

Capital Investment Bond

APPLICATION FORM



Scottish Life
a division of Royal London

CAPITAL INVESTMENT BOND: APPLICATION FORM

IMPORTANT: Each question should be answered specifically. Failure to disclose information which is likely to influence the assessment and acceptance of the proposal may render the contract voidable by Royal London. If there is doubt as to whether information is material it should be disclosed. Any changes which affect the information given, and occur before the cover, or increase in cover commences, must be notified to us.

PLEASE USE BLOCK CAPITALS

Keying Reference: CIB1

1. First or only Life to be Assured

Title Mr/Mrs/Miss/Ms/Other

Forenames

Surname

(and maiden name if applicable)

Current Address

Postcode

Date of Birth DAY MONTH YEAR Sex M F

Place of Birth

Marital Status Single Married Divorced Separated

Occupation

Annual Income

2. Second Life to be Assured

Title Mr/Mrs/Miss/Ms/Other

Forenames

Surname

(and maiden name if applicable)

Current Address

Postcode

Date of Birth DAY MONTH YEAR Sex M F

Place of Birth

Marital Status Single Married Divorced Separated

Occupation

Annual Income

3. Policy Details

TOTAL INVESTMENT £

(MINIMUM INVESTMENT £5,000)

No. of Policies required

(MINIMUM INVESTMENT PER POLICY £100)

Benefit to be payable on 1st death 2nd death

Source of funds for this investment (e.g. a UK bank account in your own name)?

First Life

Second Life

Source of wealth (origin of funds for investment, e.g. saved from salary, inheritance, property sale, divorce settlement)?

First Life

Second Life

CHOICE OF INVESTMENT

I wish to allocate my investment as follows:-

(Please indicate the percentage split required using whole percentages)

NAME OF FUND	Percentage
MANAGED	<input type="text"/>
GLOBAL MANAGED	<input type="text"/>
DEFENSIVE MANAGED	<input type="text"/>
WORLDWIDE	<input type="text"/>
UK EQUITY	<input type="text"/>
AMERICAN	<input type="text"/>
PACIFIC	<input type="text"/>
EUROPEAN	<input type="text"/>
FIXED INTEREST	<input type="text"/>
INDEX LINKED	<input type="text"/>
DEPOSIT	<input type="text"/>
PROPERTY	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
TOTAL	1 0 0

4. Trust Arrangements

Is this contract to be issued under Trust?

(If **Yes** a Trust Form must be completed and included with this application)

Yes

No

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(i) The amount to be withdrawn each year from the total investment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 payments 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.	<input type="text"/>	<input type="text"/>
2. Do any of your occupations or any of your hobbies or part-time pursuits involve any special risk or danger? (Examples - exposure to explosives, being at heights or underground, flying (other than as a fare paying passenger), motor sport, diving)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)
3. Have you any intention or prospect of going out of Europe?	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)
4. Has a proposal on your life to any office ever been declined, deferred or offered on non-standard terms?	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, give name of office and year below)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, give name of office and year below)
5. 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"/> (IF YES, give type of policy and sum assured)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, give type of policy and sum assured)
6. Have you been advised to, or have you consulted a specialist, doctor or psychiatrist or attended a hospital or clinic as an in-patient or out-patient within the last twelve months? (Minor injuries and uncomplicated pregnancy may be ignored)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)
7. Have you ever 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? (If YES, please provide details - for confidentiality these may be sent direct to the Chief Medical Officer, Scottish Life, Royal London House, Alderley Road, Wilmslow SK9 1PF quoting the above proposal number)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)

6. Supplementary Information *(Continued)*

	FIRST OR ONLY LIFE TO BE ASSURED	SECOND LIFE TO BE ASSURED
8. Have you any physical defect or infirmity?	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)	YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES GIVE DETAILS)
9. Name and address of your present Doctor. <i>(If you have changed your doctor within the last six months show name and address of your previous doctor also)</i>		
	Tel. No.	Tel. No.

If necessary use a separate sheet of paper to provide further details and attach it to the form.

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 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 DAY MONTH YEAR

ACCESS TO MEDICAL REPORTS

You should read this information if you have answered any questions about your health or lifestyle. We don't always ask for a medical report, but if you give us your permission now, it will save time later.

Before we can apply for a medical report from a doctor who has cared for you, we need your permission. There are boxes to tick for this at the end of this section. Before doing so you should read this note carefully, as it sets out your rights under the Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (as appropriate) and the procedures for dealing with reports.

- You don't have to give your permission but without it we will not be prepared to accept your application.
- If you do give your permission, you can say whether you want to see the report before it is sent to our Chief Medical Officer.

If you tell us that you don't want to see any report:

- The doctor can return it to us immediately, and we will be able to consider your application without delay.
- You can still change your mind and notify the doctor that you want to see the report at any time within six months. If the doctor has not returned the report to us he will give you 21 days to arrange to see it. If he has returned it, he will make arrangements to let you see a copy.

If you tell us that you do want to see any report:

- This will stop us considering your application until we have the report.
- The doctor is allowed to charge you a fee to cover the cost of giving you a copy of the report.
- You should follow the procedures outlined below:

How to see copies of medical reports:

If we need to ask for a medical report, we will write to your doctor. We will tell your doctor that you want to see the report. We will also write to you so that you know when we asked for the report. You will then have 21 days to contact the doctor and arrange to see the report.

Once you have seen the report the doctor can't send it to us unless he has your permission. Remember that without the report we can't consider your application.

Once you have seen the report, if you think it contains anything that is incorrect or misleading, you can ask the doctor to amend the report. If the doctor refuses to do so, you can attach a written statement to the report explaining the areas where you and the doctor are not in agreement.

The doctor does not have to let you see any part of the report if he thinks this might cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intentions towards you, or would reveal the identity of (or information about) anyone who is not a health professional and who has given the doctor information about you (unless they gave permission for their identity to be revealed). If the doctor holds back any part of the report for these reasons, he will tell you, but you will still be able to see the rest of the report.

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.

Please tick the box below to give your permission for us to obtain a medical report, if we need to:

- **I consent to The Royal London Mutual Insurance Society Limited, and any other company within the Royal London Group of Companies asking for medical information from any doctor who has attended me concerning anything to do with my physical or mental health, or to ask for information from any insurance company to which an application has been made for insurance on my life, and I authorise such information to be given. I have seen written notice of my legal rights under the Access to Medical Reports Act 1988 or the Access to Personal Files & Medical Reports (Northern Ireland) Order 1991 (as appropriate).**

Please tick one of the boxes below to show whether you want to see the report or not:

- **I don't want to see the report before it is sent to you.**
- **I want to see the report before it is sent to you.**

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
Royal London Mutual Insurance Company
Royal London House
Wilmslow
Cheshire

Signature (First Life) Date

Signature (Second Life) Date

SECURITY OF SENSITIVE PERSONAL INFORMATION

Any information relating to your health or your lifestyle 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.

By signing this form you consent to personal information provided to us being transferred overseas where it is required for us to administer your Policy. Should such transfer be required we will ensure that adequate measures are employed in order to safeguard your privacy.

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.

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.

DATA PROTECTION ACT

We will use the information supplied on this form and information we obtain from other sources for:

- Administering your Policy;
- Customer services;
- Marketing and market research; and
- Crime prevention.

In addition, in order for us to carry out 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.

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.

Under the terms of the Data Protection Act 1998, you are entitled to ask for a copy of the information we hold on you. We are allowed to charge a fee for this. Please contact our Data Protection Officer at Scottish Life, Royal London House, Alderley Road, Wilmslow SK9 1PF.

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.

8. Declaration

1. I declare that the answers to the questions on this proposal form are true to the best of my knowledge and belief.
2. 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.
3. 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.
4. I confirm that at the commencement date of this bond I am less than age 75.
I did not receive advice from a financial adviser about taking out this Policy.

Signature (FIRST LIFE)

Signature (SECOND LIFE)

Date DAY MONTH YEAR

YOU ARE ADVISED TO KEEP A COPY OF ALL MATERIAL YOU SUBMIT TO US IN RELATION TO THIS APPLICATION. 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.

Other Information *To be completed by the financial adviser*

FSA Reference Number.

Financial Adviser's Internal Ref.

Financial Adviser's Internal Sub Ref.

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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