webline

Application Header Page

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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		Webline Response Reference	196605298
Firm Name			
Adviser Name			
Agency Code			
Commission Details			
Please Send Correspondence To			

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	
Email	enquiries@quoteme4.co.uk

Parent Group (if applicable)

Webline Number	
FRN	
Company Name	

Subagency Details (if applicable)

Webline Number	
FRN	
Contact	
Company Name	
Address	
Phone	
Email	

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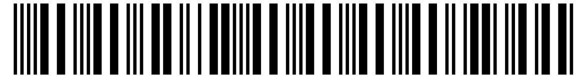
Select Protection Plan

Application Form



TO BE COMPLETED BY ALL ADVISERS:

Non-advised sale ☐

If not ticked we will assume advice was given.

IFA Use Only

Standard Commission terms ☐

Other terms – details below ☐

____

____

____

☐☐☐ ☐☐☐ ☐☐☐☐☐

Adviser's Reference Number

FRIENDS PROVIDENT

Part 1 – Introduction - It is most important that you read this Part before completing the application form.

1. Please could you send your birth certificate with this Application. For married women, widows or civil partners, please could you also send evidence of any change of name.

   Please check you have received a Key Facts leaflet and an illustration for this Plan. Your Financial Adviser will supply these if you have not got them.

   Please read all of this form and contact your Financial Adviser if there are any questions that are unclear.

   Please use BLOCK CAPITALS throughout and tick the boxes ✓ where appropriate.

   If you make a mistake please cross it out, put in the correct word or words and initial next to the correction.

   If you need more space to write your answers, please use the section headed 'Additional Information' on page 13.

2. Help us to assess your Application fairly by telling us all the information that may affect our decision to insure you. **If you are uncertain about whether any particular fact would influence our decision, you should include it. If you do not, Friends Provident will be legally entitled to not pay a claim and to cancel your policy(ies).**

   IF ANYTHING ABOUT YOUR HEALTH OR CIRCUMSTANCES CHANGES AFTER YOU HAVE COMPLETED THIS APPLICATION AND BEFORE WE ASSUME RISK FOR ALL THE COVERS APPLIED FOR YOU MUST LET US KNOW IMMEDIATELY. We need to know of any changes which would have resulted in different replies to questions asked either:

   - on or resulting from the application form or other questionnaire; or
   - by any doctor or nurse acting on our behalf.

   Changes would include having or expecting to have doctor, hospital or clinic consultations, treatment as an in-patient or a blood test for any reason. We also need to know immediately if you change your occupation or take up any hazardous sports or pastimes before cover starts.

   If we are advised of any changes we will confirm in writing whether or not any terms quoted will still apply.

   If you would prefer, you may complete the medical questions in private and return the Application Form direct to the Chief Medical Officer. Please indicate on this form if you have done so.

3. Please note that if two people are applying to Friends Provident for cover on a single life basis within the Plan, we will write to you jointly with details of our offer based on the information you each provide. If you wish to receive correspondence separately, please each complete an application for a separate Plan.

4. The Plan will not start until we have assessed and accepted your application, and the first premium has been paid. In the case of a joint life application the Plan will not start until we have assessed and accepted you both, and the first premium has been paid.

   If you have a birthday while your application is being processed, the terms may differ from those originally quoted.

   In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.

5. To qualify for 'non smoker' status rates you must not have used any form of tobacco or nicotine products within the last twelve months.

   We reserve the right to check the accuracy of your reply if you have indicated on this application that you do not use any form of tobacco or nicotine products

6. We may ask you to contact your doctor if we are waiting for reports, which we have asked for.

   If we ask you to attend a medical examination, we will need to share the application information with any company we authorise to conduct such examinations. They will make the arrangements for the examination to take place.

   We may need to send your application and relevant medical reports to our reassurers 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 general reassurance principles and 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 are entitled to ask for a copy of our confidentiality policy.

7. You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

   Unemployment Cover

   - **To be eligible to apply for Unemployment Cover you must be aged between 18 and 59, resident in the United Kingdom, actively working in paid employment for at least 16 hours per week (including self employment) and not currently absent from work ill, either paid or unpaid, and paying the correct class of National Insurance Contributions.**
   - The information provided about yourself, including any sensitive information will be passed to or used by Financial Insurance Company Limited and their associated companies for your Unemployment Cover insurance. This includes underwriting, processing, claims handling and preventing fraud and could include passing details to agents of Financial Insurance Company Limited or other insurers and sub contractors in the UK or any other country (even those which have only limited or no applicable Data Protection Laws) provided that Financial Insurance Company Limited remain responsible for making sure that the information is held securely. Financial Insurance Company Limited may ask other insurers for information to check the information you have given.
   - The Unemployment Cover is underwritten by Financial Insurance Company Limited which is a private company limited by shares and incorporated in England. Head and Registered Office, Vantage West, Great West Road, Brentford, Middlesex TW8 9AG
   - Upon your written request, you have a right of access to the information that Financial Insurance Company Limited hold about you on their records. (Financial Insurance Company Limited reserve the right to charge an administration fee). If anything is incorrect or inaccurate you may ask for it to be amended.

Part 2 – Personal details

If you are applying for Unemployment Cover only, please complete Questions 1 – 10. For all other applications please complete all the questions in this section.

	FIRST (or only) LIFE	SECOND LIFE
1 Title	Mr Mrs Miss Ms Other Please Specify	Mr Mrs Miss Ms Other Please Specify
2 Surname		
3 First name(s)		
4 Current address	 Town County	 Town County
Postcode		
5 Daytime telephone number *(including STD code)*		
6 Home telephone number *(including STD code)*		
7 Mobile telephone number		
8 E-mail address		

It may be necessary for one of our underwriters to contact you to discuss the information you have provided. This will help to speed up the underwriting of your application.

	FIRST (or only) LIFE	SECOND LIFE
Please confirm that you are happy for us to contact you.	Yes No	Yes No
If Yes, please confirm the most suitable time.	am pm Weekdays Saturdays	am pm Weekdays Saturdays
9 Date of birth		
10 Marital/civil partnership status (see Important Notes)		
11 What is your height?	ft in or cm	ft in or cm
12 a) What is your weight?	st lbs or kg	st lbs or kg
b) Have you recently lost or gained any weight?	Yes No	Yes No
If Yes, please give details.	Details	Details
13 Name and address of your doctor. ***Please note we may not contact your doctor. Even if we do, you must still disclose all the material facts when completing this application.***	 Town County Postcode Telephone	 Town County Postcode Telephone

Part 3 – Plan details

Please indicate premium frequency required.
Premiums will be paid monthly by Direct Debit unless you indicate 'Annually'

☐ Monthly ☐ Annually

Is this Plan to be used in connection with your mortgage?

Yes ☐ No ☐

Please tick the box opposite any cover which you wish to be written under Trust. (Note that it is possible to have some covers under Trust and some not.)

A - Life Cover

Basis	First Life only ☐			Second Life only ☐			Joint Life ☐		
Type of benefit	Sum Assured (£)	Term (yrs)	Trust	Sum Assured (£)	Term (yrs)	Trust	Sum Assured (£)	Term (yrs)	Trust
Level Cover									
Decreasing Cover									

B - Life or Earlier Critical Illness Cover

Basis	First Life only ☐			Second Life only ☐			Joint Life ☐		
Type of benefit	Sum Assured* (£)	Term (yrs)	Trust	Sum Assured* (£)	Term (yrs)	Trust	Sum Assured* (£)	Term (yrs)	Trust
Level Cover									
Type of Premium Rate	☐ Guaranteed or ☐ Reviewable			☐ Guaranteed or ☐ Reviewable			☐ Guaranteed or ☐ Reviewable		
Decreasing Cover									
Type of Premium Rate	☐ Guaranteed or ☐ Reviewable			☐ Guaranteed or ☐ Reviewable			☐ Guaranteed or ☐ Reviewable		

* The maximum critical illness cover Friends Provident will provide on any one life is £500,000

C - Critical Illness Cover (Reviewable Premiums Only)

Basis	First Life only ☐			Second Life only ☐			Joint Life ☐		
Type of benefit	Sum Assured* (£)	Term (yrs)	Trust	Sum Assured* (£)	Term (yrs)	Trust	Sum Assured* (£)	Term (yrs)	Trust
Level Cover									
Decreasing Cover									

* The maximum critical illness cover Friends Provident will provide on any one life is £500,000

D - Waiver of Premium

If you choose Waiver of Premium Benefit this will apply to all the Life and Critical Illness Covers you have selected above.

Basis First Life only ☐ Second Life only ☐ Joint Life ☐

Part 3 – Plan details – continued

E - Income Protection Cover

Please complete section i) only if you are in full time employment or self-employed (regularly working 16 hours or more per week). Your Income Protection Benefit may be written as two policies if your earnings decrease in stages during incapacity. You may also include Pension Contribution Protection Benefit. If this is on the same basis as the Income Protection Benefit it will be written as one policy otherwise we will set up separate policies within the Plan. This Cover will be on a single life basis and in the ownership of the life assured. If you require Houseperson's Cover, please go to iii).

i) Income Protection

The choice of Deferred Period and Benefit is left to you. Please see Part 14 Important Notes - Limitation of Amount Payable.

Income Protection Benefit	First Life Policy 1	First Life Policy 2	Second Life Policy 1	Second Life Policy 2
Income Protection Benefit per week	£	£	£	£
Number of weeks before benefit starts *(choose between 4, 13, 26 and 52 weeks)*				
Your age when benefit stops *(ceasing age between 50-65 inclusive)*				

ii) Pension Contribution Protection Benefit

The choice of Deferred Period and Benefit is left to you. Please see Part 14 Important Notes - Limitation of Amount Payable.

	First Life Policy 1	Second Life Policy 1
Pension Contribution Protection Benefit per week *(net of basic rate tax)*	£	£
Number of weeks before benefit starts *(choose between 4, 13, 26 and 52 weeks)*		
Your age when benefit stops *(ceasing age between 50-65 inclusive)*		

(Please note your age when benefit stops must be the same as Income Protection Cover if applicable.)

Type of Cover required

Income Protection – Level Cover

	First Life	Second Life
Income Protection Benefit	Yes	Yes
Pension Contribution Protection Benefit *(net of basic rate tax)*	Yes	Yes

Income Protection – Increasing Cover

	First Life	Second Life
Income Protection Benefit	Yes	Yes
Pension Contribution Protection Benefit *(net of basic rate tax)*	Yes	Yes

Increasable Insurance Option

(available with either Level Cover or Increasing Cover)

	First Life	Second Life
Income Protection Benefit	Yes	Yes
Pension Contribution Protection Benefit *(net of basic rate tax)*	Yes	Yes

iii) Income Protection – Houseperson's Cover (Level Cover only)

Please complete this section only if you are a Houseperson or Homecarer, or in employment but regularly working less than 16 hours per week.

The choice of Deferred Period and Benefit is left to you. Please see Part 14 Important Notes - Limitation of Amount Payable.

	First Life	Second Life
Houseperson's Benefit per week *(up to a maximum of £300)*	£	£
Houseperson's Pension Contribution Protection Benefit per week *(net of basic rate tax)*	£	£

Part 3 – Plan details – continued

Number of weeks before benefit starts *(choose between 4, 13, 26 and 52 weeks)*		
Your age when benefit stops *(ceasing age between 50-65 inclusive)*		

F - Unemployment Cover

This Cover is underwritten by Financial Insurance Company Limited.

To be eligible for this Cover you must be aged between 18 and 59, resident in the United Kingdom, actively working in paid employment for at least 16 hours per week (including self employment) and not currently absent from work ill, either paid or unpaid, and be paying the correct class of National Insurance Contributions. If you do not meet the above criteria then we are unable to offer you Unemployment Cover.

	First Life		Second Life	
Basis	Yes		Yes	
		Term* (yrs)		Term* (yrs)
Unemployment benefit per month	£		£	
	12 Months		12 Months	
Maximum Benefit Payment Period				

* The term of years should be the remaining outstanding term of your mortgage. In any event Unemployment Cover will cease on your 65th birthday.

Part 4 – Recreation and Travel details

If you are applying for Unemployment cover only, you do not need to complete this section. For all other covers please complete the whole section.

	FIRST (or only) LIFE	SECOND LIFE
1 Have you used any form of tobacco or nicotine products (eg patches, gum etc.) in the last 12 months?	Yes / No	Yes / No
If Yes, please state what form and how much a day.	per day	per day
2 How much alcohol do you drink? *1 unit = a single measure of spirits or 1 glass of wine or 1⁄2 pint of beer.*	Units per week	Units per week
3 Have you ever taken non-prescription drugs (eg ecstasy, cocaine, heroin, anabolic steroids etc)?	Yes / No	Yes / No
If Yes, please provide full details.	Details	Details
4 Have you ever suffered from alcohol or drug abuse or been advised by a doctor to reduce or stop your alcohol consumption on medical grounds?	Yes / No	Yes / No
If Yes, please provide full details.	Details	Details

Part 4 – Recreation and Travel details – continued

5 Do you take part in any hazardous sports or pastimes or do you intend to start? (Mountaineering, motor sports, horseriding, skiing and private flying are examples but you should include any activity that is hazardous).

If Yes, please provide full details.

First life	Second life
Yes ☐ No ☐	Yes ☐ No ☐
Details	Details

6 Do you intend to reside, work or travel abroad other than for holidays or have you done so within the past 5 years?

If Yes, please provide full details.

First life	Second life
Yes ☐ No ☐	Yes ☐ No ☐
Details	Details

Part 5 – Family History

If you are applying for Unemployment cover only, you do not need to complete this section. For all other covers please complete the whole section.

1 Before the age of 60, did either of your parents or any of your brothers or sisters suffer or die from heart disease, raised cholesterol, stroke, diabetes, cancer, multiple sclerosis, Huntington's disease, polycystic kidney disease, polyposis of the colon or any other hereditary disorder?

FIRST (or only) LIFE Yes ☐ No ☐ **SECOND LIFE** Yes ☐ No ☐

If Yes, please fill in the sections below for relatives who are or were affected by the illnesses shown. **Please state the age at onset of the illness.** If your relative had cancer, please tell us which part of the body was **first affected**.

FIRST LIFE

	Living		**Dead**	
	Current age	Medical conditions past and present. Please state age at onset.	Cause of death	Age at death
Father				
Mother				
Brothers				
Sisters				

SECOND LIFE

	Living		**Dead**	
	Current age	Medical conditions past and present. Please state age at onset.	Cause of death	Age at death
Father				
Mother				
Brothers				
Sisters				

Part 6 – Insurance History

If you are applying for Unemployment cover only, you do not need to complete this section. For all other covers please complete the whole section.

	FIRST (or only) LIFE	SECOND LIFE
1 Have you applied to any other company for life insurance or insurance against 'critical illness' in the last 12 months or are you about to do so?	Yes ☐ No ☐	Yes ☐ No ☐
	Company	Company
	Details	Details
	Dates	Dates
2 Have you ever applied for life insurance, insurance against 'critical illness' or income protection/disability insurance, and been turned down or asked to pay a higher premium or had other special terms imposed?	Yes ☐ No ☐	Yes ☐ No ☐
	Company	Company
	Details	Details
	Dates	Dates
3 Have you got any existing Critical Illness Cover?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, please state name of company, sum assured and year policy effected.	Company	Company
	Sum Assured	Sum Assured
	Year poilcy effected	Year poilcy effected
4 If you have an existing critical illness policy, are you cancelling it when this policy comes into force?	Yes ☐ No ☐	Yes ☐ No ☐

Please complete if applying for Income Protection Cover

	FIRST (or only) LIFE	SECOND LIFE
5 Have you got existing Income Protection Cover?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, please state name of company, weekly benefit and period before benefit starts.	Company	Company
	Weekly benefit	Weekly benefit
	Period before benefit starts	Period before benefit starts
6 If you have an existing income protection policy are you cancelling it when this policy comes into force?	Yes ☐ No ☐	Yes ☐ No ☐

Part 7 – Occupation details

If you are applying for Unemployment Cover only, you do not need to complete this section. If applying for Life Cover only please just complete question 1.

If applying for Critical Illness Cover, Waiver of Premium or Income Protection please complete the whole section.

Question	FIRST (or only) LIFE	SECOND LIFE
1 What is your occupation(s)?	Occupation(s) Nature of employer's business Please give details if you work at heights, underground, underwater or offshore	Occupation(s) Nature of employer's business Please give details if you work at heights, underground, underwater or offshore
2 How many hours do you work each week? (Please specify if you undertake night work or shift work)	Hours / Nightwork / Shiftwork	Hours / Nightwork / Shiftwork
3 Please give details (including % of time spent) of:		
a) use of machinery or tools	Type % of working day spent on each type %	Type % of working day spent on each type %
b) business driving	Average business miles pa miles % of working day spent %	Average business miles pa miles % of working day spent %
c) any manual or physical activity (eg carrying or lifting, prolonged repetitive activity or working at heights over 10 feet).	Type % of working day spent on each activity %	Type % of working day spent on each activity %
4 a) Are you currently absent from work for any reason?	Yes / No	Yes / No
If Yes, please give reasons for and duration of absence.	Reason and duration	Reason and duration
b) Have you had any time off work within the last two years due to illness or injury? You can ignore minor ailments such as colds/flu if together they total less than 10 days per year.	Yes / No Reason	Yes / No Reason
If Yes, please give reasons for absence and amount of time off.	Amount of time off	Amount of time off

Please complete the following three questions if you are applying for Income Protection Cover

Question	FIRST (or only) LIFE	SECOND LIFE
5 What is your annual taxable earned income (we will include certain benefits in kind and certain dividend payments – please see the key facts document)?	£	£
6 Are you self-employed?	Yes / No	Yes / No
7 If you are self-employed or a shareholding director what is the size of your workforce?		

Part 8 – Health Questions

If you are applying for Unemployment Cover only, please do not complete this section.

Please answer each of the following questions ticking boxes where appropriate.

If the answer to any question is 'Yes' please give full details disclosing all material facts as they can influence the assessment and acceptance of this application.

If you are in any doubt as to whether any fact is material, you should disclose it. If you do not, Friends Provident will be legally entitled to not pay a claim and to cancel your policy(ies).

In accordance with the Association of British Insurers' (ABI) policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this Application for insurance, taken together with any other insurance policies you already have, for this type of insurance, totals to:

- £500,000 or less for Life Insurance;
- £300,000 or less for Critical Illness.

There is no need to disclose any genetic test result for an application for Income Protection only.

Above these limits, you may need to tell us about certain genetic test results when applying for insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at www.abi.org.uk/public/consumer/codes/disclosure.asp

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

If you wish to disclose to us a negative genetic test result, which shows us that you have not inherited a genetic disorder, we will take this into account in setting your premium, providing your clinical geneticist confirms that this test result indicates a reduced risk of developing the inherited disease.

1 Do you currently have or have you ever had any of the following:

	FIRST (or only) LIFE		SECOND LIFE	
a) Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?	Yes ☐	No ☐	Yes ☐	No ☐
b) Heart disease (including heart attack, angina, heart defects from birth or heart surgery)?	Yes ☐	No ☐	Yes ☐	No ☐
c) Stroke, brain haemorrhage or brain injury?	Yes ☐	No ☐	Yes ☐	No ☐
d) Multiple sclerosis, optic or retrobulbar neuritis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia or cerebral palsy?	Yes ☐	No ☐	Yes ☐	No ☐
e) Any other disorder of the central nervous system not already mentioned?	Yes ☐	No ☐	Yes ☐	No ☐
f) Disease or disorder of the arteries (including disease in the legs or of the aorta)?	Yes ☐	No ☐	Yes ☐	No ☐
g) Diabetes or sugar in the urine?	Yes ☐	No ☐	Yes ☐	No ☐
h) Mental illness that has required hospital treatment or referral to a psychiatrist?	Yes ☐	No ☐	Yes ☐	No ☐
i) Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test?	Yes ☐	No ☐	Yes ☐	No ☐

Note: If the result is negative, the fact of having an HIV test will not in itself have any effect on your acceptance terms for insurance.

If you answered 'Yes' to any of question 1, please give details below, including disorders, dates, duration of illness, treatment, results of investigations and tests and time off work.

FIRST (or only) LIFE	SECOND LIFE
Disorder(s)	Disorder(s)

Part 8 – Health Questions – continued

FIRST (or only) LIFE	SECOND LIFE
Date of disorder(s) and duration	Date of disorder(s) and duration
Treatment	Treatment
Results of investigations	Results of investigations
Time off work and when	Time off work and when

2 In the last 5 years have you had any of the following:

	FIRST (or only) LIFE		SECOND LIFE	
a) A mole or freckle that has bled, caused pain or changed in appearance or any lump or growth?	Yes	No	Yes	No
b) Chest pain, irregular heart beat, raised blood pressure or raised cholesterol?	Yes	No	Yes	No
c) Asthma, bronchitis or any other respiratory disorder?	Yes	No	Yes	No
d) Numbness, loss of feeling or tingling of the limbs or face, loss of balance or coordination?	Yes	No	Yes	No
e) Seizures, fits, fainting or blackouts?	Yes	No	Yes	No
f) Any disorder of the eyes or ears including blurred or double vision, or impaired hearing? (You can ignore sight problems corrected by glasses or contact lenses).	Yes	No	Yes	No
g) Arthritis, back pain, sciatica, neck, knee or wrist pain?	Yes	No	Yes	No
h) Any other disorder of the joints, bones or muscles (including RSI)?	Yes	No	Yes	No
i) Any disorder of the digestive system, liver, stomach, pancreas or bowel (including ulcers, hepatitis, colitis or Crohn’s disease)?	Yes	No	Yes	No
j) Any blood disorder or anaemia?	Yes	No	Yes	No
k) Thyroid disorder?	Yes	No	Yes	No
l) Disorder of the kidney, bladder or the genitourinary system (including blood or protein in the urine and urinary tract infections)?	Yes	No	Yes	No
m) Treatment or a positive test for any disease which was transmitted sexually?	Yes	No	Yes	No

Part 8 – Health Questions – continued

	First life		Second life	
n) Depression, anxiety, stress, fatigue or nervous breakdown?	Yes	No	Yes	No
o) Medical investigation, scan or test or have you been advised to have such investigations?	Yes	No	Yes	No
p) Attendance at a hospital as an inpatient or as an outpatient?	Yes	No	Yes	No
q) A surgical operation?	Yes	No	Yes	No

If you answered 'Yes' to any of question 2, please give details below, including disorders, dates, duration of illness, treatment, results of investigations and tests and time off work.

FIRST (or only) LIFE	SECOND LIFE
Disorder(s)	Disorder(s)
Date of disorder(s) and duration	Date of disorder(s) and duration
Treatment	Treatment
Results of investigations	Results of investigations
Time off work and when	Time off work and when

3 In the next 12 months:
Are you due to have any check-up in connection with any medical conditions or are you waiting for the result of any medical investigations?

First life		Second life	
Yes	No	Yes	No

If you answered 'Yes' to this question, please give details below.

FIRST (or only) LIFE	SECOND LIFE
Medical condition	Medical condition
Date of check up/medical investigation	Date of check up/medical investigation

Part 8 – Health Questions – continued

4 In the last 12 months:

a) Have you had any medical consultation (eg with a doctor, consultant, psychiatrist, hospital, clinic, osteopath etc)?

	First life		Second life	
4 a)	Yes ☐	No ☐	Yes ☐	No ☐

You do not need to give details of occasional consultations with your GP for just colds, flu, and for consultations for oral contraceptive pills, smear tests, well man/woman check ups where the results are known and were normal.

b) Have you been prescribed drugs, medicines or tablets or had any other form of medical treatment?

	First life		Second life	
4 b)	Yes ☐	No ☐	Yes ☐	No ☐

If you answered 'Yes' to any of question 4, please give details below, including disorders, dates, duration of illness, treatment, results of investigations and tests and time off work.

FIRST (or only) LIFE	SECOND LIFE
Disorder(s)	Disorder(s)
Date of disorder(s) and duration	Date of disorder(s) and duration
Treatment	Treatment
Results of investigations	Results of investigations
Time off work and when	Time off work and when

5 Have you ever undergone any surgical procedure outside the European Union or been a recipient of blood products outside the European Union?

First life		Second life	
Yes ☐	No ☐	Yes ☐	No ☐
Details		Details	

6 a) **Within the last 5 years** have you been exposed to the risk of HIV infection?

***Note:** HIV can be caught through unsafe sex, intravenous drug abuse, blood transfusions undertaken outside the European Union or surgery undertaken outside the European Union*

First life		Second life	
Yes ☐	No ☐	Yes ☐	No ☐
Details		Details	

b) Have you anything to add to your answers which in your view means you are not at risk of HIV?

First life		Second life	
Yes ☐	No ☐	Yes ☐	No ☐
Details		Details	

c) Have you anything to add to your answers which in your view means you are at risk of HIV?

First life		Second life	
Yes ☐	No ☐	Yes ☐	No ☐
Details		Details	

Part 9 – Additional Information

First (or only) Life	Second Life

Part 10 – Applicant(s) details

ONLY COMPLETE THIS SECTION IF THE PERSON OR PEOPLE NAMED ON PAGE 2 ARE NOT TO BE THE APPLICANTS.

If you complete this section the Applicant(s) shown below will own ALL the policies except for any Income Protection Cover, Houseperson's Cover or Unemployment Cover.

	FIRST (or only) LIFE	SECOND LIFE
1 Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐	Mr ☐ Mrs ☐ Miss ☐ Ms ☐
	Other Please Specify	Other Please Specify
2 Surname/Co. name		
3 First name(s)		
4 Current address		
	Town	Town
	County	County
Postcode		
5 Daytime telephone number *(including STD code)*		
6 Home telephone number *(including STD code)*		
7 Mobile telephone number		
8 E-mail address		
9 What is your relationship or interest in the person or people named on Page 2.		

Part 11 – Access to Medical Reports

Please note we may not contact your doctor. Even if we do, you must still disclose all the material facts when completing this application.

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. Your rights under the act are as follows:

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not 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 will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report 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 think that any part of the report is not factually 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 from you access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health
  - Any care, medication or treatment you are currently receiving.
  - The results of referrals or tests you are 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; or
    - 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
  - Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We ask 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; or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from or the total sum insured is over the limit detailed in Part 8 - Health Questions.

The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance;
- Increasing premiums above standard rates; or
- Applying an exclusion to the cover; or
- Setting premiums at standard rates.

If you have any question about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to:

The Chief Medical Officer, Friends Provident Life Assurance Ltd, PO Box 1550, Milford, Salisbury SP1 2TW

Part 12 – Declaration

This Declaration must be signed by all persons involved in this Application.

1
- As Applicant, this Application is my official request to enter into a contract or contracts with Friends Provident together providing the foregoing Covers and benefits. I understand that each contract will be on Friends Provident's normal terms and conditions which have been explained to me.
- I understand Friends Provident may require sight of the Life/Lives assured(s) medical records to consider a claim.
- I understand that a copy of the terms and conditions and a copy of this completed Application are available on request.

2
- I have read my answers to the questions in this Application and declare that, to the best of my knowledge and belief, all the information I have given is true and that no relevant fact has been withheld. I understand that failure to disclose a relevant fact or the giving of false information by any Life/Lives Assured or any Applicant(s) will give Friends Provident the right to cancel from inception any policy issued as a result of this application and may invalidate any future claim.
- I accept that if the Life/Lives Assured are required to have a medical examination, the replies to the medical examiner's questions will form part of this Application.
- **I understand that I must tell Friends Provident without delay if the health or circumstances of the Life/Lives Assured change before Friends Provident assumes risk for all the Covers applied for, except Unemployment Cover.**

3
- I understand that information given to Friends Provident in connection with this Application may be used by Friends Provident in its consideration of any claim in future and may be shared with a third party e.g. medical examiner, to help in the assessment of a claim.
- I understand that you will pass the information about any claim concerning Income Protection Insurance, Critical Illness Insurance and Waiver of Premium benefits to the Association of British Insurers (ABI) so that they can make it available to other insurers. I also understand that, in response to any searches you make in connection with this claim, the ABI may pass you information it has received from other insurers.

4
- I authorise Friends Provident to pass medical information to any life insurance company, to any medical examiner, or to any company arranging these examinations on Friends Provident's behalf.
- I agree Friends Provident will use the information I give (as well as information about me relating to any existing policy I may have with Friends Provident) for administration, underwriting, claims, research and statistical purposes. I agree Friends Provident may pass information to medical practitioners, underwriters and reinsurers and any agency appointed for these purposes. These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Friends Provident will remain responsible for making sure that the information is held securely.
- I also agree Friends Provident may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

5
- As Life Assured, I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess this application. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance on my life that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form, including after my death to support any claim made on the plan proceeds. This information can also be used to maintain management information for business analysis.
- **I have read and understood Part 11 relating to Access to Medical Reports.**
- As Life Assured, I do not want to see the report before it is sent to the company ☐
- As Life Assured, I do want to see the report before it is sent to the company ☐

6
- I would like Friends Provident to use the information I have supplied to let me know about other products and services in the Friends Provident Group* who may use it to advise me of other products and services that may interest me ☐.

  *The Friends Provident Group means Friends Provident plc and any other company in which it has directly or indirectly a material shareholding.

7
- I have read and fully understood the Introduction relating to Unemployment Cover. (Applicable only if Unemployment Cover is selected).

8 **IMPORTANT:The following applies if Critical Illness Cover or Life or Earlier Critical Illness Cover is selected.**
- I have read the Important Notes (Part 14) describing the alternative definition of 'permanently disabled' for the purposes of Permanent and Total Disability Benefit. Whilst this Application has yet to be underwritten, the alternative definition may apply to this Benefit for any Life Assured where, as a result of that Life's occupation, Friends Provident is only able to offer terms subject to the alternative definition of permanently disabled.
- As Applicant I agree and accept the alternative definition if applied ☐
- As Applicant I do not accept the alternative definition ☐

First (or only) Life (And Applicant if Part 11 not completed)	**Second Life (And Applicant if Part 11 not completed)**
Signature	Signature
Date	Date

PLEASE ENSURE THAT YOU HAVE TICKED THE APPROPRIATE BOXES ABOVE

Only complete the following if Part 11 completed.

First Applicant	**Second Applicant (if applicable)**
Signature	Signature
Capacity	Capacity
Date	Date

If signing on behalf of a Company or partnership please state in what capacity you are signing (e.g. Company Secretary)

Part 13 – Effective Date

Should anything about your health or other circumstances change before all the Cover you have applied for starts, you must tell us immediately. We will then confirm whether any terms we have quoted will remain available. Failure to notify us of any such change may result in Cover becoming void and the benefits not becoming payable.

Non Mortgage Related Applications

When all the Covers you have applied for are assessed and accepted on our normal terms then, unless you have stated below a date on which you would like the Covers to start or have instructed otherwise, we will start the cover immediately.

If any of the Covers you have applied for are not accepted on our normal terms then no cover will start until we receive written confirmation of your acceptance of the revised terms.

We also need to have received your first premium payment or a completed Direct Debit instruction.

Effective Date [_ _ / _ _ / _ _ _ _]

Mortgage Related Applications

When all the Covers you have applied for are assessed and accepted on our normal terms, we shall assume risk and begin cover when you instruct us unless you have stated below a date on which you would like cover to start.

If any of the Covers you have applied for are not accepted on our normal terms then no cover will start until we receive written confirmation of your acceptance of the revised terms and your instructions to go on risk.

We also need to have received your first premium payment or a completed Direct Debit instruction.

Effective Date [_ _ / _ _ / _ _ _ _]

Free Accidental Death Cover (FADC)

This FADC is provided automatically on all applications for Life Cover. The FADC on each Life Assured is the lesser of the life cover applied for in respect of each life and £125,000. When the cover is paid out on one of joint lives, note that the FADC will cease for the remaining life in respect of the joint life cover applied for but will continue on the surviving life for any single life cover applied for.

The cover will continue until the earliest of:

- the date risk is assumed by Friends Provident under the Life Cover applied for
- the death of the life/either life assured by accident as defined below
- free Life Cover as defined below commences
- the sixtieth day after the date of the application
- the twenty-first day after the date of any letter giving special terms for the acceptance of any Life Cover
- the date of any letter postponing or declining any Life Cover in the application
- the date on which the applicant writes to or verbally informs his Financial Adviser or Friends Provident of his decision to cancel the application.

'Accidental Death' means death as a result of an accident caused by violent, visible and external means. Accidental drowning is also included.

Exclusions:

Friends Provident will not pay Accidental Death Benefit if death is caused directly or indirectly by any of the following:

- bodily or mental infirmity, or illness or disease of any kind, or from medical treatment for this.
- suicide or self inflicted injury or disease, while sane or insane.
- any form of war, whether declared or not.
- engaging in any form of motor-sport, mountaineering or rock-climbing, pot-holing, horse-riding, parachuting or any form of aviation or aerial flight except as a fare-paying passenger in a commercially licensed passenger aircraft.
- drug abuse – this means alcohol or solvent abuse, or the taking of drugs under the direction of a registered practitioner.

Free Life and Critical Illness Cover

If you are taking out a new mortgage on your main home and your application for Life Cover has been assessed and accepted on our normal terms, you are entitled to free Life Cover which will start when:

– you have a definite contract for the purchase of a property (eg you have exchanged contracts or missives in Scotland) or when improvements or repair work has actually begun

and

– you have received a letter from your lender offering you a mortgage.

The amount of Free Life Cover is limited to the least of; the amount of your mortgage, £200,000 and the amount of mortgage related Life Cover you have applied for and has been accepted.

If you have been accepted on our normal terms for any type of Critical Illness or Earlier Critical Illness Cover, we shall include this during the period of Free Life Cover above, provided you are:

– below 50 years old, and

– the Plan is being used in connection with your mortgage on your main home, and

– the Benefit does not exceed £125,000.

Once the Free Life or Critical Illness Cover has started, please let us know when you would like the Cover to start. This must be within three months of the start of the free cover and is usually the completion date of your mortgage. If the Cover does not start within this three month period, your mortgage will no longer be covered if you die or, if applicable, you are diagnosed with a critical illness or disability.

Part 14 – Important Notes

Limitation of Amount Payable

Income Protection Benefit

The amount payable in the event of the claim will depend not just on your level of benefit but also on your pre-incapacity earnings and your continuing income during a claim. The Key Facts Document describes pre-incapacity earnings, the types of income we can treat as earnings, and the types of continuing income which may reduce the amount we pay. If we are unable to pay the full insured benefit as a result of the Limitation of Amount Payable condition, no refund of premiums will be made.

Pension Contribution Protection Benefit

This benefit is designed to protect contributions into a Friends Provident personal pension or stakeholder pension and up to a maximum of two other provider's plans.The maximum benefit at claims stage cannot exceed the maximum pension contribution you are allowed under Inland Revenue contribution limits. If we are unable to pay the full insured benefit as a result of the Limitation of Amount Payable condition, no refund of premiums will be made.

Houseperson's Benefit

The maximum amount payable in the event of a claim will be £300 per week less certain continuing income during a claim - see Houseperson's Cover in Key Facts Document. If we are unable to pay the full insured benefit as a result of the Limitation of Amount Payable condition, no refund of premiums will be made.

Houseperson's Pension Contribution Protection Benefit

This benefit is designed to protect contributions into a Friends Provident personal pension or stakeholder pension and up to a maximum of two other provider's plans when the person is not in Full Time Employment. The maximum benefit at claims stage cannot exceed the maximum Pension Contribution you are allowed under Inland Revenue contribution limits. If we are unable to pay the full insured benefit as a result of the Limitation of Amount Payable condition, no refund of premiums will be made.

Definitions

HIV: Human Immunodeficiency Virus
This is a viral infection caused by the human immunodeficiency virus that gradually destroys the immune system.

AIDS: Acquired Immune Deficiency Syndrome
This is the most serious stage of HIV infection characterised by symptoms of severe immune deficiency.

Marital/Civil Partnership Status
The Civil Partnership Act came into force in December 2005. Should this apply to you, we have provided the following guide to help you complete this section of the application form:

Civil Partner - use this status if you have registered your civil partnership.

Former Civil Partner - use this status if you were previously part of a registered civil partnership in respect of which a court has made a dissolution or nullity order.

Separated Civil Partner - use this status if your registered civil partnership has broken down but has not yet been dissolved by court order.

Surviving Civil Partner - use this status if you were part of a registered civil partnership, but your partner has died.

Critical Illness and Disability – permanent and total disability benfit

Definition of 'permanently disabled'

We are normally able to offer this benefit to provide Cover related to a person's normal occupation. However, for certain occupations and for those not normally working for at least 16 hours per week on a regular basis, we are only able to offer this benefit with the following alternative definition of 'permanently disabled'.

'Permanently disabled' means that the Life Assured, before the earlier of the expiry date of the policy and Policy Anniversary following their 60th birthday, is

i) totally and permanently unable, throughout the remainder of their lifetime, irrespective of when the cover ends or the Life Assured retires, because of illness or accidental injury to perform three of the following five tests without the help of another person but with the use of appropriate assistive or corrective aids or appliances:

1. Walking
   Able to walk 200 metres on the flat without having to stop or suffering severe discomfort.
2. Bending
   Able to get into or out of a standard saloon car and able to bend or kneel to pick up something from the floor and straighten up.
3. Communicating
   Able to answer the telephone and take a message.
4. Reading
   Having the eyesight required to be able to read a daily newspaper.
5. Writing
   Having the physical ability to write legibly using a pen or pencil.

OR

ii) shown to be suffering a psychotic or well defined mental illness which is surgically and medically uncontrollable despite treatment by a Consultant Psychiatrist and which has no prospect whatsoever of improving at any time during their lifetime, irrespective of when the cover ends or the Life Assured retires.

FRIENDS PROVIDENT

Instruction to your Bank or Building Society to pay Direct Debits

Please fill in the whole form and send it to:

FRIENDS PROVIDENT
PO BOX 1550
MILFORD, SALISBURY
WILTSHIRE SP1 2TW
Tel: 0870 607 1352

1 Name and full postal address of your Bank or Building Society branch

To: The Manager	Bank or Building Society
Address	
	Postcode

2 Name(s) of account holder(s) __________

Originator's Identification Number

9	9	0	4	5	7

3 Branch sort code (from the top right hand corner of your cheque) __ __ — __ __ — __ __

4 Bank or Building Society account number __ __ __ __ __ __ __ __

5 Friends Provident reference number __________

6 Instruction to your Bank or Building Society
Please pay Friends Provident Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with Friends Provident and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be detached and retained by the Payer.

The direct debit guarantee

- **This Guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.**
- **If the amounts to be paid or the payment dates change, Friends Provident will notify you 10 working days in advance of collection or as otherwise agreed.**
- **If an error is made by Friends Provident or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.**
- **You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.**

Friends Provident Life Assurance Limited

Salisbury Office: United Kingdom House, Castle Street, Salisbury, Wiltshire SP1 3SH
Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA
Incorporated company limited by shares and registered in England number 782698

www.friendsprovident.com Telephone 0870 608 3678

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