the product invests are liable to be taxed on the investment income and capital gains. These taxes are deducted from the funds.
- Tax law and HM Revenue and Customs practices (HMRC) may be changed without advance warning and tax benefits depend upon individual circumstances.

What will you charge me?

- You can find details of our charges in your personal illustration.

How much will the financial advice cost?

- Your financial adviser will let you know about the cost of advice, if any.
- You can also find information on this in your personal illustration.

Can I change my mind?

- Yes. You can cancel payments within 30 days from the date you receive a cancellation notice and the Terms and Conditions document.

How will I know how my Financial Foundations is performing?

- We will send you a personal statement each year.
- You can call us for an update. Our contact details are on the back page.
- Your financial adviser should be able to provide an up to date valuation.

How can I apply for Financial Foundations?

- Contact your financial adviser or our Customer Services team on 0845 605 23 23.

Glossary

3

This glossary explains many of the terms in this document. If you're unsure about any information or you need more help understanding certain terms, please talk to your financial adviser or call us on 0845 605 23 23.

Term	Definition
Preferred occupation group	The Life Insured is, as a direct result of illness or injury sustained during the term of the policy, totally unable to continue in the material and substantial duties of the occupation in which he was employed immediately before the event and, is not engaged in any other work for pay or profit.
Standard/suited occupation	We'll pay the monthly benefit amount after the <i>deferred period</i> if you are unable to do your own occupation and are unable to do all other occupations, to which you're reasonably suited by education, training or experience as a result of accident or sickness.
Pre-incapacity gross earnings	<p>If you are employed, this means your pre-tax earnings for PAYE assessment purposes in the 12 months before you became unable to work. Benefits in kind (i.e. those shown on a form P11D) will also be considered upon proof that these will be lost before the end of the <i>deferred period</i>.</p> <p>If you are self-employed, this means your share of pre-tax profit from your trade, profession or vocation for the purposes of Schedule D Case I and II of the Income and Corporation Taxes Act 1988 (i.e. your share of pre-tax profit after deduction of trading expenses), in the 12 months before you became unable to work. Income received from savings and investments will not be included.</p>
Stepped benefits	Where an employer's sick pay steps down in value after a period of time, you can also protect your income in corresponding steps within one policy. The minimum salary for <i>stepped benefits</i> is £40,000 a year when maximum benefits are required.
Initial guaranteed period	The level of benefits and premiums chosen when you take out the policy are guaranteed for an initial timeframe known as the initial guaranteed period. For details on the length of <i>initial guaranteed period</i> see tables on page 16.
Premium guarantee	A guarantee provided by Lincoln that subject to certain provisions your policy will be maintained in force even if the cash value of units becomes zero.

Term	Definition
Standalone critical illness	Standalone critical illness refers to the critical health benefit on your policy. This is in addition to any other benefit(s) on your plan, and upon a successful claim, will pay out the specified benefit amount in full but only once for each life covered.
Cash-in value	The 'what you might get back' amount, calculated as the bid value of units allocated to the policy less any outstanding charges at the time.
Deferred period	The period from when you are first unable to work for which we do not pay benefit on an income protection benefit. You choose this period when you take out this policy and it is stated in your policy. You can choose between 3, 6 and 12 months.
House persons Benefit	A benefit available to pay a tax-free income of up to £750 per month if you are not in paid work or if you earn less than £10,000 per year.
State Long Term Incapacity Benefit <i>Employment and Support Allowance (ESA)</i>	You may be entitled to government benefits subject to your eligibility if you are unable to work due to an illness or disability. Benefits are paid at different rates dependent on the time you have been unable to work, Long Term Incapacity Benefit is the benefit that can be paid from week 54.

Other information

4

How to complain

If you ever need to complain about your plan, please contact us using the details shown in 'How to contact us'. If you are not satisfied with our response, you can complain to:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London E14 9SR

Tel: 0845 080 1800
Email: enquiries@financial-ombudsman.org.uk
www.financial-ombudsman.org.uk

Complaining to the Ombudsman will not affect your legal rights.

Terms and Conditions

This document only summarises the key features of this product. Please read it alongside your illustrations and the Terms and Conditions found in the policy document, available on request.

We have the right to change some of the Terms and Conditions at any time. We will write to inform you of any changes that affect your policy.

You can find the Terms and Conditions in your policy document.

Law

The Law of England applies to this policy.

Compensation

We are covered by the Financial Services Compensation Scheme. You may be entitled to compensation if we cannot meet our obligations. You should note that there are limits to the protection offered by the scheme. Currently, your life and pension products would be covered under the Scheme for 100% of the first £2,000 and 90% of the remaining claim if we were unable to meet our obligations.

If you are advised by a financial adviser or other authorised intermediary and have a claim against that adviser which they are unable to meet, you may be entitled to compensation. Currently your plan would be covered for 100% of the first £30,000 and 90% of the next £20,000, so the maximum compensation would be £48,000.

Further information on compensation arrangements is available from the Financial Services Compensation Scheme (FSCS) at:

7th Floor
Lloyds Chambers
Portsoken Street
London E1 8BN

Tel: 020 7892 7300
www.fscs.org.uk

Document availability

Please contact our Customer Services team if you require this document in another format. We can provide it in:

- larger print
- braille
- compact disc (CD).

The Lincoln documents mentioned in this brochure are available from your financial adviser. Alternatively you may contact our Customer Services team.

Important

Lincoln Assurance Limited does not provide advice on its life assurance and pension products, but aims to give customers helpful information to enable them to make informed decisions. We can also help customers who require advice, to find a financial adviser in their local area if required.

To find a financial adviser just call us or visit www.unbiased.co.uk

How to contact us

5

If you have any questions, please talk to your financial adviser first. If you require any information from us or wish to provide instructions regarding your Financial Foundations, please contact Lincoln in the following ways:

Customer helpline



0845 605 23 23

Financial adviser helpline



0845 075 35 35

Our lines are open from 8am to 8pm Monday to Friday and 9am to 1pm on Saturdays. We may monitor or record calls to help us improve our service.

Email



customer.services@lincolnuk.co.uk

Or write to us at



Customer Services Team
Lincoln Financial Group
Barnett Way
Barnwood
Gloucester
GL4 3RZ

Website



www.lincolnuk.co.uk



Issued by Lincoln Assurance Limited, incorporated in England registration number 830572, registered office Barnett Way, Barnwood, Gloucester GL4 3RZ. Telephone 01452 374 500, Fax 01452 634 300, www.lincolnuk.co.uk. Lincoln Assurance Limited is authorised and regulated by the Financial Services Authority and is a member of the Lincoln Financial Group. Member of the Association of British Insurers. Any information offered will relate to the life assurance, pension and unit trust products of the Lincoln Financial Group. No personal financial advice or recommendations will be given. Calls may be monitored and recorded for security and training purposes.