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CLAIMS SERVICES INTERNATIONAL LTD

Unum Life Assurance Master Plan (A) - LAMP(A) **(also known as the Unum Registered Master Trust)**

Please carefully read the following notes and the Notice of Participation before completing and signing the form.

All you need to know about LAMP(A) is on www.unum.co.uk under Trust Choices.

Notice of Participation

The employer which is the policyholder of the Unum Group Life policy must complete the Notice of Participation:

- at the start of the policy, which is to have benefits paid out through LAMP(A)
- at the time the lump sum benefits under the policy are switched to be paid out through LAMP(A)
- Note there are 2 versions:
 - for a Limited Company/PLC/LLP
 - for a Partnership
- Company signs in accordance with its normal practice.
- Partnership signs with two witnesses. It is assumed that two Partners have been given the power of attorney to sign for the other Partners.

Please scan and send a copy to Unum and retain the original for your records.

Who can use LAMP(A)?

LAMP(A) can be used by any employer taking out a Registered Group Life policy with Unum. Any benefits from the policy are payable to the trustees to be distributed in accordance with the LAMP(A) trust deed. The policyholder must keep the policy up to date as normal, including paying premiums.

What can be paid out through LAMP(A)?

LAMP(A) covers lump sum benefits for PAYE taxed employees. Dependants' pensions are not covered and Schedule D taxed individuals cannot be included as members.

CLAIMS SERVICES INTERNATIONAL LIMITED

Telephone: 01306 887733 Facsimile: 01306 873164 Registered Office: Milton Court, Dorking, Surrey, RH4 3LZ.
Registered in England 2661656. Claims Services International Limited is a member of the Unum Group of Companies.

UP1920 02/2019

Unum Life Assurance Master Plan (A)

PSTR Number: 00756926RC

Company

Company Registration Number

Policy

Unum Quotation number (or Online Reference Number) OR
Unum Registered Group Life policy number (if allocated)

Participation Date

*(if the form is signed later than the **participation date**, participation will only start from the date the form is signed below)*

This Notice of Participation is made in accordance with clause 9 of the Unum Life Assurance Master Plan (A) (the “**plan**”) trust deed dated 23 January 2019 (the “**trust deed**”) and established for the purpose of providing lump sum benefits on death.

In this Notice of Participation, terms have the meanings given to them in the **trust deed**.

The **company** is the policyholder of the **policy** which is a registered group life assurance policy issued by Unum Limited providing lump sum death benefits for some or all of its employees.

The **company** has authority to act as the agent of any other company or partnership, participating in a **policy** issued to the **company** by Unum Limited, for the purposes of the **plan**.

The **company** undertakes for itself and each other company participating in the **policy**, to comply with all of the provisions of the **plan** and comply with any applicable laws relating to matters arising during the period of their participation so far as they relate to it and its **members** (or, where applicable, their survivors).

The **company** shall pay (or procure payment of) all **premiums** due in respect of their **members** as required by the **policy**.

The **company**, acting for itself and each other company participating in the policy, wishes to participate in the **plan** from the **participation date**.

Signed on behalf of the **company**

 Director

 Director/Secretary

..... Full name (please print)

..... Full name (please print)

Date	<i>This form should be signed and dated on or before the participation date</i>
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For the avoidance of doubt, nothing in the Notice of Participation shall confer any **benefit on members** unless a valid **policy** is in place, and the provisions of the **trust deed** shall prevail over this Notice of Participation.

A participating employer shall cease to participate in the Unum Life Assurance Master Plan (A) on the date they no longer have cover under a policy with Unum Limited.

The sponsor of the Unum Life Assurance Master Plan (A) is Claims Services International Limited (CSI) which is a subsidiary of Unum Limited.

Unum Life Assurance Master Plan (A)

PSTR Number: 00756926RC

Partnership

Policy	Unum Quotation number (or Online Reference Number) OR Unum Registered Group Life policy number (if allocated)
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Participation Date

*(if the form is signed later than the **participation date**, participation will only start from the date the form is signed below)*

This Notice of Participation is made in accordance with clause 9 of the Unum Life Assurance Master Plan (A) (the “**plan**”) trust deed dated 23 January 2019 (the “**trust deed**”) and established for the purpose of providing lump sum benefits on death.

In this Notice of Participation, terms have the meanings given to them in the **trust deed**.

The **partnership** is the policyholder of the **policy** which is a registered group life assurance policy issued by Unum Limited providing lump sum death benefits for some or all of its employees.

The **partnership** has authority to act as the agent of any other company or partnership, participating in a **policy** issued to the **partnership** by Unum Limited, for the purposes of the **plan**.

The **partnership** undertakes for itself and each other company participating in the **policy**, to comply with all of the provisions of the **plan** and comply with any applicable laws relating to matters arising during the period of their participation so far as they relate to it and its **members** (or, where applicable, their survivors).

The **partnership** shall pay (or procure payment of) all **premiums** due in respect of their **members** as required by the **policy**.

The **partnership**, acting for itself and each other company participating in the policy, wishes to participate in the **plan** from the **participation date**.

Signed on behalf of the **partnership**

 Signature

 Signature

..... Full name (please print) Acting as attorney of the partners in the presence of
--

..... Full name (please print) Acting as attorney of the partners in the presence of
--

 Witness' signature

 Witness' signature

..... Full name (please print)

..... Full name (please print)

Date	<i>This form should be signed and dated on or before the participation date</i>
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For the avoidance of doubt, nothing in the Notice of Participation shall confer any **benefit on members** unless a valid **policy** is in place, and the provisions of the **trust deed** shall prevail over this Notice of Participation.

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