



Personal Accident Insurance

Policy Document

Call 0151 363 5290
www.forcesmutual.org

Underwritten by SiriusPoint International Insurance Corporation

Forces
Mutual

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Personal Accident Insurance

This insurance is arranged and administered by PMGI Ltd, trading as Forces Mutual and underwritten by SiriusPoint International Insurance Corporation.

SiriusPoint International Insurance Corporation is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registered on the Financial Services Register, Firm Registration Number (FRN) 202912. This insurance is effected in England and is subject to the laws of England and Wales.

PMGI Limited, trading as Forces Mutual, is authorised and regulated by the Financial Conduct Authority. Financial Services Register No. 114942. Registered in England & Wales No. 1073408. Registered office: Brookfield Court, Selby Road, Leeds, LS25 1NB.

Introduction to policy wording

Welcome to **your** Forces Mutual Personal Accident policy. It's important that **you** read this wording, application form (if **you** completed one) and **your** policy schedule to make sure that everything **you've** told **us** is correct. Please read this policy carefully so that **you** understand the cover **we** are giving **you**. **You** must follow the terms and conditions set out in this policy wording. It's important that **you** keep these documents in a safe place in case **you** need to look at them later.

Unless **we** have agreed differently with **you**, English law and the decisions of English courts will govern this insurance.

Your responsibility

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act 2012 to take care to:

- supply accurate and complete answers to all the questions **we** or Forces Mutual may ask as part of **your** application for cover under the policy.
- to make sure that all information supplied as part of **your** application for cover is true and correct.
- advise Forces Mutual of any changes to the answers **you** have given as soon as possible.

Failure to provide answers in-line with the requirement of the Act may mean that **your** policy is invalid, and **you** won't be able to make a claim.

If any of the above circumstances change, **you** must inform Forces Mutual immediately as **you** may no longer meet the requirement of the policy.

Who can have this policy

To buy this policy, **you** must be:

- aged under 65 years of age, and
- a serving member of H.M. Forces, or
- civilian staff of the MoD, or
- the husband, wife, civil **partner** or **partner** of the above

or with **our** prior approval:

- a member of the Army Reserve, or
- a contractor employed by the MoD, or
- an employee of an affinity partner of the MoD

How long does this policy last

This is a monthly rolling contract. **Your** insurance starts on the date shown in **your** policy schedule and continues for a period of one month. It will continue for periods of one month at a time as long as **you** pay **your** monthly premium.

Payment of premium

You must pay the monthly premium by direct debit for this policy to keep **your** cover. If **you** do not pay the premium when it is due, **we** may cancel **your** policy.

When does my policy end

Cover will end on the earliest of the following dates:

1. When **you** do not pay **your** monthly premium
2. The policy is cancelled by **you**, or
3. The policy is cancelled by **us**.

Our right to change the cover or price

You will receive at least 30 days written notice if **we** decide or need to change **your** policy cover or the price of **your** insurance for any reason, such as.

- To make small changes to the words in **your** policy that do not affect the cover **you** get, and just make it easier to understand.
- To follow any new laws, regulations, or guidelines that affect **us** or **your** policy.
- To follow any changes in taxes that apply to **your** policy.
- To cover the costs of providing **your** insurance if there are more or fewer claims than **we** expected.
- To cover the costs of any new benefits or cover **we** add to **your** policy.
- To cover the costs of any changes to **our** systems or technology that help provide **your** insurance.

If the changes are favourable for **you**, **we** may make them straight away and let **you** know within 30 days.

If **you** are on an **operational tour** when **we** notify **you** of any changes to **your** policy or **you** start an **operational tour** within 30 days of that notification, **we** will treat any claim arising during that same **operational tour** under the previous policy wording if it is beneficial to **you** to do so.

How to make a claim

If **you** need to make a claim, **we** recommend that **you** check **your** policy cover to see if it is covered.

To make a claim please contact **us**:

Telephone: 0333 043 4638

Online Claims Form: forcesmutualclaims@claimsconsortiumgroup.co.uk

Or **you** can write to us at: Claims Consortium Group Nightingale House, East Reach, Taunton, Somerset, United Kingdom, TA1 3EN

You must notify **us** as soon as possible following an injury and within 90 days of the injury. If **you** do not, **you** may not be able to make a claim.

You will need to send **us**, at **your** own expense, a completed claim form and any medical evidence **we** ask for to support **your** claim. **We** will not pay **your** claim if **you** cannot give **us** this evidence.

We may require **you**, at **our** expense, to be examined by a medical examiner of **our** choice and **we** may request an independent medical report.

As part of **our** commitment to customer care **we** may arrange for support agents to visit **you**. The purpose of any such visit will be to gather details relating to **your** claim to ensure an accurate assessment. **You** must make yourself available for any such visit.

Fraud

You must not act in a fraudulent way. If **you** or anyone acting for **you**:

- Fails to reveal or hides a fact likely to influence whether **we** accept **your** proposal, **your** renewal, or any adjustment to **your** policy.
- Fails to reveal or hides a fact likely to influence the cover **we** provide.
- Makes a statement to **us** or anyone acting on **our** behalf, knowing the statement to be false.
- Sends **us** or anyone acting on **our** behalf a document, knowing the document to be forged or false.
- Makes a claim under the policy, knowing the claim to be false or fraudulent in any way.
- Makes a claim for any loss or damage **you** caused deliberately or with **your** knowledge.

If **your** claim is in any way dishonest or exaggerated, **we** will not pay any **benefit** under this policy or return any premium to **you**, and **we** may cancel **your** policy immediately and backdate the cancellation to the date of the fraudulent claim. **We** may also take legal action against **you** and inform the appropriate authorities.

How to make a complaint

We always aim to provide excellent service. However, if **you** have a complaint, please follow these steps.

1. If **your** complaint is about the sale of **your** policy, contact Forces Mutual.

Telephone: 0151 363 5290

Email: info@forcesmutual.org

Mail: Floor 3, Exchange Station, Tithebarn Street, Liverpool, L2 2QP

2. If **your** complaint is about a claim **you** made, contact CCG:

Email: forcesmutualclaims@claimsconsortiumgroup.co.uk

Telephone: 0333 043 4638

Mail: Claims Consortium Group, Nightingale House, East Reach, Taunton, Somerset, TA1 3EN

Every effort will be made to resolve **your** complaint by the end of the third working day after receipt. If they cannot resolve **your** complaint within this timeframe, they will acknowledge **your** complaint within 5 days of receipt and will do their best to resolve the problem within four weeks by sending **you** a final response letter.

If they are unable to resolve **your** complaint in this time, they will write to advise **you** of progress and will endeavour to resolve **your** complaint within the following four weeks.

If, for any reason, **you're** still dissatisfied or haven't received a final answer within eight weeks, **you** have the right to escalate **your** complaint to an independent authority called the Financial Ombudsman Service (FOS). **You** can contact them using the details below:

The Financial Ombudsman Service

Exchange Tower

1 Harbour Exchange Square,

London

E14 9SR

Telephone: 08000 234 567 (free for people calling from a landline) or 0300 123 9123

Email: complaint.info@financial-ombudsman.org.uk

Online: financial-ombudsman.org.uk

You have the right to refer **your** complaint to the Financial Ombudsman, free of charge within six months of the date of **your** final response letter.

Whilst **we** and **our** UK service providers are bound by the decision of the Financial Ombudsman Service, **you** are not. Following the complaints procedure above does not affect **your** right to take legal action.

How to cancel

You can cancel this policy within 14 days after receiving the insurance documents. Forces Mutual will refund **your** premium payment as long as **you** haven't made any claims and **you** don't have any pending claims.

You can cancel **your** insurance policy any time after the cooling-off period. **Your** coverage will continue until the end of the last day of the month for which **you** have paid.

To cancel contact us

Tel: 0151 363 5290

Mail: Forces Mutual Floor 3, Exchange Station, Tithebarn Street, Liverpool, L2 2QP.

Cancellation by us

We do not have to accept the monthly renewal of any insurance and may at any time cancel any insurance policy by giving 14 days' notice in writing where there is a valid reason for doing so. A cancellation letter will be sent to **you** at **your** last known address.

Valid reasons may include but are not limited to:

- Where **we** reasonably suspect fraud.
- Non-payment of premium.
- Threatening and abusive behaviour.
- Non-compliance with policy terms and conditions.
- **You** have not taken reasonable care to provide complete and accurate answers to the questions **we** ask.

Where **our** investigations provide evidence of fraud or a serious non-disclosure, **we** may cancel the policy immediately and backdate the cancellation to the date of the fraud or the date when **you** provided **us** with incomplete or inaccurate information. **Your** policy may be cancelled from the date **you** first took it out.

If **we** cancel the policy and/or any additional covers **you** will receive a refund of any premiums **you** have paid, less a proportionate deduction for the time **we** have provided cover, unless the reason for cancellation is fraud and/or **we** are entitled to keep the premium under the Consumer Insurance (Disclosure and Representations) Act 2012.

Definitions

Where **we** explain what a word means below, that word will be highlighted in bold print and will have the same meaning wherever it is used in this policy.

Accident

A sudden unexpected unforeseen external and identifiable incident.

Benefit(s)

The amount shown in the table of benefits multiplied by the number of units **you** have chosen, shown on **your** schedule. This does not apply to benefit 15 Staying overnight in hospital.

We will decide what benefit to pay **you** after a waiting period of 26 weeks from the date of the **accident/incident**, unless **we** agree to pay sooner.

Basilar fracture

A **linear fracture** in the floor of the cranial vault.

Bodily Injury

Physical injury to the body caused by a specific event including exposure to the elements.

Child/children

All of **your** or **your partner's** unmarried children between the ages of 30 days and 18 years (or 23 years if in full time education) that live with **you** at the time of the **accident/incident**.

Depressed fracture

A comminuted fracture of the **skull** in which broken bone(s) is displaced inwards.

Diastatic fracture

A fracture where the fracture line goes across one or more sutures of the **skull** causing a widening of the suture.

Doctor

A person other than **you**, a member of **your** immediate family or an employee of **yours**, who is qualified as a consultant in the branch of medicine to which the **bodily injury** relates.

Facial scarring (including burns)

Any permanent sign of damage or injury to the area from the hairline to and including the lower jaw and ears of at least a total of 5 square centimetres or more in area or a total of 5 centimetres or more in length.

Flesh wounds (including shrapnel)

An injury to any part of the body resulting in a restriction of movement, loss of strength and/or permanent physical disfigurement. It must cover at least in total 10 square centimetres in area or in total 10 centimetres in length. This applies whilst engaging in occupational duties only.

Fractured leg or kneecap with established non-union

A non-union fracture is when a cartilage-like link forms between the fractured bone ends.

Gunshot wound

Injury resulting from the penetration of the body by an object fired from a gun by explosive charge. This includes but not limited to a bullet, shell, rocket or grenade.

Incident

All individual losses arising out of and directly occasioned by one sudden specific event occurring at an identifiable time and place.

Linear Fracture

A break in the **skull** bone(s) that goes through the full thickness of the **skull** from the outer to the inner table.

Loss of hearing

Total and permanent loss in one or both ears meaning that the hearing in one or both ears is greater than 95 decibels across all frequencies using a pure tone audiogram that has lasted 52 weeks in a row and that in the opinion of a **doctor** will not get any better.

Loss of limb

Complete loss of an entire hand or foot or the total and permanent **loss of use** of an entire hand or foot that in the opinion of a **doctor** will not get any better.

Loss of sexual organs

An injury resulting in the loss of penis, testicles, uterus or ovaries as outlined in the levels below.

Level 1 – The complete loss of two testicles and penis or the complete loss of two ovaries and uterus

Level 2 – The complete loss of two testicles or the complete loss of two ovaries

Level 3 – The complete loss of one testicle or the complete loss of one ovary

Level 4 – The complete loss of penis or the complete loss of uterus.

Loss of speech

Total and irrecoverable loss of speech that has lasted 52 weeks in a row and that in the opinion of an **doctor** will not get any better.

Loss of use

The permanent and irrecoverable loss of all movement and feeling.

Military Vehicle

A vehicle owned by and registered to H.M. Forces.

Operational Tour

A tour of duty for which an operational allowance is paid to **you**.

Partner

The person who normally lives with **you** at the time of injury.

Permanent total disablement

Permanent disablement that in the opinion of a **doctor** will not get any better.

Level 1 – **You** are unable to follow any and every occupation for the rest of **your** life. **We** may choose to review **your** condition over a period of 52 weeks in a row.

Level 2 – **You** are unable to continue **your usual occupation**.

Level 3 – **You** are unable to receive **specialist pay** following a change in duties.

Only one level of **benefit** will be paid for any one **accident/incident** and in the event **your** claim changes in level the **benefit** payable in total will be the amount shown under the new level.

Rehabilitation centre

A place for the care of H.M. Forces personnel which has space for live in patients and facilities available for rehabilitation from **bodily injury**. It does not include a convalescence home, an extended care facility, a geriatric home or a long-term nursing home.

Severely sight impaired

Registered as severely sight impaired by a **doctor** with visual acuity of less than 3 / 60 on the Snellen Scale (which means seeing at 3 feet what **you** should see at 60 feet) visual acuity between 3 / 60 and 6 / 60 on the Snellen Scale with a severe reduction of field of vision such as tunnel vision.

Sight impaired

Registered as sight impaired by a **doctor**:

- Visual acuity of 3 / 60 to 6 / 60 on the Snellen Scale with a full field of vision (which means seeing at 3 to 6 feet what **you** should see at 60 feet)
- Visual acuity of up to 6 / 24 on the Snellen Scale with a moderate reduction of field of vision or with a central part of vision that is cloudy or blurry
- Visual acuity of up to 6 / 18 on the Snellen Scale if a large part of **your** field of vision for example a whole half of **your** vision is missing or a lot of **your** peripheral vision is missing.

Skull

The 8 cranial bones which make up the neurocranium.

Specialist pay

Any extra money paid by H.M. Forces for doing particular tasks or activities relating to **your** specific role. This does not include extra pay for active duties.

Usual occupation

For **you**, this means being employed in any role by H.M. Forces. For a **partner**, it is their normal full time paid job as long as it is 30 hours a week or more.

We / us / our

PMGI Limited trading as Forces Mutual on behalf of SiriusPoint International Insurance Corporation.

You / your

The policyholder, whose name appears in the policy schedule. Or where you have selected family cover you and your **partner**, and any **children**.

What is covered

We will pay out the relevant **benefits** to **you** or **your** estate if, during the period of insurance, **you** suffer a **bodily injury** or have to stay overnight in hospital within two years of an accident/incident, as shown in the **benefits** table.

For any one **accident/incident** (no matter how many injuries happened), the most **we** will pay is.

- £30,000 per unit.
- Except if **you** are hit by a **military vehicle** resulting in a valid claim, then the maximum is £37,500 per unit.

Table of benefits

- This table shows **you** the amount **you** can claim for 1 unit of cover.
- The maximum number of units **you** can buy is five.
- The number of units can only be changed once in any 12-month period and can only change by a maximum of 2 units in either direction. i.e. if **you** have 2 units **you** may change up to 4 units once in a 12-month period and then reduce back down to 2 units once **you** have had 4 units for 12 months or more.
- The cover applies to each person covered by this policy, other than for Section 1 **Permanent Total Disablement** where cover only applies to **you** and **your partner** if **you** buy family cover. Please note the provisions which appear at the end of this table of **benefits**.

Item	Description	Amount Payable
1	Permanent total disablement a) Level 1 – You being unable to follow any and every gainful occupation b) Level 2 – You being unable to continue your usual occupation c) Level 3 – You being unable to receive specialist pay following a change in duties	£30,000 £3,000 £1,500
2	a) Complete loss of sight in both eyes – (Registered as ' severely sight impaired ') b) Partial loss of sight in both eyes – (Registered as ' sight impaired ') c) Complete loss of sight in one eye – (Registered as ' severely sight impaired ') d) Partial loss of sight in one eye – (Registered as ' sight impaired ')	£30,000 £7,500 £15,000 £3,750
3	a) Loss of limb (two or more) b) Loss of limb (one limb)	£30,000 £22,500
4	Loss of speech	£30,000
5	a) Complete loss of hearing in both ears b) Complete loss of hearing in one ear	£30,000 £7,500

6	Permanent total loss of or loss of use of: a) shoulder or elbow or hip or knee or ankle or wrist b) finger (at least one complete bone) c) thumb (at least one complete bone) d) big toe (at least one complete bone) e) other toes (at least one complete bone)	£7,500 £3,000 £4,500 £1,500 £1,500
7	Fractures a) Fractured leg or kneecap with established non-union b) Fracture to the arm which includes humerus ulna radius and/or any of the bones of the wrist c) Fracture to the leg which includes femur patella tibia fibula and/or any of the bones of the ankle d) Fracture to at least one vertebra (excluding those forming the coccyx)	£1,250 £75 £150 £200
8	Fracture of the skull a) Linear fracture of the skull b) Depressed fracture, diastatic fracture or basilar fracture of the skull	£200 £500
9	Facial scarring – (including burns) of at least a total of: a) 5 square centimetres or more in area or a total of 5 centimetres or more in length b) 10 square centimetres or more in area or a total of 10 centimetres or more in length	£1,000 £2,000
10	Third degree burns (excluding facial scarring) covering a) 27% or more of the total body surface b) 18% or more of the total body surface c) 9% or more of the total body surface d) 4.5% or more of the total body surface	£4,800 £3,600 £2,400 £1,200
11	Flesh wounds – (including shrapnel) which covers at least in total 10 square centimetres in area or in total 10 centimetres in length	£200
12	Gunshot wound	£200
13	Loss of sexual organs a) Level 1 – The complete loss of two testicles and penis or the complete loss of two ovaries and uterus b) Level 2 – The complete loss of two testicles or the complete loss of two ovaries c) Level 3 – The complete loss of one testicle or the complete loss of one ovary d) Level 4 – The complete loss of penis or the complete loss of uterus	£5,000 £1,000 £500 £500
14	Fatal injury	£2,000
15	Staying in hospital overnight a) Hospital admission – because of an accident/incident . Payment of benefit will start from the 5th night in a row for each night up to a maximum of 365 nights. b) Rehabilitation centre admission – payable following a qualifying hospital admission – claim for each night up to a maximum of 365 nights within 4 years of the hospital admission. Benefit 15 does not increase with the number of units purchased.	£40 £10

Important information

1. For any one **accident/incident** the most **we** will pay for one unit of cover is £30,000.
2. If **you** suffer partial loss of sight within 52 weeks from date of the **accident/incident** which later becomes complete loss of sight the most **we** will pay in total will be the amount shown for complete loss of sight.
3. If **we** pay a **benefit** for any combination of items 6 (a) (b) (c) (d) (e) which within 52 weeks from date of the **accident/incident** becomes a claim under item 3 **loss of limb**, the most **we** will pay in total will be the amount shown for **loss of limb**.
4. If **we** pay a **benefit** for a fracture under item 7 (c) which later becomes a fracture with established non-union within 52 weeks from date of the **accident/incident** the most **we** will pay in total will be the amount shown under item 7 (a).
5. If **we** pay a **benefit** for a fracture under item 8 (a) which is later diagnosed as a fracture under items 8 (b) within 52 weeks from date of the **accident/incident**, the most **we** will pay in total will be the amount shown under item 8 (b).
6. The most **we** will pay under item 13 is £5,000.
7. The most **we** will pay for **children** for a fatal injury is £5,000 it doesn't matter how many units of cover **you** have.
8. The most **we** will pay for any claim resulting from **you** riding a motorcycle or quadbike, including getting on or off and doing to roadside repairs is limited to 50% of the amount shown in the table of **benefits**.
9. If **you** die within 26 weeks of **bodily injury**, **we** will only pay item 14 – Fatal Injury.
10. The most **we** will pay under item 12 is £200 however many **gunshot wounds** **you** suffer in a single event.
11. Only one of **benefits** 11 and 12 is payable if a **gunshot wound** results in a flesh wound.
12. If **you** are hit by a **military vehicle** which results in a valid claim under one or more of **benefits** 1 – 11 inclusive and **benefits** 13 and 14 as detailed in the table of **benefits**, the amount payable will increase by 25% subject to a maximum amount payable of £37,500 per one unit of cover.
13. No **benefit** shall be payable for the further deterioration of injuries beyond 52 weeks from the date of the **accident/incident** other than for **benefit** 15 Staying overnight in hospital.

Disappearance

If **you** go missing, and after some time it is reasonable to believe **you** have died from a **bodily injury** covered by this policy, **we** will pay out the fatal accident **benefit**. However, **you** must agree that if it is later discovered the person did not actually die, the **benefit** must be returned to **us**.

What is not covered

1. Any claim that is directly or indirectly because of post-traumatic stress disorder and/or any related and/or associated conditions.
2. Any injury that happens while **you** are under the influence of drugs, except those drugs prescribed by a **doctor** and administered in accordance with the correct dosage amount.
3. Claims whilst being involved in any illegal or irresponsible activities.
4. If the injury was caused by an illness, disease or disorder.
5. Injuries that arise from, can be traced back to, or are caused by any gradually developing bodily deterioration, regardless of what caused that deterioration.
6. If the injury results from any medical condition whether diagnosed or not that **you** knew about at the start date of this **policy** or has suffered in the 12 months before this policy started.
7. Fractures claims where osteoporosis was diagnosed or known about.
8. Any injury that is self-inflicted or caused by attempted suicide.
9. Injuries to a **child** under 30 days old or over age 18 (23 if a full-time student).
10. Any claim after **you** turn 65 years old.
11. Injuries caused by any medical or surgical procedures.
12. Any injury as a result of taking part in professional sports.
13. Any injury caused by the use of or release of any nuclear weapon or device or chemical or biological agent.

General conditions

Multiple Policies

You can only have one personal accident policy with **us**. If **you** have more than one, **you** can only claim under one of those policies.

Sanctions

No cover shall be provided, and no payment shall be made under this policy, including return of premium, to the extent that such provision or payment would expose us to any sanction, prohibition, or restriction under United Nations resolutions or the trade or economic sanctions laws or regulations of the United Kingdom, European Union, United States of America, or any other jurisdiction whose laws are applicable to this contract. Our obligations shall be suspended for the duration of such exposure.

Suspension Period

We may declare a suspension period in the event of a public announcement of the formation and deployment of 2,000 or more UK Service personnel to take part in and continue to be deployed in an armed conflict, either actual or imminent. The suspension period may take effect immediately or at a specified future date and will operate as follows:

- New applications or increases in cover will not be accepted by **us** during a suspension period or 30 days before a suspension period starts.
- Any premium received by **us** for applications or increases in cover during the 30 days before a suspension period commences will be refunded.
- Cover starting more than 30 days before the start of a suspension period will not be affected.

Your personal Information

Information about how Forces Mutual collect, use, share, transfer and store **your** personal information, and information about **your** rights in relation to the personal information which Forces Mutual hold about **you**, can be found in the terms of business provided in **your** new business documentation. Alternatively **you** can read Forces Mutual's full Privacy notice online at: www.forcesmutual.org/about/privacy-policy

We collect and maintain personal information in order to administer this policy and provide the service detailed within this policy wording. All personal information is safeguarded with appropriate levels of security and in accordance with the Data Protection Act.

We will only share **your** information in the following circumstances:

- It is allowed by law
- It has been authorised by **you**
- It is to prevent fraud
- It is provided to recovery operators or other suppliers as required to fulfil **our** obligations in this policy wording and in which case **your** information will be limited to the minimum information ordinarily required.

Under the terms of the Data Protection Act **you** have the right to ask for a copy of any personal information **we** hold about **you**. **You** also have the right to ask for correction of any information held. Any inaccurate or misleading data will be corrected as soon as possible.

SiriusPoint International Insurance Corporation Privacy Notice

Personal data provided in connection with this policy will be used and processed in line with Our Privacy Notice for Policyholders. A copy of this is available at:

<https://www.siriuspt.com/uk-eu-privacy-notice-for-policyholders-8-oct-2021/>

Financial Services Compensation Scheme

The Financial Services Compensation Scheme covers this policy. **You** may be entitled to compensation from this scheme if **we** cannot meet **our** liabilities under this policy. Further information about compensation scheme arrangements is available at www.fscs.org.uk or by telephoning 0207 741 4100.



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