

For office use only

Ref _____



Income Assured Plus

Application to Amend your Contract

For Financial Adviser use only

Please complete the following information for processing purposes.

Important note regarding Adviser status: As Income Assured Plus has an option to build a capital sum you **must** be authorised by the Financial Conduct Authority to give investment advice to your clients on the suitability of this product (CF30).

Adviser Name and Correspondence Address

FCA Company Ref. No. _____

FCA Individual Ref. No. _____

Broker Code (If known) B _____

Tel _____

Fax _____

Email _____

(This will be used for contacting you about the application)

Network name *(If applicable)* _____

Confirmation of Verification of Identity

I/we confirm that:

- the information in this section was obtained by me/us in relation to the customer;
- the evidence I/we have obtained to verify the identity of the customer;

(tick only one)

a) meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or

b) exceeds the standard evidence

Signed: _____

Name (CAPITALS): _____

Position: _____

Date / /

Dear Member,

PLEASE ENSURE YOU READ THESE IMPORTANT NOTES BEFORE COMPLETING THE APPLICATION.

- You are applying to amend your income protection, that you hold with the Society. It is very important that you answer all the questions in, your application, as fully and honestly as possible as they are relevant and important and you will be responsible for the answers given. You are advised to complete the form yourself, but if your financial adviser completes the form you must check the answers given for accuracy and completeness.
- You need to include any material fact which is one which could affect the terms of acceptance by the Society or the payment of any claim.
- If you do not tell us about a material fact this could result in your application being declined or your contract with the Society cancelled.
- If your contract is declined or cancelled due to non-disclosure of a material fact or misrepresentation then any monies paid to the Society, together with any claims made upon the funds, will be forfeited.
- If you are in any doubt as to whether a fact is material you must tell us about it in this, your application.
- Disclosure on the application will be treated in accordance with our confidentiality policy.
- The Society will rely on what you tell us and you must not assume that we will clarify or confirm the information provided.
- There are a number of ways in which we might obtain further information in order to assess your application including conducting an interview over the telephone. If we use a telephone interview to gather medical information, a specially trained interviewer will contact you on our behalf to arrange a convenient time to do this. We will not make checks in relation to every application.
- Copies of the completed application and the full terms and conditions of membership contained in the Rules are available on request free of charge.
- The Society reserves the right to apply special terms or decline or postpone any application.

A. Your details

1. Mr Mrs Ms Miss Other (please specify)

First Name(s) Surname

2. Address

Postcode

3. How long have you lived at this address? Years Months

4. Home Telephone Number

Mobile Telephone Number

Work Telephone Number

You must provide a valid telephone number on which a specially trained interviewer may contact you on our behalf for any further medical information.

5. Email Address

6. From time to time the Society would like to contact you by post or email regarding products or services we offer. Your details will not be shared with any third parties for marketing purposes. Please refer to page 17 for details of Data Protection Guidelines. *Please complete*

Please keep me informed Please do not send me any information

7. Date of Birth / /

8. Country of Birth Age

9. If you were not born in the UK, how many years have you lived here?

10. Is this application linked to a mortgage? Yes No

(If 'yes' please provide your anticipated moving date and your new address if known)

Moving Date / /

New Address

Postcode

B. Your occupation

References to 'occupation' mean the carrying on of a trade, profession, occupation, vocation or any other work from which you derive your earnings.

1. What is your main occupation?

2. Are you (tick all that apply): employed self employed in partnership company director
or houseperson (this option may not be selected if you have ticked any of the other options)

If a mix of employed and self-employed please provide details.

3. Are you currently working? Yes No

If 'no' please provide details.

4. How long have you been in your current job? Years Months

5. Are you on a fixed term contract? *If solely self-employed please tick 'no'.* Yes No

If 'yes' please give date of commencement / /

termination / /

6. Do you work continuously throughout the year? Yes No

*If 'no' please indicate i) any gaps in working during the last 2 years (including length of time and dates)
ii) reasons for the gaps and iii) whether this is likely to change*

7. How is your occupation made up in terms of hours?

manual hours
 supervisory hours
 administrative hours
 other hours

100

If 'other' please provide details

8. Do you have any other occupations? Yes No

If 'yes' please provide details. Include any sports or hobbies for which you receive payment.

9. How is/are your other occupation(s) made up in terms of hours?

manual hours
 supervisory hours
 administrative hours
 other hours

100

Important Information (Note 1)

In the event of a claim we will need to see original documentary evidence of your earnings in the 12 month period immediately before you became unable to work through your incapacity;

- If you are employed – we will require printed payslips, P60 and, if applicable your P11D.
- If you are self-employed or in partnership – we will require your most recent business accounts and latest agreed HM Revenue & Customs Tax Assessment.
- If you are employed as a shareholder director within a private limited company with not more than 3 other shareholder directors we will require evidence of the dividends you have received from your company's regular business, plus your printed payslips, P60 and, if applicable your P11D.
- If you select the Houseperson definition, we reserve the right to obtain, where relevant, proof of any income.

10. How many hours per week do you work?

a) in your main occupation?

b) in your other occupations? (if applicable)

Please provide details.

11. What were your earnings from all work in the last 12 months?

Employed

£

(Indicate your gross annual salary)

Self-employed

£

(We require your taxable profit from your business)

Director in a private limited company, no more than 3 other shareholder directors

Salary

£

(Indicate your gross annual salary)

+

Dividends

£

(Indicate your dividend payments from the company's regular business in the last 12 months)

12. In the event of making a claim, will you be able to provide evidence that supports the earnings you have told us about in question B11? (see note 1)

Yes No

If you select 'no', please be aware that any future claim may be restricted.

13. In your present job will you be called upon to work outside the UK?

Yes No

If 'yes' please provide the following details.

Where?

For how long?

How often?

14. Do you pay UK tax (including Channel Islands and Isle of Man) on your earnings?

Yes No

If 'no' please provide details.

15. Have you taken time off work through illness or accidental injury in the last 2 years

Yes No

If 'yes' how many days?

Please provide details of illness or incapacity and when they occurred

16. Are you entitled to any earnings or Company sick pay from work if you are off work due to illness or injury?

Yes No

If 'yes' please state how much and whether this would be paid weekly, monthly or as a lump sum

£

For how long would you receive this?

C. Your income protection needs

PLEASE TICK YOUR CHOICE (Please refer to the Key Features Document to make your selection).

If your income protection needs have changed you can amend your existing contract by making your selection from the following. When making your choice please read the important note accompanying each change.

1. Have you received a **Key Features Document** for Income Assured Plus? Yes No
If 'no' ask your Financial Adviser or the Society for a copy

2. Level of cover

a) Would you like to increase your weekly cover? Yes No

b) Would you like to reduce your weekly cover? Yes No

If 'yes' what level of weekly cover do you require?

£

Important note: Weekly cover is based on the number of units held payable at the rate of £10.50 each. This rate will remain level throughout claim when the own/own suited or houseperson disability definition is selected but will reduce over the term of the claim when the own throughout disability definition is chosen. Minimum weekly cover is £52.50 and the maximum at application is £787.50. Maximum sick pay is 60% of earnings less certain stipulated deductions or, if lower, the amount of cover corresponding to the units held. Your weekly cover will be based on the maximum number of complete units permissible but not more than your stated weekly requirement. You should always ensure the amount of weekly cover you select is appropriate to your personal circumstances which could change over time.

3. Type of cover

What cover would you like? Protection with investment Protection only Investment only

Important note: Protection with investment enables you to cover yourself for income loss when disabling illness prevents you from earning a living and build up a capital sum which is currently tax-free and payable at the maturity of your contract. Protection only does not contain an investment element which may be added at a later date without underwriting. Once you have paid at least 24 months premiums you will be eligible to select the investment only option for the times you no longer require income protection but wish to build a capital sum. If you have a capital balance then early closure of your contract before you reach your selected retirement age will attract a penalty. Should you choose the investment only option any future application to restore protection cover will be subject to underwriting by the Society. This may result in different terms being applied to your contract, or, in some circumstances, the Society being unable to offer you the cover you require.

4. Cover from

In the event of a claim when would you like sick pay benefit to be paid from?

Day One After 1 week After 4 weeks After 8 weeks After 13 weeks

After 26 weeks After 52 weeks

Important note: In deciding which option to choose you should consider such things as what you receive from your employer when you are off sick and any other insurances you might have which provide benefits when you suffer illness or accident leading to time off work and/or lost earnings. Should you claim within 30 days of a reduction in the waiting period you will be required to serve a 30 day qualifying period from the date of the change plus any new deferred period. Please note that where the combined period exceeds the original period of deferment the lesser period will apply. Where the waiting period is increased the change will take effect immediately. Should you choose to increase the period of deferment any future application to reduce it will be subject to underwriting by the Society. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require.

5. Accident protection (deferred contracts only)

a) Would you like to add accident protection? Yes No

b) Would you like to remove accident protection? Yes No

Important note: For an additional premium the accident protection option provides sick pay cover from day one during the deferred (or waiting period) in the event of an accident leading to more than 3 consecutive days off work. Cover will commence 30 days after acceptance of risk by the Society. In the event that accident protection cover is discontinued any future application to reinstate cover will be subject to underwriting by the Society. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require.

6. Cover to

At what age from 50 to 65 inclusive would you like cover to cease?

If you have selected age 65 would you like this to automatically increase in line with the state retirement age? Yes No

Important note: You may vary your selected maturity date subject to a minimum term of at least 5 complete calendar years remaining (January to December inclusive) until maturity. Should you decide to reduce your selected retirement age any future application to increase it will be subject to underwriting by the Society. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require.

7. Disability definition

What disability definition would you like to apply at claim?

Own throughout Own/own suited after 52 weeks of claim Houseperson

Important note: If you select the own occupation throughout option this will mean that in order to claim sick pay benefit you will need to show the Society that as a result of your disabling illness you are totally unable to perform the job(s) you have undertaken in the 12 months prior to the onset of the incapacity. If you choose the own/own suited disability definition option and the claim continues beyond 12 months you will need to demonstrate that you are unable to follow the occupation(s) you performed in the 12 months prior to the onset of the incapacity or any occupation for which you are suited by training, education or experience. The houseperson disability definition is only available to applicants who are performing the role of a houseperson and satisfy the definition and has limited sick pay benefit entitlement. If you select own occupation throughout claim your sick pay benefit will reduce to 75% of initial entitlement after 52 weeks of claim and 50%

after 104 weeks of claim. It will return to the full rate of entitlement if you return to work and do not make a claim for at least 12 months provided you do not simply stop claiming in order to resume the full rate of sick pay benefit. If you choose own/own suited or houseperson (if appropriate) your sick pay benefit will not reduce over the duration of the claim. You may not amend your disability definition if you have submitted a claim for sick pay or are receiving sick pay.

8. Career break premium holiday

a) Would you like to suspend the payment of your premiums? Yes No

b) Would you like to resume the payment of your premiums? Yes No

If 'yes' on what date would you like this to take effect? / /

Important note: You must have paid a minimum of 12 months premiums or have a credit balance standing to your name with the Society to be eligible to select the career break premium holiday option. During your premium holiday no claims or benefits will be admitted or paid but bonus allocations will continue to be added to your credit balance if you have one. If you do not recommence the payment of your premiums within 24 months of the commencement of your premium holiday your weekly cover will be reduced to £52.50 and a houseperson disability definition will apply when you restart your premiums. You remain eligible to apply to the Society to amend these terms subject to application and underwriting. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require. If you resume the payment of your premiums within 24 months of the commencement of your premium holiday then once you have completed a minimum of 3 consecutive months back at work you will be eligible to claim the same benefits that were available to you before you commenced your career break premium holiday.

9. Index-linking inflation proofing

a) Would you like to add index-linking? Yes No

b) Would you like to remove index-linking? Yes No

Important note: With index-linking your units of cover will be reviewed annually on 1st January. If there has been an increase in the index adopted by the Society in the year to 30th September before the 1st January then your cover will be automatically increased provided it results in the addition of at least 1 complete unit of cover. For each additional unit added under the index-linking option there will be an additional premium payable under the published rate table. Should you decide to remove index-linking no further units of cover will be added automatically and sick pay and the investment element (if selected) will be affected. Should you choose to remove index-linking any future application to add it will be subject to underwriting by the Society and may result in different terms being applied to units added under the index-linking option. The index-linking option is not available when the houseperson disability definition is selected.

10. Have you ever had an application for life, income protection, mortgage protection, payment protection, critical illness, waiver of premium, personal sickness and/or accident insurance contracts declined, offered or accepted at other than standard terms? Yes No

If 'yes', please provide details

11. Are you now, or are you proposing to be, insured elsewhere for income protection or any other insurance providing for the payment of benefit in relation to incapacity due to sickness or accident? Yes No

If 'yes', please provide details

Name of Company or Society

Amount of insurance: *Please state amount and tick frequency* £

per week per month per annum Do you intend to continue this insurance? Yes No

12. With the exception of your contract with the Society, have you ever made any claims on income protection, mortgage protection, payment protection, critical illness, waiver of premium, personal sickness and/or accident insurance contracts currently or previously held? Yes No

If 'yes' please provide details with approximate dates and duration

13. Have you ever made any claims for compensation in relation to an injury, accident or any other condition? Yes No

If 'yes' please provide details with approximate dates and outcome

14. When would you like your amendments to take effect?

15. When would you like your premium payments to be collected? 6th of the month 18th of the month

If no date is given payments will be taken on the 6th of the month.

D. Your health

It is **very important** that you provide us with as much information as possible about your health to ensure that we offer you the correct terms of cover. If you answer 'yes' to any of the following medical questions please supply as much detail as possible in the space provided below each block of questions. If you answer 'yes' to any of the medical questions but would prefer not to disclose the detail to your Financial Adviser, you may send them in confidence direct to the Society's underwriting department.

To help us process your application with the minimum of delay, please give us as much detail of the conditions, treatments and recommended remedies, dates, the duration, and any other aftereffects you may have suffered.

If you are unsure about any of the questions or the words we are using please contact the Society's underwriting department who will be pleased to explain. The term 'practitioner' includes doctors, chiropractors, osteopaths, physiotherapists, acupuncturists, herbalists and counsellors. Where questions refer to 'treatment' please include tablets (whether prescribed or over the counter), medicine, injections, inhalers, physiotherapy, prescribed exercise, acupuncture and Cognitive Behaviour Therapy (CBT).

To leave Section D intentionally blank

I have read the important note on the front cover and do not wish to complete Section D of this application to amend my insurance contract with the Society. Please tick if Section D is not completed.

To help us process your application without delay and offer you the correct terms it is **very important** you give us as much information as you can about your health. You can provide extra detail using the 'Additional Notes' section on page 16.

If you answer 'yes' to a question but prefer not to give the detail to your Financial Adviser you can send it direct to our Underwriting Department marked 'Private and Confidential'. Please also refer to page 18 Access to Medical Reports and Data Protection.

If you answer 'yes' to any question in this section, please provide details of:
• the conditions • treatments • recommended remedies • dates • duration
• time off work • results of tests • any other after effects you may have suffered.

If you are unclear about any of the questions we ask or the terms we use our Underwriting Team will be happy to explain. When we talk of 'practitioners' this includes the likes of doctors, health professionals, chiropractors, osteopaths, physiotherapists, acupuncturists, herbalists, chiropodists, and counsellors. When we refer to 'treatment' we are talking of 'tablets' (prescribed and over the counter), medicine, injections, inhalers, physiotherapy, prescribed exercise, acupuncture and Cognitive Behaviour Therapy (CBT). If you are in any doubt speak to us.

Tele-underwriting - your choice

On occasion we use specially trained interviewers to obtain further medical information over the telephone.

We appreciate that not every applicant wants to be interviewed over the telephone. If you would prefer not to have a telephone interview you can choose the traditional paper based route. Not all applicants will need to be tele-interviewed, but if you do, we will need to know which route to take. Please let us know whether we can tele-interview you, if needed, by ticking one of the options below.

Yes, I would be happy to be tele-interviewed

No, I would not like to be tele-interviewed

What are the benefits of choosing the tele-interview route?

- Reduces the need for the Society to request medical questionnaires/statements from you and GP reports from your Doctor
- Once our tele-interview is complete, this should, in most cases, negate the need for us to request further medical information
- Speeds up the application process

What happens if I choose the tele-interview route?

- Your Financial Adviser will give you a copy of 'A Guide to Tele-Interviews' to read
- If you are selected for interview, you will be contacted by the specialist tele-interview company to arrange and conduct the interview
- This company will produce a tele-interview report which will be used by the Society to help decide on the terms that can be offered

Please note: In all cases, this section of the application (Section D 'Your health') must be completed.

CURRENT HEALTH

- 1. Do you have any condition, disease, disorder or disability? *(including conditions you were born with)* Yes No
- 2. Are you receiving any treatment on a regular or occasional basis?
(eg. tablets, medicine, injections, physiotherapy) Yes No
- 3. Are you under the care of any health practitioner? Yes No
- 4. Are you awaiting any referral, tests, results, treatment, surgery or health advice? Yes No
- 5. Do you have any current symptoms for which you might seek medical attention or advice in the future? Yes No

If 'yes' please provide details as indicated in the introduction to this section for (1) to (5) inclusive

LIFESTYLE

6. Alcohol and Tobacco:

a) What is your typical weekly consumption of Alcohol units and Tobacco/Cigarettes

1 pint standard lager/beer = 2 units, a 125ml (small) glass of wine =1.5 units, a 25ml measure of spirits = 1 unit.

- b) Have you smoked tobacco during the last 12 months? Yes No
- c) Have you EVER been advised to reduce your consumption of alcohol or tobacco? Yes No

If 'yes' please advise when, by whom and why?

d) Have you EVER received medical advice, counselling or treatment in connection with alcohol consumption, or in connection with any alcohol abuse, addiction, or concerns? Yes No

If 'yes' please provide details as indicated on page 8

7. Pastimes and hobbies:

a) Do you currently or have you any prospect or intention of engaging in hazardous activities? Yes No
(e.g. Racing on wheels, hang gliding, flying other than as a fare paying passenger etc)

If 'yes' please provide details of this activity

b) How often do you engage in this activity? per year

c) Have you EVER been injured as a result of your pastimes/hobbies referred to above? Yes No

If 'yes' please provide details of nature of injury, dates and duration of problem

8. Have you had a positive HIV/AIDS or hepatitis B or C test or been tested positive for a sexually transmitted disease or infection? Yes No

If 'yes' please provide details as indicated on page 8

9. Have you used drugs other than for prescribed purposes? Yes No

If 'yes' please provide details as indicated on page 8

10. Do you engage in regular physical exercise? Yes No

If 'yes' please state type of exercise, frequency and duration

MEDICAL DETAILS

11. What is your **Height** and **Weight** (clothed without shoes)

Height ft ins or cms Weight st lbs or kgs

12. **Breathing:** have you EVER had

a) lung disease, bronchitis, chest disorders or problems, or asthma? Yes No

b) hayfever or problems with your sinus, nose or throat? Yes No

If 'yes' please provide details as indicated on page 8 for (12a) and (12b)

13. **Muscles, bones and joints:** have you EVER had

a) gout, arthritis, rheumatism, muscular or joint pain/disorder? Yes No

b) a disorder of the back, neck or spine, including lumbago, sciatica or prolapsed disc? Yes No

c) a shoulder, elbow, wrist, hand or finger complaint? Yes No

d) a knee, ankle, hip, foot or toe complaint? Yes No

e) a repetitive strain injury? Yes No

f) a hernia? Yes No

g) any broken bones? If 'yes', please advise which bone, when it was broken and whether surgery was required in each case of a break, and whether there are any ongoing problems Yes No

h) osteoporosis, conditions/disorder of the bones? Yes No

If 'yes' please provide details as indicated on page 8 for(13a) to (13h) inclusive

14. Digestion: have you EVER had

- a) recurrent indigestion/heartburn, a hiatus hernia or stomach ulcer? Yes No
- b) Crohns disease, ulcerative colitis, coeliac disease? Yes No
- c) irritable bowel syndrome, haemorrhoids/piles, bowel disease? Yes No
- d) any disorder of the pancreas, gall bladder or liver? (including hepatitis) Yes No
- e) any stomach or bowel problems? Yes No

If 'yes' please provide details as indicated on page 8 for (14a) to (14e) inclusive

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

15. Heart and circulation: have you EVER had

- a) a heart attack, heart disease, angina or chest pain? Yes No
- b) raised blood pressure, palpitations, heart or circulation problems? Yes No
- c) advice that your cholesterol is raised or been advised to reduce your fat intake? Yes No
- d) varicose veins, deep vein thrombosis or thrombophlebitis? Yes No
- e) a stroke or brain haemorrhage? Yes No
- f) anaemia or blood disorder? Yes No

If 'yes' please provide details as indicated on page 8 for (15a) to (15f) inclusive

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

16. Skin: have you EVER had

- a) eczema, dermatitis or psoriasis? Yes No
- b) abnormal skin reactions, infections/disorders? Yes No

If 'yes' please provide details as indicated on page 8 for (16a) and (16b)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

17. Metabolism: have you EVER had

a) diabetes or sugar in urine?

Yes No

b) a thyroid disorder, vitamin deficiency or hormonal/glandular disorder?

Yes No

c) any allergies?

Yes No

If 'yes' please provide details as indicated on page 8 for (17a) to (17c) inclusive

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

18. Mental health: have you EVER had

a) a psychiatric disorder, depression, anxiety, eating disorder, stress, panic attacks, tension, fatigue, insomnia, mental illness, anger management, nervous breakdown, bereavement reaction, or counselling?

Yes No

b) any debility, post viral/chronic fatigue or ME?

Yes No

If 'yes' please provide details as indicated on page 8 for (18a) and (18b)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

19. Nervous system: have you EVER had

a) vertigo, dizziness, blackouts, fits, paralysis or epilepsy?

Yes No

b) frequent or recurrent headaches, migraines?

Yes No

c) conditions or disorders of the nervous system?

Yes No

If 'yes' please provide details as indicated on page 8 for (19a) to (19c) inclusive

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

20. Eyes and ears: have you EVER had

a) any eye infection, glaucoma, cataract or any other eye condition?

Yes No

b) problems with hearing, ear infection, balance disorder or any other ear condition?

Yes No

If 'yes' please provide details as indicated on page 8 for (20a) and (20b)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

21. Urinary system: have you EVER had

- a) kidney stones, kidney or bladder infections or complaints? Yes No
- b) any condition/disorder of the urinary system? Yes No
- c) blood, sugar or protein in urine? Yes No

If 'yes' please provide details as indicated on page 8 for (21a) to (21c) inclusive

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

22. Cancer: have you EVER had

- a) a diagnosis of cancer/malignant tumour? Yes No
- b) a diagnosis of a pre-malignant condition or benign tumour or polyp? Yes No

If 'yes' please provide details as indicated on page 8 for (22a) and (22b)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

23. Female applicants only: have you EVER had

- a) an abnormal cervical smear or problems relating to periods or the female reproductive system? Yes No
- b) any breast lumps/discomfort or abnormalities? Yes No

If 'yes' please provide details as indicated on page 8 for (23a) and (23b)

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

24. Male applicants only: have you EVER had

- a) a disorder of the prostate? Yes No
- b) a testicular disorder? Yes No
- c) any problems relating to the male reproductive system?

If 'yes' please provide details as indicated on page 8 for (24a) to (24c) inclusive

<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

25. Miscellaneous: have you EVER

- a) been advised by any other doctor, practitioner, counsellor, chiropodist, chiropractor, osteopath, physiotherapist, acupuncturist, herbalist etc, on your health or wellbeing? Yes No
- b) had any investigation or hospital treatment not already detailed on the application form? Yes No
- c) had any diseases, disorders or disabilities in the past that are not already disclosed in any other question? Yes No

If 'yes' please provide details as indicated on page 8 for (25a) to (25c) inclusive

FAMILY HISTORY

26. Have any of your family EVER had

- a) any hereditary condition(s) or condition(s) they were born with? Yes No
- b) cancer? Yes No
- c) any mental illness? Yes No
- d) heart disease, raised blood pressure or stroke? Yes No
- e) diabetes? Yes No

If 'yes' please provide the following information:

Which relative(s)?	
What was the condition?	
What was their age at onset?	

27. Have you EVER been advised to under go any tests due to your family member's medical history? Yes No

If 'yes' please provide details as indicated on page 8

DETAILS OF YOUR DOCTOR

28. We may need to write to your doctor for access to your medical records in order to assess your application. However, please do not assume that we will apply to your GP for your report at application. If we write to your doctor at application a copy of the questions we ask can be supplied on request.

You must be registered with a UK doctor at the time of application and have been registered continuously with a UK GP for at least the last 5 years immediately prior to application. However, we will base its assessment on your full medical history and you should not limit your answers to the last 5 years. You cannot assume that your doctor will provide the information we need. It remains your responsibility to complete the application form as fully and completely as possible.

If you are not registered with a UK GP at the time of application or have not been continuously for the last 5 years immediately prior to application you will not be able to proceed with the application.

a) Please provide the name and address of your usual doctor

Name

Address

Postcode

Telephone Number

Email Address

b) How many years have you been registered there? Years Months

c) If you have been registered with your current doctor for **less than** 6 months please provide details of your previous doctor

Name

Address

Postcode

Telephone Number

Email Address

E. Declarations and consents

ACCESS TO MEDICAL REPORTS ACT 1988

- I have read the explanation of my rights under the Access to Medical Reports Act 1988 (page 17) and consent to the Society being provided with my medical information, including copies of my medical records, from any doctor who has attended me concerning anything which affects my physical or mental health or condition.
- I wish to see the report before it is sent to the Society Please tick if you wish to see the report before it is returned to us.

DATA PROTECTION ACT 1998

- I have read the explanation of the Data Protection Act 1998 (page 17) and I consent to the Society being provided with confidential information from other insurers or third parties concerning my application including, but not limited to, information concerning my physical and/or mental health, previous or concurrent applications for life or health insurance and any relevant financial information.
- I authorise the release of confidential information, including but not limited to, information concerning my physical and/or mental health or condition obtained by the Society, to any doctors or specialists appointed by the Society in relation to the application and to any third party who requires such information for lawful purposes.
- I understand a specially trained interviewer may contact me with regards to further medical information for my application for Income Assured Plus and I consent to this process.

Signature
of Applicant

Date

 / /

Print Full
Name

(please use block capitals)

- Please complete the Direct Debit form at the end of the application.

COMMENCEMENT OF CONTRACT

Provided your application is acceptable to the Society and you have submitted a Direct Debit Instruction, then, unless you have given specific instructions to the contrary, we will assume commencement immediately and proceed with the preparation of contract documents.

If for any reason acceptance cannot be assumed immediately, we will write to you and await your agreement and/or payment before the contract commences.

In either situation it is essential that you notify us of any changes in your health and circumstances which occur between the date of completion of the Application to Amend your Contract Form and the date of acceptance by the Society.

PAYMENT OF CONTRIBUTIONS BY DIRECT DEBIT

- A Direct Debit is essential for any contract for which premiums are paid monthly and the amounts increase at regular intervals like Income Assured Plus.
- Advance notice of the payment to be collected will be sent with the contract documentation. Direct Debit is a simple method of payment and is recommended in all cases.

Important information

for all applicants which should be read carefully

Data Protection Act 1998

- For the purpose of the Data Protection Act 1998 the Data Controller in relation to the information you supply is the Cirencester Friendly Society Limited. Any information about you will be put on our database and held in accordance with the Data Protection Act 1998.
- It will be used for the purposes of processing this application and administering your membership.
- We may conduct, or have conducted on our behalf, checks with external agents in connection with this application for validation purposes.
- We or our agents may ask you for more information, or carry out further checks and searches and/or share information with third parties when assessing your application, managing your membership or assessing any future claims for fraud prevention and verification.
- We may ask for information from your Medical Practitioner as part of our random disclosure verification process.
- We may share information about you with:-
 - Third parties – including but not limited to Trustees in Bankruptcy, reinsurers, underwriters, financial institutions, credit reference agencies and medical agencies (including UK and abroad) and sub-contractors and agents in order to provide you with the service applied for, for fraud prevention or so that services may be processed on our behalf.
 - Government regulators and the Ombudsman to help resolve a complaint or for audit purposes.
 - Other insurance companies who require the information for lawful purposes.
- If you ask, we will tell you what information we hold about you and provide information in line with the Data Protection Act 1998 (a fee is payable). You should let us know if you think any information we hold about you is inaccurate, so we can correct it.
- On request from you we will forward you a copy of our Subject Access Request (SAR) forms for completion. You will be required to send the completed forms to us enclosing proof of ID and the specified fee. On receipt of completed and signed forms, your request will be processed and a response made within 40 calendar days from the date they are received. All SAR requests will be subject to legal restrictions placed on disclosure. Please direct enquiries relating to your data to The Data Protection Officer, Cirencester Friendly Society Limited, 5 Dyer Street, Cirencester, Glos GL7 2PP.
- To help improve our service and in the interests of security we may monitor and/or record your telephone calls with us.
- **Notice** – Insurers and Friendly Societies pass information on claims concerning income protection insurance, critical illness insurance and waiver of premium benefits to the Income Protection Claims Register, run by the Association of British Insurers.
- The aim is to prevent fraudulent claims. When you make a claim, we may notify the register of that event.

Access to Medical Reports Act 1988

(or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991)

- Before we can apply for a medical report from a Medical Practitioner who has cared for you, we need your consent by signing the Declarations and Consents. (page 16) Therefore please read this section before you sign the Declaration as it sets out your rights under the Access to Medical Reports Act 1988 (or 1991 Order) and the procedure for dealing with reports.
- You do not have to give your consent but, if you do not, we may be unable to proceed with your application. If you do consent, you can also say whether you wish to see the report before it is sent to the Society.
- If you tell us you wish to see the report (we will tell you at the same time as we write to the Medical Practitioner and we will tell him/her you wish to see the report), you will then have 21 days to contact him/her about arrangements for you to see the report.
- If you tell us you do not wish to see the report, we do not have to notify you if we apply for one.
- Whether or not you tell us you wish to see the report before it is sent to us, the medical practitioner must let you see a copy for up to 6 months after it is supplied to us, if you ask the medical practitioner.
- If you ask the Medical Practitioner for a copy of the report, he/she can charge you a reasonable fee to cover his/her costs.
- If you have seen a report before it is sent to us, the medical practitioner cannot submit it until he/she has your consent.
- You can write to the Medical Practitioner, asking him/her to amend any part of the report which you consider to be incorrect or misleading and have attached to the report a statement of your views on any part where you and the medical practitioner are not in agreement and which he/she is not prepared to alter.
- The medical practitioner is not obliged to let you see any part of the report if, in his/her opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the medical practitioner's intentions towards you, or if disclosure would be likely to reveal information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in caring for you.
- In such cases, the Medical Practitioner must notify you and you will be limited to seeing any remaining part of the report.
- If it is the whole report which is affected, the Medical Practitioner must not send it to us unless you give your consent.



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

Please fill in the whole form using a ball point pen and send it to:

Cirencester Friendly Society Limited
5 Dyer Street
Cirencester
Gloucestershire
GL7 2PP

Service user number

9	3	0	3	7	9
---	---	---	---	---	---

Name(s) of account holder(s)

Reference

--	--	--	--	--	--	--	--

Instruction to your bank or building society

Please pay (Cirencester Friendly Society Limited) Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with (Cirencester Friendly Society Limited) and, if so, details will be passed electronically to my bank/building society.

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	

Signature(s)

--

Date

--

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Cirencester Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Cirencester Friendly Society Limited 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 Cirencester Friendly Society Limited 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 Cirencester Friendly Society Limited 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.

Income Assured Plus

Cirencester Friendly
5 Dyer Street
Cirencester
Glos.
GL7 2PP

Tel: 01285 652492/653073

Fax: 01285 641246

Email: info@cirencester-friendly.co.uk

Web: www.cirencester-friendly.co.uk

Cirencester Friendly is a trading name of Cirencester Friendly Society Limited.
Registered and Incorporated under the Friendly Societies Act 1992. Reg. No. 149F.
Cirencester Friendly Society Limited is Authorised by the Prudential Regulation Authority and regulated by
the Financial Conduct Authority and the Prudential Regulation Authority under registration number 109987.

This item has been printed by an ISO14001 accredited environmental printer.
The materials used to produce this booklet are elemental chlorine free and wood fibre from sustainable forests. It is also fully recyclable and biodegradable.