

# Data capture form

Version number 04/19

**Important:**

This is **not** an application form. It's to help you collect information from your clients to apply for Business Protection and/or Relevant Life using our online services. **Don't** return this form to us.

You should read these important notes before completing this form.

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

Yes  No

This is for the purposes of Financial Conduct Authority reporting.

**Adviser reference**

Tell us your adviser reference as it applies within your own organisation.

## About this form

This **Data capture form** is split into two parts:

**Part A** – allows you to get an illustration from our online services.

**Part B** – allows you to collect the further information we need to progress that online illustration to an online application.

You may have to contact your client if we need additional underwriting information – the information you enter online will automatically be saved for 30 days if you need to get in touch with your client.

You can download additional point of sale questionnaires at [aegon.co.uk/support](http://aegon.co.uk/support). You can also get copies of all our trust literature from our website or by getting in touch with our Customer Service Centre.

## Protection Customer Service Centre

Email: [protect\\_support@aegon-service.co.uk](mailto:protect_support@aegon-service.co.uk)

Telephone: 03456 00 14 02

Fax: 08456 00 17 01

Underwriting helpline: 03457 83 54 73

## Checklist:

- I've given a copy of the **Key features** documentation to the client
- I've given the pull out page 'Your online application – what happens next?' (at the back of this form) to the policyholder (and insured person, if different)
- For Relevant Life – I've given a copy of the **Declaration of trust for a Relevant Life policy** to my client.

## Part A

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The following information is necessary for you to obtain an illustration from our online services

## Commission details

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The commission details you enter at illustration stage will be carried through to new business.

**Your Aegon agency number** – this is your UAN and comprises of three letters and three numbers.

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## Additional information

Make sure you send us the following additional information, where necessary:

- Completed point of sale questionnaires** – if not already entered into our online new business service
- Additional personal information** – if your client has chosen to write to our Chief Medical Officer separately

If you need to send us any documents please make sure you include the online application reference number, which you'll find in the **Important information** box on the left-hand side of the screen.

Any additional information, including the General practitioner's report consent declaration, should be sent to us at:

Aegon  
Edinburgh Park  
Edinburgh  
EH12 9SE

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit that's being claimed under.

Is this protection application to cover you, an appointed representative, an employee, a relative or a relative of an employee?

- Yes  No

## Insured person details

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Title (select one option)

First name

Surname

Gender

Male

Female

Date of birth

D	D	M	M	Y	Y	Y	Y
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### Tobacco and/or nicotine usage

Are you a smoker?

You're classed as a smoker if you've smoked or used any type of tobacco or nicotine products in the last 12 months. This includes, but isn't limited to cigarettes, cigars, nicotine gum/patches, e-cigarettes or pipe/rolled tobacco.

Yes

No

If **No**, we may ask for a simple medical test to confirm this.

You'll need to answer some more questions about tobacco and/or nicotine use in section 2 of part B in this form.

Occupation

Industry

If you're **employed**, tell us your total yearly earnings.

## Policyholder details

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You only need to complete this section if the policyholder is different to the insured person.

Surname or company name

Title (select one option)

First name (if not a company)

## Benefit table

Complete the table below for the benefits you want. If you want more than one of the same benefit, please complete the 'Extra benefit' box at the bottom of the table.

Please make sure you give full details for each benefit you choose.

Benefit	Benefit amount	Benefit term	Premium type	Total permanent disability required?	Waiver of premium required? (Please choose a deferred period in weeks)	Reason for cover	Trust details	Additional benefits
Level life protection	£ <input type="text"/>	Years <input type="text"/> or to age <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	N/A	13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	Key person <input type="checkbox"/> Key person loan <input type="checkbox"/> Share purchase or partnership protection <input type="checkbox"/> Sole trader <input type="checkbox"/>	Business trust <sup>4</sup> <input type="checkbox"/>	Renewal option <sup>2</sup> <input type="checkbox"/> Indexation option <input type="checkbox"/>
Reducing life protection	£ <input type="text"/>	Years <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	N/A	13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	Key person <input type="checkbox"/> Key person loan <input type="checkbox"/> Share purchase or partnership protection <input type="checkbox"/> Sole trader <input type="checkbox"/>	Business trust <sup>4</sup> <input type="checkbox"/>	
Level Relevant Life <sup>4</sup>	£ <input type="text"/>	Years <sup>1</sup> <input type="text"/> or to age <sup>1</sup> <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	N/A	N/A	Relevant Life	Relevant Life <sup>4</sup>	Renewal option <sup>2</sup> <input type="checkbox"/> Indexation option <input type="checkbox"/>
Reducing Relevant Life <sup>4</sup>	£ <input type="text"/>	Years <sup>1</sup> <input type="text"/> or to age <sup>1</sup> <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	N/A	N/A	Relevant Life	Relevant Life <sup>4</sup>	
Level life with critical illness protection	£ <input type="text"/>	Years <input type="text"/> or to age <input type="text"/>	Guaranteed <input type="checkbox"/> Reviewable <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	Key person <input type="checkbox"/> Key person loan <input type="checkbox"/> Share purchase or partnership protection <input type="checkbox"/> Sole trader <input type="checkbox"/>	Business trust <sup>4</sup> <input type="checkbox"/>	Renewal option <sup>3</sup> <input type="checkbox"/> Indexation option <input type="checkbox"/>
Reducing life with critical illness protection	£ <input type="text"/>	Years <input type="text"/>	Guaranteed <input type="checkbox"/> Reviewable <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	Key person <input type="checkbox"/> Key person loan <input type="checkbox"/> Share purchase or partnership protection <input type="checkbox"/> Sole trader <input type="checkbox"/>	Business trust <sup>4</sup> <input type="checkbox"/>	
Level critical illness protection	£ <input type="text"/>	Years <input type="text"/> or to age <input type="text"/>	Guaranteed <input type="checkbox"/> Reviewable <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	Key person <input type="checkbox"/> Key person loan <input type="checkbox"/> Share purchase or partnership protection <input type="checkbox"/> Sole trader <input type="checkbox"/>	Business trust <sup>4</sup> <input type="checkbox"/>	Renewal option <sup>3</sup> <input type="checkbox"/> Indexation option <input type="checkbox"/>
Extra benefit								

<sup>1</sup> The policy must end before the insured person's 75th birthday.

<sup>2</sup> Available if you've chosen a five-year term.

<sup>3</sup> Available if you've chosen a five-year term and reviewable premiums.

<sup>4</sup> We must receive a fully completed **Business trust** or **Declaration of trust for a Relevant Life policy** before the policy start date.

## Executive income protection

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The maximum benefit allowable is the lower of 75% of the employee's gross taxable income less any allowable deductions and £150,000. In addition, employer pension contributions and employer National Insurance (NI) contributions can also be included up to a total combined maximum benefit of £30,000. The maximum total benefit allowable can't exceed £160,000.

1. Basic benefit amount  
 a month
2. Indexation option (only tick if required)
3. Benefit term (5-51 years)   
or until employee reaches age   
The maximum age at the end of the benefit term is 69.
4. Deferred period in weeks (tick one only)  
 4  8  13  26  52
5. Premium type (tick one only)  
 Guaranteed  Reviewable

### Employer's pension contributions to be covered

6. Pension cover  
 a month
7. Are employer's National Insurance (NI) contributions to be covered?  
 Yes  No

## Key person income protection

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The maximum amount of benefit allowable for key person income protection is the lower of £250,000 and 2.5 x their gross taxable earnings averaged over the last three years, or 75% of the company's average gross profits over the last three years attributable to the key person, or the loan repayment that can be attributed to the key person. The actual amount will depend on the reason for cover and is subject to underwriting. By gross taxable earnings 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. The definition of incapacity for this benefit will always be 'own occupation'.

1. Basic benefit amount  
 a month
2. Indexation option (only tick if required)
3. Benefit term (between 5 and 10 years)   
The maximum age at the end of the benefit term is 69.
4. Deferred period in weeks (tick one only)  
 13  26  52
5. Limited claim period in years (tick one only)  
 1  2  3  4  5
6. Premium type (tick one only)  
 Guaranteed  Reviewable

## Premium details (to be completed for all benefits)

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Premium frequency (by direct debit):

monthly  yearly

Premium – only complete this box if one of the benefits is premium-driven.

£

Direct debits should normally be paid from the policyholder's own bank or building society account. If this isn't the case, please tell us the reason and the name and address of the person making the policy payments.

Name(s)

Address

Postcode

Reason for paying direct debit

## Part B

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You'll need the following information to submit an application using our online services.

What type of commission would you like?

- Indemnity – lump sum paid then renewal commission paid after the indemnity period
- Non-indemnity – paid in regular instalments over the initial period then renewal commission paid after the initial period
- Level – paid in regular instalments throughout the life of the policy

Would you like to give up any commission?

- No
- Yes – what percentage do you want to give up?  %

## Contact details

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Insured person

Previous surname (if any)

Address

Postcode

Phone number<sup>1</sup>

Email address (you must provide this to allow us to process your application online)<sup>1</sup>

<sup>1</sup> We'll only use these details to help speed up the processing of your application. We won't use them for marketing purposes unless you've consented to this.

Policyholder (if different from the insured person)

Address

Postcode

Phone number<sup>1</sup>

Email address (you must provide this to allow us to process your application online)<sup>1</sup>

<sup>1</sup> We'll only use these details to help speed up the processing of your application. We won't use them for marketing purposes unless you've consented to this.

## 1. Personal details

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When answering a question you're personally responsible for making sure you've given complete and accurate information. You shouldn't make any personal assessment about whether the information is relevant or not, or assume that Aegon will write to your doctor for medical information. If you're in any doubt about the information required, you should give full details.

If you don't answer the questions fully and accurately, Aegon may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

If you've had a predictive genetic test for Huntington's disease, you only have to tell us the results, if this application, when added together with any cover you have of the same type, is for more than £500,000 life cover.

However, if you've had any genetic test and the results are in your favour you can choose whether to tell us the results or not. You must tell us if you think you're having treatment for, or are experiencing symptoms of, a genetic condition.

The insured person must answer their own health and lifestyle questions.

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# 1. Personal details – continued

**Occupation** – You must complete the following question for all types of benefit.

What's your employment basis?

**Insured person**

- Employed full-time
- Employed part-time over 16 hours
- Employed part-time under 16 hours
- Self-employed
- Not working for example, retired or unemployed

If you're **self-employed**, tell us your net taxable earnings as shown on your self-assessment tax form (not applicable for Relevant Life):

Year 1

Year 2

Year 3

**Does your occupation involve any of the following (tick all that apply):**

Questionnaires relating to armed forces, commercial diving and aviation are available at [aegon.co.uk/support](http://aegon.co.uk/support). Completing these will help speed up the underwriting process.

If you're unable to access a relevant questionnaire, please give full details of your occupation in the 'Details' section below:

- Armed forces (including reserves)
- Aviation
- Diving
- Driving (not including commuting to and from work)
- Fishing or merchant marine
- General labouring or using heavy machinery
- Mining, tunnelling or quarrying
- Oil or natural gas production
- Working outside at heights above 12m (40ft)

**Details:**

Give as much information as you can including your yearly business mileage, experience and relevant qualifications, details of any equipment you use and the frequency of its use, any accidents you've had and what your job involves on a day-to-day basis including the percentage of time spent on clerical/light manual/heavy manual duties.

# 1. Personal details – continued

## Travel

In the next 12 months do you intend to live, work or travel abroad, or have you done so in the past five years?

You don't have to tell us about holidays if they total less than 30 days in any 12-month period.

### Future travel/residence (next 12 months)

Tell us which countries (including regions) you expect to visit, and how many months you expect to spend in each country/region in the next year.

### Past travel/residence (last five years)

Tell us which countries you've visited or lived in, and how many months you spent in each country in the last five years.

## Insured person

Yes  No

If **Yes**, complete the relevant sections below:

## Leisure

Do you intend to take part in any hazardous activity?

You don't need to tell us about:

- flying only as fare-paying passenger or cabin crew on scheduled or charter aircraft;
- 'track' or 'experience' days;
- a one-off parachute jump, or
- a one-off scuba dive.

If **Yes**, tick all that apply.

Questionnaires for each of these pursuits are available at [aegon.co.uk/support](http://aegon.co.uk/support). Completing these will help speed up the underwriting process. If you won't have access to these questionnaires, please give full details of your activities in the 'Details' section below.

### Details:

Give full details including the activity you take part in, how often you take part in this activity, details of any related qualifications/experience and any equipment you use.

Yes  No

- Aviation
- Aviation-related activities (for example, ballooning, gliding, parachuting, parasailing)
- Caving/Potholing
- Motor sports
- Mountaineering
- Sailing
- Sports diving
- Other – give details below

# 1. Personal details – continued

## Other protection policies

### Insured person

Does the total amount of protection under all your existing policies, together with this application and any pending or concurrent applications, exceed £1,500,000 life cover or £750,000 critical illness cover or total permanent disability (TPD)?

Yes – give details of protection already in force, including any existing cover with us

No

	Policy benefit(s) <sup>1</sup>	Amount	Reason for protection	Name of insurer
1				
2				
3				
4				
5				

<sup>1</sup> For example, life cover/life or earlier critical illness cover (no TPD)/life or earlier critical illness cover (with TPD)/critical illness cover (no TPD)/critical illness cover (with TPD)/TPD.

### Is any of your existing protection being cancelled?

Yes – give details of which protection is to be cancelled, including the name of insurer and policy number

No

Protection to be cancelled	Name of insurer	Policy number

Give details of protection being applied for, including any other applications to us.

	Policy benefit(s) <sup>1</sup>	Amount	Reason for protection	Name of insurer
1				
2				
3				
4				
5				

<sup>1</sup> For example, life cover/life or earlier critical illness cover (no TPD)/life or earlier critical illness cover (with TPD)/critical illness cover (no TPD)/critical illness cover (with TPD)/TPD.

# 1. Personal details – continued

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## Insured person – continued

Is the intention that all of these applications will go in force if accepted?

Yes

No – give full details

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## Related applications

Is this application related to other applications for key persons, business partners or shareholders?

Yes     No

If 'Yes', send us details of these other applications separately by post to the address on page 2. ✉

You should include the policy number generated online for this application along with the policy number(s) that relate to the other applications and also the full names and dates of birth of the other insured persons/policyholders. You can't give us this information online.

## Loan details

If any of the benefits are in relation to a loan, please complete the following:

What's the loan amount?

£

What's the term of the loan?

years

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## Executive income protection details

Complete the following questions if you're applying for executive income protection.

If you become incapacitated, will you receive an income from your work?

Yes     No

If 'Yes', give details:

For how long would you receive this income?

What percentage of salary would you receive?

% or

How much a month would you receive?

£

Do you have any existing income protection in place, either provided by your employer or taken out independently?

Yes     No

## If Yes, give details:

Is this protection:

Key person     Personal     Executive

Issuing company

Policy number

Amount of yearly benefit

£

Deferred period  weeks

# 1. Personal details – continued

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## Executive income protection details – continued

Will all existing income protection remain in force if we accept this application for cover?

Yes  No

If 'No', give details of the cover you'll be cancelling including provider name(s) and policy number(s)

Give a full breakdown of total yearly earnings for the last three years.

	Current year	Last year	Previous year
Salary	£	£	£
Dividends	£	£	£
Regular commission	£	£	£
Regular overtime	£	£	£
P11D benefits	£	£	£
Any other payments	£	£	£
<b>Total</b>	<b>£</b>	<b>£</b>	<b>£</b>

## 2. Medical details

You must complete the following questions for all types of benefit. You must not assume that we'll write to your doctor.

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

How tall are you?

Insured person

m  cms

ft  inches

How much do you currently weigh?

kgs

If you're pregnant, please tell us how much you weighed immediately before your pregnancy.

st  lbs

### Tobacco and/or nicotine use

Please answer the relevant questions below based on whether you told us in Part A of this form that you were a non-smoker or smoker.

#### Non-smoker

Tell us which one of these options best describes you.

I've never smoked

Ex-smoker

Very occasional smoker

Current user of products containing nicotine

If you've ever smoked, when did you last smoke tobacco or use any nicotine based products?

M  M  Y  Y  Y  Y

#### Smoker

Tell us the average amount of the following that you've smoked or used a day over the last year. If you've only used nicotine replacement products such as gum, patches or e-cigarettes in the last year, please enter 0.

Cigarettes, including roll ups

Cigars

Other tobacco (in grammes)

1 ounce = 28 grammes

## 2. Medical details – continued

Insured person	
<b>Alcohol consumption</b> Please answer both the questions below about alcohol consumption even if you don't drink/have never drunk alcohol.	
<b>How many of the following do you drink a week?</b> Think back over the last three months and consider what you'd normally drink in a week. If you don't drink alcohol please enter 0 in each box.	Pints of beer, lager or cider <input type="text"/> Glasses of wine (125ml) <input type="text"/> Measures of spirits (25ml) or bottles of alcopops (275ml) <input type="text"/> Other alcoholic drinks <input type="text"/>
<b>Have you ever been advised to reduce or stop your alcohol consumption by a doctor, nurse or other medical professional?</b> This includes a referral for specialist support such as an alcohol dependence unit or Alcoholics Anonymous.  If <b>Yes</b> , give full details including any treatment, relevant dates, the number of units you were drinking a week at the time and details of any medical tests, driving convictions or hospital visits related to your alcohol consumption.	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="text"/>

### 3. Health questions

**HIV/AIDS**

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

If the result is negative, the fact of having a HIV test won't, of itself, have any effect on your acceptance terms for insurance.

If **Yes**, tick all that apply.

**Insured person**

Yes     No

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

Within the last five years have you been exposed to the risk of HIV infection?

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

If **Yes**, give full details, including dates.

Yes     No

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

If **Yes**, give the precise medical diagnosis.

Are you fully recovered? This means no treatment, discharged from any further review and not under any follow up.

How many attacks of this condition have you had needing consultation with a GP or clinic?

Yes     No

Yes     No



### 3. Health questions – continued

Have you ever taken or injected any recreational drugs, anabolic steroids or prescription drugs not prescribed to you by a doctor?

If **Yes**, tell us which drug(s) you have taken.

Have you ever injected this drug?

If **Yes**, when did you last inject this drug?

When did you last use this drug?

How many times a month do you use/did you use this drug?

Give details if you've ever suffered any physical problems, excessive tiredness or any mental problems (for example anxiety or depression) related to the use of these drugs.

If you've ever had problems at work/taken time off due to use of drugs, or received a caution for driving under the influence of drugs, give full details.

#### Insured person

Yes  No

Yes  No

M	M	Y	Y	Y	Y
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M	M	Y	Y	Y	Y
---	---	---	---	---	---




If you answer **Yes** to any of the following health questions, give full details in section 4 on page 21.

Do you now have, or have you ever had, any of the following:

Angina, heart attack, stroke, transient ischaemic attack (TIA), brain haemorrhage or brain injury?

Yes  No

Chest pain, palpitations, heart murmur or any disease or abnormality of your heart, pulse, veins or arteries?

Yes  No

Cancer, tumour, Hodgkin's disease, lymphoma or leukaemia?

Yes  No

Diabetes or sugar in the urine?

Yes  No

Any condition of the nervous system such as epilepsy, fits or blackouts, multiple sclerosis, Parkinson's disease, Alzheimer's disease, dementia, cerebral palsy or paralysis?

Yes  No

Mental illness that has required referral to a hospital, community mental health team or psychiatrist, or have you ever attempted self-harm, suicide or had suicidal thoughts?

Yes  No

Any disorder of the eyes (including blurred or double vision) or the ears (including impaired hearing)?

Yes  No

You can ignore sight problems corrected by glasses or contact lenses.

### 3. Health questions – continued

Other than previously stated, in the last five years have you had, been treated for or been advised to have follow-up for any of the following, whether or not you have consulted a medical practitioner:

Raised blood pressure?

Yes  No

Raised cholesterol?

Yes  No

A lump, growth or cyst of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?

Yes  No

Numbness, tingling, tremor, temporary loss of muscle power, or loss of balance or co-ordination?

Yes  No

Asthma, bronchitis, or any other condition affecting your lungs or breathing?

Yes  No

You don't need to tell us about:

- common colds or flu, or
- one-off chest infections that you've fully recovered from.

Anxiety, depression, stress, fatigue or any form of nervous or mental disorder, including eating disorders or work-related stress?

Yes  No

If you've already told us about your anxiety, depression or mental illness in response to a previous question, there's no need to tell us about this again here.

Anaemia or any blood or thyroid disorder?

Yes  No

Any disorder of the digestive system, liver, stomach, pancreas or bowel, including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease?

Yes  No

Any disorder of the kidney, bladder, prostate or genito-urinary system, including blood or protein in the urine?

Yes  No

Any arthritis, gout, joint or muscle problems, including the knee(s), shoulder(s), neck, back or spine?

Yes  No

**This question is for both males and females**

Any breast disorders, for example lumps, cysts, nipple discharge or inverted nipple, or an abnormal mammogram?

Yes  No

**This question is for females only**

An abnormal cervical smear or other gynaecological disorder from which you haven't fully recovered and/or been discharged from follow-up?

Yes  No

### 3. Health questions – continued

If you answer **Yes** to any of the following health questions, give full details in section 4 on page 21.

**Are you awaiting the results of any investigations or are you aware of any symptoms or complaints that you haven't consulted a doctor or received treatment for?**

If you've already told us about your investigations, symptoms or complaint in response to a previous question, there's no need to tell us about this again here.

**Do you have any other information to give us about 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 told us about?**

**Insured person**

Yes  No

Yes  No

You only need to answer the next question if you're applying for critical illness, total permanent disability or income protection benefits.

**During the last five years have you been off work or unable to carry out your normal duties due to sickness, accident or injury for more than five days at any one time?**

If you've already told us about your time off work/being unable to carry out your normal duties due to sickness, accident or injury in response to a previous question, there's no need to tell us about this again here.

Yes  No

### 3. Health questions – continued

To the best of your knowledge, have any of your parents, brothers or sisters, died from or been diagnosed with any of the following diseases/disorders before the age of 65? Select all that apply.

	Insured person	If selected, give full details including their relationship(s) to you and age(s) at diagnosis. Please also give full details if you've had any investigations relating to the condition.
Heart attack, angina or stroke		
Diabetes		
Cancer of the breast, ovaries or bowel or familial bowel polyps		
Alzheimer's disease		
Parkinson's disease		
Polycystic kidney disease		
Polyposis of the colon		
Motor neurone disease		
Multiple sclerosis		
Huntington's disease		
Muscular dystrophy		
Cardiomyopathy		
Any other hereditary disorder - give name of disorder		
None of these		

## 4. Supplementary medical history

These questions should only be answered if you've answered 'Yes' to a health question in section 3.

You should complete a separate page for each medical condition and be as specific as possible.

If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled, not just the benefit under which you're claiming.

Medical condition 1	Insured person
Which question do the following answers relate to?	<input type="text"/>
What condition has been diagnosed?	<input type="text"/>
When did this condition first occur?	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
When did you last have symptoms?	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Have symptoms been continuous? If No, how many episodes have you suffered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Tell us what symptoms you're suffering or have suffered from, and the severity.	<input type="text"/>
Have you been told that this condition is due to another medical condition? If Yes, give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Are you currently having treatment, for example any medication or specialist appointments? If Yes, tell us the type of treatment being received and the frequency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
If you've received treatment in the past, tell us the type, frequency and when this stopped.	<input type="text"/>
Are you waiting for any investigations, operation or the results of any tests/investigations? If Yes, give full details including date(s) and the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

#### 4. Supplementary medical history – continued

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Insured person - continued	
Have you had any tests or investigations? If <b>Yes</b> , give full details including date(s) and the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Have you been admitted to hospital with this condition? If <b>Yes</b> , give full details including the number of admissions and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
How much time off work have you taken in relation to this condition and when was this?	<input type="text"/>
If you've had time off work, have you now fully returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you fully recovered? This means no treatment, discharged from any further review and not under any follow up.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 4. Supplementary medical history – continued

Medical condition 2	Insured person
Which question do the following answers relate to?	<input type="text"/>
What condition has been diagnosed?	<input type="text"/>
When did this condition first occur?	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
When did you last have symptoms?	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Have symptoms been continuous? If <b>No</b> , how many episodes have you suffered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Tell us what symptoms you're suffering or have suffered from, and the severity.	<input type="text"/>
Have you been told that this condition is due to another medical condition? If <b>Yes</b> , give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Are you currently having treatment, for example any medication or specialist appointments? If <b>Yes</b> , tell us the type of treatment being received and the frequency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
If you've received treatment in the past, tell us the type, frequency and when this stopped.	<input type="text"/>
Are you waiting for any investigations, operation or the results of any tests/investigations? If <b>Yes</b> , give full details including date(s) and the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Have you had any tests or investigations? If <b>Yes</b> , give full details including date(s) and the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Have you been admitted to hospital with this condition? If <b>Yes</b> , give full details including the number of admissions and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

#### 4. Supplementary medical history – continued

Insured person – continued	
How much time off work have you taken in relation to this condition and when was this?	<input type="text"/>
If you've had time off work, have you now fully returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you fully recovered? This means no treatment, discharged from any further review and not under any follow up.	<input type="checkbox"/> Yes <input type="checkbox"/> No



#### 4. Supplementary medical history – continued

Medical condition 3	Insured person
Which question do the following answers relate to?	<input type="text"/>
What condition has been diagnosed?	<input type="text"/>
When did this condition first occur?	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
When did you last have symptoms?	<input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Have symptoms been continuous? If <b>No</b> , how many episodes have you suffered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Tell us what symptoms you're suffering or have suffered from, and the severity.	<input type="text"/>
Have you been told that this condition is due to another medical condition? If <b>Yes</b> , give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Are you currently having treatment, for example any medication or specialist appointments? If <b>Yes</b> , tell us the type of treatment being received and the frequency.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
If you've received treatment in the past, tell us the type, frequency and when this stopped.	<input type="text"/>
Are you waiting for any investigations, operation or the results of any tests/investigations? If <b>Yes</b> , give full details including date(s) and the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Have you had any tests or investigations? If <b>Yes</b> , give full details including date(s) and the results.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
Have you been admitted to hospital with this condition? If <b>Yes</b> , give full details including the number of admissions and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

#### 4. Supplementary medical history – continued

Insured person – continued	
How much time off work have you taken in relation to this condition and when was this?	<input type="text"/>
If you've had time off work, have you now fully returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you fully recovered? This means no treatment, discharged from any further review and not under any follow up.	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### 5. Your doctor's details

Insured person	
Have you been registered with a doctor in the UK for the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of current doctor	<input type="text"/>
Surgery name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>
Have you been registered with your current doctor for more than 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No', please give your previous doctors details:	
Name of previous doctor	<input type="text"/>
Surgery name	<input type="text"/>
Address	<input type="text"/>
Phone number	<input type="text"/>

## 6. Immediate cover facility

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This isn't available if you've chosen income protection. We'll only ask this question online if you're eligible to apply for this facility.

Would you like to apply for the immediate cover facility on this policy?

Yes  No

This facility allows us to offer you the first 60 days' cover for protection benefits, while any routine medical underwriting takes place. The policy payment for the first 60 days' cover in the form of a direct debit instruction will be due immediately. This facility is subject to certain conditions. Please have a look at the **Key features of the Business Protection policy** or **Key features of the Relevant Life policy** for more information.

The 60 days immediate cover will only start when the application has been seen by an underwriter and standard terms can be offered, subject to receiving routine medical evidence. The policyholder will receive a letter confirming when immediate cover starts. No claim can be considered under the immediate cover facility until this process has taken place and we've agreed to provide immediate cover.

## 7. Policy start date

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Start as soon as possible

To be advised - please call us on 03456 00 14 02 to confirm the start date when known

A future start date

Acceptance terms are valid for a maximum of 30 days.

## 8. How we treat your personal information

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Here at Aegon, we're committed to protecting and respecting your privacy. The personal information, including any special categories of personal information, for example medical data, we collect from you or others is required to enable us to verify your identity, assess your application for a policy, provide ongoing administration and assess any claims you make.

We need this information to carry out our obligations and provide you with the products and services under the terms of your contract with us. Without it, we wouldn't be able to provide you with a policy.

As part of our administration process, we work with carefully selected service providers (in other words suppliers) that carry out certain functions on our behalf. We only share the appropriate level of personal information necessary to enable our suppliers to carry out their services and they need to keep the information safe and protected at all times. Our suppliers must only act on our instructions and can't use your personal information for their own purposes.

The personal information we collect may be transferred to, and stored at a destination outside the European Economic Area (EEA). This could be to other companies within the Aegon Group or to our service providers. Where any such processing takes place, appropriate controls are in place to make sure that your information is protected.

We may disclose your information to licensed credit reference and/or fraud prevention agencies to help make financial or insurance proposals and claims decisions (this will be during the application or enrolment process and on an ongoing basis), for you and anyone you're linked with financially or other members of your household. Our enquiries or searches may be recorded.

As part of our underwriting process, we may use an automated decision-making tool. We've built rules into our underwriting engine which will either generate an automated decision or refer to one of our underwriters. We can review decisions if requested.

You can find more information on how we use and share your personal information, including how long we keep it and details of your rights at [aegon.co.uk/protectinginformation](https://aegon.co.uk/protectinginformation) or by contacting us to request a copy.

## 9. Marketing consent

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We'd like to keep you up-to-date with information about our news, products and services relating to our protection products by email, phone, SMS or mail. If you'd like to hear more from us, please tick the relevant box(es) below.

Insured person – yes, I'm happy for you to contact me with information relating to your protection products.

Policyholder (if different) – yes, I'm happy for you to contact me with information relating to your protection products.

You can change your mind and unsubscribe at any time simply by contacting us. For more information on how to do this go to [aegon.co.uk/protectinginformation](https://aegon.co.uk/protectinginformation)

We won't pass your information to other companies outside of the Aegon Group for marketing purposes.

# Your online application – what happens next?

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The information in this document is for 'own life' cases only.

This document will tell you what happens next and contains some important notes for you.

## Important notes

It's important that you read the following information:

- The questions we've asked cover the facts that we think are important to our assessment of your application. The information submitted electronically by your adviser, together with any other information collected, will form part of the application that's submitted to us on your behalf.
- **When answering a question, you're personally responsible for making sure you've given complete and accurate information. You shouldn't make any personal assessment about whether the information is relevant or not, or assume that we'll write to your doctor for medical information. If you're in any doubt about the information required, you should give full details.**
- You must tell us in writing if there's any change in your circumstances, for example financial interest, health, lifestyle, occupation or employment status and/or recreational activities, between the date you answered the application questions and the start date of your policy. If there's any change in your circumstances at all, you should tell us.
- If you don't give full and accurate information, as detailed above, all the protection provided by the policy could be lost or cancelled in the event of a claim, not just the benefit affected or the benefit that's being claimed under.
- Please be aware that if you're applying for insurance with other companies at the same time, you consent to us sending copies of medical reports to these other companies if they ask for them. However, if they ask us for any highly sensitive information, including HIV or genetic test results, we'll ask your specific permission before we send it.

## What happens next?

- As soon as we receive your electronic application, a **Confirmation pack** will be sent to you. The **Confirmation pack** will include:
  - i. an **Application record** – this will show the information that's been submitted electronically on your behalf;
  - ii. a **Declaration**;
  - iii. a **Confirmation form**; and
  - iv. a prepaid reply envelope.

## Your Application record

- Please read this document carefully to make sure all the information is correct. If there are any mistakes or missing information, you should complete section 1 of the **Confirmation form** and return it to us immediately.

## Your Declaration

- Please read this document carefully as it contains important information.

## Your Confirmation form

- Please read this document carefully.
- Please remember, you should sign and date the **Confirmation form** and return it to us in the enclosed prepaid return envelope.
- By checking and returning the **Confirmation form** you can:
  - i. make sure that you've given us full and accurate information, and
  - ii. reduce the risk of the protection provided by the policy being lost or cancelled in the event of a claim, due to incomplete and/or inaccurate information.
- [Please make sure your adviser has given you a copy of the Key features documentation for this product.](#)

## How to complain

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We hope you never have to complain, but if you do, please contact us first to see if we can help.

**Write to us at:**

Aegon  
Edinburgh Park  
Edinburgh  
EH12 9SE

**Call us on:**

03456 00 14 02, Monday to Friday, 8.30am to 5.30pm

If you're not satisfied with our response, you can raise the issue with:

The Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

Phone: 0800 023 4 567 or 0300 123 9 123

[financial-ombudsman.org.uk](https://www.financial-ombudsman.org.uk)

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Complaining to the Ombudsman won't affect your right to take legal action later on.

## Your online application – what happens next?

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The information in this document is for the policyholder on 'life of another' cases only.

This document will tell you what happens next and contains some important notes for you.

### Important notes

It's important that you read the following information:

- The questions we've asked cover the facts that we think are important to our assessment of your application. The information submitted electronically by your adviser, together with any other information collected, will form part of the application that's submitted to us on your behalf.
- **When answering a question, you're personally responsible for making sure you've given complete and accurate information. You shouldn't make any personal assessment about whether the information is relevant or not. If you're in any doubt about the information required, you should give full details.**
- **You must tell us in writing if there's any change in your circumstances, for example insurable interest and/or financial interest, between the date you answered the application questions and the start date of your policy. If there's any change in your circumstances at all, you should tell us.**
- The insured person must tell us in writing if there's any change in their circumstances (for example financial interest, health, lifestyle, occupation or employment status and/or recreational activities) between the date they answered the application questions and the start date of your policy. If there's any change in their circumstances at all they should tell us. Please make sure the insured person is made aware of the policy start date.
- **If you or the insured person don't give full and accurate information, as detailed above, all the protection provided by the policy could be lost or cancelled in the event of a claim, not just the benefit affected or the benefit that's being claimed under.**

### What happens next?

- As soon as we receive your electronic application, a **Confirmation pack** will be sent to you. The **Confirmation pack** will include:
  - i. an **Application record** – this will show the information relevant to you, that's been submitted electronically on your behalf;
  - ii. a **Declaration**;
  - iii. a **Policyholder change form**;
  - iv. a direct debit confirmation statement and form, and
  - v. a prepaid reply envelope.
- A **Confirmation pack** will be issued to the insured person, which will include the relevant parts of the application for them to check, a **Declaration** for them to read and a **Confirmation form** which they should check, sign and return to us.

### Your Application record

- Please read this document carefully to make sure all the information is correct. If there are any mistakes or missing information, you should complete section 1 of the **Policyholder change form** and return it to us immediately.

### Your Declaration

- Please read this document carefully as it contains important information.

### Your Policyholder change form

- Please read this document carefully and return it to us if there are any changes to the information provided to us. If we don't receive a **Policyholder change form** we'll assume the information submitted online is correct.
- [Please make sure your adviser has given you a copy of the Key features documentation for this product.](#)

## How to complain

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We hope you never have to complain, but if you do, please contact us first to see if we can help.

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EH12 9SE

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[financial-ombudsman.org.uk](https://www.financial-ombudsman.org.uk)

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Complaining to the Ombudsman won't affect your right to take legal action later on.



## Your online application – what happens next?

---

The information in this document is for the insured person on 'life of another' cases only. This document will tell you what happens next and contains some important notes for you.

### Important notes

It's important that you read the following information:

- The questions we've asked cover the facts that we think are important to our assessment of the application. The information submitted electronically by the adviser, together with any other information collected, will form part of the application that's submitted to us.
- **When answering a question, you're personally responsible for making sure you've given complete and accurate information. You shouldn't make any personal assessment about whether the information is relevant or not, or assume that we'll write to your doctor for medical information. If you're in any doubt about the information required, you should give full details.**
- **You must tell us in writing if there's any change in your circumstances, for example financial circumstances, health, lifestyle, occupation or employment status and/or recreational activities, between the date you answered the application questions and the start date of the policy. If there's any change in your circumstances at all, you should tell us.**
- **If you don't give full and accurate information, as detailed above, all the protection provided by the policy could be lost or cancelled in the event of a claim, not just the benefit affected or the benefit that's being claimed under.**
- Please be aware that if you're applying for insurance with other companies at the same time, you consent to us sending copies of medical reports to these other companies if they ask for them. However, if they ask us for any highly sensitive information, including HIV or genetic test results, we'll ask your specific permission before we send it.

### What happens next?

- As soon as we receive your electronic application, a **Confirmation pack** will be sent to you. The **Confirmation pack** will include:
  - i. an **Application record** – this will show the information relevant to you, that's been submitted electronically;
  - ii. a **Declaration**;
  - iii. a **Confirmation form**, and
  - iv. a prepaid reply envelope.

### Your Application record

- Please read this document carefully to make sure all the information is correct. If there are any mistakes or missing information, you should complete section 1 of the **Confirmation form** and return it to us immediately. We haven't sent any medical information to the policyholder.

### Your Declaration

- Please read this document carefully as it contains important information.

### Your Confirmation form

- Please remember, you should sign and date the **Confirmation form** and return it to us in the enclosed prepaid return envelope.
- By checking and returning the **Confirmation form** you can:
  - i. make sure that you've given us full and accurate information, and
  - ii. reduce the risk of the protection provided by the policy being lost or cancelled in the event of a claim, due to incomplete and/or inaccurate information.
- [Please make sure your adviser has given you a copy of the Key features documentation for this product.](#)

## How to complain

---

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[financial-ombudsman.org.uk](https://www.financial-ombudsman.org.uk)

[complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

Complaining to the Ombudsman won't affect your right to take legal action later on.

## Important notes

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If we need to carry out further underwriting, the policy won't start until we've assessed and accepted your electronic application and the first premium has been paid. If you have a full or quarter birthday (quarter birthdays are at three, six and nine months after a birthday) while the application is being processed, the terms may differ from those originally illustrated. In most instances the premiums will be as originally illustrated. We may offer 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 attend a medical examination or we ask your doctor for a general practitioner's report, we may need to share the application information with another company we've authorised. They'll make the arrangements for the examination to take place and/or to get the general practitioner's report.

We may need to send the application and relevant medical reports to our reinsurers for their opinion or agreement to the terms offered, or we may need to send them at a later stage for purposes relating to managing the policy. Please ask us if you want details of any company we use to assess the application.

We have a confidentiality policy in place, which means we hold all 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 policy conditions and/or a copy of your **Application record** and signed **Confirmation form** at any time.

## Access to medical reports

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Application reference

Insured person

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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We may need to get medical reports to support the application. Before we can ask any doctor that you've consulted to complete 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) (each referred to individually as the Act). 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 the application. This doesn't prevent an application being made to other companies for insurance.
  - You can ask to see the report before your doctor returns it to us. If this is the case, we'll tell your 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 your 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 your doctor for a report without notifying you. However, you can still write to your 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 your doctor to amend it. If your doctor refuses to make the amendments, you may ask them to attach a statement outlining your views, which will then accompany the report.
  - Your doctor can withhold access to the report if:
    - i. they feel that it would cause physical or mental harm to you or others, or
    - ii. 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, your 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, your doctor must not send it to us unless you consent to this.
  - If you ask for a copy of the report under any circumstances, your doctor can charge you a reasonable fee to cover the costs of supplying it.
  - The medical report your doctor completes asks about the following:
    - i. Your current health:
      - any care, medication or treatment you're currently receiving;
      - the results of referrals or tests you're waiting for, and
      - any time off work in the last three years.

## Access to medical reports – continued

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### ii. 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, and
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

- If we ask your doctor for a report, we'll ask them not to reveal information about:
  - i. negative tests for HIV, hepatitis B or C;
  - ii. any sexually transmitted diseases unless there could be long-term effects on your health, or
  - iii. predictive genetic test results, unless there is 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:
  - i. refusing to provide insurance;
  - ii. increasing premiums above standard rates;
  - iii. excluding certain medical conditions, or
  - iv. setting premiums at standard rates.

If you have any questions about your rights under the Act or questions about the process of getting, assessing or storing medical information, please write to Customer Enquiries, Aegon, Edinburgh Park, Edinburgh EH12 9SE.

**Do you want to see any medical report before it's sent to us?**

Yes  No

# Declaration

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## Declaration

In this declaration 'I' means the insured person(s) and 'you' means Aegon.

- I agree to you asking any doctor I've consulted about my physical or mental health for medical information so you may assess the application.
- You 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 medical information when they see a copy of this consent form. This form allows you to gather medical reports within 12 months of the date I signed this form, at any time in the event that I am ill, or after my death to support any claim made on the policy.
- You can use this information to maintain management information for business analysis.
- I've read the declaration, important notes and Access to medical reports, which includes information relating to my rights under the Act. I also acknowledge that I can request further information from you before signing my application.

## Signature of the insured person

Date

D	D	M	M	2	0	Y	Y
---	---	---	---	---	---	---	---

Print name

## Signature of insured person

X	X
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## Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ballpoint pen and send it to: Aegon, Edinburgh Park, Edinburgh EH12 9SE

Name(s) of account holder(s)

Bank/Building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager	Bank/Building society
Address	
Postcode	

Reference

Service user number

**PLEASE COMPLETE**

This isn't part of the instruction to your bank or building society.

Policy number/online application reference

Insured person

**Instruction to your bank or building society**

Please pay Scottish Equitable plc Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I acknowledge this Instruction may remain with Scottish Equitable plc 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 accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, Scottish Equitable plc will notify you three working days in advance of your account being debited or as otherwise agreed. If you request Scottish Equitable plc to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Scottish Equitable plc or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Scottish Equitable plc asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



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