

Who this form is for

When we refer to 'Standard Life' we mean 'Standard Life Assurance Limited'.

This form is for people who are applying for a Standard Life pension or Pension Contribution Insurance. Please read the notes contained in this form.

Filling in this form

Material facts are facts that in our view would be likely to affect our assessment of the risk and any terms offered by us.

The answers you give to the questions on this form are used to assess the risk of the insurance contract for which you are applying. The questions are to obtain material facts likely to be relevant, for example information about your health. If you are in any doubt about whether or not to disclose any fact, you should nevertheless give the details on the form. You must also tell us of any change of circumstances that would change an answer to the questions if the change happens before your cover starts. **If you fail to do this, we may refuse to pay a claim on your policy and you could lose the payments made in respect of this cover.**

You do not need to tell us about the result of any genetic test you have had. You must, however, tell us if you have symptoms or a family history of genetic disease. We will take account of a negative test if you choose to disclose this to us.

Important Notes

By completing this form you are applying to enter into a contract with Standard Life. This Application, together with the Application form for your Standard Life pension or Pension Contribution Insurance as appropriate, will be the basis of this contract if you accept any offer of cover made.

If you are receiving advice from a financial adviser, remember that the adviser is acting on your behalf not only by giving advice, but also regarding the way in which the form is completed.

A copy of the standard terms and conditions of the contract and the completed Application form will be given on request.

Read the notes at the side of this form carefully.

Please use BLOCK CAPITALS to fill in this form. Do not use correction fluid if you make a mistake. Please initial any changes.

Data Protection Notice – Important, please read

All parties named on this form have a right to know that Standard Life holds personal data about them and what purposes it will be used for. Please give them an opportunity to read this notice.

We will collect personal information about you in order to consider your application and, if your application is successful, to provide our services to you and manage our relationship and Standard Life's business and services.

If your application does not proceed the information will be held on our records for 6 years before it is deleted.

We may disclose the information collected to your professional advisers, to other Standard Life group companies, to our third party service providers and, where we consider it appropriate and lawful to do so, to other organisations. Your information may be held or disclosed in countries outside the European Economic Area which may not have the same standard of data protection laws. Where this occurs, we will take appropriate steps to adequately protect it

Any medical information which is provided in connection with your application will be used for underwriting purposes as described in the form. This information is defined as 'sensitive data' by the Data Protection Act 1998 and we require your consent before we can hold, use or retain it. We regret that if you do not consent, we will be unable to process your application.

Data Protection Notice – Important, please read (continued)

A copy of this application form and any supporting information (including medical reports), may be given to a reinsurance company if we need to share the insurance risk.

We and the other subsidiaries of Standard Life plc would like to contact you from time to time to keep you up to date with special offers, new products and services, newsletters and other promotions. We will never pass your details to companies that are not subsidiaries of Standard Life plc for marketing purposes.

If you do not want to be kept informed, please tick this box.

If you would like to request a copy of the personal data we hold about you, please write to the Data Protection Co-ordinator at our Head Office. We may charge a fee for providing the information.

Part 1 Your personal details

Please note that we cannot process your application without a valid National Insurance Number.

You can find your National Insurance Number on your payslip.

National Insurance Number (if available)		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _						
Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)				Surname				
First names (in full)								
Male <input type="checkbox"/>		Female <input type="checkbox"/>						
Date of birth		D/M/Y		_ _		_ _		_ _
Marital Status		Single <input type="checkbox"/>		Married/Civil partnership <input type="checkbox"/>		Separated <input type="checkbox"/>		Divorced <input type="checkbox"/>
								Widowed <input type="checkbox"/>
Address								
							Postcode	
Telephone number - home (inc STD code)				Telephone number - business (inc STD code)				
Please tick if you are already a Standard Life customer								<input type="checkbox"/>
Standard Life Pension Number				<input type="text"/>				

Please write your number here if you have an existing pension with us.

Part 2 Doctor's details

Current doctor's details

Name of usual doctor

Address

Postcode

Telephone Number inc. STD code (if known)

Reports from doctors are requested only when required for underwriting.

Previous doctor's details

Name of previous doctor

Address

Postcode

Telephone Number inc. STD code (if known)

If you have changed your doctor in the last six months, please give your previous doctor's details here.

If your application is delayed because you need a medical examination, please specify in the box(es) below the town/area you would prefer to see a doctor in. Please note that you cannot attend a medical examination at the surgery where you are registered.

First choice

Second choice

Medical examinations are normally carried out by an independent examiner.

Part 3 IMPORTANT NOTES: Health details

If you are in any doubt about how to answer any question you should give us as much information as you possibly can, even if you think it might be irrelevant. The Company's underwriters will then assess whether the information you give is relevant. If any questions are completed on your behalf you must read the answers given and check that they record correctly what you have said.

If there is a change to your circumstances covered by the questions between completing the form and the start of your policy, you must advise us of this change. For example, if you have an illness you must advise us.

Handling of medical information

If you wish, you can complete any of the health questions in private. Please write details on a separate piece of paper, including your name and address, date of birth, your signature and the date of signing. It can then be forwarded in a sealed envelope marked 'Private and Confidential, for the attention of the Chief Underwriter', and attached to this application. It will only be opened and read by staff of the Company carrying out underwriting duties for us. Please note, however, if you are receiving advice from a financial adviser, some information on your medical history may be needed by the adviser to give you advice.

All staff of the Company are subject to a Code of Practice which requires that all information obtained be treated as confidential. There is a specific code of practice concerning confidentiality of medical information. A copy of this is available on request from Marketing Underwriters, Dundas House, 20 Brandon Street, Edinburgh EH3 5PP. Access to any medical reports we obtain is restricted to authorised staff.

Medical information about you will not be given to any third party without your consent except to a reassurance company, as previously mentioned, or to your GP. We may disclose the results of your medical examination to your GP if, in our opinion, they reveal a condition which your GP may not be aware of. We will notify you if we have done so, and also suggest that you contact them. If you do not wish this to be done, please advise us.

Part 4 Health questions

Warning: The answers you give to these questions are material. If you fail to give true and complete answers we will not pay out any claim and your whole Plan will be cancelled. In some cases we may check these answers by obtaining a report from your doctor.

Tobacco

1. Have you smoked any cigars or cigarettes in the last 12 months? Yes No
2. Average daily amount (or previous average if you have stopped smoking in the last 12 months)
3. Have you smoked a pipe in the last 12 months? Yes No
4. Average daily amount (or previous average if you have stopped smoking in the last 12 months) g*/oz*
(delete as appropriate)
5. Have you used nicotine products in the last 12 months? (eg. patches, chewing gum, etc) Yes No

Applicants who answer 'No' to any of the questions 1, 3 or 5 in the section above may be asked to take a test to confirm their answers. Warning: The answers you give to these questions are material. If you fail to give true and complete answers we will not pay out any claim and your whole Plan will be cancelled.

Alcohol

1. What is your average weekly consumption of alcohol in units?
(1 unit = 1 measure of spirits or 1/2 pint of beer or 1 glass of wine)
Please state '0' if you do not drink alcohol. units
2. Have you ever been given medical advice to cease or reduce your alcohol consumption? Yes No
If 'Yes' why was this advice given? Due to:
Pregnancy
General health check recommendation
Alcohol misuse or excess
Other medical conditions/treatment
Combination of the above
Unsure
When was this advice given? D/M/Y

Height and weight

1. What is your height without shoes? ft/m* ins/cm*
 2. What is your weight in indoor clothes? st/kg* lbs/g*
- *delete as appropriate

Recreational drugs

- Have you ever used recreational drugs (eg, cocaine or heroin) or taken drugs other than for medical purposes? Yes No

Part 4 Health questions (continued)

Occupation

1. What is your occupation?

2. In which industry do you work? (e.g. healthcare, financial services, construction, leisure and tourism etc)

3. Does your occupation involve working in the fishing industry, oil or gas production industry, under water, under ground, with explosives, the Armed Forces, as a sports professional, over 50ft (15.2 metres) in height or working outside the United Kingdom?

Yes No

If 'Yes', which?

4. Do your duties involve:

a. manual work?

Yes No

If 'Yes', please advise the nature of the manual work undertaken

b. working at heights?

maximum height (feet)

average height (feet)

c. operating machinery or power tools?

Yes No

d. driving? (excluding commuting)

Yes No

yearly mileage

0 - 9,999 miles

10,000 - 19,999 miles

20,000 - 29,999 miles

30,000 miles or more

what do you drive? (e.g. car, fork lift truck, motorcycle etc).

e. purely clerical or administration work within an office environment?

Yes No

Additional Occupation

Do you have any additional occupations? (For example, acting as a Reservist or member of the Territorial Army or duties involving the fire, police and rescue services.) Please provide details (see previous 'Occupation' questions):

Yes No

Part 4 Health questions (continued)

Recreation

1. Do you now, or do you intend to take part in:
- a. Any form of flying activity (other than as a fare-paying passenger)? Yes No
- b. Any other hazardous activities or sports (eg motor sport, mountaineering, diving)? Yes No

2. Recreation name(s)

Recreation 1

Recreation 2

2. At what level do you participate?

Amateur

Professional

Instructor

Amateur

Professional

Instructor

4. Are you a member of a recognised club?

Yes

No

Yes

No

5. What is the name of the club? (e.g National Caving Association NCA)

6. Where do you participate?

UK

Worldwide

Europe

UK

Worldwide

Europe

7. Number of times you participate in a year (approx)

8. Do you take part in competitions or record attempts?

Yes

No

Yes

No

Additional recreation

8. Do you have any additional (hazardous) recreations?

Yes

No

Please provide details (see previous 'Recreation' questions):

Part 4 Health questions (continued)

Warning: The answers you give to these questions are material. If you fail to give true and complete answers we will not pay out any claim and your whole Plan will be cancelled.

1. Do you have any future intention or prospect of living or working outside the UK? OR Have you lived or worked for more than 4 weeks outside Europe, North America, Australia or New Zealand in the last 5 years? Yes No
If you answer 'Yes' to either of the above questions please complete the following additional section.

Name of countries: _____
Dates and duration: _____

Do you intend to live or work outside the UK for more than 3 months in any year? Yes No

Reason: _____

2. Have you ever tested positive for HIV, Hepatitis B or C; or are you awaiting the results of such a test? Yes No

Please specify:

Tested positive for: HIV Hepatitis B Hepatitis C

Awaiting result for: HIV Hepatitis B Hepatitis C

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 life assurance.

3. Within the last 5 years have you been exposed to the risk of HIV infection? (HIV can, for example, be caught through unsafe sex or intravenous drug abuse) Yes No

4. Within the last 5 years have you either tested positive, or been treated for any disease, which was sexually transmitted? Yes No

5. Have you ever injected non-prescription drugs? Yes No

6. Have you ever received a blood transfusion, or had an operation or surgery, in any country outside Europe, North America, Australia or New Zealand? Yes No

If you answer 'Yes' to any of the following questions (numbered 7-27) then please complete the 'Additional medical questions' starting on page 9. If you need additional pages, please photocopy page 9. This should be completed, signed and dated before returning.

Please note, if you fail to give honest or complete answers then this WILL result in your Plan being cancelled or a claim being refused. Please give as much information as you can as this will reduce delays in dealing with your application.

Have you ever had or been diagnosed with any of the following:

7. High blood pressure, angina, heart attack, stroke, or other disease of heart, arteries or circulation? Yes No

8. Cancer, leukaemia, Hodgkin's disease, lymphoma or any other tumour? Yes No

9. Any form of diabetes? Yes No

10. Colitis, Crohn's Disease or Hepatitis B or C? Yes No

11. Paralysis, multiple sclerosis, epilepsy, dementia or other disorder of the central nervous system? Yes No

12. Any mental illness that has required hospital or psychiatric treatment? Yes No

Part 4 Health questions (continued)

In the past 5 years have you had:

13. Arthritis, neck or back pain, gout or other muscle, joint or bone disorder? Yes No
14. Chest pain, irregular heart beat or raised cholesterol? Yes No
15. Asthma, bronchitis, shortness of breath or other chest complaint? Yes No
16. Duodenal or gastric ulcer or any other disorder of the digestive system, liver or pancreas? Yes No
17. Blood disorder or anaemia? Yes No
18. Thyroid disorder? Yes No
19. Kidney or bladder disorder? Yes No
20. Numbness, loss of feeling or tingling of the limbs or face or temporary loss of muscle power? Yes No
21. Any medical attention for anxiety, stress or depression? Yes No
22. Disorder of the ear or eye (including blurred or double vision)? Please ignore sight problems corrected by a lens. Yes No
23. A lump or growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size? Yes No
24. In the past 5 years have you attended, or been asked to attend, any hospital or clinic for any investigation, x-ray, scan, check up, or operation for any medical condition not already disclosed? Yes No

Are you presently:

25. Experiencing any symptom, condition (including pregnancy) or disability not mentioned before? Yes No
26. Waiting to have any consultation, investigation, test or follow up for any condition not previously disclosed? Yes No
27. Taking any medication or any other form of medical treatment for any condition not previously disclosed? Yes No

If you answer 'Yes' to any of the previous (questions 7-27) then please complete the 'Additional medical questions' starting on page 9. If you need additional pages, please photocopy page 9. This should be completed, signed and dated before returning.

28. Have any of your natural parents, brothers or sisters been diagnosed with or died from any of the following before age 60: Heart disease, diabetes, cancer, Huntington's Disease, polycystic kidney disease, multiple sclerosis, polyposis of colon or any form of hereditary disorder? Yes No

If 'Yes', please provide details in the box below.

Condition and medical diagnosis (eg breast cancer)	Relation (eg, father, mother, etc.)	Age it first occurred	Current age/ age at death

Additional medical questions 1

Warning: The answers you give to these questions are material. If you fail to give true and complete answers we will not pay out any claim and your whole Plan will be cancelled.

Which question are you giving more details for (for example, 23)? _____

Name or type of illness or medical condition:

If you have had or are having treatment (eg. an operation) then please tell us why and whether any cause was established. If appropriate give details of the organ or limb involved eg. bowel abscess.

Symptoms

Do you have any symptoms at present? Yes No

How many episodes or attacks have you experienced since initial onset?

Approx. number of episodes/attacks _____

Have symptoms been continuous? Yes No

When did the symptoms of this condition first occur?

Approx. Month _____ Year _____

Have symptoms stopped? Yes No

If 'Yes', when did you last have symptoms?

Approx. Month _____ Year _____

Please describe the nature of any symptoms you have experienced: _____

Treatment (includes further appointments, medication, dietary advice)

Are you still receiving treatment? Yes No

If 'Yes', type of treatment received _____

If 'No', when did it stop? Approx. Month _____ Year _____

If 'No', type of treatment received (Operation or medication) _____

Have you ever been admitted to hospital with this condition? Yes No

How long in hospital? _____ When? _____

Conditions

Have there been any complications with your condition? Yes No

Is this condition associated with any other medical condition(s) you have? Yes No

If 'Yes', please give details: _____

Time off work/daily activities

Have you ever lost time from work? Yes No

If 'Yes', how many times have you been off work? _____

Total time off work _____ (approx)

When were you last off work? _____

Are you now able to follow your normal daily activities without restriction? Yes No

Tests & Investigations

Have you undergone any tests or investigations? Yes No

Tests carried out: (x-ray, scan) _____

Reasons: _____

Results (if known): _____

Are you awaiting any investigations/tests or results or is any follow up/review planned? Yes No

Present health

Have you made a full recovery? Yes No

Additional medical questions 2

Warning: The answers you give to these questions are material. If you fail to give true and complete answers we will not pay out any claim and your whole Plan will be cancelled.

Which question are you giving more details for (for example, 23)? _____

Name or type of illness or medical condition:

If you have had or are having treatment (eg. an operation) then please tell us why and whether any cause was established. If appropriate give details of the organ or limb involved eg. bowel abscess.

Symptoms

Do you have any symptoms at present? Yes No

How many episodes or attacks have you experienced since initial onset?

Approx. number of episodes/attacks _____

Have symptoms been continuous? Yes No

When did the symptoms of this condition first occur?

Approx. Month _____ Year _____

Have symptoms stopped? Yes No

If 'Yes', when did you last have symptoms?

Approx. Month _____ Year _____

Please describe the nature of any symptoms you have experienced: _____

Treatment (includes further appointments, medication, dietary advice)

Are you still receiving treatment? Yes No

If 'Yes', type of treatment received _____

If 'No', when did it stop? Approx. Month _____ Year _____

If 'No', type of treatment received (Operation or medication) _____

Have you ever been admitted to hospital with this condition? Yes No

How long in hospital? _____ When? _____

Conditions

Have there been any complications with your condition? Yes No

Is this condition associated with any other medical condition(s) you have? Yes No

If 'Yes', please give details: _____

Time off work/daily activities

Have you ever lost time from work? Yes No

If 'Yes', how many times have you been off work? _____

Total time off work _____ (approx)

When were you last off work? _____

Are you now able to follow your normal daily activities without restriction? Yes No

Tests & Investigations

Have you undergone any tests or investigations? Yes No

Tests carried out: (x-ray, scan) _____

Reasons: _____

Results (if known): _____

Are you awaiting any investigations/tests or results or is any follow up/review planned? Yes No

Present health

Have you made a full recovery? Yes No

Additional medical questions 3

Warning: The answers you give to these questions are material. If you fail to give true and complete answers we will not pay out any claim and your whole Plan will be cancelled.

Which question are you giving more details for (for example, 23)? _____

Name or type of illness or medical condition:

If you have had or are having treatment (eg. an operation) then please tell us why and whether any cause was established. If appropriate give details of the organ or limb involved eg. bowel abscess.

Symptoms

Do you have any symptoms at present? Yes No

How many episodes or attacks have you experienced since initial onset?

Approx. number of episodes/attacks _____

Have symptoms been continuous? Yes No

When did the symptoms of this condition first occur?

Approx. Month _____ Year _____

Have symptoms stopped? Yes No

If 'Yes', when did you last have symptoms?

Approx. Month _____ Year _____

Please describe the nature of any symptoms you have experienced: _____

Treatment (includes further appointments, medication, dietary advice)

Are you still receiving treatment? Yes No

If 'Yes', type of treatment received _____

If 'No', when did it stop? Approx. Month _____ Year _____

If 'No', type of treatment received (Operation or medication) _____

Have you ever been admitted to hospital with this condition? Yes No

How long in hospital? _____ When? _____

Conditions

Have there been any complications with your condition? Yes No

Is this condition associated with any other medical condition(s) you have? Yes No

If 'Yes', please give details: _____

Time off work/daily activities

Have you ever lost time from work? Yes No

If 'Yes', how many times have you been off work? _____

Total time off work _____ (approx)

When were you last off work? _____

Are you now able to follow your normal daily activities without restriction? Yes No

Tests & Investigations

Have you undergone any tests or investigations? Yes No

Tests carried out: (x-ray, scan) _____

Reasons: _____

Results (if known): _____

Are you awaiting any investigations/tests or results or is any follow up/review planned? Yes No

Present health

Have you made a full recovery? Yes No

Additional medical questions 4

Warning: The answers you give to these questions are material. If you fail to give true and complete answers we will not pay out any claim and your whole Plan will be cancelled.

Which question are you giving more details for (for example, 23)? _____

Name or type of illness or medical condition:

If you have had or are having treatment (eg. an operation) then please tell us why and whether any cause was established. If appropriate give details of the organ or limb involved eg. bowel abscess.

Symptoms

Do you have any symptoms at present? Yes No

How many episodes or attacks have you experienced since initial onset?

Approx. number of episodes/attacks _____

Have symptoms been continuous? Yes No

When did the symptoms of this condition first occur?

Approx. Month _____ Year _____

Have symptoms stopped? Yes No

If 'Yes', when did you last have symptoms?

Approx. Month _____ Year _____

Please describe the nature of any symptoms you have experienced: _____

Treatment (includes further appointments, medication, dietary advice)

Are you still receiving treatment? Yes No

If 'Yes', type of treatment received _____

If 'No', when did it stop? Approx. Month _____ Year _____

If 'No', type of treatment received (Operation or medication) _____

Have you ever been admitted to hospital with this condition? Yes No

How long in hospital? _____ When? _____

Conditions

Have there been any complications with your condition? Yes No

Is this condition associated with any other medical condition(s) you have? Yes No

If 'Yes', please give details: _____

Time off work/daily activities

Have you ever lost time from work? Yes No

If 'Yes', how many times have you been off work? _____

Total time off work _____ (approx)

When were you last off work? _____

Are you now able to follow your normal daily activities without restriction? Yes No

Tests & Investigations

Have you undergone any tests or investigations? Yes No

Tests carried out: (x-ray, scan) _____

Reasons: _____

Results (if known): _____

Are you awaiting any investigations/tests or results or is any follow up/review planned? Yes No

Present health

Have you made a full recovery? Yes No

Part 5 Access to medical reports

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the act are as follows.

You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the 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 think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health.
- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are 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; or
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you 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 payments above standard rates; or
- setting payments at standard rates.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to:

Standard Life Assurance Limited
Standard Life House
30 Lothian Road
Edinburgh
EH1 2DH
United Kingdom

I do not* want to see the report before it is sent to Standard Life. (*Only delete the word 'not' if you wish to see the report.)

Part 6 Declaration and consent

I declare to the best of my knowledge and belief that the answers I have given (whether in my handwriting or not) are true and complete.

I confirm that I have read and understand the Data Protection Notice on pages 1 and 2. I agree that my personal information (including sensitive data) may be used for the purposes described (subject to me exercising my right not to be contacted with details of other products and services).

I confirm I have read and understood the 'Important notes' and the section headed 'Filling in this form' in this form.

I understand that if I have failed to give correct answers to all questions then standard life will not pay out any claim and will cancel the whole Plan.

The information I give in this application form will be used by Standard Life to assess the terms of any cover it is prepared to offer. If Standard Life does not offer a Plan this will be detailed in the Terms of Offer letter. This will **summarise** the terms upon which Standard Life is prepared to offer cover.

I understand that if:

- there are any changes in my health or other circumstances occurring between completing this application form and accepting any offer of cover provided by Standard Life (as contained in a Terms of Offer letter), and
- the change would mean that a different answer would be given to any material question, and
- prior to either me or my financial adviser accepting the offer I do not inform Standard Life of the change then Standard Life will not pay out any claim and will cancel the whole Plan.

I understand that where there are two lives assured, if either of the lives assured fails to comply with these conditions Standard Life will not pay out any claim and will cancel the whole Plan.

I understand that I must tell Standard Life of any change in my circumstances that would affect the answers provided within this application if the change happens before the cover starts.

I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for, I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the Plan, or after my death, so support any claim made on the Plan proceeds.

I have read the declaration and consent, important notes and information relating to my rights under the Access to Medical Reports Act.

I agree that a copy of this application can be treated as the original for all purposes.

Signature

Date

