

Key Features of the AXA Multiplan

This document gives you information about the types of cover and options available through the AXA Multiplan, to help you make an informed decision about the protection cover you need. Please read it with your personal illustration, which shows the initial contributions that you will be required to make for the cover you have selected. Please read both documents carefully and keep them in a safe place. This document is effective for policies with a quotation produced on or after April 16th 2007.

Its aims

- To provide cover which will pay out on:
 - Death only, or
 - Death or earlier critical illness/disability.
- To provide an amount of cover you choose for as long as you wish it to continue.
- To allow you to change the level of cover as your circumstances and needs change.

Your commitments

- You need to:
 - provide us with all of the information we ask for in the Application Form correctly and to the best of your knowledge and belief. If you do not do this we may not pay your claim;
 - tell us if there are any changes to the information you give us about your personal health, family history, occupation or residence, or if you take up any hazardous leisure activities, between signing the Application Form and when your plan starts. If you do not do this, we may not pay your claim;
 - make sure you understand the circumstances when we will not pay a claim.
 - ensure that the type, level and period of cover that you choose are appropriate to your needs;
 - continue to make regular contributions for the duration of your plan; and
 - increase your contributions each year when you have chosen the indexation option for contributions.

To maintain the guaranteed level of cover, you must follow our recommendations about your contributions after each plan review.

Please see '**How do plan reviews work?**' on page 8.

If you want to make a claim, you must tell us as soon as possible. Please see '**Making a claim**' on page 11.

In your own interest, you should regularly review the cover in your plan with your Financial Adviser to ensure that it continues to remain appropriate for your needs.

Risk factors

- If any of the information you provide to us when you take out your plan is incorrect or incomplete, we may not pay your claim. This can either be information that you have provided to us yourself or information that we have received from your Financial Adviser on your behalf.
- There are some situations when we are unable to pay a claim. Please see the section '**When will the plan not pay out?**' on page 6. Any exclusions that are specific to you are shown with your policy schedule.
- We will not pay out if you suffer from a critical illness that is not covered by this plan.
- Your plan provides protection rather than investment. As a result there may be little or no cash-in value, even after many years, and you are unlikely to get back as much as you paid in, especially if you cash-in your plan early.
- If you stop making contributions your plan will only continue for as long as the cost of the cover can be met from the value of your plan.
- The chosen level of cover is guaranteed for the period shown in your personal illustration. At the end of this period and at regular intervals thereafter, we will review your plan and you may find that you have to pay a higher contribution to maintain your cover at the same level.
- If you choose Maximum Cover and you wish to maintain your cover beyond your first plan review date you will need to increase your contributions at the first plan review date and at each subsequent plan review. The nearer your chosen amount of cover is to Maximum Cover the more likely it will be that your contributions will have to increase at each plan review to maintain your chosen amount of cover.
- The cost of cover rises steeply as you get older and you may find that the increase in contributions needed to maintain your level of cover becomes unaffordable. You should pay close attention to the information shown on page 4.

Risk factors continued on page 2.

Special Risk Factors

Risk Factors (continued)

- The charges we make to meet the cost of the cover you have selected and the plan service fee may have to rise by more than we anticipated when we calculated your contribution. If this happens, this will reduce the value of your plan.
- There is no limit to the amount by which your contributions may increase but the method we use to calculate any increase will be fair and reasonable.
- The value of your plan depends on the value of the units allocated to your plan. You are able to choose the fund or funds in which we buy the units. The value of the units allocated is not guaranteed and can fall as well as rise.
- As some of the assets in the funds may not be held in Sterling, their value will also be dependent on changes in exchange rates.
- If you select the With Profits Funds, your bonuses may be affected by the cost of any guarantees that are applicable to both new and existing policies and the cash value of your plan may be reduced by the application of a 'market value reduction'. Please see 'What are the With Profits Funds?' on page 10.
- Investment growth may be lower than assumed.
- Inflation may reduce the value of any benefits payable.
- The Critical Illness definitions in this policy apply from April 2007, previous versions of Multiplan may have different definitions. If you are considering replacing or amending an existing plan, you should be aware that the cover you receive in this policy may differ. Please check with your Financial adviser if you require further information.

Special Risk Factors

Some funds carry particular risks because of the type of assets they invest in. Further information is available on request and should be read in conjunction with this Key Features document.

- **A Currency Risks** – Where a fund holds investments in a different currency to the fund, the value of the fund may rise and fall purely because of exchange rate fluctuations.
- **B Emerging Markets** – Emerging Market funds may be subject to large fluctuations in value and in our opinion such funds are high risk. Such funds can offer the potential for greater returns over the long term but this tends to be coupled with higher volatility.
- **C Smaller Companies** – The price fluctuations of funds investing in smaller companies may be greater than the price fluctuations of funds investing in larger companies.
- **D Income Funds** – Where a fund is managed mainly to produce an income, part or all of the manager's annual management charge may be charged against the capital of the fund, rather than against the income. Please note that charging all or part of the annual management charge to the capital of the fund might boost the income and the quoted yield, but may, therefore, constrain capital growth and could reduce the value of your investment.
- **E Specialist Sector Funds** – Investments in specialist sector funds, such as technology or healthcare, are considered to be higher risk due to their concentrated exposure to specific areas. Such funds can offer the potential for greater returns over the long term but this tends to be coupled with higher volatility.
- **F Property** – Cash in, or switches, from funds investing in property may be deferred by up to six months in exceptional circumstances. This is to enable property to be sold if necessary. The value of properties held is generally a matter of a valuer's opinion and not fact. From time to time valuations are carried out by independent chartered surveyors. Please note that any new or additional investment directed to the AXA Property Fund is currently limited to 50% of the new investment.
- **G Offshore Investment Funds** – An 'offshore' fund is one that has been established outside of the UK Mainland (e.g. Luxembourg). Investment in such funds may suffer higher taxation than investment in an equivalent UK based fund because income is taxed differently, and will be subject to different regulatory controls.
- **H Bond Funds Risks** – Companies issue corporate bonds in order to raise capital, so effectively investors in corporate bonds are loaning the company money. This means that the more financially secure a company issuing the bond is, the more likely it is that it will be able to pay back the loan. Less financially secure companies have a higher risk of default (on the loan). These higher risk bonds are sometimes known as 'sub investment grade' or 'junk' bonds. Funds that invest in these higher risk bonds also have an increased risk of default (on the loan). This means the capital value of the fund is more likely to be adversely affected as would the income being generated by the fund.
- **I Unit Trust Funds** – Where a fund invests in a unit trust there may be a cost to the fund to cover the buying and selling of underlying assets levied by the underlying unit trust manager. When this occurs there will be a negative affect on the performance of the fund.

Multiplan

What is Multiplan?

The AXA Multiplan is a regular contribution flexible whole of life plan under which you can choose the amount, period and type of cover which best suits your needs.

You should note that the plan is designed to provide protection rather than investment and is therefore unlikely to be suitable as a method of saving.

What types of cover can the plan provide?

You can decide on the type of cover you want.

- **Life Cover only** – pays out a cash sum if you die.
- **Life or Earlier Critical Illness/Disability Cover** – pays out a cash sum if you die, or are diagnosed to have a specified critical illness that meets our policy definition or become totally and permanently disabled.

We only cover the critical illnesses we define in our policy and no others.

- **Waiver of Contribution** – pays the contributions to the plan if you are unable to work for more than six months.
- **Accidental Death Benefit** – pays out a cash sum if you die in an accident.

What level of cover can you choose?

You are free to select an amount of cover between two limits. These limits are Standard Cover and Maximum Cover and are defined below.

Standard Cover

The level of cover that we expect to be able to maintain throughout your life without the need to increase your contributions. However, this is not guaranteed and your contributions may increase following a plan review if our claims experience has been worse than we had expected, or the investment return is lower or plan charges are higher than we had anticipated.

In calculating your contributions for Standard Cover, the key assumptions we use are:

- Investment return of 7.07% each year net of UK tax
- Charges remain at their current level throughout the lifetime of your plan.

Maximum Cover

The maximum level of cover that we guarantee to maintain until the first plan review date, which is normally ten years from the plan start date. The contribution required for Maximum Cover has been calculated to be sufficient for a period of 10 years, rather than throughout life, so the initial contribution required for Maximum Cover will be lower than for Standard Cover. However, the contribution you need to make to maintain your chosen level of cover on a Maximum Cover basis will rise significantly at each plan review and may become unaffordable.

Maximum Cover is most suitable for people who want temporary cover with an option to continue cover at a higher price at each plan review but without the need to provide further medical evidence. It is unlikely to suit those who wish to maintain a chosen level of cover throughout their lifetime.

In calculating your contributions for Maximum Cover, the key assumptions we use are:

- Investment return of 3.03% each year net of UK tax
- Charges remain at their current level until your first plan review date.

The Cost of cover

How much does the cover cost?

The cost of your cover will depend on your personal circumstances, for example:

- your age,
- your sex,
- your occupation,
- the nature of your pastimes,
- whether you smoke or not,
- your medical history

and on the amount and type of cover you choose.

Once your application has been assessed by our underwriters, your initial contribution in your personal illustration may increase depending on your personal circumstances. Any changes to the amount you pay will be agreed with you before your AXA Multiplan starts.

If you select a level of cover between Standard Cover and Maximum Cover, your contributions are likely to rise at each plan review. The nearer you choose your level of cover to Maximum Cover, the more the contribution will need to increase at each plan review to maintain your chosen level of cover.

Your personal illustration shows the initial contributions you need to make for the covers you have selected. Monthly contributions can be made by direct debit; yearly contributions may be paid by cheque or direct debit.

Can you change your cover?

You can increase or reduce the amount of your cover and alter your level of cover between Standard Cover and Maximum Cover at any time, but we may require up-to-date information about your health before we agree an increase.

Which critical illnesses are covered?

These headings are only a guide to what is covered. The full definitions of the illnesses covered and the circumstances in which you can claim are given in the policy. These typically use medical terms to describe the illnesses but in some cases the cover maybe limited. For example:

- some types of cancer are not covered,
 - to make a claim for some illnesses you need to have permanent symptoms.
- Please let us know if you would like to see a copy of the policy.
- The complete list of critical illnesses we cover is shown below.
- Alzheimer's Disease before age 70 – resulting in permanent symptoms*
 - Aorta Graft Surgery – for disease or traumatic injury*
 - Aplastic Anaemia – of specified severity
 - Bacterial Meningitis – resulting in permanent symptoms
 - Benign Brain Tumour – resulting in permanent symptoms*
 - Blindness – permanent and irreversible*
 - Cancer – excluding less advanced cases *
 - Cardiomyopathy – of specified severity
 - Coma – resulting in permanent symptoms*
 - Coronary Artery By-Pass Grafts – with surgery to divide the breastbone*
 - Creutzfeldt-Jakob Disease – resulting in permanent symptoms
 - Deafness – permanent and irreversible*
 - Heart Attack – of specified severity*
 - Heart Valve Replacement or Repair – with surgery to divide the breastbone*
 - HIV infection – caught in the UK from a blood transfusion, a physical assault or at work in an eligible occupation*
 - Kidney Failure – requiring dialysis*
 - Liver Failure – end stage
 - Loss of Independent Existence after age 60
 - Loss of Hands or Feet – permanent physical severance*
 - Loss of Speech – permanent and irreversible*
 - Major Organ Transplant*

- Motor Neurone Disease before age 70 – resulting in permanent symptoms*
- Multiple Sclerosis – with persisting symptoms*
- Paralysis of Limbs – total and irreversible*
- Parkinson's Disease before age 70 – resulting in permanent symptoms*
- Pre-Senile Dementia before age 70
- Progressive Supranuclear Palsy before age 70 – resulting in permanent symptoms
- Severe Lung Disease before age 70 – of specified severity
- Stroke – resulting in permanent symptoms*
- Terminal Illness
- Third Degree Burns – covering 20% of the body's surface area*
- Traumatic Head Injury – resulting in permanent symptoms*

* *The Association of British Insurers (ABI) model definitions are used.*

Except for business applications, Children's Cover is automatically built into your Critical Illness Cover and applies to your children from the date each child turns 30 days old and ending when they become 18 years old. It provides a lump sum benefit of the lower of:

- £15,000
 - 50% of the level of cover you selected for critical illness.
- if they meet the definition of any critical illness except for Total and Permanent Disability as set out in your policy provisions booklet. We will only pay one claim for each child and claims for children do not affect your cover. Pre-existing conditions are not covered.

What is Total and Permanent Disability Cover?

A cash sum is paid if a person covered becomes totally and permanently disabled. Disability is defined either in terms of your ability to:

1. follow an occupation; this may be your normal occupation or any other for which you are reasonably suited by training or experience, or
2. to undertake a minimum number of typical activities associated with daily living.

The definition of disability that we will use is determined by your age and the nature of your occupation when you apply.

Irrespective of the definition shown on your policy schedule, once you have reached the plan anniversary immediately prior to your 60th birthday we will use the definition shown in 2 above in all cases.

The disability must be permanent and irreversible.

What other Options are available?

What other options are available?

AXA Multiplan contains a number of options some of which allow you to increase or modify your cover without the need for additional medical underwriting. The available options are as follows:

- Indexation Option
- Child Birth Option
- Redundancy and Maternity Protection Option (non-qualifying plans only – please refer to your policy document)
- Change of Life Assured Option
- Cash Withdrawal Option (non-qualifying plans only – please refer to your policy document)
- Replacement Option
- Business Assurance or UK Inheritance Tax Option*
- UK Inheritance Tax Legislation Option*

* UK Inheritance tax limits apply, please refer to your financial adviser for further details

More information about each option is shown in your policy provisions which are sent to you once your AXA Multiplan has started.

Are there any additional covers available that cost extra?

Information about the extra-cost options is set out below. Detailed information about each option is shown in your policy provisions booklet, which is sent to you once your plan has started. A copy is also available on request.

1. Waiver of Contribution Benefit

The Waiver of Contribution Benefit pays your contributions for you if you cannot work for more than six months because of illness or injury.

The cover will pay out when you meet our definition of disability for six months. The benefits end on the first of the following:

- we pay a death or critical illness claim; or
- you reach the plan anniversary before your 60th birthday; or
- your disability ends.

The cost of Waiver of Contribution Benefit is calculated as a proportion of your contribution. The percentage depends on your sex and age when you apply. Please refer to your personal illustration for more information. We may also apply specific exclusions when we accept your policy. These will be shown with your policy schedule.

2. Indexation Option

Indexation can apply either to the amount of cover you have chosen or to your contribution. If you select this option you must also choose the rate of increase that you wish to apply. The increase will be applied at each plan anniversary and must be one of 5%, 10% or in line with the change in the Retail Prices Index subject to a minimum of 5%.

3. Accidental Death Benefit

This provides an additional death benefit equal to your Life Cover if your death is the result of an accident. There is a maximum benefit of £250,000 cover which can increase yearly if it is linked to the Indexation Option. The benefit ends on the policy anniversary before you are aged 60 and is not available on a 'joint life – second death' basis.

There are UK tax implications to adding this option to a qualifying plan after the plan begins. For more information on Tax please speak to your financial adviser.

When will the plan not pay out?

If you choose Life Cover only, there are no general exclusions. Any specific exclusions will be shown in your Acceptance letter. They will also appear with your policy schedule, which is sent to you once your plan has started.

For critical illness, total and permanent disability and waiver of contribution covers we may not pay out if the cause of the claim results from

- failure to follow medical advice;
- alcohol, solvent or drug abuse;
- intentional self-inflicted injury;
- infection by any Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or related complex. (Unless this happens in the UK as a result of a blood transfusion, a physical assault or while carrying out your duties as a prison officer, an emergency services worker or a member of the medical profession.)
- medical or other evidence required by us being incomplete or inaccurate.

Children's Cover will not be paid

- more than once for any one child;
- in respect of the total and permanent disability of a child;
- for any condition which was congenital and present at birth;
- for any condition which existed before the start date of the policy or before the child reached 30 days old;
- if the child does not survive for at least 28 days after the diagnosis of an illness or undergoing surgery;
- if the critical illness results from aviation activities other than as a passenger on a licensed commercial airline;
- if the critical illness results from hazardous sports or pastime;
- if the critical illness results from intentional injury.

Accidental Death Cover will not be paid if the claim

- is attributable to any mental or physical impairment;
- is not the result of a death within 90 days of the accident;
- results from participation in a criminal act;
- results from alcohol, poisonous substance or drug abuse;
- results from self-inflicted injury;
- results from war or civil commotion;
- results from aviation activities other than as a fare paying passenger on a licensed commercial airline.

You must notify us within six months of the claim event. For claims for Loss of Independent Existence or Total and Permanent Disability, you cannot normally claim before 6 months from the date of disability and you must notify us no later than 12 months from the date of disability. Failure to do so may result in the claim not being paid.

Full details of what is covered, and any limits to the cover, are given in the Policy Provisions booklet, a copy of which is available on request. We may also apply specific exclusions when we accept your policy. These will be shown with your policy schedule.

How do Plan reviews work?

How do plan reviews work?

Your contributions are reviewable and can change but only at a plan review. We review your contribution to make sure that it is sufficient to maintain the amount of cover you have chosen until at least the next plan review. In calculating your contribution we make certain assumptions which relate to:

- The investment return (net of UK tax) on the investments underlying the units we allocate to your plan;
- Our expectation of future charges.

The first plan review normally takes place 10 years from the start date of your plan and at five yearly intervals thereafter. If you are age 70 or over at the start of the policy, the first plan review will be on the later of your policy anniversary immediately prior to your 80th birthday and five years.

Starting with the first plan review and regularly thereafter, we compare the expected future values of your plan with the deductions for risk charges we expect to have to make in future in order to maintain the level of cover you have chosen. If at the review date there is a shortfall between our estimate of future values and the total charges required to maintain the level of your cover, we will recommend that you either:

- a) increase your contributions; or
- b) reduce the level of your cover.

There is no limit to the amount by which your contribution may increase or reduce but the method we use to calculate any increase or reduction in your contribution will be fair and reasonable.

If you have any doubt about reviewable contributions, or whether they are appropriate for your needs, you should speak with your Financial Adviser.

How do risk charge reviews work?

Risk charge reviews affect Life Cover (mortality) charges, Critical Illness / Disability (morbidity) charges, Waiver of Contribution charges and Accidental Death Benefit charges. We regularly review these charges to ensure that we continue to deduct amounts which are sufficient to pay for the cover you have chosen.

For risk charges, our review compares the current charges with our view of the future cost of providing cover. Our view of the future cost of providing cover is influenced by a number of factors including:

- AXA's recent claims experience
- Industry claims experience
- Future trends in expected mortality and morbidity claim rates
- Reinsurance costs.

There is no limit to how much by which charges may increase, but the method we use to determine any increase will be fair and reasonable.

Who can be covered by the plan?

A plan can be taken out in one of three ways:

- Single life basis. This means that you alone are covered.
- Joint life, first claim basis. Both you and your partner are covered and the cover is paid when the first person either dies, suffers a specified critical illness or becomes disabled.
- Joint life, second death basis. This is available if you select only Life Cover. Both you and your partner are covered but the cover is paid on the death of the second person. A plan is generally set up this way to provide for inheritance tax. Critical Illness and Disability Cover are not available on this basis.

If the plan is owned jointly, each person covered under the plan may have different cover, ie. one person may have only Life Cover, while the other person has Life Cover and Critical Illness Cover. For business purposes, you can also use the plan to cover a partner, co-director or key employee.

You must be:

- At least 6 months old and under age 91 years to take out Life Cover
- At least 17 years old and under age 71 years to take out Life or Earlier Critical Illness Cover.

What tax is payable on the investment funds?

The underlying funds to which the plan is linked are subject to UK taxation on income and gains.

This is taken into account in the price of the units. You may not reclaim these taxes.

What tax is payable on the plan proceeds?

There are two versions of Multiplan available, a Qualifying Plan and a Non-qualifying Plan.

Qualifying Plan

Provided that you make the contributions when they are due, you will not normally pay UK personal income tax or capital gains tax on the plan proceeds when you die or if you cash in your plan at any time after ten years. If you die, the plan proceeds will form part of your estate and may be subject to UK Inheritance tax unless the plan is written in trust.

Non-qualifying Plan

The proceeds when you die or cash in the plan will be free of UK personal income tax and capital gains tax if you pay basic-rate tax.

Higher-rate taxpayers may have to pay tax on the 'gain' at a rate equal to the difference between the higher and lower tax rates. There will be a 'gain' if the cash-in value of the plan, either at the time you die or cash it in, is more than the total contributions you have paid into the plan.

This will only apply if you already pay higher-rate tax, or the 'gain' (averaged over the number of years the plan has been in force), when added to your taxable income makes you a higher-rate taxpayer. Any 'gain'

may also affect your entitlement to allowances, for example age-related allowances which apply to those aged 65 or over.

The cash sum we pay if you are diagnosed with a critical illness or total and permanent disability will be free of UK personal income tax and capital gains tax.

If you die, the plan proceeds will form part of your estate and may be subject to UK Inheritance tax unless the plan is written in trust.

This information is based on our interpretation of current HM Revenue & Customs practice.

UK Tax benefits are subject to change and depend upon individual circumstances.

What are the plan charges?

The charges cover the costs of setting up your plan, paying for the advice you receive, ongoing administration and the cost of cover selected.

Charges are made as follows:

Bid Offer Spread

The Bid Offer Spread is the difference in price between the bid and offer price of units. It is currently 5% plus a rounding adjustment of not more than 1%. The unit offer price is the price at which we allocate units to your plan and the unit bid price is the price at which we cancel units to pay for charges.

Annual Management Charge (AMC)

The AMC is the charge deducted by AXA from the value of the your units to pay for the running of the investment fund(s). It is currently calculated at the rate of 1/12th of 1% per month of the value of the fund.

Service fee

The service fee is the charge made by AXA for administering the plan. This is deducted from your premium before any units are allocated. The service fee will vary depending on the number of policies included in your plan.

Unit allocation

Your contributions are used to buy units in funds of your choice. The proportion of your contribution (after deducting the service fee and any contribution in respect of Accidental Death Benefit or Waiver of Contribution Benefit) which is allocated to the purchase of units is called the allocation rate. Allocation rates depend on your age at entry, the amount of your monthly contribution and the policy year in which your contribution is made.

For an initial period which may be up to two years, part of the contribution that we receive from you will be used to pay for the costs of setting up and administering your plan. The percentage of the contribution used to buy units during this period may be low or nil. Full details of the percentage of contributions allocated to units for your plan are shown in your personal illustration, which forms a part of this Key Features document.

Mortality and morbidity charges

Morbidity charges are made to cover the cost of the incapacity benefit and include our expectation of future trends in claim rates. Depending on the type of cover selected, charges are deducted monthly by unit cancellation.

If the risk charges we need to deduct at any time are greater than the value of your units at the time of the deduction, any shortfall will be carried forward as a plan debt until such time as we are able to deduct the shortfall from the value of any units allocated to your plan. If your plan reaches a plan review date and there is a plan debt at that time, any shortfall will then be taken into account when calculating the new contribution that you need to make to continue your plan.

What happens if you stop making contributions?

If you stop making contributions to your plan, what then happens will depend on how long you have been making them. If your plan has been in force for less than one year, your plan will have no value and it will lapse.

If your plan has been in force for more than one year, then depending on its value your options include:

- continuing cover until the value of your plan is zero; or
- taking the cash value of your plan.

More details are available on request.

If you want to take the cash value of your plan you should contact your Financial Adviser or write to us at the address on page 11.

How are my contributions invested?

A percentage of your contributions is used to buy units in a fund or funds of your choice. A wide range of funds is available investing in stocks, shares and other assets at home and abroad. Full details of the funds, including their aims, objectives and underlying assets of the funds are available from your Financial Adviser.

You can normally switch your investment funds at any time. You can also invest future contributions in different funds. You can make one switch, free of an additional switch charge per year. Any other switches will be subject to a charge, currently £20.

You should also note that we reserve the right to delay the switching of funds for up to one month, six months for funds that invest in property.

Funds

What are the funds available?

You can invest in a maximum of 10 funds. The available funds are:

- With Profits
- Cash
- Reserve
- Fixed Interest
- Index Linked
- Deferred Distribution
- Managed
- Higher Income
- UK Equity
- Property
- Global Managed
- Global Equity
- Europe
- North America
- Japan
- Pacific
- Ethical
- Global Distribution

Full details of the funds are available on request.

What are the With Profits Funds?

If you invest in the With Profits Funds, you are entitled to a share of our profits. You receive your share of the profits as bonuses that we add to your plan.

We place with profits investments for new policies into our New With Profits Fund. But if you're paying into an existing policy we will only place new with profits investments into our New With Profits Fund if:

- you chose this fund before 1 April 2001; or
- the policy began on or after 1 April 2001

Otherwise, we invest your contributions in our Old With Profits Fund.

If payable, we add regular bonuses to your plan at least monthly by increasing the unit price.

The regular bonus reflects the returns we expect to receive from the relevant assets of the With Profits Funds, while smoothing out any rise and fall in those returns. We may also add a 'terminal bonus' when we pay benefits. If you took out your policy before 1 April 2001, we may also pay a reorganisation bonus when we pay benefits.

The regular bonus rate reflects the returns we expect to receive from the relevant assets of the With Profits Funds, while aiming to smooth out any potential rises or falls in those returns.

The amount available for bonuses depends on:
the performance of the investments held by the With Profits Funds;

the level of charges (including the cost of any life cover) in the With Profits Funds;

the cost of meeting any guarantees and any other potential liabilities arising from this policy or any new and existing policies in the With Profits Funds. These include, but are not limited to:

- Guaranteed maturity values
- Guaranteed cash values
- Guaranteed annuity rates; and
- Costs arising from providing compensation and meeting certain regulatory requirements.

If the investment performance of the With Profits Funds has been worse than that reflected in the bonuses we have already added to your plan, we are likely to reduce the value of units for those who 'surrender' (cash-in) their plan early. This reduction is called a 'market value reduction'. A 'market value reduction' will not apply when you make any other valid claim on your plan.

If we have to apply a 'market value reduction' you can choose to delay your planned transaction to a later date.

Both regular and terminal bonus rates are regularly reviewed and may be changed at any time.

You should be aware that the early years of this century generally saw lower levels of return on investments and thus bonus rates fell. A number of years of good performance will be needed before regular bonus rates increase significantly.

If you would like more information, please ask for a copy of our guide to how we manage our with profits business.

Can you change your mind?

When your plan has been set up, we will send you a form called 'Your right to change your mind'.

You can change your mind about your plan within 30 days from the date of receiving this form. Any contributions you have made will be refunded providing you have not made a claim and your cover will then end.

If you decide that you want to cancel your AXA Multiplan, simply complete the form before the end of the 30 day period and return it to us at:

AXA Multiplan
AXA Sun Life plc
PO Box 1810
Bristol
BS99 5SN
UK

Once the 30 day period is over, you can cancel your plan at any time by writing to us. Cancellation will then be subject to any charges as shown in your personal illustration.

Please contact your Financial Adviser first to discuss your options. Your plan may not have any cash-in value.

If you have not received information or advice on a face to face basis before applying for this plan and you have invested in unit linked funds, you do not have a statutory right to cancel, but AXA has decided to extend these provisions voluntarily to all customers as part of our commitment to treating customers fairly.

Further important information

Who is the provider of your cover?

AXA Multiplan is underwritten by AXA Sun Life plc.

Unit-linked Funds

The value of the units can fall as well as rise and is not guaranteed. You could get back less than you invested. Their value can increase or fall in response to changes in the value of the underlying assets.

About AXA

AXA is a trading name of AXA Sun Life plc which is part of the AXA group.

How to contact us

Your Financial Adviser will normally be your first point of contact. If you have any questions, you can phone us, send a fax or write to us.

Call us on: **+44 (0)2476 555424** at the following times:

Monday to Friday between 8am and 8pm

We may record calls to improve our service.

Write to us at:

**AXA Multiplan
AXA Sun Life plc
PO Box 1810
Bristol
BS99 5SN
United Kingdom**

To add new types of cover or to change your cover levels, please speak to your Financial Adviser or write to us at the above address.

Making a claim

To make a claim, please write to our AXA Multiplan Claims Department at:

**AXA Multiplan
AXA Sun Life plc
PO Box 1810
Bristol
BS99 5SN
United Kingdom**

Or please call us on: **+44 (0)2476 555424**

Critical illness cover – more information

This leaflet complies with the Association of British Insurers (ABI) statements of best practice for critical illness cover. The 'ABI Guide to Critical Illness Cover' gives general information about critical illness cover.

If you would like a copy, please write to:

**The Association of British Insurers
51 Gresham Street
London EC2V 7HQ
England**

ABI Phone Number: **+ 00 44 (0)20 7600 3333**

ABI Website: **www.abi.org.uk**

Law and language

AXA and you have a free choice about law that can apply to a plan. AXA proposes to choose the law of

England and Wales, and by entering his plan, you agree that the law of England and Wales applies. Your contract documents will be supplied to you in English and any subsequent correspondence with you regarding your contract will be in English. English and Welsh courts shall have exclusive jurisdiction over any disputes that may arise.

Compensation

Your plan is covered by the Financial Services Compensation Scheme. This means that if we become insolvent, you would be covered for at least 90% of the value of the plan. Further information is available in a leaflet that we will send to you on request. You can also obtain information from:

Financial Services Authority:

www.moneymadeclear.fsa.gov.uk/about/compensation.html

Financial Services Compensation Scheme:

www.fscs.org.uk/consumer/

Main business & FSA Register details

AXA is a worldwide insurance group. In the UK one of the AXA companies is AXA Sun Life plc which is an insurer. AXA Sun Life plc is entered on the Financial Services Authority (FSA) Register. FSA Registration number 185063. You can look up our FSA Register details through the FSA website: www.fsa.gov.uk/register

Financial advisers

Where you have received information or advice, the adviser will provide you with information regarding their identity, the capacity in which they are acting and their address for future communications.

Key Features Document information

If the illustration supplied to you contains an expiry date and you wish to make an application after this date, you should ask for a further illustration and Key Features Document from your financial adviser. The date when the Key Features Document was produced is shown at the end of the document. If you are not sure if you have the most up-to-date version, you should ask your financial adviser.

Sterling

All monetary amounts are pounds sterling.

Policy terms and conditions

This document, together with the personal illustration enclosed, is a brief guide to AXA's Multiplan. Full details are contained in the Policy Provisions which will be issued after your plan has been set up and which will be legally binding between you and AXA Sun Life plc. The information contained in this document is based on our interpretation of current HM Revenue & Customs practice, law and tax legislation, any of which may change.



AXA, PO Box 1810, Bristol BS99 5SN, UK. Telephone: +44 (0)117 989 9000.

AXA is a worldwide insurance group. In the UK, one of the AXA companies is AXA Sun Life plc, the provider of this policy.

Authorised and regulated by the Financial Services Authority. AXA Sun Life plc is a company limited by shares, registered in England No. 3291349.

AXA Sun Life plc is entered on the FSA register, registration number 185063. Registered office: 5 Old Broad Street, London, EC2N 1AD, UK

As part of our commitment to quality service, telephone calls may be recorded.

MPLANKF 30/03/07 (14670)