

For customers | Personal Protection

Application form

Version number 10/11

For financial adviser use only

Your AEGON agency number

(This is your UAN and comprises of 3 letters and 3 numbers)

For the purposes of Financial Services Authority reporting:

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

Yes No

Important notes for financial advisers

You can't use this application form for Personal Protection from AEGON (a brand name of Scottish Equitable plc) when using our online service.

The fully completed form should be sent to us at:

AEGON
Ballam Road
Lytham St Annes
Lancashire
FY8 4JZ

If you want the application to be submitted using our online service, please use our *Data capture form*. If you're not registered for our online new business service, please get in touch with our Customer Service Centre on 08456 00 14 02. You can download copies of the *Data capture form* from our website, www.aegon.co.uk/adviser

Money laundering

To comply with the requirements of the Money Laundering Regulations for the UK Financial Sector and the Prevention of Money Laundering/Combating the Financing of Terrorism Guidance, you're required (in some circumstances) to provide separate verification of identity for each policyholder, which should be submitted together with this application form.

Key points

- Identity verification data isn't required:
 - if premiums are less than £50 a month or £600 a year
 - where premiums are to be paid from a personal UK bank account in the name of the policyholder(s)
 - where the policy is taken out jointly, with premiums being paid from a single bank account (or joint account) of one of the joint policyholders

- If we get an application for a premium of £50 a month or more without acceptable evidence of identity, but where the premiums are being paid from a UK bank account in the name of the policyholder who is a private individual (or, in the case of a jointly owned policy, where premiums are paid from a single bank account (or joint account) of one of the joint policyholders) we'll assume the 'source of funds' concession will apply.
- In all other cases, you must give evidence of your client's identity by filling in and submitting an industry-standard confirmation of verification of identity form (CVI).
- Where evidence of identity is needed, it must be provided for each policyholder as well as for the payer of premiums, if different. For jointly owned policies, both policyholders must be identified.

We won't hold up processing of this application pending receipt of the verification of identity. But please be aware that we may not be able to pay a claim or refund a premium until we've received verification of identity.

Where the application is being made on behalf of an individual who can't make the application themselves for whatever reason, verification of identity is needed for the attorney/guardian, for the person on whose behalf the attorney/guardian is acting and, if different, for the person paying the premium.

You can download copies of the industry-standard CVI and additional point of sale questionnaires from our website, www.aegon.co.uk/adviser

Important notes for the customer

These notes apply to both the policyholder(s) and the life/lives to be assured, if different.

Please read the following important information carefully before filling in this application form for Personal Protection from AEGON (a brand name of Scottish Equitable plc). These notes will help you fill in this form and give you some important details about the information you're asked to give and how we deal with it.

- You must give the answers personally but, if another person is the life to be assured, they must answer the medical, personal and health questions. If the answers are filled in by anyone else then you and the life to be assured must read them over and agree them before the declaration is signed. You should make and initial your respective changes.
- The questions asked in this application form cover the facts that we think are important to our assessment of the application.
- When answering a question you're personally responsible for making sure you've given complete and accurate information. You shouldn't make any personal assessment about whether the information is relevant or not, or assume that we'll write to your doctor for medical information. If you're in any doubt about the information required, you should give full details.
- You must tell us in writing if there's any change in your circumstances 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/mortgage 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
- your recreational activities, for example if you take up a hazardous pursuit such as rock climbing

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

If you don't give full and accurate information, as detailed above, all the protection provided by the policy could be lost or cancelled in the event of a claim, not just the benefit affected or the benefit that's being claimed under.

- For confidentiality, or 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 the Chief Medical Officer, AEGON, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ. Please tick the box in the declaration at the end of this form if you've done this. If you prefer you can attach the envelope securely to this application form.
- If insurance is being applied for with other companies at the same time, by signing the declaration you're consenting to us sending copies of medical reports to these other companies if they ask for them. However, if they ask us for any highly sensitive information, including HIV or genetic test results, we'll ask 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 the policy is linked to a house purchase or if we're given instructions for a later start date.
- Please ask 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.

Checklist

Please make sure you fill in all sections necessary for the benefits chosen.

Sections to be completed:

- All applications: 1, 2, 3, 4, 6, 7, 8, 10, 11
- If waiver of premium benefit is required: 5
- When filling in sections 6, 7 and 8, please make sure you answer all the questions accurately and that you supply additional information where necessary. If you're in any doubt about the information required, you should give full details.

- Please note that both male and female applicants need to complete question 31 within the health questions (section 8). Only female applicants need to complete question 32.
- Please make sure that you've signed the following areas of the application form (where necessary):
 - Declaration and consent – section 10
 - Direct Debit instruction – page 29
- Please send the completed form to: AEGON, Ballam Road, Lytham St Annes, Lancashire, FY8 4JZ

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 are claiming.

1. Personal details of life/lives to be assured

First life to be assured (1st life)

Surname

Previous surname (if changed in the last five years)

Title

Mr/Mrs/Miss/Ms/Other

Forename(s)

Marital status (tick one box only)

Single Married Civil partner Divorced

Separated Widowed Engaged

Sex

Male Female

Date of birth (dd/mm/yyyy)

Address

Postcode

Daytime phone number

Alternative phone number

(These details will be used for administering your policy only)

Occupation

Industry

Second life to be assured (2nd life)

Surname

Previous surname (if changed in the last five years)

Title

Mr/Mrs/Miss/Ms/Other

Forename(s)

Marital status (tick one box only)

Single Married Civil partner Divorced

Separated Widowed Engaged

Sex

Male Female

Date of birth (dd/mm/yyyy)

Address

Postcode

Daytime phone number

Alternative phone number

(These details will be used for administering your policy only)

What is your relationship with the first life to be assured?
(for example spouse/civil partner, shared dependent children,
joint domestic mortgage, living with partner, joint loan)

Occupation

Industry

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 are claiming.

3a. Premium details

Premium frequency

- Monthly by Direct Debit Yearly by Direct Debit
- Yearly by cheque **(Please note that we don't accept cheques for yearly premiums under £5,000. The only exception is the first premium where a cheque will be accepted if less than £5,000)**

Premium – only fill in this box if one of the benefits is premium driven.

£

Premium from illustration

£

Date of illustration

Illustration number

Q /

3b. 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. Please note that the earliest start date for your policy will be the date that we decide we can accept your application.

3c. Trusts

Will you be writing this policy under trust?

- Yes No

We'll send you a draft of our flexible trust deed together with the policy schedule. Please don't submit a trust form before receiving the policy schedule.

NOTE: Business trusts can't be used with this application.

3d. Mortgage details

If any of the benefits are to be in relation to a mortgage please fill in the following.

Purpose of loan or mortgage

- Remortgage of main residence
- To buy main residence To improve main residence

Other (please provide details of the purpose of the loan)

Type of mortgage (please tick one box only)

- New mortgage Existing mortgage

Amount of mortgage or loan

£

Term of mortgage or loan

years

Name of lender

Mortgage/loan interest rate

%

Address of mortgaged property

- Same as first life address

Other

Postcode

NOTE: Don't forget to tell us what date you'll be moving to this address.

Do you want free cover? (for new mortgages only)

- Yes No

4. Benefit details

Benefit basis

Benefits that pay out on death (life protection, reducing life protection, life with critical illness protection, reducing life with critical illness protection, family income benefit and life with critical illness family income benefit) can be set up to cover both lives (joint life) **or** 1st life only **or** 2nd life only. Gift inter vivos is only available on a single life basis.

Total and permanent disability benefit (TPD)

TPD is included with all critical illness benefits. The usual definition of disability is 'own occupation'. Where this isn't available, for example due to your occupation, we'll offer you the best definition we can. If you don't want this benefit then please tick 'Not required' in the Benefit table. If you want to include the benefit but with the 'any occupation' or 'activities of daily living' definitions of disability, please tick the relevant box in the Benefit table.

TPD benefit will be on a reviewable premium basis, except where it's taken out with critical illness protection, life with critical illness protection or reducing life with critical illness protection on a guaranteed premium basis, in which case it will be on a guaranteed premium basis.

If you apply for a main benefit on a joint life basis then the attaching TPD must also be on a joint life basis. This means that if one life to be assured is declined for TPD then it won't be available for the other life to be assured.

Premium type

Premiums are either guaranteed or reviewable, the Benefit table will tell you which type of premium is available for your chosen benefit.

Income protection

The total of all income protection benefits payable is limited to 55% of income (see the *Key features* for details). If you're not in paid employment at the time of your claim (for example if you're a houseperson or unemployed), your total maximum benefit entitlement can't be greater than £1,250 a month, the 4 and 8 week deferred periods aren't available and the 'activities of daily work' definition will apply. Waiver of premium is automatically included and will be on the same deferred period and definition of incapacity as the Income protection benefit. If you are applying for income protection, please complete the Benefit table on page 8 and the income protection section on page 9.

Benefit term and maximum age at end of benefit term

Benefit	Guaranteed premiums – benefit term	Reviewable premiums – benefit term	Maximum age at end of term
Life with critical illness protection Critical illness protection	5-40 years	5-50 years	64 for guaranteed 84 for reviewable
Reducing life with critical illness protection Reducing critical illness protection	5-40 years	5-50 years	64 for guaranteed 84 for reviewable
Life protection	1-50 years	n/a	84
Reducing life protection	2-50 years	n/a	84
Family income benefit	5-50 years	n/a	84
Critical illness family income benefit Life with critical illness family income benefit	n/a	5-50 years	84
Gift inter vivos	7 years (This benefit is only available with a 7 year term)	n/a	89
Income protection	5-46 years	5-46 years	64

Please select the benefits you want from the Benefit tables on the next two pages.

Waiver of premium

If you want Waiver of premium benefit, please complete section 5 on page 9.

Extra benefits

If you want more than one of the same benefit, please complete the **Extra benefits** section at the bottom of the Benefit table. If you choose more than one benefit that will payout on death, they must all be on the same benefit basis.

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 are claiming.

Benefit table

Please fill in the tables below for the benefits you want. If you want more than one of the same benefit, please fill in the 'Extra benefit' section at the bottom of the table. Please make sure you give full details for each benefit you choose.

Benefit	Benefit basis (please tick one box only)	Benefit amount	Benefit term	Premium type	TPD (tick definition/not required if appropriate)***	Additional benefits
Life protection	1st life <input type="checkbox"/>	£ <input type="text"/>	Years <input type="text"/> or to age <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	Not required <input type="checkbox"/> OOC <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	Renewal option* <input type="checkbox"/> Indexation <input type="checkbox"/>
	2nd life <input type="checkbox"/>					
Critical illness protection	Joint life 1st claim <input type="checkbox"/>	£ <input type="text"/>	Years <input type="text"/> or to age <input type="text"/>	Guaranteed <input type="checkbox"/> Reviewable <input type="checkbox"/>	Not required <input type="checkbox"/> OOC included <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	Renewal option** <input type="checkbox"/> Indexation <input type="checkbox"/>
	Joint life 2nd claim <input type="checkbox"/>					
Life with critical illness protection	1st life <input type="checkbox"/>	£ <input type="text"/>	Years <input type="text"/> or to age <input type="text"/>	Guaranteed <input type="checkbox"/> Reviewable <input type="checkbox"/>	Not required <input type="checkbox"/> OOC included <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	Renewal option† <input type="checkbox"/> Indexation <input type="checkbox"/>
	2nd life <input type="checkbox"/>					
Family income benefit	Joint life 1st claim <input type="checkbox"/>	£ <input type="text"/> a year	Years <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	Not required <input type="checkbox"/> OOC <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	Indexation <input type="checkbox"/>
	1st life <input type="checkbox"/>					
Critical illness family income benefit	2nd life <input type="checkbox"/>	£ <input type="text"/> a year	Years <input type="text"/>	Reviewable <input checked="" type="checkbox"/>	Not required <input type="checkbox"/> OOC included <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	Indexation <input type="checkbox"/>
	Joint life 1st claim <input type="checkbox"/>					
Life with critical illness family income benefit	1st life <input type="checkbox"/>	£ <input type="text"/> a year	Years <input type="text"/>	Reviewable <input checked="" type="checkbox"/>	Not required <input type="checkbox"/> OOC included <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	Indexation <input type="checkbox"/>
	2nd life <input type="checkbox"/>					
Gift inter vivos	Joint life 1st claim <input type="checkbox"/>	£ <input type="text"/>	7 years <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	N/A	Legislation option <input type="checkbox"/>
	1st life <input type="checkbox"/>					
Gift inter vivos	2nd life <input type="checkbox"/>	£ <input type="text"/>	7 years <input type="text"/>	Guaranteed <input checked="" type="checkbox"/>	N/A	Legislation option <input type="checkbox"/>
	1st life <input type="checkbox"/>					
Extra benefits						

*Available if you've chosen a five-year term. **Available if you've chosen a five-year term and reviewable premiums.

***OOC – own occupation, AOC – any occupation, ADL – activities of daily living.

Please note: if you want Waiver of premium, please fill in the relevant section on page 9.

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 are claiming.

Benefit table (continued)

Benefit	Benefit basis (please tick one box only)	Benefit amount	Benefit term	Premium type	TPD (tick definition/not required if appropriate)**	1st life	2nd life
Reducing life protection	1st life <input type="checkbox"/> 2nd life <input type="checkbox"/> Joint life 1st claim <input type="checkbox"/>	£ <input type="text"/>	Years <input type="text"/>	Guaranteed	Not required <input type="checkbox"/> OOC <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing critical illness protection	1st life <input type="checkbox"/> 2nd life <input type="checkbox"/> Joint life 1st claim <input type="checkbox"/>	£ <input type="text"/>	Years <input type="text"/>	Guaranteed Reviewable	Not required <input type="checkbox"/> OOC included <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing life with critical illness protection	1st life <input type="checkbox"/> 2nd life <input type="checkbox"/> Joint life 1st claim <input type="checkbox"/>	£ <input type="text"/>	Years <input type="text"/>	Guaranteed Reviewable	Not required <input type="checkbox"/> OOC included <input type="checkbox"/> AOC <input type="checkbox"/> ADL <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extra benefits							

Please note: if you want Waiver of premium, please fill in the relevant section on page 9. Please make sure you give full details for each benefit you choose.

** OOC – own occupation, AOC – any occupation, ADL – activities of daily living

Income protection benefit table

Please fill in the tables below and the section on the next page if you want income protection. If you want a second income protection benefit with a different deferred period, please fill in the 'Extra benefit' section at the bottom of this table.

Benefit basis	Benefit amount*	Benefit term	Premium type	Definition of incapacity**	Deferred period in weeks***	Indexation option
1st life <input type="checkbox"/>	£ <input type="text"/> a month	Years <input type="text"/> or to age <input type="text"/>	Guaranteed Reviewable	OOC <input type="checkbox"/> ASO <input type="checkbox"/> ADW <input type="checkbox"/>	4 <input type="checkbox"/> 8 <input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	<input type="checkbox"/>
2nd life <input type="checkbox"/>	£ <input type="text"/> a month	Years <input type="text"/> or to age <input type="text"/>	Guaranteed Reviewable	OOC <input type="checkbox"/> ASO <input type="checkbox"/> ADW <input type="checkbox"/>	4 <input type="checkbox"/> 8 <input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	<input type="checkbox"/>
Extra benefit 1st life <input type="checkbox"/>	£ <input type="text"/> a month	Years <input type="text"/> or to age <input type="text"/>	Guaranteed Reviewable	OOC <input type="checkbox"/> ASO <input type="checkbox"/> ADW <input type="checkbox"/>	4 <input type="checkbox"/> 8 <input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	<input type="checkbox"/>
Extra benefit 2nd life <input type="checkbox"/>	£ <input type="text"/> a month	Years <input type="text"/> or to age <input type="text"/>	Guaranteed Reviewable	OOC <input type="checkbox"/> ASO <input type="checkbox"/> ADW <input type="checkbox"/>	4 <input type="checkbox"/> 8 <input type="checkbox"/> 13 <input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/>	<input type="checkbox"/>

*The total of all income protection benefits payable is limited to 55% of income. If the life to be assured isn't in paid employment (for example a houseperson or unemployed), the total maximum benefit entitlement can't be greater than £1,250 a month and the activities of daily work definition will apply. ** OOC – own occupation, ASO – any suited occupation, ADW – activities of daily work.

***The four and eight week deferred periods aren't available if the life to be assured isn't in paid employment (for example a houseperson or unemployed).

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 are claiming.

4. Benefit details – *continued*

Income protection – *continued*

You only need to complete this section if you are applying for income protection and have completed the Benefit table on page 8.

	1st life	2nd life
Do you have existing cover?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', what is the existing annual benefit amount?	<input type="text"/>	<input type="text"/>
If 'Yes', how much of this cover do you intend to cancel?	<input type="text"/>	<input type="text"/>
In the event of incapacity, would you receive income from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would this income from work continue after the end of the chosen deferred period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please specify:		
– percentage of salary received	<input type="text"/> %	<input type="text"/> %
– how long would payment be received	<input type="text"/>	<input type="text"/>
If you're employed, what is your total yearly income? (By total income we mean 'income that will be lost in the event of incapacity', so this may include regular income such as salary, commission, bonuses and overtime.)		
Current salary	£ <input type="text"/>	£ <input type="text"/>
Regular bonuses	£ <input type="text"/>	£ <input type="text"/>
Regular overtime	£ <input type="text"/>	£ <input type="text"/>
Any other payments	£ <input type="text"/>	£ <input type="text"/>
Total	£ <input type="text"/>	£ <input type="text"/>
If you're self employed, please give details of your net taxable earnings (after allowable expenses) for the last three years:		
Last year	£ <input type="text"/>	£ <input type="text"/>
Previous year	£ <input type="text"/>	£ <input type="text"/>
Year before	£ <input type="text"/>	£ <input type="text"/>

5. Waiver of premium

If income protection is chosen then waiver of premium is automatically included and you don't need to complete this section.

If income protection is not chosen, the deferred period will start from the date of incapacity and will be 26 weeks. Please select the definition of incapacity required.

Benefit required 1st life 2nd life

Definition of incapacity (please choose one)

Own occupation 1st life 2nd life

Any suited occupation 1st life 2nd life

Activities of daily work 1st life 2nd life

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 are claiming.

6. Medical details

Please answer the following questions for all types of benefit.

You must not assume that we'll write to your doctor.

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 are claiming.

If you need to give further details please use the Extra notes section on page 23. 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.

1st life

How tall are you?

m	cms	ft	inches
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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

If 'No', please give your previous doctor's details below.

Name of previous doctor

Surgery name

Address

Postcode

Phone number

2nd life

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

If 'No', please give 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 are claiming.

6. Medical details – *continued*

	1st life	2nd life
<p>Tobacco and/or nicotine use</p> <p>1. Do you currently smoke or have you, in the last 12 months, smoked or used any nicotine products, such as gum or patches?</p> <p>If 'Yes', please tell us the type and average amount you smoke or use a day. For pipe and rolled tobacco, give the number of ounces/grams a day.</p> <p>If you answered 'No', we may ask for a simple medical test to confirm this.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type <input type="text"/></p> <p>Amount <input type="text"/></p> <p>Note 1 ounce = 28 grams</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Type <input type="text"/></p> <p>Amount <input type="text"/></p> <p>Note 1 ounce = 28 grams</p>
<p>Alcohol consumption</p> <p>Please answer questions 2 and 3 regarding alcohol consumption even if you do not drink/have never drunk alcohol.</p> <p>2. How many units of alcohol do you drink on average each week?</p> <p>One pint of beer = 2.5 units One 330ml bottle of beer = 1.5 units One 175ml glass of wine = 2 units One measure of spirits = 1 unit</p> <p>If you don't drink alcohol please enter zero.</p>	<p><input type="text"/> units</p>	<p><input type="text"/> units</p>
<p>3. Have you ever been advised to drink less/no alcohol?</p> <p>If 'Yes', please give full details of when and why this occurred, how many units you were drinking at the time, the results of any investigations and any treatment you received.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

7. Personal questions

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 are claiming.

Please answer the following questions for all types of benefit.

Travel

	1st life	2nd life
4. In the next 12 months do you intend to live, work or travel abroad, or have you done so in the past five years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note: you don't have to tell us about holidays if they total less than 30 days in any 12-month period.	If 'Yes', please fill in the table below:	If 'Yes', please fill in the table below:

1st life

	Country/Countries	Reason for visit (Choose from Lived abroad, Moving abroad, Business/Work, and Holiday/Leisure)	Length of visit (in days)
Future travel/residence (next 12 months)			
Past travel/residence (last five years)			

2nd life

	Country/Countries	Reason for visit (Choose from Lived abroad, Moving abroad, Business/Work, and Holiday/Leisure)	Length of visit (in days)
Future travel/residence (next 12 months)			
Past travel/residence (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 are claiming.

7. Personal questions – *continued*

Leisure

5. Do you intend to take part in any hazardous activity? Don't include one-off events such as a parachute jump for charity.

If 'Yes', please tick all that apply. Questionnaires for each of these pursuits are available on our website, www.aegon.co.uk/adviser. Filling in these will help speed up the underwriting process. If you don't have access to these questionnaires, please provide full details of your activities in the 'Details' section below.

Details:

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

1st life

Yes No

- Aviation (other than as a fare-paying passenger on a licensed airline)
- Motor sports
- Mountaineering (other than hill walking, trekking, abseiling, artificial wall climbing)
- Sports diving
- Other (give details below)

2nd life

Yes No

- Aviation (other than as a fare-paying passenger on a licensed airline)
- Motor sports
- Mountaineering (other than hill walking, trekking, abseiling, artificial wall climbing)
- Sports diving
- Other (give details below)

Other protection policies

1st life

6. 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 and permanent disability (TPD)?

Yes No

If 'Yes', please answer the questions below:

Please give details of protection already in force (please include any existing cover with us):

	Policy benefit(s)*	Amount	Reason for protection	Company
1				
2				
3				
4				
5				

*For example, Life cover/Death or earlier critical illness cover (no TPD)/Death 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 No

If 'Yes', please provide details of which protection is to be cancelled, including the name of the insurance company and the policy number.

7. Personal questions – *continued*

1st life (*continued*)

Please give details of protection being applied for (please include any other applications to us):

	Policy benefit(s)*	Amount	Reason for protection	Company
1				
2				
3				
4				
5				

*For example, Life cover/Death or earlier critical illness cover (no TPD)/Death 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

If 'No', please give full details.

Other protection policies

2nd life

6. 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 and permanent disability (TPD)?

Yes No

If 'Yes', please answer the questions below:

Please give details of protection already in force (please include any existing cover with us):

	Policy benefit(s)*	Amount	Reason for protection	Company
1				
2				
3				
4				
5				

*For example, Life cover/Death or earlier critical illness cover (no TPD)/Death 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 No

If 'Yes', please provide details of which protection is to be cancelled, including the name of the insurance company and the 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 are claiming.

7. Personal questions *(continued)*

2nd life *(continued)*

Please give details of protection being applied for (please include any other applications to us):

	Policy benefit(s)*	Amount	Reason for protection	Company
1				
2				
3				
4				
5				

*For example, Life cover/Death or earlier critical illness cover (no TPD)/Death 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

If 'No', please give full details.

Occupation

Please note: you only need to answer questions 7-9 below if you're applying for either or both of the following benefits – income protection or total and permanent disability benefit.

Please indicate whether your occupation involves the following duties and give details where applicable

	1st life	2nd life						
7. Manual work, for example lifting, carrying, working with machinery or tools. If 'Yes', please give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> % Average daily % of duties <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> % Average daily % of duties <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>			
8. Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Average yearly business mileage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> Average yearly business mileage						
9. Work at heights	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> % Average % of time spent at heights <input type="text"/> m Average height in metres	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> % Average % of time spent at heights <input type="text"/> m Average height in metres						

8. 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.

In line with the Association of British Insurers' policy on genetics and insurance, you don't need to tell us about any genetic test result you've had if this application, taken together with any other insurance policies you already have, totals £500,000 or less for life insurance, £30,000 or less for income protection insurance or £300,000 or less for other types of insurance.

Above these limits, you may need to tell us about certain genetic test results when applying for insurance. We'll only be interested in genetic test results where the government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position.

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

If you wish to tell us about a genetic test result, which shows that you haven't inherited a genetic disorder, then we'll take this into account in setting your premium, provided your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.

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

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

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

If you'd prefer to write to our Chief Medical Officer at our head office to answer this question, please tick the box opposite.

If you've answered 'Yes', please tick all that apply.

1st life

Yes No

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

2nd life

Yes No

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

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

If you'd prefer to write to our Chief Medical Officer at our head office to answer this question, please tick the box opposite.

If 'Yes', please give full details, including the duration of illness, investigations, date of diagnosis and treatment received.

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 are claiming.

8. Health questions – *continued*

	1st life	2nd life
<p>12. Within the last five years have you been exposed to the risk of HIV infection?</p> <p>Please note: HIV infection can be caught through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the European Union.</p> <p>If you'd prefer to write to our Chief Medical Officer at our head office to answer this question, please tick the box opposite.</p> <p>If 'Yes', please give full details, including dates.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>

If you want to write in confidence to the Chief Medical Officer, please send your details on a separate piece of paper direct to our Chief Medical Officer at AEGON, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ, giving your full name and date of birth. Please make sure you sign and date these details.

<p>13. Have you ever taken or injected any drugs that haven't been prescribed by a doctor?</p> <p>If you want, you can fill in and return a drugs questionnaire. These are available on our website, www.aegon.co.uk/adviser</p> <p>If 'Yes', please give full details, including the name of the drug(s) used, whether you currently use the drug(s)/ when you last used the drug(s), how many times a month you use/used the drug(s).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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If you answer 'Yes' to any of the following health questions, please give full details in section 9 (Supplementary medical history).

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

<p>14. Angina, heart attack, stroke, transient ischaemic attack (TIA), brain haemorrhage or brain injury?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Chest pain, palpitations, heart murmur or any disease or abnormality of your heart, pulse, veins or arteries?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>16. Cancer, tumour, Hodgkin's disease, lymphoma or leukaemia?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>17. Diabetes or sugar in the urine?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>18. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Mental illness that has required referral to a hospital, community mental health team or psychiatrist?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. 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, or hearing problems corrected by hearing aids.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

8. Health questions – *continued*

Other than previously stated, in the last five years have you had, been treated for or been advised to have follow-up for any of the following:

	1st life	2nd life
21. Raised blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Raised cholesterol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. A lump, growth or cyst of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Numbness, tingling, tremor, temporary loss of muscle power, or loss of balance or co-ordination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Asthma, bronchitis or any other chest or lung disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Anxiety, depression, stress, fatigue or any form of nervous or mental disorder, including work-related stress?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Anaemia or any blood or thyroid disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Any disorder of the digestive system, liver, stomach, pancreas or bowel, including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Any disorder of the kidney, bladder, prostate or genito-urinary system, including blood or protein in the urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Any arthritis, gout, joint or muscle problems, including the knee(s), shoulder(s), neck, back or spine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. (This question is for both males and females) Any breast disorders, for example lumps, cysts, nipple discharge or inverted nipple, or an abnormal mammogram?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 are claiming.

8. Health questions – *continued*

33. To the best of your knowledge, have any of your parents, brothers or sisters, before the age of 65, died or suffered from any of the diseases/disorders indicated below?

1st life

Yes No

2nd life

Yes No

If 'Yes', please fill in the table below:

1st life

Disease/Disorder	Relationship	Age at diagnosis	Relationship	Age at diagnosis	Relationship	Age at diagnosis
Heart disease						
Stroke						
Diabetes						
Cancer or tumour (Please give site/type)						
Alzheimer's disease						
Parkinson's disease						
Polycystic kidney disease						
Polyposis of the colon						
Motor neurone disease						
Multiple sclerosis						
Huntington's disease						
Muscular dystrophy						
Hypertrophic cardiomyopathy (HOCM)						
Any other hereditary disorder						

2nd life

Disease/Disorder	Relationship	Age at diagnosis	Relationship	Age at diagnosis	Relationship	Age at diagnosis
Heart disease						
Stroke						
Diabetes						
Cancer or tumour (Please give site/type)						
Alzheimer's disease						
Parkinson's disease						
Polycystic kidney disease						
Polyposis of the colon						
Motor neurone disease						
Multiple sclerosis						
Huntington's disease						
Muscular dystrophy						
Hypertrophic cardiomyopathy (HOCM)						
Any other hereditary disorder						

8. Health questions – *continued*

If you answer 'Yes' to any of the following health questions, please give full details in section 9 (Supplementary medical history).

	1st life	2nd life
34. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please note: you only need to answer this question if you're applying for critical illness, total and permanent disability or income protection benefits – you don't have to give details relating to anything you've already told us about.		
36. During the last five years have you been off work or unable to carry out your normal duties due to sickness, accident or injury for more than five days at any one time, other than previously disclosed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 are claiming.

9. Supplementary medical history

These questions should only be answered when a life to be assured has answered 'Yes' to a health question in section 8.

Please be as specific as possible so we don't have delays due to us having to refer back to you.

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

	1st life	2nd life
1. Please give the question number that this information relates to.	<input type="text"/>	<input type="text"/>
2. Please tell us the medical condition, illness or injury. (If appropriate, please give details of the organ or limb involved, for example the left knee.)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3. Has any underlying cause or diagnosis been established? If 'Yes', please give full details.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/>
4. How long ago did the symptoms first occur?	<input type="text"/> years <input type="text"/> months	<input type="text"/> years <input type="text"/> months
5. How long ago were your last symptoms? (If you still have symptoms, please enter zeros.)	<input type="text"/> years <input type="text"/> months	<input type="text"/> years <input type="text"/> months
6. How many episodes or attacks have you had since initial onset?	<input type="text"/>	<input type="text"/>
7. Please describe the symptoms that you've experienced.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
8. What is your current medication and/or treatment and how frequently do you take/receive it?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
9. What medication and/or treatment have you received in the past? When did you last take/receive this?	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
10. Have you had any tests, investigations or referrals regarding this condition? If 'Yes', please give details, including dates, results and outcome.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/> <input type="text"/> <input type="text"/>

9. Supplementary medical history – *continued*

	1st life	2nd life								
<p>11. Have you ever been hospitalised or had an operation due to this condition? If 'Yes', please give details, including dates, results and outcome.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>12. Are you waiting for any investigations, tests, results, follow-up or review? If 'Yes', please give details, including date of appointment, if known.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>13. Has this condition caused you to be absent from work during the last five years? If 'Yes', please tell us how long you were absent and when you were last absent.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>14. Are you currently absent from work due to this condition?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>								
<p>15. Are you now fully recovered with no ongoing problems? If 'No', please give details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				
<p>16. If you'd like to give us any more information about this condition, please give details here.</p>	<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>					<table border="1"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table>				

If you've answered 'Yes' to more than one health question in section 8, please give us the additional details on the Extra notes page. 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.

10. Declaration and consent

Before signing this declaration, please read sections A and B carefully.

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

A. General practitioner's report consent declaration

Important notes for the policyholder(s) and the life/lives to be assured

The policy won't start until we've assessed and accepted the application and the first premium has been paid. If the life to be assured 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 premiums will be as originally illustrated. We may offer revised terms, but occasionally we may not be able to offer any terms.

We may ask you to contact your doctor if we're waiting for reports which we've asked for. If we ask you to attend a medical examination or we ask your doctor for a general practitioner's report, we may need to share the application information with another company we've authorised. They'll make the arrangements for the examination to take place and/or to 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.

Access to medical reports of the life/lives to be assured

In this part 'you' refers to the life/lives to be assured only (whether or not this is the policyholder(s))

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:

- You don't need to give your permission, but if you don't, we may not be able to go ahead with the application. This doesn't prevent an application being made to other companies for insurance.
- You can ask to see the report before your doctor returns it to us. If this is the case, we'll tell your doctor to keep the report for 21 days so that you can arrange to see it. If you haven't made arrangements to see the report within this time, your doctor will send the report to us. Once you've seen the report, your consent is required before it can be passed to us.

- If you choose not to see the report at this stage, you may ask your doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.
- If you indicate on this form that you don't want to see the report before it's sent to us, we can ask your doctor for a report without notifying you. However, you can still write to your doctor and ask to see the report before it's sent to us. You'll then have 21 days within which to make arrangements to see the report.
- If you think that any part of the report isn't correct or is misleading, you may ask your doctor to amend it. If your doctor refuses to make the amendments, you may ask them to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if:
 - they feel that it would cause physical or mental harm to you or others
 - it discloses information given by or about another person (apart from another doctor who has attended you), who doesn't want their identity or the information revealed. In these circumstances, your doctor must notify you and you'll then be able to see only the non-confidential parts of the report. If the whole report is affected, your doctor must not send it to us unless you consent to this
- If you ask for a copy of the report under any circumstances, your doctor can charge you a reasonable fee to cover the costs of supplying it.
- The medical report your doctor fills in asks about the following:
 - Your current health:
 - any care, medication or treatment you're currently receiving
 - the results of referrals or tests you're waiting for
 - any time off work in the last three years
 - Your past health:
 - details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor. In particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases
 - musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
 - suicidal thoughts or attempts at suicide
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco

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 are claiming.

10. Declaration and consent – *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
- any blood pressure readings in the last three years
- any history of disease among your parents or brothers or sisters that you have told your doctor about
- If we ask your doctor for a report, we'll ask them not to reveal information about:
 - negative tests for HIV, hepatitis B or C
 - any sexually transmitted diseases unless there could be long-term effects on your health
 - predictive genetic test results, unless there is a favourable test result which shows that you have not inherited a condition your family suffers from
- The information you and your doctor provide about your health may result in us:
 - refusing to provide insurance
 - increasing premiums above standard rates
 - excluding certain medical conditions
 - setting premiums at standard rates

If you have any questions about your rights under the Act or questions about the process of getting, assessing or storing medical information, please write to Customer Enquiries, AEGON, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ.

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

Life 1 Yes No

Life 2 Yes No

B. Declaration and consent

This declaration applies to both the policyholder(s) and the life/lives to be assured, if different.

In this declaration 'I/me' means the policyholder(s) and/or the life/lives to be assured where appropriate in the context and 'you' means AEGON.

I confirm that:

- I have read and understood both the important notes and the information in this section
- the information and statements I have made within this application, and within any additional documents you have asked for in connection with this application, are true and complete
- 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

I understand that it is my personal responsibility to:

- tell you, in writing, about any change to my health and/or circumstances which happen before this policy starts
- 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
- 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

I agree:

- that if you need to accept my application on terms other than standard terms, you will tell my financial adviser what those terms are
- 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 obtain the general practitioner's report
- 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
- to you gathering, using and disclosing information from the application form if it relates to the policy or services applied for and/or any trust, scheme or other arrangement where the policy is or may be an asset
- to the processing of data (and where appropriate for other people named in this form) as explained in the 'Important notes for the customer' section at the front of this form and in the 'How your information will be used' section of this declaration
- that I will sign any further consent to gather medical reports that you require, in the event that the current consent has expired

I give you permission to:

- 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
- share medical evidence with any other company within the AEGON UK plc group or to get any evidence held by any other company within the group
- share any medical information with another insurer if they ask for such information
- ask for the relevant financial information, if needed, to assess this application

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.

10. Declaration and consent – *continued*

How your information will be used

In this section, 'I/me' means the policyholder(s) and the life/lives to be assured (if different), and 'you' means AEGON.

AEGON (a brand name of Scottish Equitable plc) is the data controller of the personal data that I, or someone on my behalf, give you. You will only hold this information for use in connection with the contract (and related services) which I have applied for. This includes the processes of underwriting, administration, claims management and dealing with complaints. Underwriting will be carried out based on the information I have given you and information you have gathered. An automatic decision-taking system may be used when processing my personal information for underwriting.

The information you hold on me may also include 'sensitive data'. This may include information about my physical or mental health or condition and sexual life. You'll process any such data (including any medical information) in accordance with the Data Protection Act and may use it to assess any claims made under the cover (because of this, you may hold it for my lifetime and beyond). Your confidentiality policy means that all personal data is held securely and access is limited to authorised individuals who need to see it. You apply extra security to sensitive personal data such as medical details.

You may need to get more information from other insurers or medical practitioners who have cared for me to verify details, or to get clarification or expansion of the answers I've given. This may also involve using a claims investigator.

The insurance industry maintains a register of claims made under income protection and critical illness cover for underwriting, claims handling and fraud prevention purposes. You may disclose personal information about individuals for whom claims are made to other insurance companies for these purposes.

You may share my information with:

- your reinsurers
- medical professionals and/or healthcare management companies (who would be used to collect medical information, such as medical examinations)
- other companies if applications are being made to them at the same time. By signing the declaration I am consenting to you sending copies of medical reports to these other companies if they ask for them. However, if they ask you for any highly sensitive information, including HIV or genetic test results, you will ask for my specific permission before you send it

- certain bodies when you legally have to, for example regulatory bodies or authorities such as the Financial Services Authority or HM Revenue & Customs, and when you need to in order to comply with money laundering laws and for other purposes, for example detecting crime
- people acting on my behalf (for example my financial adviser) so that they can fully carry out their role as my agent – you can only share permitted relevant information with them
- third party organisations who process data on your behalf. This could involve processing information outside of the European Economic Area (EEA). However, where such processing takes place, appropriate controls are in place to ensure the protection of my information
- other companies in the AEGON UK plc group, who may let me know about their new products or services. The AEGON UK plc group means AEGON UK plc and its subsidiary companies (including Scottish Equitable plc, which uses the trading names AEGON, AEGON Trustee Solutions and AEGON Actuarial Services)

Please tick the appropriate box if you don't want to get such information.

- | | |
|---|--|
| <input type="checkbox"/> First policyholder | <input type="checkbox"/> Second policyholder |
| <input type="checkbox"/> First life to be assured | <input type="checkbox"/> Second life to be assured |

I consent to you processing and using my personal data as explained above and, where appropriate, the personal data of other people named in this form.

I can find more information in the *Protecting your personal information* leaflet, which I can get from the Data Protection Co-ordinator, AEGON, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ.

Terms of contract

In this section, 'I/We' means the policyholder(s) and the life/lives to be assured (if different), and 'you' means AEGON.

- I/We agree that the contract will be governed by the following documents:
 - This declaration and consent
 - This application record
 - The AEGON policy schedule and the accompanying policy conditions
- I/We consent to the processing of data as explained on this page (and, where appropriate, for other people named in this form).
- By signing this declaration, I/we are allowing you to process my/our application using the information that I/we have given. You may also use this information to process any claim made on this policy.
- I/We have read the declaration, important notes and information relating to my/our rights under the Act.

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 are claiming.

10. Declaration and consent – *continued*

Signature(s) of the life/lives to be assured

1st life

Print name

Date of signature (dd/mm/yyyy)

2nd life

Print name

Date of signature (dd/mm/yyyy)

Signature(s) of Policyholder(s) (if different to the life/lives to be assured)

1st policyholder

Print name

Date of signature (dd/mm/yyyy)

If a company, please give the position/authority of signatory

2nd policyholder

Print name

Date of signature (dd/mm/yyyy)

If a company, please give the position/authority of signatory

If you'd like to know more about our use of personal data then please write to:

Customer Enquiries, AEGON, Ballam Road, Lytham St Annes, Lancashire FY8 4JZ.

11. Agency details

To be filled in by the financial adviser

Your name and company name

Phone number

Email address

Your AEGON agency number (this is your UAN and comprises of 3 letters and 3 numbers)

Your principal FSA reference number

Your appointed rep FSA reference number

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

'Source of funds' concession

Money laundering guidance includes a 'source of funds' concession for 'reduced risk' business such as AEGON protection business. Where the policyholder(s) and the premium payer are the same, the 'source of funds' concession allows us to rely on a cheque or Direct Debit instruction from a UK bank account, in the policyholder(s) individual or joint names, to provide evidence of identity.

Is the 'source of funds' concession being applied for this application?

Yes No

How would you like us to send the acceptance terms for this policy?

- By fax
 By post
 By fax and post

Please enter your fax number here:

Commission details

Please tick one box only:

- 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?

Yes No

If 'Yes', what percentage do you want to give up?

 %

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



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