Application form and trust

Version number 04/18

This is an application for our Whole of Life policy. A Whole of Life policy will pay out a lump sum when you die or are diagnosed with a defined terminal illness.

As part of this application, you can tell us if you want the policy (and any free cover available to you), to be issued in trust on the terms set out in the Whole of Life trust available for this protection.

See the following pages for notes that will help you complete your application and for more details about the trust.

This application will form the basis of a contract of insurance with us. When you answer a question, you're personally responsible for giving complete and accurate information. If you don't answer the questions fully and accurately, we may not pay a claim, and the whole policy may be cancelled.

For financial adviser use only

Your online services user ID

If you don't provide this information, you'll be unable to access documents relating to this policy using our protection document service.

Unipass users: If you don't know your user ID, you'll find this by logging into our online services as usual and going to the Settings page of the Protection document service.

Adviser details – For financial adviser use only

You can't use this application form when using our online service.

Your Aegon agency number – this is your UAN and comprises of 3 letters and 3 numbers.

Your name and company name

Your principal Financial Services Register reference number

Your appointed representative Financial Services Register reference number

If you're a member of a support services company, please give your reference

Phone number

Email address

Please also complete section **13** and remind your client(s) of the importance of answering the questions fully and accurately.

You can download additional point of sale questionnaires at **www.aegon.co.uk/support** and completing these will help speed up the underwriting process.

For the purposes of Financial Conduct Authority reporting:
Did you give the applicant(s) advice about choosing to set up this policy? ☐ Yes ☐ No

Policy and any free cover in trust
If this policy and any free cover is to be held in trust, you must complete section **2** of this application. Please give your client a copy of the completed application, together with the **Trust terms and powers** booklet, code number 'WLT' available at **www.aegon.co.uk/support**. Together these form the trust.

Notes to help you complete your application

Tips to completing your application

- Write in BLOCK CAPITALS and ballpoint pen.
- If we ask you to give details including dates, please write the date in dd/mm/yyyy format.
- Whenever you see this icon ✉, you may need to send us additional material with this form.
- If you make a mistake or any details are incorrect or incomplete, please change them, initial the change and contact your financial adviser.

Free cover

When you apply, and if you're eligible, we'll provide free cover for up to 90 days while your application's being processed and before full cover can be put in place.

For full details of free cover, please read our **Key features** and the Addendum to our **Policy conditions.**

Why it's important you give us the right information

The questions asked in this application form cover the facts that we think are important to our assessment of the application. That's why it's important you give the answers personally and in full and accurate detail. If not, we may not pay a claim, and the whole policy may be cancelled.

Relevant information

You don't need to make any personal assessment about the relevance or otherwise of any information and you must not 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. If you don't disclose all relevant facts, the protection that the policy provides could be lost or cancelled and your claim rejected.

Your insurance

- Insurance that pays out when you die or are diagnosed with a defined terminal illness that can be set up on a single-life basis or to cover both lives (joint-life).
- If insurance is being applied for with other companies at the same time, by signing the declarations and consents you're giving us permission to send 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 for your specific permission before we send it.
- Once we've assessed the application we'll let the policyholder know the terms on which we're prepared to offer protection. Protection will often start later than the date of acceptance, for example if we're given instructions for a later start date.

Please ask us if you'd like a copy of the completed application form as submitted to us and/or a copy of the policy conditions which set out our standard terms and conditions for protection.

Changes in your circumstances

You must tell us if there's any change in your circumstances between completion of this application and the start date of the policy. In particular, you must tell us if there are changes in:

- your financial interest and reason for applying for this policy, for example if there's been a change in your salary or any loan applied for;
- your health, for example if you suffer symptoms that you've already seen or may need to see a doctor for, or if you're having any form of medical investigation;
- your lifestyle circumstances, for example if you've started smoking, increased drinking, or you've had an unexplained recent loss of weight;
- your occupation, employer or employment status, and
- your recreational activities, for example if you take up a hazardous pursuit such as rock climbing.

The examples included aren't exhaustive. If there's any change in your circumstances at all, you should tell us.

Notes to help you complete your application

Privacy

If you'd prefer not to answer any or all of the medical questions in front of your financial adviser, you can send your answers in a sealed envelope direct to our Chief Medical Officer at Aegon, Edinburgh Park, Edinburgh, EH12 9SE.

If you've done this, make sure you tick the box at the start of the declarations and consents in section 12. If you prefer you can attach the envelope securely to this application form ✉.

Money Laundering

To comply with UK Money Laundering Regulations and guidance, and to protect you and us from financial crime, we'll require evidence of identity before we pay any claim under this policy.

We may get evidence of identity by using reference agencies to carry out a search of sources of information about you (an identity search). This doesn't affect your credit rating. If this identity search fails we may ask you for documents to confirm your identity.

Direct Debit

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

Check details already completed

If any details are already completed (based on what you've told your financial adviser), please check these before you sign and date the declarations and consents. If any details are incorrect or incomplete, please change them, initial the changes and contact your financial adviser.

Please send the completed form to:
Aegon
Edinburgh Park
Edinburgh
EH12 9SE

Additional information

If you need to give further details for any question, please use the extra notes in section 9 and indicate the section and/or question number the details are in relation to. Or, you can write the details on a separate piece of paper, put your name and date of birth on it, then sign and date it and attach it securely to this form ✉.

Whole of Life trust

Benefit of a trust

A trust is a way of giving property to others without giving them full, immediate control over it.

The use of trusts can be an important part of tax and financial planning. In many cases, trusts can help make sure the right people receive the policy benefits as quickly and tax efficiently as possible.

If your policy (and any free cover available to you), is held in trust when we receive a valid claim, the proceeds will be paid to your trustees rather than into your estate, and can be used to help meet any inheritance tax liability due on your estate.

It's important to be aware that a trust creates legal entitlements and has financial and tax implications. Once created the trust can't simply be ignored.

Before making a decision about setting up a trust, you should seek your own legal or other professional advice to make sure a trust is right for you and that the terms of the trust give effect to your wishes and requirements.

About this trust

If you choose to set up a Whole of Life trust using this application form:

- the policy, and any free cover available to you before your policy is issued, will be held in trust – which means if we receive a valid claim, the proceeds will be paid to your trustees;
- you don't have to wait until the policy is set up before creating a trust for it;
- this application, once completed and signed, incorporating the trust terms set out in section 12 and in the **Trust terms and powers** booklet coded 'WLT', will form the trust – you won't have to complete a separate trust deed, and
- the trust will be irrevocable, meaning that it can't be undone, so it won't be possible to unwind it if you change your mind.

You should speak to your financial adviser about the trust before you take any action and ask for a copy of the **Trust terms and powers booklet**, code number 'WLT'.

You should seek your own legal or other professional advice to make sure the declaration of trust/trust request in section 12 and the **Trust terms and powers** give effect to your wishes and requirements.

We can't accept responsibility for the tax and other consequences arising from the trust.

If you want to set up this trust

- Tick **Yes** in section 2.
- Make sure you've carefully read:
  - these notes;
  - the declaration of trust/trust request in section 12, and
  - the **Trust terms and powers** booklet.
- Make sure you've taken appropriate advice about this trust.
- Keep a copy of this completed application and a copy of the **Trust terms and powers** booklet.
- Consider appointing additional trustees.

If you don't want to use this trust

If you'd rather use your own trust for the policy:

- tick **No** in section 2, and
- send us details of your valid trust deed and we'll update our records to show it under trust.

If you're not sure whether a trust is right for you, tick **No** in section 2.

If you change your mind once the policy is set up, you can still place the policy in trust – you should speak to your financial adviser about this.

Checklist

	What do you need to do?	Complete section
☐	All applicants • When completing sections **5**, **6** and **7**, please make sure you answer all the questions accurately and you supply additional information where necessary. If you're in any doubt about the information required, you should give full details. • Both male and female applicants need to complete **question 22** (section **7**) in the health questions. • Only female applicants need to complete **question 23** (section **7**) in the health questions.	**1**, **2**, **3**, **5**, **6**, **7** and **12**
☐	If you'd like to protect your payments	**4**
☐	If you answered **Yes** to a health question in section **7**	**8**
☐	If you need to give further details, use the extra notes	**9**
☐	For your financial adviser	**13**
☐	Complete and sign the Direct Debit instruction	**Page 42**

Please remember that 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.

1. Personal details of insured person(s)

First insured person (1st life)

Title

Mr / Mrs / Miss / Ms / Dr

Full forename(s)

Surname

Previous surname (if any)

Gender

☐ Male ☐ Female

Date of birth

D D M M Y Y Y Y

Address

Postcode

Daytime phone number

Mobile phone number

Email

We'll use your email address and phone number to contact you about your policy. We might also use them to keep you informed about our products and services but only where you've consented to this.

Second insured person (2nd life)

Title

Mr / Mrs / Miss / Ms / Dr

Full forename(s)

Surname

Previous surname (if any)

Gender

☐ Male ☐ Female

Date of birth

D D M M Y Y Y Y

Address

☐ Same as 1st insured person

Postcode

Daytime phone number

Mobile phone number

Email

We'll use your email address and phone number to contact you about your policy. We might also use them to keep you informed about our products and services but only where you've consented to this.

Please remember that 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.

1. Personal details of insured person(s) – continued

Occupation

Industry

Please give full details of occupation – if you have more than one occupation, please give details on a separate sheet and attach it to your completed application form. ✉

Employment basis – only tick one box

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

Total yearly earnings

To be completed in all cases.

If you're self-employed, please give your net taxable earnings after allowable expenses.

£

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

Occupation

Industry

Please give full details of occupation – if you have more than one occupation, please give details on a separate sheet and attach it to your completed application form. ✉

Employment basis – only tick one box

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

Total yearly earnings

To be completed in all cases.

If you're self-employed, please give your net taxable earnings after allowable expenses.

£

Please remember that 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.

2. Policy and any free cover in trust

2.1 Do you want your policy and any free cover available to you before we set up the policy to be issued in trust from the start?

☐ Yes – **make sure you**:

- have read the notes at the start of this form;
- have read the declaration of trust/trust request in section 12;
- have read the **Trust terms and powers** – please ask your financial adviser for a copy if you don't have one;
- have taken appropriate advice;
- keep a copy of this completed signed application, and a copy of the **Trust terms and powers** booklet, and
- consider appointing additional trustees as soon as possible.

In signing this application, you're making the declaration of trust/trust request in section 12. The completed signed application, incorporating section 12 and the **Trust terms and powers**, together form the trust for your policy and any free cover available to you.

☐ No – **go to section 3**

3. Policy details

3.1 Your insurance

This will apply to your Whole of Life insurance.

On what basis would you like to set up the policy? Only tick one option

☐ Single-life

☐ Joint-life first death

☐ Joint-life second death

What's your reason for cover?

☐ Inheritance tax liability

☐ Family/Personal protection

☐ Other – give details

How much do you want the sum insured to be?

£

Would you like to include inflation-linking?

☐ Yes

☐ No

Please remember that 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.

3. Policy details – continued

3.2 Your payment details

Payment frequency

- ☐ Monthly by Direct Debit
- ☐ Yearly by Direct Debit

Payment – only complete this box if the policy is payment driven.

£

Payment from illustration

£

Date of illustration

D D M M Y Y Y Y

Illustration number

Q /

3.3 Policy start date

Preferred policy start date (dd/mm/yyyy)

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

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

4. Protecting your payments

1st insured person

Would you like to protect your payments?

- ☐ No
- ☐ Yes

2nd insured person

Would you like to protect your payments?

- ☐ No
- ☐ Yes

The deferred period will be 26 weeks. It will start from the date of incapacity.

Please remember that 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.

5. Medical details

You should answer the following questions. You must not assume that we'll write to your doctor.

1st insured person

How tall are you?

m cms | ft inches

How much do you currently weigh?

kgs | st lbs

Have you been registered with a doctor in the UK for the past 12 months?

☐ Yes ☐ No

Name of current doctor

Surgery name

Address

Postcode

Phone number

Have you been registered with your current doctor for more than 12 months?

☐ Yes ☐ No – tell us your previous doctor's details below

Name of previous doctor

Surgery name

Address

Postcode

Phone number

2nd insured person

How tall are you?

m cms | ft inches

How much do you currently weigh?

kgs | st lbs

Have you been registered with a doctor in the UK for the past 12 months?

☐ Yes ☐ No

Name of current doctor

Surgery name

Address

Postcode

Phone number

Have you been registered with your current doctor for more than 12 months?

☐ Yes ☐ No – tell us your previous doctor's details below

Name of previous doctor

Surgery name

Address

Postcode

Phone number

Please remember that 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.

5. Medical details – continued

Tobacco and/or nicotine use	1st insured person	2nd insured person
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. If **No**, we may ask for a simple medical test to confirm this. Please answer the relevant questions below based on whether you told us that you were a smoker or non-smoker.	☐ Yes ☐ No	☐ Yes ☐ No
Non-smoker Tell us which one of these options best describes you.	☐ Life-long non smoker ☐ Ex-smoker ☐ Very occasional smoker ☐ Current user of products containing nicotine	☐ Life-long non smoker ☐ 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?	D D M M Y Y Y Y	D D 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 replacements 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

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?	1st insured person	2nd insured person
Think back over the last three months and consider what you would 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

Please remember that 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.

5. Medical details – continued

	1st insured person	2nd insured person
Have you 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 each week at the time and details of any medical tests, driving convictions or hospital visits related to your alcohol consumption.		

6. Personal questions

	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 five 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 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.		

Please remember that 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.

6. Personal questions – continued

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 **www.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.

1st insured person	2nd insured person
☐ Yes ☐ No	☐ Yes ☐ No
☐ Aviation	☐ Aviation
☐ Aviation-related activities (for example, ballooning, gliding, parachuting, parasailing)	☐ Aviation-related activities (for example, ballooning, gliding, parachuting, parasailing)
☐ Caving/Potholing	☐ Caving/Potholing
☐ Motor sports	☐ Motor sports
☐ Mountaineering	☐ Mountaineering
☐ Sailing	☐ Sailing
☐ Sports diving	☐ Sports diving
☐ Other – give details below	☐ Other – give details below

Please remember that 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.

6. Personal questions – 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 £800,000 for life cover or £500,000 for 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.

Please remember that 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.

6. Personal questions – continued

1st insured person – continued

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

☐ Yes

☐ No – 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 £800,000 for life cover or £500,000 for 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.

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

Please remember that 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.

6. Personal questions – continued

2nd insured person – continued

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

Please remember that 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.

7. Health questions

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

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 however, if you think you're having treatment for, or are experiencing symptoms of, a genetic condition.

You must not partially disclose information when answering any questions or assume that we'll write to your doctor.

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

HIV/AIDS	1st insured person	2nd insured person
1. **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 an HIV test won't, of itself, have any effect on your acceptance terms for insurance.**	☐ Yes ☐ No	☐ Yes ☐ No
If you'd prefer to write to our Chief Medical Officer to answer this question, please tick the box opposite. ✉	☐	☐
If you've answered **Yes**, tick all that apply.	☐ I've tested positive for HIV ☐ I'm waiting for a HIV test ☐ 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 ☐ I've tested positive for hepatitis B or C ☐ I'm waiting for a hepatitis B or C test result

Please remember that 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.

7. Health questions – continued

	1st insured person	2nd insured person
2. **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 you'd prefer to write to our Chief Medical Officer to answer this question, please tick the box opposite. ✉	☐	☐
If **Yes**, give full details, including the duration of illness, investigations, date of diagnosis and treatment received.		
3. **Within the last five years have you tested positive or been treated for any disease which was transmitted sexually?**	☐ Yes ☐ No	☐ Yes ☐ No
If you'd prefer to write to our Chief Medical Officer to answer this question, please tick the box opposite. ✉	☐	☐
If **Yes**, give the precise medical details.		
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?		

If you want to write in confidence to our Chief Medical Officer, please send your details on a separate piece of paper direct to our Chief Medical Officer at Aegon, Edinburgh Park, Edinburgh, EH12 9SE, giving your full name and date of birth. Please make sure you sign and date these details.

If you've done this, make sure you tick the box at the start of the declarations and consents in section 12. If you prefer you can attach the envelope securely to this application form ✉.

Please remember that 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.

7. Health questions – continued

		1st insured person	2nd insured person
4.	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've taken.		
	Have you ever injected this drug?	☐ Yes ☐ No	☐ Yes ☐ No
	If **Yes**, when did you last inject this drug?	D D M M Y Y Y Y	D D M M Y Y Y Y
	When did you last use this drug?	D D M M Y Y Y Y	D D 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, please give full details in section **8**.

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

5.	Angina, heart attack, stroke, transient ischaemic attack (TIA), brain haemorrhage or brain injury?	☐ Yes ☐ No	☐ Yes ☐ No
6.	Chest pain, palpitations, heart murmur or any disease or abnormality of your heart, pulse, veins or arteries?	☐ Yes ☐ No	☐ Yes ☐ No
7.	Cancer, tumour, Hodgkin's disease, lymphoma or leukaemia?	☐ Yes ☐ No	☐ Yes ☐ No
8.	Diabetes or sugar in the urine?	☐ Yes ☐ No	☐ Yes ☐ No
9.	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

Please remember that 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.

7. Health questions – continued

		1st insured person	2nd insured person
10.	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
11.	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

If you answer 'Yes' to any of the following health questions, give full details in section 8.

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've consulted a medical practitioner:

12.	Raised blood pressure?	☐ Yes ☐ No	☐ Yes ☐ No
13.	Raised cholesterol?	☐ Yes ☐ No	☐ Yes ☐ No
14.	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
15.	Numbness, tingling, tremor, temporary loss of muscle power, or loss of balance or co-ordination?	☐ Yes ☐ No	☐ Yes ☐ No
16.	Asthma, bronchitis, 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
17.	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
18.	Anaemia or any blood or thyroid disorder?	☐ Yes ☐ No	☐ Yes ☐ No

Please remember that 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.

7. Health questions – continued

		1st insured person	2nd insured person
19.	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
20.	Any disorder of the kidney, bladder, prostate or genito-urinary system, including blood or protein in the urine?	☐ Yes ☐ No	☐ Yes ☐ No
21.	Any arthritis, gout, joint or muscle problems, including the knee(s), shoulder(s), neck, back or spine?	☐ Yes ☐ No	☐ Yes ☐ No
22.	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
23.	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
24.	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 indicated in the table on the next page before the age of 65? Select all that apply	☐ Yes ☐ No If **Yes**, complete the table on the next page.	☐ Yes ☐ No If **Yes**, complete the table on page 24.

Please remember that 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.

7. Health questions – continued

1st insured person

Disease/Disorder	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	

Please remember that 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.

7. Health questions – continued

2nd insured person

Disease/Disorder	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	

Please remember that 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.

7. Health questions – continued

If you answer '**Yes**' to any of the following health questions, please give full details in section **8** (Supplementary medical history).

	1st insured person	2nd insured person
25. **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
26. **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?** If **Yes**, give full details.	☐ Yes ☐ No	☐ Yes ☐ No

Please remember that 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.

8. Supplementary medical history

These questions should only be answered if you've answered **Yes** to a health question in section 7.

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.

If you answered **Yes** to more than three health questions in section 7, tell us the additional details in section 9. Or, you can write the details on a separate piece of paper, put your name and date of birth on it, sign and date it and attach it securely to this form ✉.

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

Please remember that 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.

8. Supplementary medical history – continued

	1st insured person – continued	2nd insured person – continued
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
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

Please remember that 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.

8. 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

Please remember that 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.

8. 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

Please remember that 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.

8. 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

Please remember that 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.

8. 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

9. Extra notes

When giving further details, please indicate the section and/or question number your notes refer to. If you need more space, write the details on a separate piece of paper, put your name and date of birth on it, sign and date it and attach it securely to this form. ✉

9. Extra notes – continued

10. 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 **www.aegon.co.uk/protectinginformation** or by contacting us to request a copy.

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 select the relevant box(es) below.

☐ Yes, I'm happy for you to contact me with information relating to your protection products.

Please tick below to indicate who this applies to:

☐ 1st insured person

☐ 2nd insured person

You can change your mind and unsubscribe at any time simply by contacting us. For more information on how to do this go to **www.aegon.co.uk/protectinginformation**

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

11. Access to medical reports – rights for the insured person(s)

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

a 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.

b 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.

c 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.

d 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.

e 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.

f 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.

g 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.

11.2 The medical report your doctor completes asks about the following:

a Your current health:

- any care, medication or treatment you're currently receiving, and
- the results of referrals or tests you're waiting for.

b Any time off work in the last three years.

c 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;

11. Access to medical reports – rights for the insured person(s) – continued

- 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, and
- any blood pressure readings in the last three years.

d Any history of disease among your parents or brothers or sisters that you have told your doctor about.

11.3 If we ask your doctor for a report, we'll ask them not to reveal information about:

a negative tests for HIV, hepatitis B or C;

b any sexually transmitted diseases unless there could be long-term effects on your health, and

c predictive genetic test results, unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

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

a refusing to provide insurance;

b increasing policy payments above standard rates;

c excluding certain medical conditions, or

d setting policy payments at standard rates.

11.5 Contact us

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 Aegon, Edinburgh Park, Edinburgh, EH12 9SE.

11.6 Do you want to see the medical report before your doctor sends it to us?

Insured person 1

☐ Yes – I **do** want to see the medical report before it's sent to you

☐ No - I **don't** want to see the medical report before it's sent to you

Insured person 2

☐ Yes – I **do** want to see the medical report before it's sent to you

☐ No – I **don't** want to see the medical report before it's sent to you

12. Declaration and consent

Before signing these declarations and consents, please read parts 10, 11 and 12 carefully.

The declaration of trust/trust request in **part C** applies to the insured person(s) if the '**Yes**' box in **section 2** has been ticked.

☐ Tick here if answers to some/all of the medical questions have been sent to our Chief Medical Officer.

12.1 **Important notes for the insured person(s)**

The policy won't start until we've assessed and accepted the application and the first payment has been made. If the insured person has 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 payments 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 obtain 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 the application form at any time.

12.2 **This declaration applies to the insured person(s).**

In this part 'I/me' means the insured person(s) and 'you' means Aegon.

12.3 I have read sections 10, 11 and 12 of this form.

12.4 The information and statements I have made in this application, and in any additional documents you have asked for in connection with this application, are true and complete.

12.5 If I have not received face-to-face advice from a financial adviser in connection with this application, I have received and had the opportunity to read the key features document, illustration and policy conditions that are relevant to this application.

12.6 **I understand it's my personal responsibility to:**

- **a** tell you, in writing, about any change to my health and/or circumstances which happen before this policy starts;
- **b** fully and completely give all the facts required when answering the questions in this form. At no point will I assume that you will write to my general practitioner for medical information, and
- **c** comply with the points detailed above. If I fail to comply with the points above, then the protection cover may be altered or cancelled. If the cover is cancelled, no claim will be payable.

12.7 **I agree:**

- **a** that if you need to accept my application on terms other than standard terms, you will tell my financial adviser what those terms are;
- **b** to you sharing the application information with another company you have authorised. This could include asking me to attend a medical examination or requesting a general practitioner's report. The authorised company will arrange for the examination to take place and/or to get the general practitioner's report;
- **c** to you gathering 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, and
- **d** that I will sign any further consent to gather medical reports that you require, in the event that the current consent has expired.

12. Declaration and consent – continued

12.8 I give you permission to:

a request medical information at any time, before or after my death, about any matter which relates to my physical or mental health, from any doctor who has attended me. I also agree to you passing the results from any independent medical examination to my own doctor;

b share medical evidence with any other company within the Aegon UK Group or to get any evidence held by any other company within the group;

c share any medical information with another insurer if they ask for such information, and

d ask for the relevant financial information, if needed, to assess this application.

12.9 I authorise those asked to provide medical information when they see a copy of this declaration and consent. It allows you to gather medical reports within six months of the date I signed it, or at any time after my death to support any claim made on the policy.

You can use this information to maintain management information for business analysis.

12.10 Declaration of trust/Trust request

Words and expressions used in this declaration of trust/trust request have the meanings given to them in the **Trust terms and powers** booklet, code number 'WLT' (the 'Trust terms and powers').

In addition, references to 'application', 'free cover', 'policy' and 'declaration of trust/trust request' have the same meanings as 'Application', 'Free Cover', 'Policy' and 'Declaration of Trust/Trust Request' respectively in the Trust terms and powers.

12.11 I irrevocably declare, where I've ticked the 'Yes' box in section 2, that:

a this application is made with the intention that:

- the policy should, from when it starts, be held by me, as Original Trustee, for the benefit of the beneficiaries on the trusts and subject to the powers and other provisions set out in the Trust terms and powers, and
- any rights to free cover available to me before the policy is issued should, from when the free cover starts, be held by me as Original Trustee for the benefit of the Beneficiaries on the trusts and subject to the powers and other provisions set out in the Trust terms and powers.

b I've read the Trust terms and powers, which are part of this application for all purposes, and

c I be appointed as Original Trustee of the trusts.

12.12 I request and direct, where I've ticked the 'Yes' box in section 2, that:

a in the policy I'm expressed to be the life assured or insured person and that you should issue the policy to me, as Original Trustee, to hold from the start of the policy, subject to the Trust terms and powers, and

b you should issue any rights to free cover available to me as the person who has applied for the policy, to me, as Original Trustee, to hold from the start of the free cover, subject to the Trust terms and powers.

12.13 I confirm and acknowledge that:

a I have, as far as I deem necessary, sought my own legal advice to make sure that the terms of the declaration of trust /trust request by me and the Trust terms and powers incorporated in this application give effect to my wishes and requirements, and

b you can't accept any responsibility for the consequences arising from the use of the declaration of trust/trust request and the Trust terms and powers.

12. Declaration and consent – continued

12.14 Terms of contract

a I agree that the contract will be governed by the following documents:
- these declarations and consent;
- this application record, and
- the Aegon policy schedule and the accompanying policy conditions.

b By signing these declarations and consents, I allow you to process my application using the information given. You may also use this information to process any claim made on this policy.

c I've read the declarations and consents, important notes and information relating to my rights under the Act mentioned in section 11.

Signature(s) of the insured person(s)

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

✗ ✗

13. For financial advisers only

To be completed by the financial adviser

If you want the application to be submitted using our online service, please use our **Data capture form**.

You can download copies of the **Data capture form** and additional point of sale questionnaires at **www.aegon.co.uk/support**

If you're not registered for our online services, please get in touch with our Customer Service Centre on 03456 00 14 02.

Send the fully completed form to us at:
Aegon
Edinburgh Park
Edinburgh
EH12 9SE

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

☐ Yes

☐ No

Money laundering

Current money laundering guidance allows for identity verification for 'reduced risk' (for example protection) business to be completed after a business relationship has been established and before pay out when there is a claim. This means that we don't require evidence of identity to be provided with this application but we'll require evidence of identity before we pay any claim under this policy.

Commission details

Only tick one box:

☐ Initial plus renewal (Indemnity)
Lump sum paid then renewal commission paid after the indemnity period.

☐ Initial plus renewal (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?

_____ %

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

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)

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 in the 'Important notes' section.

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 understand 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 Y Y 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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