

| Retirement | Investments | **Insurance** |



Flexible Protection Cover

Taking financial care of your loved ones



You're safe in the hands of Aviva

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You're in safe hands with Aviva

At Aviva, we provide 33 million customers* around the world with insurance, savings and investment products. We're a leading insurer in Ireland and part of the Aviva group, which operates across 16 markets in Europe, Asia and Canada.

We combine strong life insurance, general insurance and asset management business under one powerful brand.

We also have a clear set of values, which guides everything we do. We aim to put customers first and care passionately about their needs, work to challenge the status quo and put things right. This approach means we'll be here for our customers and our communities today, tomorrow and for many years to come.

*Source: [aviva.com](https://www.aviva.com), March 2019.

What is flexible protection cover?

Who knows what will happen next in our lives? We always hope it will be something good, but nothing in life is certain. You can't always stop bad things happening, but you can protect yourself from some of the financial uncertainties that come with unexpected events in your life.

Flexible protection cover is life insurance. It's a practical way to make sure you have financial protection in place for your family if the worst were to happen. Your cover will pay out a cash lump sum if you die during the term of the plan. Your loved ones can use this money to help settle any outstanding debts or loans, pay off a mortgage, pay bills, whatever it takes to make them financially secure. It's hard to underestimate how valuable that financial peace of mind can be at a difficult time.

You can also give you and your family even more financial security by adding specified illness cover to your life insurance. This will help you cope financially if you're diagnosed with one of the specified illnesses we cover.

Making sure your family will be taken care of financially if something happens to you is one of the most important decisions you will ever make. Our flexible protection cover will help you do just that.

How does flexible protection cover work?

Flexible protection cover lets you choose your own combination of life insurance and/or specified illness cover. With this plan, you can get just the right combination of protection for the amount and length of time you need it.

The level of cover you choose will depend on your own family circumstances. At the very least, you need to think about the amount your family will need to cover basic expenses if they lose your income.

Five questions to ask yourself

- **How much cash might your family need?**
- **How long do you want the cover to last?**
- **Do you want to cover just yourself or do you want to cover you and your spouse or partner?**
- **Do you want to make sure your cover keeps in line with inflation?**
- **Do you want to add a conversion option to extend your cover at the end of the initial contract without the need for a medical assessment?**



How much will it cost?

The cost of your flexible protection cover will depend on a number of different factors.

These include:

- **the plan you choose – life protection, stand-alone specified illness cover or a combination of both**
- **the amount of protection you need**
- **the period of cover – the longer the term, the higher the cost**
- **whether you smoke – smokers pay more for cover**
- **your current state of health – if you're in poor health, your premiums will be higher**
- **whether you cover one life or two**
- **whether you want to add other options like index linking your cover or a conversion option.**

Your Financial Broker can talk you through the full details of the plan and help you decide which options best meet your needs.





Choose a flexible protection plan to suit you

We have two plans for you to choose from. Our level term assurance plan gives you a set amount of life cover for a specified length of time. Alternatively our convertible term assurance is a level term assurance plan with an option to extend your cover in a follow-on plan without the need for a medical assessment.

If you'd like to talk these through with someone, a financial broker can talk you through all your options and help you make the right decision for you. There is no need to do this on your own.

Conversion Option

Depending on the benefits chosen under your original plan, this could be a new Life cover and/or Standalone specified illness or Accelerated specified illness plan. This option will only apply if specifically chosen by you at outset and may be excluded from your policy if you are accepted for cover at special terms. You may exercise your conversion option at any time before your 85th birthday (or 70th birthday if you have chosen a specified illness benefit). If you wish for your new plan to include a conversion option, you must exercise your conversion option before your 83rd birthday (or 65th if you have chosen a specified illness benefit). For joint life and dual life plans, the age of the elder life will be the age taken into account.

If you select the conversion option, you can select any term for your cover from 2 to 50 years for life cover or from 5 to 40 years for Specified illness cover. You can convert the plan to a new plan at any time before expiry, without the need to provide further medical information.

Important: Aviva Life & Pensions Ireland DAC reserves the right to offer alternative cover options for conversion should Flexible Protection cover be unavailable.

You may exercise this option at any time during the original policy term, without needing to supply us with any further medical evidence no matter what your state of health is at the time.

This conversion option is subject to the following conditions:

- **The amount of your cover under the new policy cannot be higher than it was under the original plan**
- **The premiums payable to the new plan will be calculated based on your age, smoker status and on the rates applying at the time of conversion for the plan selected. If any special terms were applied to your original policy, these will also be applied to your new policy on conversion.**
- **The person or persons to be covered under the new policy must be the same as under the original policy.**
- **The new plan will be subject to the standard conditions then applying to that type of policy.**

What is specified illness cover?

Specified illness cover provides a lump sum cash payment which enables you to take care of yourself and your family if you're diagnosed with one of the conditions we cover.

Being diagnosed and suffering from a serious illness can be emotionally and physically draining. It can disrupt your ability to earn a living or care properly for yourself and your family. You may need to adapt your home or even move house. Specified Illness cover offers you protection from the financial impact a specified illness may bring.

Adding specified illness cover to your plan gives your family extra financial security as you'll get a lump sum payment if you're diagnosed with any of a specific set of illnesses. The plan only pays out once, so if we pay out when you are diagnosed, your cover will end.

There are two ways you can take out Specified Illness Cover – as Standalone cover or as an Accelerated plan.

- Standalone cover that means it is taken out as a benefit on its own and is completely independent of any life cover you may take out.
- Accelerated cover is life cover with a specified illness cover element. Under this cover, the plan 'accelerates' the payment of the specified illness cover on the earlier diagnosis of a condition covered under the plan. If a specified illness payment is made, the life cover amount is reduced accordingly. If no specified illness claim is made, the full sum insured is paid on death.

Whether you make a speedy recovery or you have to cope with spells in hospital, operations, debilitating treatments, a lengthy recuperation or even permanent disability, specified illness cover can provide a one-off lump sum to help you through.





Specified Illness Cover

Full payment illnesses

Specified Illness covers 47 illnesses on a full payment basis. This means that if you suffer one of these illnesses and satisfy the definition while on cover, we will pay the full amount for which you are covered.

Alzheimer's disease or dementia – resulting in permanent symptoms	Loss of Independent Existence
Aorta graft surgery – for disease	Loss of speech – permanent and irreversible
Aplastic anaemia – of specified severity	Major organ transplant
Bacterial meningitis – resulting in permanent symptoms	Motor neurone disease – resulting in permanent symptoms
Balloon valvuloplasty	Multiple sclerosis – with persisting symptoms
Benign brain tumour – of specified severity	Multiple system atrophy – resulting in permanent symptoms
Benign spinal cord tumour	Open heart surgery – with median sternotomy
Blindness – permanent and irreversible	Paralysis of limbs – total and irreversible
Cancer – excluding less advanced cases	Parkinson's disease – resulting in permanent symptoms
Cardiac arrest – with insertion of a defibrillator	Peripheral vascular disease – with surgery
Cardiomyopathy – of specified severity	Primary pulmonary hypertension – of specified severity
Coma – resulting in permanent symptoms	Primary sclerosing cholangitis – of specified severity
Coronary artery by-pass grafts – with surgery to divide the breastbone	Progressive supranuclear palsy – resulting in permanent symptoms
Creutzfeldt-Jakob disease – resulting in permanent symptoms	Pulmonary artery replacement – with surgery to divide the breastbone
Deafness – permanent and irreversible	Severe Crohn's disease - with persisting symptoms that has not responded to surgical intestinal resection
Devic's disease - with persisting symptoms	Severe lung disease - of specified severity
Encephalitis – resulting in permanent symptoms	Short bowel syndrome - requiring permanent total parenteral nutrition
Heart attack – of specified severity	Stroke – resulting in permanent symptoms
Heart valve replacement or repair	Systemic lupus erythematosus – with severe complications
HIV infection – caught from a blood transfusion, a physical assault or at work in an eligible occupation	Terminal illness
Intensive care – requiring mechanical ventilation for 10 days	Third degree burns – covering 20% of the body's surface area
Kidney failure – requiring dialysis	Total pneumonectomy
Liver failure – end stage	Traumatic head injury – resulting in permanent symptoms
Loss of hands or feet – permanent physical severance	

Partial payment illnesses

Specified Illness covers 19 illnesses on a partial payment basis. If you are eligible to claim for one of these, we will pay €20,000 or half of your cover amount, whichever is lower. One exception to this is Angioplasty – single vessel for which we pay €5,000 or half of your cover amount, whichever is lower.

Angioplasty – single vessel – for coronary artery disease of specified severity	Low grade prostate cancer
Angioplasty – two or more vessels – for coronary artery disease of specified severity	Paralysis of limb – total and irreversible
Carcinoma in situ of the breast – with surgery to remove the tumour	Serious accident cover – resulting in at least 28 consecutive days in hospital
Carcinoma in situ of the oesophagus – with surgery to remove the tumour	Significant visual impairment - permanent and irreversible
Carcinoma in situ of the urinary bladder – requiring surgical removal	Single lobectomy – for disease or trauma
Cerebral abscess – requiring surgery	Surgical removal of one eye
Cerebral aneurysm – with surgical repair	Syringomyelia or Syringobulbia
Cerebral arteriovenous malformation – requiring surgery	Third degree burns – covering 5% of the body's surface area
Crohn's disease – treated with surgical intestinal resection	Ulcerative colitis – treated with total colectomy (removal of the entire bowel)
Loss of hand or foot – permanent physical severance	

You can't claim under both a partial payment specified illness and a full payment specified illness for related conditions if the diagnoses or events leading to a claim are within 30 days of each other. In these circumstances, the total amount we pay will be the full payment specified illness cover amount.

Once you claim your full specified illness cover payment, you will have no specified illness cover left and no option to claim for a partial payment.

Precise definitions of the specified illnesses and disabilities covered are set out in your Policy Document – together with details of any time limits that apply. In particular, you will need to survive for at least 14 days after the onset of the illness or disability. Any claim for benefits must be made within the time limits specified in the Policy Document.

For further information see the Specified Illness Definitions Guide which provides a full 'layman's' explanation of the specific illnesses that the plan covers, as well as the exclusions and restrictions that apply.

Automatic additional benefits with your serious illness cover

Advance payment of the specified illness benefit	<ul style="list-style-type: none"> If you need a particular surgery (as listed in the policy conditions), we'll pay out 50% of the specified illness benefit to a maximum of €30,000.
Supplementary / partial payment for specified illnesses	<ul style="list-style-type: none"> In addition to the 47 specified illnesses where we'll pay out fully, we also cover 19 further illnesses where we'll pay out up to €20,000 on diagnosis.

Cover for a child

Your plan also provides cover for your children. By "children" or "child" we mean any child, stepchild or adopted child of yours who is aged 30 days or more and who is under the age of 21 or under the age of 25 if in full time education.

Children's specified illness cover	<ul style="list-style-type: none"> We cover children for the same specified illnesses as you. For full payment illnesses, we cover children for €25,000 or half of your cover amount, whichever is lower. For partial payment illnesses, we cover children for €5,000 or a quarter of your cover amount, whichever is lower. As we don't ask for any medical details about your children before including them in your plan, we won't cover them for a specified illness if the: <ul style="list-style-type: none"> › condition was present at birth › symptoms first appeared before the child was covered › child dies within 14 days of diagnosis.
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Protect Plus – Additional extra benefits

At Aviva, we believe that life protection goes beyond helping you with financial protection.

That's why we add a number of benefits to your plan at no extra cost. These benefits are available as long as your plan lasts. So, no matter what life throws at you, you get a little help along the way.

Here's a list of what you get:

Accidental death benefit	<ul style="list-style-type: none"> This cover kicks in from the moment you send us a fully completed and signed application form and direct debit mandate. You get cover for accidental death up until we accept or decline your application. We will pay out the lower of the life cover amount being applied for and €150,000. We will only pay once under this benefit in respect of any life insured regardless of the number of life cover policies or applications for life cover a person has with Aviva.
Terminal illness benefit	<ul style="list-style-type: none"> We'll pay out the life cover amount if you're diagnosed with an advanced or rapidly progressing incurable illness. Your life expectancy must be less than 12 months in the opinions of both an attending consultant and our Chief Medical Officer.
Children's life cover	<ul style="list-style-type: none"> We cover each of your children for €5,000 life cover for as long as you are covered. We will only pay one claim for each child, no matter how many plans you have with us.





Our claims experience

At Aviva, we pride ourselves on our sensitive and personal approach to claims management. We make sure we pay valid claims as promptly as possible. Honesty, openness and integrity are vital to our claims handling principles and procedures.

When managing claims, we apply several principles and procedures to make sure our process is fast, efficient and fair for everyone. These include:

- **personal handling of every claim from the first moment of contact**
- **encouraging you to tell us about a claim as soon as possible, so we can make quick decisions**
- **making sure you thoroughly understand your policy benefits and our claims process**
- **resolving any disputes professionally and fairly through our dispute procedures and our participation in the Statutory Ombudsman Scheme.**

Because our claims assessors have extensive experience in listening to claimants' questions and issues, we involve them in the design of our products. This means we should meet your expectations both for

the cover we offer and the service we give you if you need to claim. It all helps ease the worry and stress of what can be a very difficult time for you.

We all know that when you're ill, even simple things can seem difficult. Our Health Claims team are on hand to help you fill in the application form and explain our claims procedure in more detail. Once we receive your claim form, we'll assign a claims assessor to look at and manage your claim from start to finish.

How to contact us

If you find you need to talk to someone in our claims team, please call our helpline on **1890 882 019**.



And you also get benefits exclusive to Aviva...

As part of your flexible protection plan, we also give you several benefits unique to Aviva – and you don't pay a penny extra for them.

Best Doctors® Second Medical Opinion

Being diagnosed with a serious illness is emotionally overwhelming for most people. If it happens you, you'll have a lot of questions.

- **What happens now?**
- **Is the diagnosis correct?**
- **What's the treatment?**
- **How can I be sure it's right?**

At Aviva, we know you need answers when you're faced with a medical problem.

That's why we give you access to the Best Doctors Second Medical Opinion service at any time during your policy – right from the first day of cover. And, as we already mentioned, you don't pay anything more for this service.

What does Best Doctors do?

Best Doctors provides independent and objective medical information, advice and recommendations from leading medical experts. It helps make sure your diagnosis is accurate and you're aware of the most appropriate treatment options available.

The information is completely confidential and goes directly to you. Best Doctors supports your treating doctors, it doesn't replace them. We encourage you to share the findings of your expert medical review with your own GP and/or treating consultant(s) and decide together the best course of action.

You can even use the service for conditions diagnosed before you took out your Aviva plan.

Does Best Doctors Second Medical Opinion service only cover me?

No, it also covers your:

- **spouse or partner**
- **children up to the age of 18 (or 23 if in full-time education)**
- **parents**
- **spouse's or partner's parents.**

How do I get access to Best Doctors Second Medical Opinion service?

Call the confidential Member Care Centre on **1800 882 342** at any time of the day or night, seven days a week.

Once you've called us, we'll give you a dedicated case manager to look after your claim.



Aviva Life & Pensions Ireland does not guarantee the on-going availability of the Best Doctors - Second Medical Opinion Benefit to its policyholders and may, at its sole discretion, withdraw access to the service at a month's notice. If we withdraw it, we'll write to notify policyholders at least 31 days in advance of its removal.

Best Doctors Second Medical Opinion is not a regulated financial service.

Aviva Family Care

Aviva Family Care is a counselling and support service provided by Workplace Options. Each of our protection policies includes access to short-term counselling and carer support information services

This means that when you take out a protection policy with us, you can relax, safe in the knowledge that we'll be there for you and your family when it really matters.

What does Aviva Family Care offer?

Workplace Options is an organisation offering face-to-face or telephone based short-term counselling for you and your family. It helps with mental wellness issues such as bereavement, work-related stress and relationship breakdown.

When you get in touch, you'll have an initial telephone assessment session with a qualified clinician. This will help the service understand what type of support you need and whether short-term counselling is right for you. If it is, the clinician will agree clear goals with you. After that, the service will match you with a face-to-face counsellor who is qualified to meet your needs.

Does Aviva Family Care only cover me?

No, it also covers your:

- **spouse or partner**
- **dependent children over the age of 18**
- **your parents**

How do I get access to Aviva Family Care?

Call the confidential line on **1800 490 390** at any time of the day or night, seven days a week.

You'll be able to discuss the help you need with a qualified clinician.



Aviva Life & Pensions Ireland does not guarantee the on-going availability of the Aviva Family Care Benefit (Workplace Options Counselling services) to its policyholders and may, at its sole discretion, withdraw access to the service at a month's notice. If we withdraw it, we'll write to notify policyholders at least 31 days in advance of its removal.

Workplace Options Counselling and Carer Support Service (who provide the Aviva Family Care Benefit) is not a regulated financial service.

Key Product Information

Who is eligible?

You can apply for Flexible Protection Cover if you are aged between 18 and 74 (please see the table below for full details). You will need to complete an application form, giving us full details of your state of health – and it is possible that we may ask you to undergo a medical examination (at Aviva's expense). We might not be able to give you conversion option under this plan if we cannot offer you cover at standard rates.

	Age next birthday at entry	Age next birthday at cessation	Term
Minimum – Life cover	19	21	2 years
Minimum – with Specified Illness cover	19	24	5 years
Maximum – Life cover (level)	75	90	50* years
Maximum – Life cover (convertible)	65	85	50* years
Maximum – Specified illness cover (level, accelerated)	70	75	40** years
Maximum – Specified illness cover (convertible)	60	70	40** years

*subject to age 85 / **subject to expiry of conversion option at age 70

Premium payments

Premiums can be paid monthly or annually in advance by direct debit only. If you then wish to change from paying monthly to paying yearly – or vice versa – you may do so on any anniversary date. All premiums should be paid promptly – although we will allow up to 30 days of grace to cover the late payment of a premium. If a premium is delayed any longer, the plan will lapse and your cover will stop. If you do not claim during the period of cover, the plan will expire and no benefit will be payable. If you stop paying the premiums early, your cover will stop and the plan will have no cash-in value.

Minimum premium

The minimum premium is €10 monthly or €120 yearly per policy.

Joint life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness Cover under a joint life plan claims a death benefit or full payment specified illness benefit under the plan, that benefit will stop. In the case of Double Cover, reduced premiums will apply for any remaining benefit.

Dual life premiums

If one of the lives insured for Life Cover, Standalone Specified Illness or Accelerated Specified Illness cover under a dual life plan claims a benefit under the plan, that benefit in respect of the claimant will stop and reduced premiums will apply for any remaining benefit. Premiums for the second life insured's cover will continue to be payable.

No cash-in value

Your Flexible Protection Cover won't ever have a cash-in value. So, at the end of your chosen term – or, if you stop paying the premiums earlier – your cover will stop and no payment will be made.

Reinstatement

If your Flexible Protection Cover lapses, you may reinstate it at any time within the following 6 months. This reinstatement will be subject to you providing us with satisfactory evidence of your ongoing good health – and paying all the outstanding premiums, plus any late payment charge.



Assigning your plan

The plan may be assigned to a third party – an option that may be useful if you ever borrow money from a bank, as most lenders will need to know that, if something happened to you, there should be enough money available to repay their loan

Writing the plan under trust

You may ask for your plan to be issued ‘under trust’. You can do this on any Life Insurance benefit under your plan. This could have two main advantages: You can specify exactly who you would like to receive the benefit on your death – and, if you choose more than one person, you can specify the amounts to be received by each of them. The payment of the benefit should be quicker – as we wouldn’t have to wait for a grant of probate or letters of administration before making a payment to the trustees of your policy.

Replacing an existing policy

If you are thinking of starting Flexible Protection Cover to replace an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, you should make sure that you are fully aware of the financial consequences of replacing an existing policy. If you are in any doubt about this, please speak to your Financial Broker

Medical evidence

You will be asked to complete an application form, giving us details of your medical history. According to the answers you give and the amount of cover that you have requested, we might need further information. In some circumstances, we may ask you to attend a medical examination at our expense. All the questions on the application form must be answered fully and accurately. If you are not sure whether or not to give us any information about your past or present health, you should do so. If you don’t tell us about something important, it could mean that we don’t pay a claim.

Territorial limits (Only applies to plans with Specified Illness Cover)

A claim for a specified illness will be invalid if you are resident outside of the European Union, Western Europe (Andorra, Channel Islands, Gibraltar, Iceland, Isle of Man, Liechtenstein, Monaco, Norway, San Marino, Switzerland and the United Kingdom), Australia, Canada, Hong

Kong, New Zealand, Singapore, South Africa, United Arab Emirates and/or United States of America, for more than 13 weeks in the 12 consecutive calendar months immediately preceding a claim.

Exclusions applying to specified illness and terminal illness benefits

We will not pay any Specified Illness benefits or Terminal Illness benefits, where the disability or illness is caused by intentional self-inflicted injury, failure to follow reasonable medical advice or by alcohol, solvent or drug abuse. Specified Illness benefits or Terminal Illness benefits will also be excluded if they are caused by war or civil war; wilful participation in acts of violence; flying other than as a passenger on a recognised airline; participating in a dangerous pastime or pursuit; or any breach of the criminal law. The exclusions are described more fully in your policy document.

Accidental death benefit

We will provide you with free accidental death cover while your application is being considered. Accidental death means a death occurring before age 65 and within 12 months of an accident due to accidental bodily injury arising solely and directly from external violent, visible and accidental causes, totally independent of any physical or mental illness or infirmity.

Your accidental death cover will start on the day we receive your fully completed application and continue until the earliest of three dates:

1. the end of 3 month, or
2. the date that the cover provided by your plan comes into effect, or
3. the date you are informed that your application has not been accepted at ordinary rates.

Should death occur within 12 months of an accident that occurred while Accidental Death Benefit was in place, the full amount of life assurance cover for which you have applied will be paid out, up to a maximum of €150,000. In the case of a joint plan this immediate cover benefit will be payable on “first death” basis. This means that, whichever one of you dies first, the benefit will be paid to the survivor. If the plan has been effected on a dual life basis, then the immediate cover benefit will be payable on the death of each life. We will only pay once under Accidental Death Benefit in respect of any life insured

regardless of the number of policies or applications for life cover a person has with Aviva.

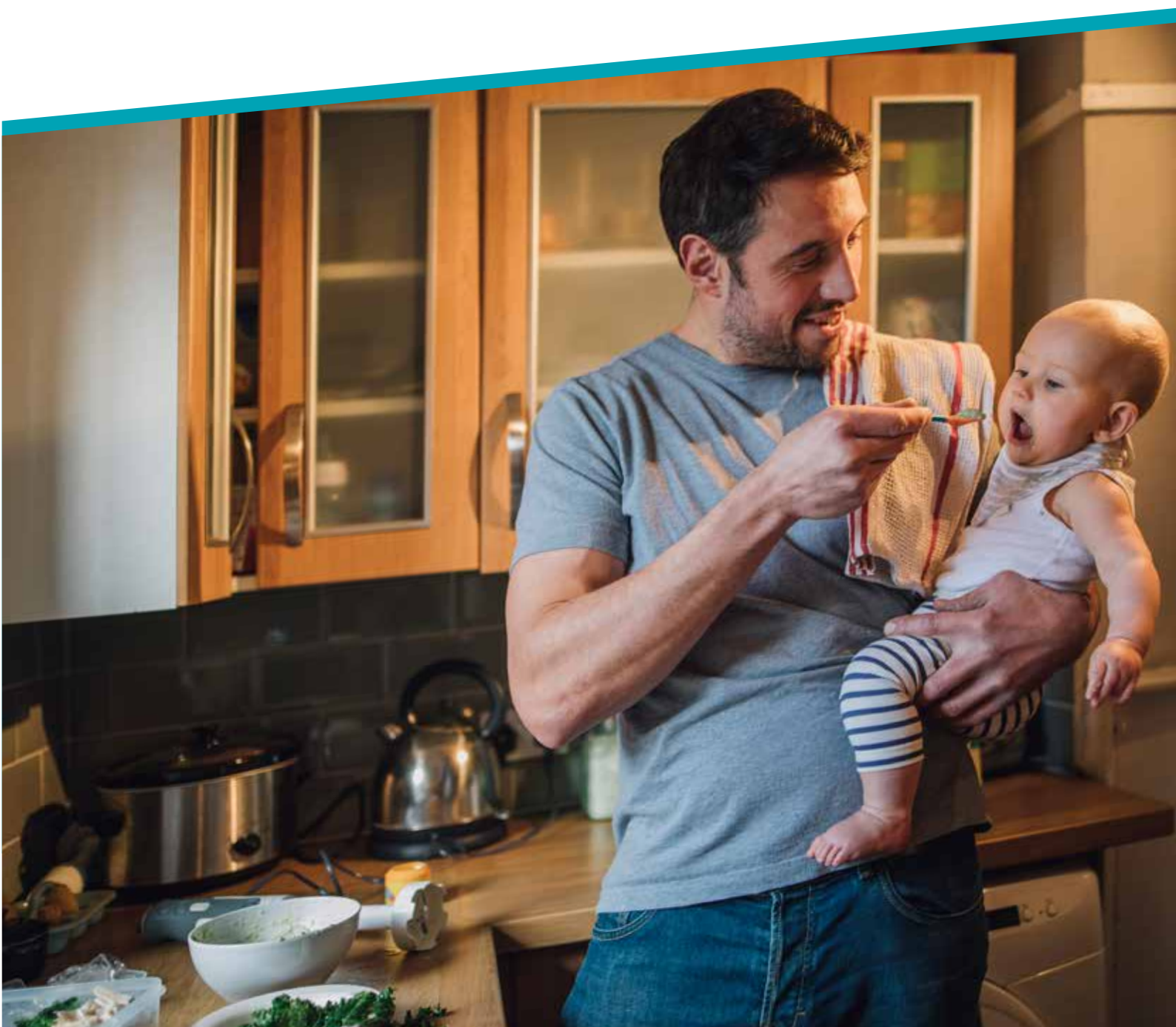
Accidental Death Benefit will not be paid if death is caused directly or indirectly by any of the following: self inflicted injury including suicide or attempted suicide; engaging in a hazardous pursuit; war (whether declared or not, riot or civil commotion); taking alcohol or drugs (unless they are prescribed by a registered doctor in the Republic or Ireland); committing, attempting or provoking an assault or criminal offence; taking part or attempting to take part in any aerial flight other than as a fare paying passenger on a licensed airline; death in a country outside the EU, Channel Islands, Gibraltar, Isle of Man or the United Kingdom; engaging in a hazardous occupation; an assault on the covered person which

is not reported to the police; disease, bodily or mental infirmity or surgical treatment of these or where the covered person acts against medical advice.

Notification of death must be received by Aviva Life & Pensions Ireland DAC at our registered office, Aviva Life & Pensions Ireland DAC, One Park Place, Hatch Street, Dublin 2,

Other Exclusions & Restrictions

Some additional exclusions and restrictions may apply to this plan and both the automatic and optional benefits attached to it. These are outlined in detail in your Policy Conditions.



Key Contacts

If you have any questions about your Flexible Protection Plan, you should contact your Financial Broker or our customer service team:

In writing

Customer Experience Department,
Aviva Life & Pensions Ireland,
One Park Place, Hatch Street, Dublin 2.

By phone

1890 64 64 64

By email

csc@aviva.com

Web

www.aviva.ie

To enable Aviva to assess the quality and consistency of its customer service, phone calls to and from our office may be recorded for training and verification purposes.

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youtube.com/avivaireland

A commitment to quality service

Aviva Life & Pensions Ireland is committed to providing the highest possible standards of customer service. However, if you are ever unhappy with any aspect of our service, do please let us know. We take all complaints very seriously and will aim to put things right as quickly as possible.

If you wish to complain about any aspect of the service you have received, please contact, Aviva Life & Pensions Ireland, One Park Place, Hatch Street, Dublin 2. If your complaint is not dealt with to your satisfaction, you may complain to:

Financial Services and Pensions Ombudsman

Address: 3rd Floor, Lincoln House,
Lincoln Place, Dublin 2

Lo-call: +353 1 5677000

E-mail: info@fspo.ie

Website: www.fspo.ie

Full details of the remit of the Financial Services and Pensions Ombudsman can be obtained directly from their office.

