

Financial adviser's details

This section should be completed by your financial adviser. Failure to complete the following will delay the processing of this application.

Was advice given? Advice No advice (eg Execution only)

Basis of sale Whole of market Other

If 'other' please specify

Financial adviser's name

Financial adviser's address

Postcode

FSA or authorisation number Agency code

Name of Standard Life contact Branch

Commission basis

Level commission Initial (indemnified) + renewal commission

Initial (non indemnified) + renewal commission Spread initial + renewal commission

The following is for financial advisers to use (if they wish):

Commission details

Who this form is for

This form is for anyone who wishes to apply for the following types of plan (please tick all the types you want):

• Level Protection Plan • Inheritance Tax Protection Plan

• Mortgage Protection Plan • Critical Illness – Level Benefit

• Renewable Protection Plan • Critical Illness – Decreasing Benefit

• Family Income Protection Plan • Critical Illness – Income Benefit

(See your Personal Quotation.)

Do not complete this form if your application is for business assurance (eg, Key Person, Shareholder/Partnership or business loan cover). Ask your financial adviser for a business assurance quotation and this will include the correct application form and supporting literature.

Important notes:
By completing this form you are applying to enter into a contract(s) with Standard Life Assurance Limited ('Standard Life'). This application will be the basis of the contract(s) if you accept any offer of cover made.
If you are receiving advice about this application, remember that your financial adviser is acting on your behalf not only by giving advice, but also regarding the way in which this form is completed.

Filling in this form

The answers you give to the questions on this form are used to assess the risk of the insurance contract(s) for which you are applying. The questions are designed 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 this 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 (continued over).**

Filling in this form – continued

A copy of the standard terms and conditions of the Plan(s) and the completed application form(s) will be sent to you on request. Please read all the notes on this form carefully. This application is for a UK Plan and is only for use by UK residents (living in the UK for at least six months each year, with the exception of British Armed Forces and Crown employees serving abroad).

Failure to disclose material facts will mean that we will not pay out any claim and your whole Plan will be cancelled. A material fact is something we take into account when we are deciding on the terms of any cover offered, for example when we calculate the payment we will charge.

Standard Life will not pay out a claim and will cancel the whole Plan where there are two lives assured and one life assured did not give correct answers to material questions and/or notify us of a change in his/her health or circumstances.

Prior to accepting any offer of cover from Standard Life you must check the answers you gave on this application form. If there are any changes in your health or circumstances that would mean a different answer being given to any material question you must tell us this before you or your financial adviser accept the offer. If you do not do this then Standard Life will not pay out a claim and will cancel the whole Plan. It is of the utmost importance therefore that you keep a copy of this application form and prior to accepting any offer you check all of the answers you gave.

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

Personal details

Life A (BLOCK LETTERS)

Sex Male Female

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone - home (inc. STD code) Telephone - work (inc. STD code)

Status

Single Married/Living with someone of the opposite sex Civil Partnership

Separated Divorced/Dissolved Civil Partnership Widowed/Surviving Civil Partner

Please tick if you are already a Standard Life customer.

Life B (BLOCK LETTERS)

Sex Male Female

Title (Mr/Mrs/Miss/Ms/Other eg Dr/Rev)

Surname

First names (in full)

Current address

Postcode

Date of birth D/M/Y

Telephone - home (inc. STD code) Telephone - work (inc. STD code)

Status

Single Married/Living with someone of the opposite sex Civil Partnership

Separated Divorced/Dissolved Civil Partnership Widowed/Surviving Civil Partner

Please tick if you are already a Standard Life customer.

What is the relationship of Life A to Life B?

Note: Insurable interest must exist when taking out the plan. You will only have an insurable interest in Life A or Life B if you would suffer a direct and quantifiable financial loss on their death.

Married/ Civil Partner	<input type="checkbox"/>	Unmarried couple with dependant child	<input type="checkbox"/>	Couple with joint financial commitments	<input type="checkbox"/>
Co-habiting couple who share bills	<input type="checkbox"/>	Co-habiting couple with a joint bank account	<input type="checkbox"/>	Co-habiting couple with a joint mortgage	<input type="checkbox"/>
Engaged couple	<input type="checkbox"/>	A court order exists to pay maintenance	<input type="checkbox"/>	Parties who have taken out a joint loan	<input type="checkbox"/>

Important notes: money laundering

To be read by all parties named on this form.

To comply with Money Laundering Regulations 2003, we may verify your identity, by carrying out an on-line check with a reference agency. Where an on-line check is carried out, the agency will verify your identity against public records and it will also check whether you have a credit history (but it will not disclose any information about your actual borrowings). The agency will add a note to show that an identity check was made to your credit file, but this information will not be available to any third parties. We regret that we cannot offer an alternative unless the on-line check does not confirm your identity, in which case we will carry out a manual check.

Where to go next

- **Level Protection** Page 4
- **Mortgage Protection** Page 5
- **Renewable Protection** Page 6
- **Family Income Protection** Page 7
- **Inheritance Tax Protection** Page 8
- **Critical Illness – Level** Page 9
- **Critical Illness – Decreasing** Page 10
- **Critical Illness – Income** Page 10

Level Protection Plan

Complete this section if you want to apply for a **Level Protection Plan**, providing:

- **life cover, or**
- **life cover and critical illness benefit combined, or**
- **life cover and total permanent disability benefit combined.**

You can apply for cover for one person by ticking either 'Life A' or 'Life B' box below, or cover two people with one plan by ticking the 'Both Lives' box. If you want two separate single-life plans, please complete separate forms.

1. This plan is for:

Life A **Life B** **Both Lives**

2. Do you want the plan to be written under Trust? Yes No

3. Start date: D/M/Y | | | |

4. Term (years): _____

5. Sum assured:

Cash sum £ _____ Annual income required £ _____

Income term 3 years 5 years 10 years

6. Your payments to us £ _____ paid Monthly OR Yearly OR Single^A

Only available on plans with terms of 5 years or less.

7a. Additional benefits

Critical Illness Benefit OR Total Permanent Disability Benefit OR None*

7b. Who will the additional benefits apply to?

Life A **Life B** **Both Lives**

8. Waiver of Premium

Life A Yes No **Life B** Yes No

9. Accidental Death Benefit

Life A Yes No **Life B** Yes No

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

You can either give a figure for the cover required, or tick the box next to the type of benefit you want.

^AFor all plans with terms of less than 5 years, payments must be made as a single payment by cheque.

*If 'None', then go straight to question 8.

Accidental Death Benefit increases your death benefit (how much life cover you have) if you die as a result of an accident.

Level Protection Plan (continued)

†The Mortgage Future Insurability & Term Extension Option can only be included if your plan is being used to cover a mortgage loan. You cannot select this option at the same time as either the Increase Option or the Extension Option.

Options

Tick the appropriate box(es) to show which options (if any) you want to include in your Level Protection Plan.

NB: If you select an option which is not included in your Personal Quotation, this will change the cost of your plan. This means that you will need a new Personal Quotation to be sent to you. Your application will be delayed accordingly.

- | | | | |
|---------------------|--------------------------|--|--------------------------|
| 1. Lifestyle Option | <input type="checkbox"/> | 3. Extension Option | <input type="checkbox"/> |
| 2. Increase Option | <input type="checkbox"/> | 4. Mortgage Future Insurability & Term Extension Option† | <input type="checkbox"/> |

Please refer to your Key Features Document for more information on these options.

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

Mortgage Protection Plan

Complete this section if you want to apply for a Mortgage Protection Plan, providing:

- life cover, or
- life cover and critical illness benefit combined, or
- life cover and total permanent disability benefit combined.

You can apply for cover for one person by ticking either 'Life A' or 'Life B' box below, or cover two people with one plan by ticking the 'Both Lives' box. If you want two separate single-life plans, please complete separate forms.

1. This plan is for:

Life A Life B Both Lives

2. Do you want the plan to be written under Trust? Yes No

3. Start date:

D	/	M	/	Y

4. Term (years): _____

5. Sum assured:

Cash sum £ _____

6. Your payments to us £ _____ paid Monthly OR Yearly OR Single^A
Only available on plans with terms of 5 years or less.

7a. Additional benefits

Critical Illness Benefit OR Total Permanent Disability Benefit OR None*

7b. Who will the additional benefits apply to?

Life A Life B Both Lives

8. Waiver of Premium

Life A Yes No Life B Yes No

9. Accidental Death Benefit

Life A Yes No Life B Yes No

10. Mortgage Future Insurability & Term Extension Option Yes No

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

You can either give a figure for the sum assured required, or tick the box next to it.

^AFor all plans with terms of less than 5 years, payments must be made as a single payment by cheque.

*If 'None', then go straight to question 8.

Accidental Death Benefit increases your death benefit (how much life cover you have) if you die as a result of an accident.

The Mortgage Future Insurability & Term Extension Option can only be included if your plan is being used to cover a mortgage loan.

Please refer to your Key Features Document for more information on the options.

Renewable Protection Plan

Complete this section if you want to apply for a **Renewable Protection Plan**, providing:

- **life cover**, or
- **life cover and critical illness benefit combined**, or
- **life cover and total permanent disability benefit combined**.

You can apply for cover for one person by ticking either 'Life A' or 'Life B' box below, or cover two people with one plan by ticking the 'Both Lives' box. If you want two separate single-life plans, please complete separate forms.

1. This plan is for:

Life A **Life B** **Both Lives**

2. Do you want the plan to be written under Trust? Yes No

3. Start date: D/M/Y | | _____

4. Term (years):

5. Sum assured:

Cash sum £ _____ Annual income required £ _____

Income term 3 years 5 years 10 years

6. Your payments to us £ _____ paid Monthly OR Yearly OR Single

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

You can either give a figure for the cover required, or tick the box next to the type of benefit you want.

7a. Additional benefits

Critical Illness Benefit OR Total Permanent Disability Benefit OR None*

7b. Who will the additional benefits apply to?

Life A **Life B** **Both Lives**

*If 'None', then go straight to question 8.

8. Waiver of Premium

Life A Yes No **Life B** Yes No

9. Accidental Death Benefit

Life A Yes No **Life B** Yes No

Accidental Death Benefit increases your death benefit (how much life cover you have) if you die as a result of an accident.

Please refer to your Key Features Document for more information on the options.

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

Family Income Protection Plan

Complete this section if you want to apply for a **Family Income Protection Plan**, providing:

- **life cover**, or
- **life cover and critical illness benefit combined**, or
- **life cover and total permanent disability benefit combined**.

You can apply for cover for one person by ticking either 'Life A' or 'Life B' box below, or cover two people with one plan by ticking the 'Both Lives' box. If you want two separate single-life plans, please complete separate forms.

1. This plan is for:

Life A **Life B** **Both Lives**

2. Do you want the plan to be written under Trust? Yes No

3. Start date: D/M/Y | | |

4. Term (years): _____

5. Sum assured:

Annual income required £ _____

6. Your payments to us £ _____ paid Monthly OR Yearly OR Single^A

Only available on plans with terms of 5 years or less.

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

You can either give a figure for the cover required, or tick the box next to it.

^AFor all plans with terms of less than 5 years, payments must be made as a single payment by cheque.

7a. Additional benefits

Critical Illness Benefit OR Total Permanent Disability Benefit OR None*

7b. Who will the additional benefits apply to?

Life A **Life B** **Both Lives**

*If 'None', then go straight to question 8.

8. Waiver of Premium

Life A Yes No **Life B** Yes No

Please refer to your Key Features Document for more information on the options.

9. Lifestyle Option Yes No

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

Inheritance Tax Protection Plan

Complete this section if you want to apply for an **Inheritance Tax Protection Plan**, providing life cover. You can apply for cover for one person only, by ticking either 'Life A' or 'Life B' box below. If you want two separate single-life plans, please complete separate forms.

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

1. This plan is for:

Life A Life B

2. Do you want the plan to be written under Trust? Yes No

3. Start date:

4. Term (years):

5. Sum assured: Cash sum £

6. Your payments to us £ paid

Monthly OR Yearly OR Single

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

Critical Illness Protection Plan - Level Benefit

Complete this section if you want to apply for a **Critical Illness Protection Plan - Level Benefit**, providing critical illness cover.

You can apply for cover for one person only, by ticking either 'Life A' or 'Life B' box below, or cover two people with one plan by ticking the 'Both Lives' box. If you want two separate single-life plans, please complete separate forms.

1. This plan is for:

Life A Life B Both Lives

2. Do you want the plan to be written under Trust? Yes No

3. Start date: D/M/Y

4. Term (years):

5. Sum assured:

Cash sum £ Annual income required £

Income term 3 years 5 years 10 years

6. Your payments to us £ paid Monthly OR Yearly OR Single

Only available on plans with terms of 5 years.

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

You can either give a figure for the cover required, or tick the box next to the type of benefit you want.

7. Waiver of Premium

Life A Yes No Life B Yes No

Options

Tick the appropriate box(es) to show which options (if any) you want to include in your Critical Illness Protection Plan - Level Benefit.

NB: If you select an option which is not included in your Personal Quotation, this will change the cost of your plan. This means that you will need a new Personal Quotation to be sent to you. Your application will be delayed accordingly.

1. Lifestyle Option

2. Mortgage Future Insurability & Term Extension Option*

3. Increase Option

4. Extension Option

5. Renewal Option†

Please refer to your Key Features Document for more information on these options.

*The Mortgage Future Insurability & Term Extension Option can only be included if your plan is being used to cover a mortgage loan. You cannot select this option at the same time as either the Increase Option or the Extension Option.

†If you choose the Renewal Option, no other options are available.

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

Critical Illness Protection Plan - Decreasing Benefit

Complete this section if you want to apply for a **Critical Illness Protection Plan - Decreasing Benefit**, providing critical illness cover.

You can apply for cover for one person only, by ticking either 'Life A' or 'Life B' box below, or cover two people with one plan by ticking the 'Both Lives' box. If you want two separate single-life plans, please complete separate forms.

1. This plan is for:
Life A **Life B** **Both Lives**

2. Do you want the plan to be written under Trust? Yes No

3. Start date: D/M/Y

4. Term (years):

5. Sum assured: Cash sum £

6. Your payments to us £ paid Monthly OR Yearly OR Single
Only available on plans with terms of 5 years.

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

You can either give a figure for the sum assured required, or tick the box next to it.

Please refer to your Key Features Document for more information on these options.

You can add the Mortgage Future Insurability & Term Extension Option if your plan is being used to cover a mortgage loan.

7. Waiver of Premium
Life A Yes No **Life B** Yes No

8. Mortgage Future Insurability & Term Extension Option Yes No

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

Critical Illness Protection Plan - Income Benefit

Complete this section if you want to apply for a **Critical Illness Protection Plan - Income Benefit**, providing critical illness cover.

You can apply for cover for one person only, by ticking either 'Life A' or 'Life B' box below, or cover two people with one plan by ticking the 'Both Lives' box. If you want two separate single-life plans, please complete separate forms.

1. This plan is for:
Life A **Life B** **Both Lives**

2. Do you want the plan to be written under Trust? Yes No

3. Start date: D/M/Y

4. Term (years):

5. Sum assured: Annual income required £

6. Your payments to us £ paid Monthly OR Yearly OR Single
Only available on plans with terms of 5 years.

If 'Yes', please attach the Trust wording to this form. (Trust wordings are available from Standard Life.)

You can either give a figure for the annual income required, or tick the box next to it.

Please refer to your Key Features Document for more information on these options.

7. Waiver of Premium
Life A Yes No **Life B** Yes No

8. Lifestyle Option Yes No

Now go to page 11, or if you want to apply for another type of plan, go to the relevant page.

Personal underwriting details

Life A (BLOCK LETTERS)

1. Current doctor's details

Name of current doctor

Address

Postcode

Telephone number (inc. STD code)

2. Previous doctor's details

Name of previous doctor

Address

Postcode

Telephone number (inc. STD code)

3. If your application is delayed because we need a medical examination, please specify below the town/area you would prefer to see a doctor in.

First choice

Second choice

Reports from doctors are requested only when required for underwriting.

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

Medical examinations are normally carried out by an independent examiner.

Life B (BLOCK LETTERS)

1. Current doctor's details

Name of current doctor

Address

Postcode

Telephone number (inc. STD code)

2. Previous doctor's details

Name of previous doctor

Address

Postcode

Telephone number (inc. STD code)

3. If your application is delayed because we need a medical examination, please specify below the town/area you would prefer to see a doctor in.

First choice

Second choice

Important notes: health details

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.

Please note the information in the section 'Filling in this form'. If any questions are completed on your behalf you must read the answers given and check that they record correctly what you have said.

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.

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 and include 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 the application. We have a Code of Practice on the confidentiality of sensitive information and access is restricted.

Medical information about you will not be given to any third party without your consent except to a reinsurance company, or to your GP if, in our opinion, a condition is noted at a medical examination of which your GP may not be aware.

Personal information

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.

Life A

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

Life B

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 | |

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 _____ ins or _____ cms
2. What is your weight in indoor clothes?
_____ st _____ lbs or _____ kgs

Height and weight

1. What is your height without shoes?
_____ ft _____ ins or _____ cms
2. What is your weight in indoor clothes?
_____ st _____ lbs or _____ kgs

Life A

Recreational drugs

Have you ever used recreational drugs (eg cocaine or heroin) or taken drugs other than for medical purposes?

Yes No

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? Yes No

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

1. 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.)

Yes No

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

Life B

Recreational drugs

Have you ever used recreational drugs (eg cocaine or heroin) or taken drugs other than for medical purposes?

Yes No

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? Yes No

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

1. 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.)

Yes No

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

Life A

Recreation

Do you now, or do you intend to take part in:

1. Any form of flying activity (other than as a fare-paying passenger)? Yes No
2. Any other hazardous activities or sports (eg motor sport, mountaineering, diving)? Yes No

Recreation name(s)

Recreation 1

Recreation 2

At what level do you participate?

Amateur Amateur

Professional Professional

Instructor Instructor

Are you a member of a recognised club?

Yes No | Yes No

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

Where do you participate?

UK UK

Worldwide Worldwide

Europe Europe

Number of times you participate in a year (approx)

Do you take part in competitions or record attempts?

Yes No | Yes No

Additional recreation

1. Do you have any additional (hazardous) recreations? Yes No

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

Life B

Recreation

Do you now, or do you intend to take part in:

1. Any form of flying activity (other than as a fare-paying passenger)? Yes No
2. Any other hazardous activities or sports (eg motor sport, mountaineering, diving)? Yes No

Recreation name(s)

Recreation 1

Recreation 2

At what level do you participate?

Amateur Amateur

Professional Professional

Instructor Instructor

Are you a member of a recognised club?

Yes No | Yes No

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

Where do you participate?

UK UK

Worldwide Worldwide

Europe Europe

Number of times you participate in a year (approx)

Do you take part in competitions or record attempts?

Yes No | Yes No

Additional recreation

1. Do you have any additional (hazardous) recreations? Yes No

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

Personal Information

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.

Life A

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

Life B

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 7 to 27) then please complete the 'Additional medical questions' starting on page 17. If you need additional pages, please photocopy page 17. 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?
- 8. Cancer, leukaemia, Hodgkin's disease, lymphoma or any other tumour?
- 9. Any form of diabetes?
- 10. Colitis, Crohn's Disease, Hepatitis B or C?
- 11. Paralysis, multiple sclerosis, epilepsy, dementia or other disorder of the central nervous system?
- 12. Any mental illness that has required hospital or psychiatric treatment?

Life A

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Life B

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

In the past 5 years have you had:

- 13. Arthritis, neck or back pain, gout or other muscle, joint or bone disorder?
- 14. Chest pain, irregular heart beat or raised cholesterol?
- 15. Asthma, bronchitis, shortness of breath or other chest complaint?
- 16. Duodenal or gastric ulcer or any other disorder of the digestive system, liver or pancreas?
- 17. Blood disorder or anaemia?
- 18. Thyroid disorder?
- 19. Kidney or bladder disorder?
- 20. Numbness, loss of feeling or tingling of the limbs or face, or temporary loss of muscle power?
- 21. Any medical attention for anxiety, stress or depression?
- 22. Disorder of the ear or eye (including blurred or double vision)? Please ignore sight problems corrected by a lens
- 23. A lump or growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?
- 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?

Life A

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Life B

- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No
- Yes No

Are you presently:

- 25. Experiencing any symptom, condition (including pregnancy) or disability **not** mentioned before?
- 26. Waiting to have any consultation, investigation, test or follow up for any condition **not** previously disclosed?
- 27. Taking any medicines or any other form of medical treatment for any condition **not** previously disclosed?

- Yes No
- Yes No
- Yes No

- Yes No
- Yes No
- Yes No

If you have answered 'Yes' to any of the previous questions (numbered 7 to 27), please complete the 'Additional medical questions' starting on page 17 AFTER completing question 28. A new page should be completed for each 'Yes' answer.

- 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? Please provide details:

- Yes No

- Yes No

Life A or B	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.

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

2. Is the following information regarding Life A or Life B?

Life A

Life B

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.

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

2. Is the following information regarding Life A or Life B?

Life A

Life B

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.

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

2. Is the following information regarding Life A or Life B? _____

Life A

Life B

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.

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

2. Is the following information regarding Life A or Life B? _____

Life A

Life B

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

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.

Personal information provided in connection with your application will be used by Standard Life to set up and administer the Plan.

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

We will keep the information you have supplied confidential, and will not disclose it unless it is lawful to do so.

If you have appointed a financial adviser, we will give him information about the Plan and, where appropriate, send copies of correspondence to him to enable him to give you advice.

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.

A copy of this application form and any supporting information (including medical reports), may be given to a reassurance 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.

Access to medical records

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.

Access to medical records continued

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

Life A

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.)

Life B

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.)

Declaration and consent by the life/lives assured

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. 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 understand 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 offer a Plan this will be detailed in a 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 a 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 form if the change happens before the cover starts.

I understand that where I am one of two lives assured should the other life assured fail to comply with the above conditions Standard Life will not pay out a claim and will cancel the whole Plan.

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, to 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.

Life A

Signature

Date

Life B

Signature

Date

Declaration by the Plan Owner(s)

I/We the person(s) taking out the Plan in which I/we have an interest, agree that the Declaration by the life/lives assured (Life A and Life B) and this Declaration, and the answers to any questions which the life/lives assured may be asked in connection with this application, will form part of this application.

I/We confirm that I/we have read and understand the 'Important notes' and the section headed 'Filling in this form' in this form.

I/We have read and understood the Data Protection Notice. I/We agree that my/our personal information (including sensitive data) may be used for the purposes described (subject to me/us exercising my/our right not to be contacted with details of other products and services).

Signature

Date

Signature

Date

Please now complete the Direct Debit Instruction.

The Direct Debit Guarantee

Important, please tear off and keep safely.

- This guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change Standard Life will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Standard Life or your Bank/Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your Bank or Building Society. Please also send a copy of your letter to us.

Direct Debit Instruction

1. Complete the direct debit instruction to instruct your bank/building society to make payments from your account.
2. If the due date falls on a weekend or bank holiday, your account will be debited within two working days.
3. Please ensure that the instruction is signed and dated and the Direct Debit Guarantee is detached before the form is returned to us.

Instruction to your Bank or Building Society to pay by Direct Debit



Issued by: Standard Life, Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH

ORIGINATOR'S IDENTIFICATION No.

9 | 9 | 1 | 5 | 2 | 4

1. Name and full postal address of your Bank or Building Society:

Postcode _____

2. Name(s) of account-holder(s): _____

3. Bank or Building Society Account Number:

4. Branch Sort Code:

5. Reference number: _____

6. Your instruction to the Bank/Building Society, and signature:

Please pay Standard Life Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Standard Life and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s): _____

Date: D/M/Y (u)

FOR STANDARD LIFE OFFICIAL USE ONLY

This is not part of your Instruction to your Bank or Building Society

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Adviser's checklist

- Money laundering form completed and attached
- All necessary information has been given (sections complete)
- Quote attached and matches requested product and options
- Trust wording attached (if required)
- Commission details completed
- Direct Debit Instruction(s) completed (if necessary) and Direct Debit Guarantee detached.

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