Data capture form

Version number 01/22

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

This information is for financial advisers only. It mustn't be distributed to, or relied on by, customers.

See the following page for important notes you should read before completing this form.

For the purposes of Financial Conduct Authority reporting:

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

☐ Yes ☐ No

Adviser reference

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

If your personal circumstances mean you need any additional support, or if you'd like a large print, Braille or audio CD version of this document, please call 03456 00 14 02 (call charges will vary) or visit **aegon.co.uk/support**

About this form

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

Part A – allows you to get an illustration from our online services, and

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(s) 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(s).

You can download additional point of sale questionnaires at **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
Telephone: 03456 00 14 02 (call charges will vary)
Fax: 08456 00 17 01
Underwriting helpline: 03457 83 54 73
(call charges will vary)

Email sensitive information

If contacting us by email, please don't include any personal, financial, or banking information as email isn't a secure method of communication. If you decide to send information in this way, you're doing so at your own risk as there's no guarantee that any email sent by you to us will be received or remain private during transmission.

Checklist:

☐ I've given a copy of the **Key features** document to the client(s)

☐ I've given the pull out page 'Your online application – what happens next?' (page 29) to my client

Additional information

You may wish to use our point of sale questionnaires to collect additional information to help you complete our online application.

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.

You should send this to us at:
Aegon Protection
Sunderland
SR43 4DJ

Part A

You'll need the following information to get an illustration from our online services.

Commission details

The commission details you entered 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.

Is this application being provided for your own use, for example the adviser or their appointed representative, employee, relative, or a relative of an employee of the adviser?

☐ Yes ☐ No

First insured person (1st insured person)

Title (Select one option)

Mr / Mrs / Miss / Ms / Dr

First name

Surname

Gender

☐ Male ☐ Female

Date of birth

D D M M Y Y Y Y

Tobacco and/or nicotine use

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 4 of part B in this form.

Occupation

Industry

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

£

Second insured person (2nd insured person)

Title (Select one option)

Mr / Mrs / Miss / Ms / Dr

First name

Surname

Gender

☐ Male ☐ Female

Date of birth

D D M M Y Y Y Y

Tobacco and/or nicotine use

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 4 of part B in this form.

Occupation

Industry

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

£

Personal Protection menu

Complete the tables below for the benefits your client(s) want(s). If your client(s) want(s) more than one of the same benefit, please complete the 'Extra benefit' box at the bottom of each table. All benefits that pay out on death must be on the same benefit basis.

Please make sure you collect full details for each benefit your client chooses.

Benefit	Benefit basis (tick one box only)	Benefit amount	Benefit term	Premium type	Total permanent disability required?	Waiver of premium required[1]?	Additional benefits
Level life protection	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐ Joint-life 2nd event ☐	£	Years ☐ or to age ☐	Guaranteed ✓	N/A	1st insured person ☐ 2nd insured person ☐	Renewal option [2] ☐ Indexation option ☐
Level critical illness protection	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£	Years ☐ or to age ☐	Guaranteed ☐ Reviewable ☐	1st insured person ☐ 2nd insured person ☐	1st insured person ☐ 2nd insured person ☐	Renewal option [3] ☐ Indexation option ☐
Level life with critical illness protection	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£	Years ☐ or to age ☐	Guaranteed ☐ Reviewable ☐	1st insured person ☐ 2nd insured person ☐	1st insured person ☐ 2nd insured person ☐	Renewal option [3] ☐ Indexation option ☐
Level family income benefit	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£ a month	Years ☐	Guaranteed ✓	N/A	1st insured person ☐ 2nd insured person ☐	Indexation option ☐
Level critical illness family income benefit	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£ a month	Years ☐	Guaranteed ✓	1st insured person ☐ 2nd insured person ☐	1st insured person ☐ 2nd insured person ☐	Indexation option ☐
Level life with critical illness family income benefit	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£ a month	Years ☐	Guaranteed ✓	1st insured person ☐ 2nd insured person ☐	1st insured person ☐ 2nd insured person ☐	Indexation option ☐
Gift inter vivos Gift inter vivos	1st insured person ☐ or 2nd insured person ☐	£	7 years	Guaranteed ✓	N/A N/A	1st insured person ☐ 2nd insured person ☐	Legislation option[4] ☐
Reducing life protection	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£	Years ☐	Guaranteed ✓	N/A	1st insured person ☐ 2nd insured person ☐	N/A
Reducing critical illness protection	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£	Years ☐	Guaranteed ☐ Reviewable ☐	1st insured person ☐ 2nd insured person ☐	1st insured person ☐ 2nd insured person ☐	N/A
Reducing life with critical illness protection	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐	£	Years ☐	Guaranteed ☐ Reviewable ☐	1st insured person ☐ 2nd insured person ☐	1st insured person ☐ 2nd insured person ☐	N/A

[1] If you're choosing income protection then waiver of premium will automatically apply to any other benefits you choose.

[2] Available if you've chosen a five-year term.

[3] Available if you've chosen a five-year term and guaranteed premiums.

[4] You can only choose this at the start.

Personal protection menu – continued

Benefit	Benefit basis (tick one box only)	Benefit amount	Benefit term	Premium type	Total permanent disability required?	Waiver of premium required[1]?	Additional benefits	
Whole of Life	1st insured person ☐ 2nd insured person ☐ Joint-life 1st event ☐ Joint-life 2nd event ☐	£	N/A	Guaranteed ✓	N/A	1st insured person ☐ 2nd insured person ☐	Indexation option ☐	
Extra benefit								

Income protection

Only complete the table below if your client(s) want(s) income protection. If your client(s) want(s) a second income protection benefit with a different deferred period, please complete the 'Extra benefit' box at the bottom of this table. We'll automatically include waiver of premium for all insured person(s) if you choose income protection. This will apply to all benefits that you select in this application.

Benefit basis	Benefit amount[1]	Benefit term	Benefit payment period	Premium type	Deferred period (in weeks)	Indexation option?
Income protection 1st life ☐	£ ____ a month	Years ☐ or to age ☐	2 years ☐ or To benefit term end date ☐	Guaranteed ✓	4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐	☐
Income protection 2nd life ☐	£ ____ a month	Years ☐ or to age ☐	2 years ☐ or To benefit term end date ☐	Guaranteed ✓	4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐	☐
Extra benefit 1st life ☐	£ ____ a month	Years ☐ or to age ☐	2 years ☐ or To benefit term end date ☐	Guaranteed ✓	4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐	☐
Extra benefit 2nd life ☐	£ ____ a month	Years ☐ or to age ☐	2 years ☐ or To benefit term end date ☐	Guaranteed ✓	4 ☐ 8 ☐ 13 ☐ 26 ☐ 52 ☐	☐

[1]Limits apply to the income protection benefits that are payable (see the **Key features** for details).

Part B

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? ____ %

1. Contact details

1st insured person

Previous surname (if any)

Address

Postcode

Phone number[1]

Email address (you must provide this to allow us to process your application online)[1]

[1] We'll only use these details to help speed up the processing of your application. We won't use them for marketing purposes.

2nd insured person

Previous surname (if any)

You only need to complete the following if your contact details are different from those of the first insured person.

Address

Postcode

Phone number[1]

Email address (you must provide this to allow us to process your application online)[1]

What's the relationship with the first insured person? For example spouse/registered civil partner, shared dependent children, joint domestic mortgage, living with partner, joint loan.

[1] We'll only use these details to help speed up the processing of your application. We won't use them for marketing purposes.

2. Income protection

You only need to complete this section if you're applying for income protection.

	1st insured person	2nd insured person
If any, how much existing income protection do you have? Give the yearly amount.	£	£
If you have any existing income protection, how much of this do you intend to cancel? Give the yearly amount.	£	£
In the event of incapacity, would you receive income from your work? If **Yes**, would this income from work continue after the end of the deferred period you've chosen?	☐ Yes ☐ No ☐ Yes ☐ No	☐ Yes ☐ No ☐ Yes ☐ No
If income will continue after the end of the deferred period you've chosen, give the following information:	Percentage of salary received % How long would payment be received? weeks	Percentage of salary received % How long would payment be received? weeks
How many years have you lived in the UK? By 'lived in the UK' we mean you must have: • lived in the UK for more than 9 months each year and paid UK taxes, and • had your main home here and have financial ties, for example, bank accounts or mortgage.	☐ **Less** than 1 year ☐ The **last** 1 to 2 years ☐ The **last** 2 to 3 years ☐ The **last** 3 years or more	☐ **Less** than 1 year ☐ The **last** 1 to 2 years ☐ The **last** 2 to 3 years ☐ The **last** 3 years or more
How many years have you been registered with a UK based GP?	☐ **Less** than 1 year ☐ The **last** 1 to 2 years ☐ The **last** 2 to 3 years ☐ The **last** 3 years or more ☐ I'm not registered with a UK based GP	☐ **Less** than 1 year ☐ The **last** 1 to 2 years ☐ The **last** 2 to 3 years ☐ The **last** 3 years or more ☐ I'm not registered with a UK based GP

3. Personal details

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.

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

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

	1st insured person	2nd insured person
What's your employment basis?	☐ Employed full-time ☐ Employed part-time over 16 hours ☐ Employed part-time under 16 hours ☐ Self-employed ☐ Not working for example, retired or unemployed	☐ Employed full-time ☐ Employed part-time over 16 hours ☐ Employed part-time under 16 hours ☐ Self-employed ☐ Not working for example, retired or unemployed

3. Personal details – continued

If you're **self-employed**, tell us your net taxable earnings as shown on your self-assessment tax form:

Year 1 £	Year 1 £
Year 2 £	Year 2 £
Year 3 £	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**. 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)	☐ Armed forces (including reserves)
☐ Aviation	☐ Aviation
☐ Diving	☐ Diving
☐ Driving (not including commuting to and from work)	☐ Driving (not including commuting to and from work)
☐ Fishing or merchant marine	☐ Fishing or merchant marine
☐ General labouring or using heavy machinery	☐ General labouring or using heavy machinery
☐ Mining, tunnelling or quarrying	☐ Mining, tunnelling or quarrying
☐ Oil or natural gas production	☐ Oil or natural gas production
☐ Working outside at heights above 12m (40ft)	☐ 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.

3. Personal details – continued

	1st insured person	2nd insured person
Travel **In the next 12 months do you intend to live, work or travel abroad, or have you done so in the past three years?** You don't have to tell us about holidays if they total less than 30 days in any 12 month period.	☐ Yes ☐ No If **Yes**, complete the relevant sections below:	☐ Yes ☐ No If **Yes**, complete the relevant sections below:
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 three years) Tell us which countries you've visited or lived in, and how many days you spent in each country in the last three years.		
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**. 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.	☐ Yes ☐ No ☐ Aviation ☐ Aviation-related activities (for example, ballooning, gliding, parachuting, parasailing) ☐ Caving/Potholing ☐ Motor sports ☐ Mountaineering ☐ Sailing ☐ Sports diving ☐ Other – give details below	☐ Yes ☐ No ☐ Aviation ☐ Aviation-related activities (for example, ballooning, gliding, parachuting, parasailing) ☐ Caving/Potholing ☐ Motor sports ☐ Mountaineering ☐ Sailing ☐ Sports diving ☐ Other – give details 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.		

3. Personal details – continued

Other protection policies

1st 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)[1]	Amount	Reason for protection	Name of insurer
1				
2				
3				
4				
5				

[1] 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)[1]	Amount	Reason for protection	Name of insurer
1				
2				
3				
4				
5				

[1] 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.

3. Personal details – continued

1st insured person – continued

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

☐ Yes

☐ No – give full details

Tell us the reason for this protection (select all that apply):

☐ Inheritance tax liability

☐ Family/Personal protection

☐ Other - give full details

2nd 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 or total permanent disability (TPD)?

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

☐ No

	Policy benefit(s)[1]	Amount	Reason for protection	Name of insurer
1				
2				
3				
4				
5				

[1] 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.

3. Personal details – continued

2nd insured person – continued

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)[1]	Amount	Reason for protection	Name of insurer
1				
2				
3				
4				
5				

[1] 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 the intention that all of these applications will go in force if accepted?

☐ Yes

☐ No – give full details

Tell us the reason for this protection (select all that apply):

☐ Inheritance tax liability

☐ Family/Personal protection

☐ Other - give full details

4. 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.

	1st insured person	2nd insured person
How tall are you?	m cms ft inches	m cms ft inches
How much do you currently weigh? If you're pregnant, please tell us how much you weighed immediately before your pregnancy.	kgs st lbs	kgs 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.

	1st insured person	2nd insured person
Non-smoker Which of the following best describes you?	☐ I've never smoked ☐ I used to smoke but stopped over a year ago ☐ I've smoked in the last year but not every day ☐ I've vaped or used e-cigarettes in the last year ☐ I've used other nicotine replacement products in the last year	☐ I've never smoked ☐ I used to smoke but stopped over a year ago ☐ I've smoked in the last year but not every day ☐ I've vaped or used e-cigarettes in the last year ☐ I've used other nicotine replacement products in the last year
If you've ever smoked, when did you last smoke tobacco or use any nicotine based products?	M M Y Y Y Y	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	Cigarettes, including roll ups Cigars Other tobacco (in grammes) 1 ounce = 28 grammes

4. Medical details – continued

	1st insured person	2nd insured person
Alcohol consumption Please answer both the questions below about alcohol consumption even if you don't drink/have never drunk alcohol.		
How many of the following do you drink a week? 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 Glasses of wine (125ml) Measures of spirits (25ml) or bottles of alcopops (275ml) Other alcoholic drinks	Pints of beer, lager or cider Glasses of wine (125ml) Measures of spirits (25ml) or bottles of alcopops (275ml) Other alcoholic drinks
Have you ever been advised to reduce or stop your alcohol consumption by a doctor, nurse or other medical professional? This includes a referral for specialist support such as an alcohol dependence unit or Alcoholics Anonymous.	☐ Yes ☐ No	☐ Yes ☐ No
If **Yes**, give full details including any treatment, relevant dates, the number of units you were drinking per week at the time and details of any medical tests, driving convictions or hospital visits related to your alcohol consumption.		

5. Health questions

	1st insured person	2nd insured person
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	☐ Yes ☐ No	☐ Yes ☐ No
If **Yes**, tick all that apply.	☐ 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	☐ 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.**	☐ Yes ☐ No	☐ Yes ☐ No
If **Yes**, give full details, including dates.		

5. Health questions – continued

	1st insured person	2nd insured person
Within the last five years have you tested positive, or been treated, for any disease which was transmitted sexually?	☐ Yes ☐ No	☐ Yes ☐ No
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.	☐ Yes ☐ No	☐ Yes ☐ No
How many attacks of this condition have you had needing consultation with a GP or clinic?		

5. Health questions – continued

	1st insured person	2nd insured person
Have you ever taken or injected any recreational drugs, anabolic steroids or prescription drugs not prescribed to you by a doctor?	☐ Yes ☐ No	☐ Yes ☐ No
If **Yes**, tell us which drug(s) you have taken.		
Have you ever injected this drug?	☐ Yes ☐ No	☐ Yes ☐ No
If **Yes**, when did you last inject this drug?	M M Y Y Y Y	M M Y Y Y Y
When did you last use this drug?	M M Y Y Y Y	M M Y Y Y Y
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.		

If you answer **Yes** to any of the following health questions, give full details in section 6 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	☐ Yes ☐ No
Chest pain, palpitations, heart murmur or any disease or abnormality of your heart, pulse, veins or arteries?	☐ Yes ☐ No	☐ Yes ☐ No
Cancer, tumour, Hodgkin's disease, lymphoma or leukaemia?	☐ Yes ☐ No	☐ Yes ☐ No
Diabetes or sugar in the urine?	☐ Yes ☐ No	☐ 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	☐ 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	☐ Yes ☐ No
Any disorder of the eyes (including blurred or double vision) or the ears (including impaired hearing)? You can ignore sight problems corrected by glasses or contact lenses.	☐ Yes ☐ No	☐ Yes ☐ No

5. 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:

	1st insured person		2nd insured person	
Raised blood pressure?	☐ Yes	☐ No	☐ Yes	☐ No
Raised cholesterol?	☐ Yes	☐ No	☐ 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	☐ Yes	☐ No
Numbness, tingling, tremor, temporary loss of muscle power, or loss of balance or co-ordination?	☐ Yes	☐ No	☐ Yes	☐ No
Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), coronavirus or any other condition affecting your lungs or breathing? You don't need to tell us about: • common colds or flu, or • one-off chest infections that you've fully recovered from.	☐ Yes	☐ No	☐ Yes	☐ No
Anxiety, depression, stress, fatigue or any form of nervous or mental disorder, including eating disorders or work-related stress? 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.	☐ Yes	☐ No	☐ Yes	☐ No
Anaemia or any blood or thyroid disorder?	☐ Yes	☐ No	☐ 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	☐ Yes	☐ No
Any disorder of the kidney, bladder, prostate or genito-urinary system, including blood or protein in the urine?	☐ Yes	☐ No	☐ Yes	☐ No
Any arthritis, gout, joint or muscle problems, including the knee(s), shoulder(s), neck, back or spine?	☐ Yes	☐ No	☐ 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	☐ 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	☐ Yes	☐ No

5. Health questions – continued

If you answer **Yes** to any of the following health questions, give full details in section **6** on page **21**.

	1st insured person	2nd insured person
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.	☐ Yes ☐ No	☐ Yes ☐ No
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?	☐ Yes ☐ No	☐ Yes ☐ No
Have any of the following applied to you in the last month? Advice to self-isolate or quarantine may come from any of the following situations: • Developing symptoms of the virus • Direct contact with someone who has symptoms or tested positive • An alert from the NHS Test and Trace service • Returning to the UK from overseas		
I've tested positive for Coronavirus	☐ Yes ☐ No	☐ Yes ☐ No
I've been advised to self-isolate	☐ Yes ☐ No	☐ Yes ☐ No
I've had a new, continuous cough and/or high temperature	☐ Yes ☐ No	☐ Yes ☐ No
I've had a loss or change to my sense of taste or smell	☐ 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. You don't have to give details relating to anything you've already told us about.

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	☐ Yes ☐ No

5. 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.

	1st insured person	2nd 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			

6. Supplementary medical history

These questions should only be answered if you've answered '**Yes**' to a health question in section 5.

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	1st insured person	2nd insured person
Which question do the following answers relate to?		
What condition has been diagnosed?		
When did this condition first occur?	M M Y Y Y Y	M M Y Y Y Y
When did you last have symptoms?	M M Y Y Y Y	M M Y Y Y Y
Have symptoms been continuous? If **No**, how many episodes have you suffered?	☐ Yes ☐ No	☐ Yes ☐ No
Tell us what symptoms you're suffering or have suffered from, and the severity.		
Have you been told that this condition is due to another medical condition? If **Yes**, give full details.	☐ Yes ☐ No	☐ Yes ☐ No
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.	☐ Yes ☐ No	☐ Yes ☐ No
If you've received treatment in the past, tell us the type, frequency and when this stopped.		
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.	☐ Yes ☐ No	☐ Yes ☐ No
Have you had any tests or investigations? If **Yes**, give full details including date(s) and the results.	☐ Yes ☐ No	☐ Yes ☐ No

6. Supplementary medical history – continued

	1st insured person – continued	2nd insured person – continued
Have you been admitted to hospital with this condition? If **Yes**, give full details including the number of admissions and dates.	☐ Yes ☐ No	☐ Yes ☐ No
How much time off work have you taken in relation to this condition and when was this?		
If you've had time off work, have you now fully returned to work?	☐ Yes ☐ No	☐ Yes ☐ No
Are you fully recovered? This means no treatment, discharged from any further review and not under any follow up.	☐ Yes ☐ No	☐ Yes ☐ No

6. Supplementary medical history – continued

Medical condition 2	1st insured person	2nd insured person
Which question do the following answers relate to?		
What condition has been diagnosed?		
When did this condition first occur?	M M Y Y Y Y	M M Y Y Y Y
When did you last have symptoms?	M M Y Y Y Y	M M Y Y Y Y
Have symptoms been continuous? If **No**, how many episodes have you suffered?	☐ Yes ☐ No	☐ Yes ☐ No
Tell us what symptoms you're suffering or have suffered from, and the severity.		
Have you been told that this condition is due to another medical condition? If **Yes**, give full details.	☐ Yes ☐ No	☐ Yes ☐ No
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.	☐ Yes ☐ No	☐ Yes ☐ No
If you've received treatment in the past, tell us the type, frequency and when this stopped.		
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.	☐ Yes ☐ No	☐ Yes ☐ No
Have you had any tests or investigations? If **Yes**, give full details including date(s) and the results.	☐ Yes ☐ No	☐ Yes ☐ No
Have you been admitted to hospital with this condition? If **Yes**, give full details including the number of admissions and dates.	☐ Yes ☐ No	☐ Yes ☐ No

6. Supplementary medical history – continued

	1st insured person – continued	2nd insured person – continued
How much time off work have you taken in relation to this condition and when was this?		
If you've had time off work, have you now fully returned to work?	☐ Yes ☐ No	☐ Yes ☐ No
Are you fully recovered? This means no treatment, discharged from any further review and not under any follow up.	☐ Yes ☐ No	☐ Yes ☐ No

6. Supplementary medical history – continued

Medical condition 3	1st insured person	2nd insured person
Which question do the following answers relate to?		
What condition has been diagnosed?		
When did this condition first occur?	M M Y Y Y Y	M M Y Y Y Y
When did you last have symptoms?	M M Y Y Y Y	M M Y Y Y Y
Have symptoms been continuous? If **No**, how many episodes have you suffered?	☐ Yes ☐ No	☐ Yes ☐ No
Tell us what symptoms you're suffering or have suffered from, and the severity.		
Have you been told that this condition is due to another medical condition? If **Yes**, give full details.	☐ Yes ☐ No	☐ Yes ☐ No
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.	☐ Yes ☐ No	☐ Yes ☐ No
If you've received treatment in the past, tell us the type, frequency and when this stopped.		
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.	☐ Yes ☐ No	☐ Yes ☐ No
Have you had any tests or investigations? If **Yes**, give full details including date(s) and the results.	☐ Yes ☐ No	☐ Yes ☐ No
Have you been admitted to hospital with this condition? If **Yes**, give full details including the number of admissions and dates.	☐ Yes ☐ No	☐ Yes ☐ No

6. Supplementary medical history – continued

	1st insured person – continued	2nd insured person – continued
How much time off work have you taken in relation to this condition and when was this?		
If you've had time off work, have you now fully returned to work?	☐ Yes ☐ No	☐ Yes ☐ No
Are you fully recovered? This means no treatment, discharged from any further review and not under any follow up.	☐ Yes ☐ No	☐ Yes ☐ No

7. Your doctor's details

	1st insured person	2nd insured person
Name of current doctor		
Surgery name		
Address		
Phone number		
Have you been registered with your current doctor for more than 12 months?	☐ Yes ☐ No	☐ Yes ☐ No
If 'No', please give your previous doctors details:		
Name of previous doctor		
Surgery name		
Address		
Phone number		
Do you want to see any medical report before it's supplied to Aegon?	☐ Yes ☐ No	☐ Yes ☐ No

8. Policy start date

☐ On risk immediately on acceptance at standard terms

☐ To be advised – please call us on 03456 00 14 02 to confirm the start date when known (call charges will vary)

☐ A future start date

D	D	M	M	2	0	Y	Y

Acceptance terms are valid for a maximum of 30 days.

9. Trust details

9.1 Is any policy to be placed in trust?

☐ Yes ☐ No

Business trusts can't be used with this application.

10. Marketing consent

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.

☐ **1st insured person** – yes, I'm happy for you to contact me with information relating to your protection products.

☐ **2nd insured person** – 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**

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

11. How we use your information

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** or by contacting us to request a copy.

AEGON

The following information should be given to your client(s)

Your online application – what happens next?

You've chosen to apply online for a protection policy with Aegon. 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 input electronically by your adviser, together with any other information collected, will form part of the application that's submitted to us on your behalf.
- Aegon is the data controller of the personal data that you, or someone on your behalf, gives us. We'll use the information you've provided for purposes in connection with the contract (and related services) which you've applied for. This includes the processes of underwriting, administration, claims management and customer complaint handling.
- 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.

What happens next?

- As soon as we receive your electronic application, we'll send a **Confirmation pack** to the address of the first insured person. This will contain details for both insured person(s) if this is a joint application. The **Confirmation pack** will include:
  - an **Application record** – this will show the information that has been submitted electronically on your behalf;
  - a **Declaration**;
  - a **Confirmation form**, and
  - 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 remember, both insured person 1 and insured person 2 (where appropriate) 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:
  - make sure that you've given us full and accurate information, and
  - 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

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 Protection
Sunderland
SR43 4DJ

Call us on:
03456 00 14 02, Monday to Friday, 8.30am to 5.30pm (call charges will vary)

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
complaint.info@financial-ombudsman.org.uk

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

General practitioner's report consent declaration

Application reference

1st insured person

Full name

Date of birth

D D M M Y Y Y Y

2nd insured person

Full name

Date of birth

D D M M Y Y Y Y

Important notes

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

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.

General practitioner's report consent declaration – continued

- 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:
  - they feel that it would cause physical or mental harm to you or others, or
  - 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:
  - 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.
  - 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:
  - 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 haven't inherited a condition your family suffers from.
- The information you and your doctor provide about your health may result in us:
  - refusing to provide insurance;
  - increasing premiums above standard rates;
  - excluding certain medical conditions, or
  - 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 Protection, Sunderland, SR43 4DJ.

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

1st insured person	☐ Yes	☐ No
2nd insured person	☐ Yes	☐ No

General practitioner's report consent declaration – continued

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 information relating to my rights under the Act.

Signature(s) of the insured persons

Date

D D M M 2 0 Y Y

Print name

Signature of 1st insured person

✗ ✗

Date

D D M M 2 0 Y Y

Print name

Signature of 2nd insured person

✗ ✗

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 Protection, Sunderland, SR43 4DJ.

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

4 0 6 8 3 1

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

Policy number/online application reference

Insured person(s)

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

D D M M 2 0 Y Y

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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