

Capital Investment Bond

APPLICATION FORM



Scottish Life
a division of Royal London

5. Regular Withdrawals *If you wish to take regular cash withdrawals please complete the following :-*

(i) The amount to be withdrawn each year from the total investment

% of original investment % of value of fund

or £ fixed withdrawals *(please enter annual amount)*

(ii) Frequency of payments (TICK AS APPROPRIATE)

(MINIMUM PERIODIC PAYMENT IS £50)

YEARLY
 HALF-YEARLY
 QUARTERLY

MONTHLY
 TERMLY

(iii) Date of 1st withdrawal

(N.B. Payment will normally be made within 5 days of each withdrawal date)

DAY MONTH YEAR

(iv) If payments are to be made to a bank, please complete

Bank Name
 Address

Sort Code *(if known)* - -

Account Name

Account Number

(v) If payment are to be made by cheque, please complete

Cheque payable to

Address

6. Supplementary Information *If there is insufficient space for any answer please use a separate sheet of paper*

*Please do not complete the following section if additional death benefits are **not** required.*

	FIRST OR ONLY LIFE TO BE ASSURED	SECOND LIFE TO BE ASSURED
1. State all your occupations.		
2. Has a proposal on your life to any office ever been declined, deferred or accepted on special terms?	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>
3. Have you submitted within the last twelve months or are you about to submit any proposals to other offices?	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>
4. Do you engage in any activity (e.g. hang-gliding) of an especially hazardous nature?	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>
5. Within the last twelve months have you attended or been advised to attend any specialist, hospital or clinic for any consultation, treatment, investigations or tests other than in connection with a fracture or pregnancy, or are you currently receiving any medical treatment or attention?	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>
6. Have you any intention or prospect of going out of Europe?	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>
7. Have you any physical defect or infirmity?	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>
8. Have you tested positive for HIV/AIDS or Hepatitis B or C, or have you been tested/treated for any other sexually transmitted diseases or are you awaiting the result of such a test? <i>(If YES, please provide details - for confidentiality these may be sent direct to the Chief Medical Officer, Underwriting Department, Scottish Life, Royal London House, Alderley Road, Wilmslow SK9 1PF).</i>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>	YES <input type="checkbox"/> NO <input type="checkbox"/> <small>(IF YES GIVE DETAILS)</small>

Please sign here to confirm the above answers are correct

Signature (FIRST LIFE)

Date DAY MONTH YEAR

Signature (SECOND LIFE)

7. Life of Another TO BE COMPLETED BY PROPOSER IF OTHER THAN LIFE ASSURED

1st PROPOSER

Title Mr/Mrs/Miss/Ms/Other							
Forenames							
Surname							
Current Address							
	Postcode						
Relationship to Life/Lives Assured (or nature of insurable interest)							
Signature	Date <table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR					

2nd PROPOSER

Title Mr/Mrs/Miss/Ms/Other							
Forenames							
Surname							
Current Address							
	Postcode						
Relationship to Life/Lives Assured (or nature of insurable interest)							
Signature	Date <table border="1"> <tr> <td>DAY</td> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	DAY	MONTH	YEAR			
DAY	MONTH	YEAR					

8. Declaration

- I declare that the answers to the questions on this proposal form are true to the best of my knowledge and belief.
- I have read over any answers relating to me but not filled in by me in my own writing and confirm that they are correct.
- I consent to Royal London seeking medical information from any doctor who has at any time attended me concerning anything which affects my physical or mental health or seeking information from an insurance office to which an application has been made for insurance on my life and I authorise the giving of such information.
- I have had written notice of my statutory rights under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (as appropriate) and I do not* wish to see the report before it is sent to you.
* Only delete the word "not" if you wish to see the report before it is sent to us. However, this is likely to delay the processing of your application.

Signature (FIRST LIFE)

Date

DAY	MONTH	YEAR

Signature (SECOND LIFE)

Other Information *To be completed by the financial adviser*

FSA Reference Number.

Financial Adviser's Internal Ref.

Financial Adviser's Internal Sub Ref.

Notice of Your Statutory Rights for 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 premiums above standard rates; or
- setting premiums 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:

The Chief Medical Officer
The Royal London Mutual Insurance Company Limited
Royal London House
Alderley Road
Wilmslow
Cheshire

A COPY OF THE POLICY CONDITIONS AND THIS PROPOSAL FORM IS AVAILABLE ON REQUEST.

NOTE: Joint Life Policies will be written on a Joint Tenancy basis unless we receive instructions to the contrary.

DATA PROTECTION ACT

By signing this form in the space indicated in Section 8, you agree that the information you give is used for the following purposes:

- Administering your Policy
- Crime prevention and the prosecution of offenders
- Market research and gathering statistics

Any personal information supplied by you may be passed to other companies within the Royal London Group. In addition, in order for Scottish Life to carry out our business effectively, that information may also be passed to:

- Our regulator
- Auditors
- Legal and financial advisers
- Other financial institutions
- Authorised agents and third party service providers.

However, your personal information will not be passed to other companies outwith the Group unless we have permission to do so, are under a legal obligation or duty to do so or it is required to provide the services requested.

Personal information provided to us may be transferred overseas where it is required for us to administer your Plan. Should such transfer be required Scottish Life will ensure that adequate security measures are employed in order to safeguard your privacy.

Information you give may be used to provide you with details of other products or services we offer. If you would prefer not to be sent such details in the future, please tick this box.

We may carry out an identity authentication check to verify your identity. This involves checking the details you supply against those held on any databases that may be accessed by the reputable third party company which carries out our checks. This includes information from the Electoral Register and fraud prevention agencies. We will use scoring methods to verify your identity. A record of this search will be kept and may be used to help other companies to help verify your identity. We may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

SECURITY OF SENSITIVE PERSONAL INFORMATION

Any information relating to your health or your lifestyle that is given to us will be held securely and treated in confidence. We have documented working practices which set out the way we treat and hold this information. Only those people who need to administer your policy will be authorised to access such information. This information may, in certain circumstances, be passed to other companies for the purposes of underwriting or claims processing. Those people will have been made aware of their responsibilities within our working practices.

In cases where, on health grounds, individuals are declined life assurance or only offered life assurance with an increased premium, this information will, in many cases, be shared via a central register with other insurance companies as a safeguard against nondisclosure or fraudulent claims.

GENETIC TESTING

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have, totals £500,000 or less.

Above £500,000, you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee 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.

FURTHER INFORMATION

- A copy of our working practices relating to how we treat and hold sensitive personal information is available on request from Scottish Life, 19 St Andrew Square, Edinburgh EH2 1YE.
- These working practices comply with the Association of British Insurers (ABI) Guidelines for the Security of Underwriting Information and the Genetic Testing Code of Practice, copies of which are available from the ABI at 51 Gresham Street, London EC2V 7HQ.

All literature about products that carry the Scottish Life brand is available in large print format on request to the Marketing Department at Scottish Life, 19 St Andrew Square, Edinburgh EH2 1YE.



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