

The following pages represent a “paper” application form. **In many cases you may be able to obtain an enhanced commission, or better terms, and sometimes immediate acceptance, by submitting your case “online” using Webline’s Electronic Submission services.**

**apply online**

**apply extranet**

To submit your business electronically, watch out for these buttons on our Web site, once you have obtained an illustration. If you have previously quoted this case, you may apply online by recalling the quote (using “track” and then “find quote” – and entering the Webline quote number, or the client’s surname or DoB). Look for the “eApply” link on an illustration, or simply “requote” and then proceed to an online application.

Alternatively, click the “apply” button on our main menu to obtain a blank application form at any time – then complete the form online, and submit it directly to the provider.

**This form needs to be printed, completed and submitted to:**

John Garcia

186 Treffry Road

Truro

Cornwall

TR1 1UF

**For office use only**

Webline Quote Reference	<input type="text"/>	Webline Response Reference	196601696
Firm Name	<input type="text"/>		
Adviser Name	<input type="text"/>		
Agency Code	<input type="text"/>		
Commission Details	<input type="text"/>		
Please Send Correspondence To	<input type="text"/>		

**Vendor Details**

Webline Number	004840
FRN	493391
Contact	John Garcia
Company Name	Charlotte James IFA Ltd
Trading Name	Quoteme4
Address	Quoteme4
	186 Treffry Road
	Truro
	Cornwall
	TR1 1UF
Phone	01872 277291
Fax	<input type="text"/>
Email	enquiries@quoteme4.co.uk

**Parent Group** (if applicable)

Webline Number	<input type="text"/>
FRN	<input type="text"/>
Company Name	<input type="text"/>

**Subagency Details** (if applicable)

Webline Number	<input type="text"/>
FRN	<input type="text"/>
Contact	<input type="text"/>
Company Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Phone	<input type="text"/>
Email	<input type="text"/>



## Important notes for the customer

Please read the following important information carefully before filling in this application form. These notes will help you fill in this form more easily and accurately, which will speed up the processing of your application. They'll also give you some important details about the information you're asked to give and how we deal with it.

- The life/lives to be assured must give the answers personally. If the answers are filled in by anyone else then the life/lives to be assured must read them over and agree them before the declaration is signed. The life/lives to be assured should make and initial any changes.
- The questions asked in this application form cover the facts that we regard as being important to our assessment of your application.
  - When you answer a question you must give all relevant information. This means that you must completely and accurately give all the facts when answering each question. Please also note that you shouldn't make any personal assessment about the relevance or otherwise of any information. If you don't give all relevant facts, the protection provided by the policy could be lost or cancelled and your claim rejected.
  - Please don't, in any circumstances, partially give information or assume that we'll write to your doctor for medical information. You're personally responsible for fully and completely giving all the facts we require when answering the questions in this application form.
  - If you're in any doubt about the information we require, you should give full details.
  - You must tell us in writing if there's any change in your circumstances between completion of this application and the start of the policy. In particular, you must tell us if there are changes in:
    - your financial interest and reason for applying for this policy, for example if there's been a change in your salary or any loan/mortgage applied for

- your health, for example if you suffer symptoms that you've already seen or may need to see a doctor for, or if you're having any form of medical investigation
- your lifestyle circumstances, for example if you've started smoking, increased drinking, or you've had an unexplained recent loss of weight
- your occupation or employment status
- your recreational activities, for example if you take up a hazardous pursuit such as rock climbing

The examples included above aren't exhaustive. If there's any change in your circumstances at all, you should tell us. If you don't tell us, we may reject any future claim and cancel your policy.

- For confidentiality, or if you'd prefer not to answer any or all of the medical questions in front of your financial adviser, you can send your answers in a sealed envelope direct to the Chief Medical Officer, AEGON Scottish Equitable, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ. Please tick the box in the declaration at the end of this form if you've done this. Or you can attach the envelope securely to this application form.
- If you're applying for insurance with other companies at the same time, by signing the declaration you're consenting to copies of medical reports being sent to other companies if they ask. But if we're asked by another company to give them copies of highly sensitive information, including HIV or genetic test results, we'll ask for your specific permission before giving this to them.
- Once we've assessed your application we'll let you know the terms on which we're prepared to offer protection. Protection will often start later than the date of acceptance if the policy is linked to a house purchase, or if you've given instructions for a later start date.
- Please ask if you'd like a copy of the completed application form as submitted to us and a copy of the policy conditions, which set out our standard terms and conditions for the protection.

## Checklist

Please make sure you fill in all sections necessary for the benefits chosen:

Sections to be completed

- All applications: 1, 2, 3, 4, 6, 7, 8, 10
- If extra benefits are required: 5
- If income protection is required: 4h
- If waiver of premium benefit is required: 4i

- When filling in sections 7, 8 and 9, please make sure you answer all the questions accurately and that you supply additional information where necessary. If you're in any doubt about the information required, you should give full details.
- Please note that only female applicants need to complete questions 42 and 43 within the health questions (section 8).
- Please make sure that you've signed the following areas of the application form (where necessary):
  - Declaration and consent
  - Direct Debit instruction (if paying by Direct Debit)

## Important notes for financial advisers

You can't use this application form when using our online service. If you want the application to be submitted using our online service, please use our *Data capture form*.

### Online submissions

We're happy for you to submit your business using our online new business service. To make it easy for you, we've developed a *Data capture form* which mirrors our online new business service. This form allows you to gather more detailed medical information from your client, giving you the potential to get immediate decisions and, if we get all the necessary information, for example current start date, the policy could start on the same day. If you're not registered for our online new business service, please get in touch with our Customer Service Centre on 0845 600 1402. You can download copies of the new *Data capture form* from our website, [www.aegonse.co.uk/adviser](http://www.aegonse.co.uk/adviser)

### Money laundering

To comply with the requirements of the latest Money Laundering Regulations for the UK Financial Sector and the Prevention of Money Laundering/Combating the Financing or Terrorism Guidance, you're required (in some circumstances) to provide separate verification of identity for each policyholder, which should be submitted together with this application form.

### Key points

- Identity verification data isn't required:
  - if premiums are less than £50 a month or £600 a year
  - where premiums are to be paid from a personal UK bank account in the name of the policyholder(s)
  - where the policy is taken out jointly, with premiums being paid from a single bank account (or joint account) of one of the joint policyholders

- If we get an application form for a premium of £50 a month or more without acceptable evidence of identity, but where the premiums are being paid from a UK bank account in the name of the policyholder who is a private individual (or, in the case of a jointly owned policy, where premiums are paid from a single bank account (or joint account) of one of the joint policyholders) we'll assume the 'source of funds' concession will apply.
- In all other cases, you must give evidence of your client's identity by filling in and submitting an industry-standard confirmation of verification of identity form (CVI).
- Where evidence of identity is needed, it must be provided for each policyholder as well as for the payer of premiums, if different. For jointly owned policies, both policyholders must be identified.

Please note that we won't hold up processing of this application pending receipt of the outstanding verification of identity. But we won't put the policy into force or make any payments arising from this application (including refunds of premiums as a result of cancellation) until the identity verification is complete.

Where the application is being made on behalf of an individual who can't make the application themselves for whatever reason, verification of identity is needed for both the attorney/guardian and also for the person on whose behalf the attorney/guardian is acting and, if different, for the person paying the premium.

You can download copies of the industry-standard CVI and additional point of sale questionnaires from our website, [www.aegonse.co.uk/adviser](http://www.aegonse.co.uk/adviser)

# 1. Personal details of life/lives to be assured

## First life to be assured (1st life)

Surname

Previous surname (if changed in the last five years)

Title

Forename(s)

**Marital status** (tick one box only)

- Single  
  Married  
  Civil partner  
  Divorced  
 Separated  
  Engaged  
  Widowed

**Sex**

- Male  
  Female

Date of birth (dd/mm/yyyy)

Address

Postcode

Daytime phone number

Evening phone number (also mobile, fax, email if applicable)

  


(These details will be used for administering your policy only)

Occupation

Industry

## Second life to be assured (2nd life)

Surname

Previous surname (if changed in the last five years)

Title

Forename(s)

**Marital status** (tick one box only)

- Single  
  Married  
  Civil partner  
  Divorced  
 Separated  
  Engaged  
  Widowed

**Sex**

- Male  
  Female

Date of birth (dd/mm/yyyy)

Address

Postcode

Daytime phone number

Evening phone number (also mobile, fax, email if applicable)

  


(These details will be used for administering your policy only)

What is your relationship with the first life to be assured?  
 (for example husband, wife, civil partner, shared dependent children,  
 joint domestic mortgage, living with partner, joint loan)

Occupation

Industry

# 1. Personal details of life/lives to be assured – *continued*

Full details of occupation (If you have more than one occupation, please give details on a separate sheet and attach it to your completed application form.)


Full details of occupation (If you have more than one occupation, please give details on a separate sheet and attach it to your completed application form.)


## First life to be assured (1st life)

Employment basis (tick one box only)

- Employed full-time
- Employed part-time over 16 hours a week
- Employed part-time under 16 hours a week
- Self-employed
- Unemployed

### Total yearly earnings

To be completed in all cases. (If you're self-employed, please give your net taxable earnings after allowable expenses.)

£

### Height and weight

- (i) How tall are you?       m     cms       ft     inches
- (ii) How much do you weigh?       kgs       st       lbs

## Second life to be assured (2nd life)

Employment basis (tick one box only)

- Employed full-time
- Employed part-time over 16 hours a week
- Employed part-time under 16 hours a week
- Self-employed
- Unemployed

### Total yearly earnings

To be completed in all cases. (If you're self-employed, please give your net taxable earnings after allowable expenses.)

£

### Height and weight

- (i) How tall are you?       m     cms       ft     inches
- (ii) How much do you weigh?       kgs       st       lbs



### 3a. Premium details

Premium (if known)

£

Premium frequency

- Monthly by Direct Debit  Yearly by Direct Debit
- Yearly by cheque **(Please note that we don't accept cheques for yearly premiums under £5000. The only exception is the first premium where a cheque will be accepted if less than £5000)**

### 3b. Policy start date

Preferred policy start date (dd/mm/yyyy)

- To be advised
- From the date of acceptance on our standard terms

If you're unsure of a start date, please leave this blank and we'll tell you when the policy is ready to start. Please note that the earliest start date for your policy will be the date that we decide we can accept your application.

### 3c. Trusts

Will you require this policy to be written under a Flexible trust?

- Yes  No

(Please note that Business Protection trusts **shouldn't** be used with the Personal menu.)

### 3d. Mortgage details

Are any benefits to be in relation to a mortgage?

- Yes  No

If 'Yes', please fill in the following details:

Amount of mortgage  £

Term of mortgage  years

Name of lender

Mortgage account number

Purpose of mortgage

- To buy main residence
- Remortgage
- To improve main residence
- Other

If 'Other', please give details below.

Is your mortgage (please tick one only)

- new?
- existing?

Do you want free cover?

- Yes  No

Address of mortgaged property if different from that given in section 2.

Postcode

What date will you move to this address? (if known) (dd/mm/yyyy)

## 4. Benefit details

Benefits on policies that pay out on death (life protection, reducing life protection, life with critical illness protection, reducing life with critical illness protection, family income benefit, life with critical illness family income benefit and gift inter vivos) can be set up to cover both lives or 1st life only or 2nd life only. Gift inter vivos is only available on a single life basis.

If you want more than one of the same benefit, please fill in section 5.

Total and permanent disability benefit will be on a reviewable premium basis, except where it's taken out with critical illness protection or life with critical illness protection on a guaranteed premium basis, in which case it will be on a guaranteed premium basis.

### 4a. Life with critical illness protection/ Reducing life with critical illness protection

Level  Reducing

(please tick one box only)

Benefit basis (please tick one box only)

1st life  2nd life  Joint life 1st claim

If you choose another benefit that will pay out on death, please make sure that you select the same benefit basis for that benefit.

Benefit amount

£

Premium type (please tick one box only)

Guaranteed  Reviewable

Benefit term (please specify number of years)

5-40 years for guaranteed premiums

or

5-50 years for reviewable premiums

or

when life 1 reaches age   
(only available on level life with critical illness protection)

The maximum age at the end of the benefit term is 64 for guaranteed and 84 for reviewable premiums.

#### Total and permanent disability

This benefit includes total and permanent disability. The usual definition of disability is 'own occupation'. Where this isn't available, for example due to your occupation, we'll offer you the best definition we can. If you don't want this benefit then please tick 'Not required' below. If you want to include the benefit but with the 'Any occupation' or 'Activities of daily living' definitions of disability, please tick the relevant box below.

Not required  1st life  2nd life

Any occupation  1st life  2nd life

Activities of daily living  1st life  2nd life

#### Additional benefits for level life with critical illness protection

(please tick if required)

**Renewal option**

You can only choose the renewal option if you've chosen a five-year benefit term and reviewable premiums.

**Indexation option**

## 4b. Life protection/Reducing life protection

Level  Reducing

(please tick one box only)

Benefit basis (please tick one box only)

1st life  2nd life  Joint life 1st claim

Joint life 2nd claim (available on level life protection only)

If you choose another benefit that will pay out on death, please make sure that you select the same benefit basis for that benefit.

Benefit amount

£

The premium type for this benefit is guaranteed.

Benefit term (please specify number of years or age)

Level life protection

1-50 years

or

when life 1 reaches age

Reducing life protection

2-50 years

The maximum age at the end of the benefit term is 84.

### Total and permanent disability

Please indicate whether or not you want this benefit. If 'Yes', choose one definition of disability for each life.

Not required  1st life  2nd life

Own occupation  1st life  2nd life

Any occupation  1st life  2nd life

Activities of daily living  1st life  2nd life

### Additional benefits for level life protection only

(please tick if required)

**Renewal option**

You can only choose the renewal option if you've chosen a five-year benefit term.

**Indexation option**

## 4c. Critical illness protection/Reducing critical illness protection

Level  Reducing

(please tick one box only)

Benefit basis (please tick one box only)

1st life  2nd life  Joint life 1st claim

Benefit amount

£

Premium type (please tick one box only)

Guaranteed  Reviewable

Benefit term (please specify number of years)

5-40 years for guaranteed premiums

or

5-50 years for reviewable premiums

or

when life 1 reaches age

(only available on level critical illness protection)

The maximum age at the end of the benefit term is 64 for guaranteed and 84 for reviewable premiums.

### Total and permanent disability

This benefit includes total and permanent disability. The usual definition of disability is 'own occupation'. Where this isn't available, for example due to your occupation, we'll offer you the best definition we can. If you don't want this benefit then please tick 'Not required' below. If you want to include the benefit but with the 'Any occupation' or 'Activities of daily living' definitions of disability, please tick the relevant box below.

Not required  1st life  2nd life

Any occupation  1st life  2nd life

Activities of daily living  1st life  2nd life

### Additional benefits for level critical illness protection

(please tick if required)

**Renewal option**

You can only choose the renewal option if you've chosen a five-year benefit term and reviewable premiums.

**Indexation option**

## 4d. Family income benefit

Benefit basis (please tick one box only)

1st life    2nd life    Joint life 1st claim

If you choose another benefit that will pay out on death, please make sure that you select the same benefit basis for that benefit.

Benefit amount

£  a year

The premium type for this benefit is guaranteed.

Benefit term (please specify number of years)

5-50 years

The maximum age at the end of the benefit term is 84.

### Total and permanent disability

Please indicate whether or not you want this benefit. If 'Yes', choose one definition of disability for each life.

Not required  1st life  2nd life

Own occupation  1st life  2nd life

Any occupation  1st life  2nd life

Activities of daily living  1st life  2nd life

Additional benefit (please tick if required)

Indexation option

## 4e. Critical illness family income benefit

Benefit basis (please tick one box only)

1st life    2nd life    Joint life 1st claim

Benefit amount

£  a year

The premium type for this benefit is reviewable.

Benefit term (please specify number of years)

5-50 years

The maximum age at the end of the benefit term is 84.

### Total and permanent disability

This benefit includes total and permanent disability. The usual definition of disability is 'own occupation'. Where this isn't available, for example due to your occupation, we'll offer you the best definition we can. If you don't want this benefit then please tick 'Not required' below. If you want to include the benefit but with the 'Any occupation' or 'Activities of daily living' definitions of disability, please tick the relevant box below.

Not required  1st life  2nd life

Any occupation  1st life  2nd life

Activities of daily living  1st life  2nd life

Additional benefit (please tick if required)

Indexation option

## 4f. Life with critical illness family income benefit

Benefit basis (please tick one box only)

1st life    2nd life    Joint life 1st claim

If you choose another benefit that will pay out on death, please make sure that you select the same benefit basis for that benefit.

Benefit amount

£  a year

The premium type for this benefit is reviewable.

Benefit term (please specify number of years)

5-50 years

The maximum age at the end of the benefit term is 84.

**Total and permanent disability**

This benefit includes total and permanent disability. The usual definition of disability is 'own occupation'. Where this isn't available, for example due to your occupation, we'll offer you the best definition we can. If you don't want this benefit then please tick 'Not required' below. If you want to include the benefit but with the 'Any occupation' or 'Activities of daily living' definitions of disability, please tick the relevant box below.

Not required  1st life    2nd life

Any occupation  1st life    2nd life

Activities of daily living  1st life    2nd life

**Additional benefit** (please tick if required)

Indexation option

## 4g. Gift inter vivos

Benefit basis (please tick one box only)

1st life    2nd life

If you choose another benefit that will pay out on death, please make sure that you select the same benefit basis for that benefit.

Initial benefit amount

£

The maximum age at the end of the benefit term is 89.

This benefit term will be seven years and the premium type is guaranteed.

**Additional benefit** (please tick if required)

Legislation option

## 4h. Income protection

	1st life	2nd life
<p><b>1. Benefit amount</b></p> <p>The total of all income protection benefits payable is limited to 55% of income (see the <i>Key features</i> for details). If you're not in paid employment (for example if you're a houseperson or unemployed), your total maximum benefit entitlement can't be greater than £1,250 a month.</p>	<p>£ <input type="text"/> a month</p>	<p>£ <input type="text"/> a month</p>
<p><b>2. Deferred period in weeks</b> (please tick one only)</p> <p>The 4- and 8-week deferred periods aren't available if you're not in paid employment (for example if you're a houseperson or unemployed).</p> <p>If you'd like a second income protection benefit with a different deferred period, please fill in section 5.</p>	<p><input type="checkbox"/> 4   <input type="checkbox"/> 8   <input type="checkbox"/> 13</p> <p><input type="checkbox"/> 26   <input type="checkbox"/> 52</p>	<p><input type="checkbox"/> 4   <input type="checkbox"/> 8   <input type="checkbox"/> 13</p> <p><input type="checkbox"/> 26   <input type="checkbox"/> 52</p>
<p><b>3. Benefit term</b> (between 5 and 46 years)</p> <p>Or until you reach age</p> <p>The maximum age at the end of the benefit term is 64.</p>	<p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="text"/></p> <p><input type="text"/></p>
<p><b>4. Premium type</b></p>	<p><input type="checkbox"/> Guaranteed</p> <p><input type="checkbox"/> Reviewable</p>	<p><input type="checkbox"/> Guaranteed</p> <p><input type="checkbox"/> Reviewable</p>
<p><b>5. Indexation option</b> (please tick if required)</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p><b>6. Definition of incapacity</b> (please tick one box only)</p> <p>If you're not in paid employment (for example if you're a houseperson or unemployed), the activities of daily work definition will apply.</p>	<p><input type="checkbox"/> Own occupation</p> <p><input type="checkbox"/> Any suited occupation</p> <p><input type="checkbox"/> Activities of daily work</p>	<p><input type="checkbox"/> Own occupation</p> <p><input type="checkbox"/> Any suited occupation</p> <p><input type="checkbox"/> Activities of daily work</p>
<p><b>7a. How much existing accident and sickness cover and income protection cover do you have?</b></p>	<p>£ <input type="text"/></p>	<p>£ <input type="text"/></p>
<p><b>7b. How much of this cover do you intend to cancel?</b></p>	<p>£ <input type="text"/></p>	<p>£ <input type="text"/></p>
<p><b>8. In the event of incapacity, would you receive income from your work?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>9a. Would this income from work continue after the end of the chosen deferred period?</b></p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<p><b>9b. If 'Yes', please specify:</b></p> <p style="text-align: right;">% of salary received</p> <p style="text-align: right;">how long payment would be received</p> <p style="text-align: right;">deferred period</p>	<p><input type="text"/> (%)</p> <p><input type="text"/></p> <p><input type="text"/> weeks</p>	<p><input type="text"/> (%)</p> <p><input type="text"/></p> <p><input type="text"/> weeks</p>

## 4h. Income protection – *continued*

	1st life	2nd life
<b>10. If you're employed, what is your total yearly income?</b>		
Current salary	£ <input type="text"/>	£ <input type="text"/>
Regular bonuses	£ <input type="text"/>	£ <input type="text"/>
Regular overtime	£ <input type="text"/>	£ <input type="text"/>
Any other payments	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>
<p>Please note: the maximum amount of cover you're allowed is 55% of your total income. By total income we mean 'income that will be lost in the event of incapacity', so this may include regular income such as salary, commission, bonuses and overtime.</p>		
<b>11. Self-employed: please give details of your net taxable earnings (after allowable expenses) for the last three years:</b>		
Last year	£ <input type="text"/>	£ <input type="text"/>
Previous year	£ <input type="text"/>	£ <input type="text"/>
Year before	£ <input type="text"/>	£ <input type="text"/>

## 4i. Waiver of premium

The deferred period will start from the date of incapacity and will be 26 weeks unless you also have income protection benefit. If you've chosen income protection then waiver of premium is automatically included and the deferred period and definition of incapacity will be the same for both benefit types. If you've chosen two income protection benefits, the deferred period for waiver of premium will be the same as the shorter deferred period for the income protection benefits.

Benefit required	<input type="checkbox"/> 1st life	<input type="checkbox"/> 2nd life
Definition of incapacity (please choose one)		
Own occupation	<input type="checkbox"/> 1st life	<input type="checkbox"/> 2nd life
Any suited occupation	<input type="checkbox"/> 1st life	<input type="checkbox"/> 2nd life
Activities of daily work	<input type="checkbox"/> 1st life	<input type="checkbox"/> 2nd life

## 5. Extra benefit details (If you want extra benefits please complete this section)

**Important**

**Benefits A-F** include life protection and the benefit basis will be the same as any life protection benefits chosen in section 4.

**Benefits G-I** can be chosen on any benefit basis.

All benefits that include critical illness protection will automatically include total and permanent disability protection unless you choose ‘No’ to remove it – please see section 4c.

Total and permanent disability protection will be on a reviewable premium basis, except where benefits A, B or G are chosen on a guaranteed basis – then the attaching total and permanent disability protection will also be on a guaranteed basis.

Please see section 4 for minimum and maximum benefit terms available and maximum age at end of benefit term.

Please see section 4 for full definitions of incapacity.

Benefit	Benefit basis	Benefit amount	Term	Premium type	Renewal option only available with 5-year term	TPD* (Tick if required)			Indexation (Tick if Required)
						Life	1	2	
A. Life with critical illness protection		£ <input type="text"/>	<input type="text"/> Years or to age <input type="text"/>	<input type="checkbox"/> Guaranteed <input type="checkbox"/> Reviewable	<input type="checkbox"/> Yes <input type="checkbox"/> No (only available with reviewable premiums)	NO <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Reducing life with critical illness protection		£ <input type="text"/>	<input type="text"/> Years	<input type="checkbox"/> Guaranteed <input type="checkbox"/> Reviewable		NO <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>			
C. Life protection		£ <input type="text"/>	<input type="text"/> Years or to age <input type="text"/>	This premium type is guaranteed	<input type="checkbox"/> Yes <input type="checkbox"/> No	OOC* <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
D. Reducing life protection		£ <input type="text"/>	<input type="text"/> Years	This premium type is guaranteed		OOC* <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>			
E. Family income benefit		£ <input type="text"/> a year	<input type="text"/> Years	This premium type is guaranteed		OOC* <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>	<input type="checkbox"/>		
F. Life with critical illness family income benefit		£ <input type="text"/> a year	<input type="text"/> Years	This premium type is reviewable		NO <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>	<input type="checkbox"/>		
G. Critical illness protection	<input type="checkbox"/> Joint life <input type="checkbox"/> 1st life <input type="checkbox"/> 2nd life	£ <input type="text"/>	<input type="text"/> Years or to age <input type="text"/>	<input type="checkbox"/> Guaranteed <input type="checkbox"/> Reviewable	<input type="checkbox"/> Yes <input type="checkbox"/> No (only available with reviewable premiums)	NO <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
H. Reducing critical illness protection	<input type="checkbox"/> Joint life <input type="checkbox"/> 1st life <input type="checkbox"/> 2nd life	£ <input type="text"/>	<input type="text"/> Years	This premium type is reviewable		NO <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>			
I. Critical illness family income benefit	<input type="checkbox"/> Joint life <input type="checkbox"/> 1st life <input type="checkbox"/> 2nd life	£ <input type="text"/> a year	<input type="text"/> Years	This premium type is reviewable		NO <input type="checkbox"/> AOC** <input type="checkbox"/> ADL† <input type="checkbox"/>	<input type="checkbox"/>		

\*Total and permanent disability. \*Own occupation. \*\*Any occupation. †Activities of daily living.

## 5. Extra benefit details – *continued*

Income protection	Deferred period	Benefit amount	Term	Premium type	Indexation
Life 1	<input type="checkbox"/> 4** <input type="checkbox"/> 8** <input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52	£ <input type="text"/> a month	<input type="text"/> Years or to age <input type="text"/>	<input type="checkbox"/> Guaranteed <input type="checkbox"/> Reviewable	<input type="checkbox"/>
Life 2	<input type="checkbox"/> 4** <input type="checkbox"/> 8** <input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52	£ <input type="text"/> a month	<input type="text"/> Years or to age <input type="text"/>	<input type="checkbox"/> Guaranteed <input type="checkbox"/> Reviewable	<input type="checkbox"/>

\*\*The 4- and 8-week deferred periods aren't available if you're not in paid employment (for example if you're a houseperson or unemployed).

The definition of incapacity for income protection will be the same as that chosen in section 4.

The benefit amount is limited in the way described in section 4h.

## 6. Your doctor's details

### 1st life

Name

Address

  
  
  
 Postcode

Phone number

If you've been registered with your current doctor for less than six months, please give the name, address and phone number of your previous doctor below.

Name

Address

  
  
  
 Postcode

Phone number

### 2nd life

Name

Address

  
  
  
 Postcode

Phone number

If you've been registered with your current doctor for less than six months, please give the name, address and phone number of your previous doctor below.

Name

Address

  
  
  
 Postcode

Phone number

## 7. Personal questions

### 1st life

Please answer the following questions for all types of benefit.

Please remember that if you don't answer the questions fully and accurately, we may reject any future claim and cancel your policy.

If you need to give further details please use a separate piece of paper which you should securely attach to this form. Please give your full name and date of birth. You should also sign and date these details.

	1st life	2nd life
<p><b>Tobacco and/or nicotine usage</b></p> <p>1. Have you smoked tobacco or used any other tobacco or nicotine products, such as gum or patches, in the last 12 months?</p> <p>If 'Yes', please tell us the type and average amount you smoke/use a day, that is cigarettes/cigars/nicotine gum/nicotine patches/pipe/rolled tobacco (for pipe and rolled tobacco, give the number of ounces/grams a day).</p> <p>If you answered 'No', you may be asked to take a cotinine test to verify your answer.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type <input type="text"/></p> <p>Amount <input type="text"/></p> <p>Note 1 ounce = 28 grams</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type <input type="text"/></p> <p>Amount <input type="text"/></p> <p>Note 1 ounce = 28 grams</p>
<p><b>Alcohol consumption</b></p> <p>2. Do you drink alcohol?</p> <p>If 'Yes', how many units of alcohol do you drink a week? (one unit is equivalent to half a pint of beer, one glass of wine or one measure of spirit)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> units</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> units</p>
<p>3. Have you ever been advised by your doctor or another medical practitioner to drink less alcohol?</p> <p>If 'Yes', please give full details of when this occurred, the results of any investigations and any treatment you received.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p>
<p><b>Leisure</b></p> <p>4. Do you intend to take part in any hazardous activity? Don't include one-off events such as a parachute jump for charity.</p> <p>If 'Yes', please tick all that apply. Questionnaires for each of these pursuits are available on our website, <a href="http://www.aegonse.co.uk/adviser">www.aegonse.co.uk/adviser</a>. Filling in these will help speed up the underwriting process.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Aviation (other than as a fare-paying passenger)</p> <p><input type="checkbox"/> Aviation-related sports (for example gliding, parachuting, ballooning)</p> <p><input type="checkbox"/> Equestrian activities</p> <p><input type="checkbox"/> Motor sports</p> <p><input type="checkbox"/> Mountaineering (other than hill walking, trekking, abseiling, artificial wall climbing)</p> <p><i>continued overleaf</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Aviation (other than as a fare-paying passenger)</p> <p><input type="checkbox"/> Aviation-related sports (for example gliding, parachuting, ballooning)</p> <p><input type="checkbox"/> Equestrian activities</p> <p><input type="checkbox"/> Motor sports</p> <p><input type="checkbox"/> Mountaineering (other than hill walking, trekking, abseiling, artificial wall climbing)</p> <p><i>continued overleaf</i></p>

## 7. Personal questions – *continued*

### Leisure (*continued*)

**Other:**

Please give full details, including the activity you participate in, how many times you take part in this activity, details of any related qualifications and any equipment you use.

#### 1st life

- Sailing
- Sports diving (other than snorkelling)
- Other


#### 2nd life

- Sailing
- Sports diving (other than snorkelling)
- Other


**Please note: you must answer questions 5-8 if you're taking out life protection, reducing life protection, critical illness protection or total and permanent disability benefit.**

### HIV/AIDS

5. Have you ever tested positive for HIV, hepatitis B or C, or are you waiting for the results of such a test?

**Note:** If the result is negative the fact that you've had an HIV test will not, of itself, have any effect on your acceptance terms for insurance.

If you'd prefer to write to our Chief Medical Officer at our head office to answer this question, please tick the box opposite.

If you've answered 'Yes', please tick.

#### 1st life

- Yes    No

- I've tested positive for HIV
- I'm awaiting an HIV test result
- I've tested positive for hepatitis B or C
- I'm awaiting a hepatitis B or C test result

#### 2nd life

- Yes    No

- I've tested positive for HIV
- I'm awaiting an HIV test result
- I've tested positive for hepatitis B or C
- I'm awaiting a hepatitis B or C test result

6. Within the last five years have you tested positive or been treated for any disease which was sexually transmitted?

If you'd prefer to write to our Chief Medical Officer at our head office to answer this question, please tick the box opposite.

If 'Yes', please give full details, including the duration of illness, investigations, date of diagnosis and treatment received.

- Yes    No


- Yes    No


## 7. Personal questions – *continued*

	1st life	2nd life
<p>7. Have you ever injected non-prescription drugs?</p> <p>If you'd prefer to write to our Chief Medical Officer at our head office to answer this question, please tick the box opposite.</p> <p>If 'Yes', please give full details, including the drugs injected and dates.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>8. Within the last five years have you been exposed to the risk of HIV infection? Please note that HIV infection can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the European Union.</p> <p>If you'd prefer to write to our Chief Medical Officer at our head office to answer this question, please tick the box opposite.</p> <p>If 'Yes', please give full details, including dates.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

If you want to write in confidence to the Chief Medical Officer, please send your details on a separate piece of paper direct to our Chief Medical Officer at AEGON Scottish Equitable, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ, giving your full name and date of birth. Please make sure you sign and date these details.

### Occupation

Please note: you must answer questions 9-13 if you're taking out income protection, total and permanent disability benefit or waiver of premium.

	1st life	2nd life
<p>Please indicate whether your occupation involves the following duties and give details where applicable.</p> <p>9. Manual work, for example lifting, carrying, working with machinery or tools.</p> <p>If 'Yes', please give full details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> % Average daily % of duties</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> % Average daily % of duties</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

## 7. Personal questions – *continued*

Occupation ( <i>continued</i> )	1st life	2nd life
<p>10. Driving</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> Average yearly business mileage</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> Average yearly business mileage</p>
<p>11. Work at heights</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> % Average % time spent at heights</p> <p><input type="text"/> m Average height in metres</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> % Average % time spent at heights</p> <p><input type="text"/> m Average height in metres</p>
<p>12. Work underground</p> <p>Please give full details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> % Average % time</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/> % Average % time</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>13. Overseas travel</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Location <input type="text"/></p> <p>Average days a year <input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Location <input type="text"/></p> <p>Average days a year <input type="text"/></p>

## 7. Personal questions – *continued*

Please note: Western Europe and European Union (EU) includes Andorra, Austria, Belgium, Bulgaria, Channel Islands, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hungary, Iceland, Italy, Isle of Man, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, The Netherlands, Norway, Poland, Portugal, The Republic of Ireland, Romania, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland, Turkey and the Vatican City State.

Please answer the following questions for all benefit types.

14. Have you travelled, other than on holiday lasting less than two months, or lived outside of the UK, Western Europe, the European Union (EU), USA, Canada, Australia or New Zealand in the last five years?

If 'Yes', please tell us the nature of your travel:

Other (please give full details)

### 1st life

Yes  No

- Travelled abroad other than holiday
- Lived abroad
- Other


Average number of trips a year

Average length of each trip in days

If appropriate, how long ago did you live abroad?

Country(ies) visited


### 2nd life

Yes  No

- Travelled abroad other than holiday
- Lived abroad
- Other


Average number of trips a year

Average length of each trip in days

If appropriate, how long ago did you live abroad?

Country(ies) visited


15. Have you any intention of living or travelling abroad, other than a holiday lasting less than two months?

If 'Yes', please confirm:

#### Living abroad

When do you intend to live abroad?

Please tell us the countries you intend to live in.

Yes  No

Yes  No



Yes  No

Yes  No



#### Travelling abroad

On average, how many days do you intend to spend outside the UK each year?

Does your travel solely consist of trips to Western Europe, the European Union (EU), USA, Canada, Australia or New Zealand?

If 'No', please tell us which countries you intend to visit.

Yes  No

days

Yes  No


Yes  No

days

Yes  No


## 7. Personal questions – *continued*

### Other protection policies

16. Are you insured elsewhere for life protection (greater than £200,000) or for any amount of critical illness, or total and permanent disability protection, or have you made any additional applications to us or any other insurance company in the last 12 months, including any you're about to submit?

If 'Yes', please confirm:

#### 1st life

Yes  No

#### 2nd life

Yes  No

#### 1st life

	Amount of cover	Company	Reason for cover	To be cancelled?	Policy number
Life protection (in excess of £200,000)	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Critical illness	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Total and permanent disability	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

#### 2nd life

	Amount of cover	Company	Reason for cover	To be cancelled?	Policy number
Life protection (in excess of £200,000)	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Critical illness	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Total and permanent disability	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
	£ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

## 8. Health questions

Please make sure that you answer all of the questions honestly and accurately. If you're in any doubt about the information we require you should give full details.

In accordance with the Association of British Insurers' policy on genetics and insurance, you don't need to tell us about any genetic test result you've had if this application, taken together with any other insurance policies you already have, totals £500,000 or less for life insurance, £30,000 or less for income protection insurance or £300,000 or less for other types of insurance.

Above these limits, you may need to tell us about certain genetic test results when applying for certain types of insurance. We'll only be interested in a genetic test result where the Government's Genetic and Insurance Committee has approved it for insurers to use with the type of insurance you're applying for. If you think this may apply to you, please ask us for details of the current position.

However, you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition, including any genetically inherited condition.

**You mustn't partially disclose information when answering any questions or assume that we'll write to your doctor.**

When answering the following health questions you don't need to tell us about uncomplicated pregnancy, common colds, influenza, hay fever, sinus trouble, wisdom teeth, vasectomy or shingles.

Have you at any time had, or been advised to have, or are you currently having any medical investigation or consultation, advice, operation or treatment for any of the following:

	1st life	2nd life
17. Angina	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Heart attack	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Stroke, brain haemorrhage	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Raised blood pressure	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Raised cholesterol	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Chest pain, palpitations, heart murmur or any disease or abnormality of your heart, pulse, veins or arteries	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Blood disorder or anaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Cancer, tumour, leukaemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Cyst, moles or any other growth, or any kind of lump or lesion whether malignant or benign, even if you haven't seen a doctor about it	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Diabetes or sugar in the urine	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Thyroid disorder	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Multiple sclerosis, Parkinson's, Alzheimer's, dementia, cerebral palsy, paralysis or any other disorder of the nervous system	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Numbness, tingling, tremor, giddiness, blurred or double vision, loss of feeling or temporary loss of muscle power, even if you haven't seen a doctor about it	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 8. Health questions – *continued*

	1st life	2nd life
31. Mental illness or any kind of medical attention or time off work for depression, anxiety, stress, nervous breakdown, insomnia or tiredness	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Asthma or bronchitis	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Any other chest or lung complaint	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Any problem, disease or abnormality affecting your stomach, bowels, kidneys, liver, prostate, bladder, genito-urinary system, pancreas or spleen	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Arthritis or gout	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Neck, back or spine trouble	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Joint problems or disease of the muscles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Any problem, disease or abnormality affecting your ears, hearing, or your eyes or vision (not wholly corrected by a hearing aid or wearing spectacles)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you ever taken drugs, other than those prescribed by a medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. To the best of your knowledge have any of your parents, brothers or sisters, before the age of 65, died or suffered from any of the diseases/disorders indicated below?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please fill in the table below:	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please fill in the table overleaf:

### 1st life

Disease/Disorder	Relationship	Age at diagnosis	Relationship	Age at diagnosis	Relationship	Age at diagnosis
Heart disease						
Stroke						
Polycystic kidney disease						
Cancer or tumour (Please give site/type)						
Polyposis of the colon						
Multiple sclerosis						
Diabetes						
Huntington's disease						
Motor neurone disease						
Alzheimer's						
Parkinson's disease						
Any hereditary disorder (please give details)						

## 8. Health questions – *continued*

### 2nd life

Disease/Disorder	Relationship	Age at diagnosis	Relationship	Age at diagnosis	Relationship	Age at diagnosis
Heart disease						
Stroke						
Polycystic kidney disease						
Cancer or tumour (Please give site/type)						
Polyposis of the colon						
Multiple sclerosis						
Diabetes						
Huntington's disease						
Motor neurone disease						
Alzheimer's						
Parkinson's disease						
Any hereditary disorder (please give details)						

	1st life	2nd life								
41. Are you aware of any symptoms or complaints that you haven't consulted a doctor or received treatment for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No								
42. [For females only] Have you ever had, or do you currently have, any change(s) to your breast, for example any lump or cyst, rash, skin discolouration, inverted nipple, bleeding or discharge from a nipple or any other abnormality, even if you haven't consulted a doctor about it?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No								
43. [For females only] Have you at any time had, or been advised to have, or are you currently having any medical investigation or consultation, advice, operation or treatment for any gynaecological disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No								
44. During the last five years have you been off work or unable to carry out your normal duties due to sickness or injury for more than five days at any one time, other than previously disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No								
45. Do you have any further disclosures to make with regard to any medical investigation, test or consultation, advice, counselling, operation, medication or treatment that you've had or been advised to have or are currently having, but haven't already mentioned?  If 'Yes', please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<input type="checkbox"/> Yes <input type="checkbox"/> No  <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

## 9. Supplementary medical history

These questions should only be answered when a life to be assured has answered 'Yes' to a medical question in section 8.

Please be as specific as possible so we don't have delays due to us having to refer back to you.

Please make sure that you answer all of the questions honestly and accurately. If you're in any doubt about the information required you should give full details. You can't assume that your doctor will give the information that we need. It's your responsibility to fill in this application form properly. If you don't give all relevant facts, the protection provided could be lost or cancelled and your claim rejected.

	1st life	2nd life
1. Please give the question number that this information relates to.	<input type="text"/>	<input type="text"/>
2. Please tell us the medical condition, illness or injury. (If appropriate, please give details of the organ or limb involved, for example the left knee.)	<input type="text"/>	<input type="text"/>
3. Has an underlying cause or diagnosis been established? If 'Yes', please give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/>
4. How long ago did the symptoms first occur?	<input type="text"/> Years <input type="text"/> months	<input type="text"/> Years <input type="text"/> months
5. How long ago were your last symptoms? (If you still have symptoms, please enter zeros.)	<input type="text"/> Years <input type="text"/> months	<input type="text"/> Years <input type="text"/> months
6. How many episodes or attacks have you had since initial onset?	<input type="text"/>	<input type="text"/>
7. Please describe the symptoms that you've experienced.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8. What is your current medication and/or treatment and how frequently do you take/receive it?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9. What medication and/or treatment have you received in the past? When did you last take/receive this?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

## 9. Supplementary medical history – *continued*

	1st life	2nd life								
<p>10. Have you had any tests, investigations or referrals regarding this condition?</p> <p>If 'Yes', please give details, including dates, results and outcome.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>11. Have you ever been hospitalised or had an operation due to this condition?</p> <p>If 'Yes', please give details, including dates, results and outcome.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>12. Are you waiting for any investigations, tests, results, follow-up or review?</p> <p>If 'Yes', please give details, including date of appointment, if known.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>13. Has this condition caused you to be absent from work during the last five years?</p> <p>If 'Yes', please tell us how long you were absent and when you were last absent.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>14. Are you currently absent from work due to this condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>15. Are you now fully recovered with no ongoing problems?</p> <p>If 'No', please give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>16. If you'd like to give us any more information about this condition, please give details here.</p>	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

## 10. Declaration and consent

Before signing this declaration, please read carefully the information held within sections A and B below, and overleaf.

### A. General practitioner's report consent declaration

#### Important notes

The policy won't start until we've assessed and accepted your application and the first premium has been paid. If you have a full or quarter birthday (quarter birthdays are at 3, 6 and 9 months after your birthday) while your application is being processed, the terms may differ from those originally illustrated. In most instances your payments will be as originally illustrated. We may offer you revised terms, but occasionally we may not be able to offer any terms.

We may ask you to contact your doctor if we're waiting for reports which we've asked for. If we ask you to come for a medical examination or request a general practitioner's report from your doctor, we may need to share the application information with another company we have authorised. They'll make the arrangements for the examination to take place and/or to obtain the general practitioner's report.

We may need to send your application and relevant medical reports to our reinsurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of any company we use to assess your application from our head office.

We have a confidentiality policy in place, which means we hold your medical information securely and access is limited to authorised individuals who need to see it. You're entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

#### Access to medical reports

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 (or The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991). Your rights under the act are as follows.

- You don't need to give your permission, but, if you don't, we may not be able to go ahead with your application. This doesn't prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we'll tell the doctor to keep the report for 21 days so that you can arrange to see it. If you haven't made arrangements to see the report within this time, your doctor will send the report to us. Once you've seen the report, your consent is required before it can be passed to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.
- If you indicate on this form that you don't want to see the report before it's sent to us, we can ask the doctor for a report without notifying you. However, you can still write to the doctor and ask to see the report before it's sent to us. You'll then have 21 days within which to make arrangements to see the report.
- If you think that any part of the report isn't correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if:
  - he or she feels that it would cause physical or mental harm to you or others
  - it discloses information given by or about another person (apart from another doctor who has attended you), who doesn't want their identity or the information revealed. In these circumstances, the doctor must notify you and you'll then be able to see only the non-confidential parts of the report. If the whole report is affected, the doctor must not send it to us unless you consent to this.
- If you request a copy of the report under any circumstances, the doctor can charge you a reasonable fee to cover the costs of supplying it.
- The medical report your doctor fills in asks about the following:
  - Your current health:
    - Any care, medication or treatment you're currently receiving
    - The results of referrals or tests you're waiting for
    - Any time off work in the last three years
  - Your past health:
    - Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor. In particular whether you have a history of:
      - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases
      - musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles
      - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
      - suicidal thoughts or attempts at suicide
      - conditions related to drug or alcohol misuse or smoking or chewing tobacco
    - Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.

## 10. Declaration and consent – *continued*

- Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you've told your doctor about
- We've asked your doctor not to reveal information about:
  - negative tests for HIV, hepatitis B or C
  - any sexually transmitted diseases unless there could be long-term effects on your health
  - predictive genetic test results, unless there's a favourable test result which shows that you haven't inherited a condition your family suffers from
- The information you and your doctor provide about your health may result in us:
  - refusing to provide insurance
  - increasing premiums above standard rates
  - setting premiums at standard rates

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to Customer Enquiries, AEGON Scottish Equitable, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ.

I don't want to see the report before it's sent to the company.

1st life    2nd life

I do want to see the report before it's sent to the company.

1st life    2nd life

### B. Declaration and consent

- I confirm that I've read and understood both the important notes and the information in this section.
- I confirm that the information and statements I've made within this application, and within any additional documents AEGON Scottish Equitable has asked for in connection with this application, are true and complete. I'll tell AEGON Scottish Equitable about any change to my health and/or circumstances which happens before this policy starts.
- I understand I'm personally responsible for fully and completely giving all the facts required when answering the questions in this form. At no point will I assume AEGON Scottish Equitable will write to my general practitioner for medical information.
- I understand that if I don't comply with these requirements then it may result in the cancellation of my protection and a future claim being rejected.
- I agree that if it's necessary for AEGON Scottish Equitable to accept my application on terms which exclude payment of benefit in certain circumstances, these terms and circumstances may be revealed in the normal course of business to my financial adviser.
- I agree that if I attend a medical examination, AEGON Scottish Equitable may need to share the application information with another company it's authorised. The authorised company will make arrangements for the examination to take place.
- I agree that if AEGON Scottish Equitable asks my doctor for a general practitioner's report, it may need to share the application information with another company it's authorised. The authorised company will make arrangements to get the general practitioner's report.
- I authorise AEGON Scottish Equitable to get any medical information that's held by another insurer in respect of other applications for life assurance, sickness and/or accident insurance or private medical insurance. I also authorise AEGON Scottish Equitable to share any medical information with another insurer if they ask for information.
- I authorise AEGON Scottish Equitable to seek medical information at any time, before or after my death, about any matter which relates to my physical or mental health, from any doctor who has attended me. I also authorise AEGON Scottish Equitable to pass results from any independent medical examination held to my own doctor. I authorise any doctor who is asked for this information to give it. I confirm that I don't want to have access to any medical report before it's supplied to AEGON Scottish Equitable. A copy of this report is just as valid as the original.
- I authorise AEGON Scottish Equitable to share medical evidence with any other company within the AEGON UK group or to get any evidence held by any other company within the group.
- I authorise AEGON Scottish Equitable to ask for the relevant financial information it needs to assess this application.
- I consent to AEGON Scottish Equitable gathering, using and disclosing information, which is contained in this application form and which it considers relates to the policy or services applied for and/or any trust, scheme or other arrangement of which the policy forms or may form an asset and I consent to the processing of data as explained above and in the 'Important notes for the customer' section on the front of this form (and where appropriate for other people named in this form).
- I agree to AEGON Scottish Equitable asking any doctor I've consulted about my physical or mental health for medical information so it may assess my application. It may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I've applied for. I authorise those asked to give AEGON Scottish Equitable medical information when they see a copy of this consent form. This form allows it to gather medical reports within six months of the start of the policy, or after my death, to support any claim made on the policy proceeds.
- This information can also be used for AEGON Scottish Equitable to maintain management information for business analysis.

## 10. Declaration and consent – *continued*

### Data Protection Act

Under the Data Protection Act, AEGON Scottish Equitable has a number of obligations:

The data controller of the personal data that you provide to AEGON Scottish Equitable, or that's provided on your behalf, is Scottish Equitable plc (trading as AEGON Scottish Equitable). We'll use the information you've provided for purposes in connection with the contract (and related services) which you've applied for. We'll carry out underwriting based on the information you give us.

This includes the processes of underwriting, administration, claims management and customer complaint handling. Where necessary, we'll process 'sensitive data' about you (including any medical information) in accordance with the Data Protection Act. This may include information relating to physical or mental health or condition and sexual life, and may be used to assess any claims made under the cover (and will therefore be held for the duration of your lifetime and thereafter). When processing your personal data for underwriting, this may be undertaken by an automatic decision-taking system.

The information may be shared with the reinsurers, medical professionals and/or healthcare management companies (who would be used to collect medical information, such as medical examinations). We may also need to get more information from other insurers or medical practitioners who have cared for you to verify details, or to get clarification or expansion of the answers you've given. Once your policy is in force, if you make a claim, we'll also need to verify that you're suffering from the ailment that has forced you to make the claim. This could involve the use of a private investigator. Our confidentiality policy means that your sensitive information is secure and only those who need to see it have access to it.

If you're applying for insurance with other companies at the same time, by signing the declaration you're consenting to copies of medical reports being sent to other companies at the other companies' request. However, if another company asks us to give it copies of highly sensitive information, including HIV or genetic test results, we'll ask for your specific permission before giving it.

We may share your personal information with companies in the AEGON UK group. The AEGON UK group may tell you about our new products or services from time to time. Where 'AEGON UK group' is used, this means Scottish Equitable plc and any associated companies.

Please tick this box if you don't want to get such information.

1st life     2nd life

We're legally obliged to give information to certain bodies, for example regulatory bodies or authorities such as the Financial Services Authority or HM Revenue & Customs. We may also have to give information to comply with money laundering laws and for other purposes, for example detecting crime. We'll also share permitted relevant information with people who are acting on your behalf (for example your financial adviser), to allow them to fully carry out their role as your agent. You can get more information from our leaflet called *Protecting your personal information*. If you'd like a copy, please ask our Data Protection Coordinator, AEGON Scottish Equitable, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ.

### Terms of contract

- I/We agree that the contract will be governed by the following documents:
  - This declaration and consent
  - The application record
  - The AEGON Scottish Equitable policy schedule and the accompanying policy conditions
- I/We consent to the processing of data as explained on the previous page (and, where appropriate, for other people named in this form).
- By signing this declaration I'm allowing you to process my application using the information that I've given. You may also use this information to process any claim made on this policy.
- I've read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.

## 10. Declaration and consent – *continued*

I have sent answers to some of the medical questions to your Chief Medical Officer.

### Signature(s) of the life/lives to be assured

1st life

X X

Print name

Date of signature (dd/mm/yyyy)

2nd life

X X

Print name

Date of signature (dd/mm/yyyy)

### Signature(s) of Policyholder(s) (if other than the life/lives to be assured)

1st Policyholder

X X

Print name

Date of signature (dd/mm/yyyy)

If a company, please give the position/authority of signatory

2nd Policyholder

X X

Print name

Date of signature (dd/mm/yyyy)

If a company, please give the position/authority of signatory

If you'd like to know more about our use of personal data then please write to:

Customer enquiries, AEGON Scottish Equitable, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ.

**Agency details**

To be filled in by the financial adviser

For the purposes of Financial Services Authority reporting:

Did you give the applicant(s) advice about choosing to set up this policy?

Yes  No

Your name and company name

Your AEGON Scottish Equitable agency number

Your principal FSA reference number

Your appointed rep FSA reference number

If you're a member of a support services company, please give below:

Your reference

Phone number

Email address

Is this application being provided for the adviser's own use, for example intermediary's or their agent, employee or their spouse?

Yes  No

**'Source of funds' concession**

Recent money laundering guidance includes a new 'source of funds' concession for 'reduced risk' business such as AEGON Scottish Equitable protection business. Where the policyholder(s) and the premium payer are the same, the 'source of funds' concession allows AEGON Scottish Equitable to rely on a cheque or Direct Debit instruction from a UK bank account, in the policyholder(s) individual or joint names, to provide evidence of identity.

Is the 'source of funds' concession being applied for this application?

Yes  No









