

Personal assurance questionnaire

Policy Reference No:

(The reference number is located on the bottom left hand corner of your pre-sale illustration).



CanProtect Whole of Life Plan

Offshore protection solutions
designed for you

Important notice

Please answer all questions honestly and take reasonable care to make sure that those answers are correct. If you do not answer the questions honestly or correctly, your policy may be cancelled from the start or, if applicable, your claim may be rejected or reduced.



Canada Life
International

Guidance notes

- Important notes for applicants**
- Please complete this form in **BLACK INK ONLY** using **BLOCK CAPITALS** and **INITIAL AND DATE ANY ALTERATIONS**. Please do not use correction fluid.
 - You must include all facts that are likely to influence the assessment and acceptance of your application.
 - This personal assurance questionnaire should be read in conjunction with the relevant Product Details and the Key Features which detail the terms and conditions of the contract. Copies are available upon request from Canada Life International Limited ('the Company').
 - Where certified copies of documents are provided, we will require the 'original certificated' document, copies will not be accepted.
 - The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms will differ from those originally quoted. **The Company will not backdate commencement dates.**
 - In most instances your payments will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms.
 - It may be necessary to send your application and relevant medical reports to our reinsurers for their opinion or consideration of the terms offered.
 - The Company will provide you with a copy of the relevant Policy Provisions and a copy of your application form at any time, upon written request.
 - Telephone calls with us may be monitored/recorded to help us maintain and improve our service and to assist in security and staff training. If a misunderstanding should arise and a recording is available, this will be accessed only under appropriate supervision.
 - This application is only valid for 12 months.

Please submit the original completed questionnaire to the Company's registered office address:

**Canada Life International Limited,
Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ
Telephone: +44 (0) 1624 820200
Fax: +44 (0) 1624 820201**

IMPORTANT: You must answer all questions fully, accurately and truthfully. Failure to do so may result in the non-payment of a claim.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Lives assured details

	Life assured 1	Life assured 2
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>

IMPORTANT: You must answer all questions fully, accurately and truthfully. Failure to do so may result in the non-payment of a claim.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Personal assurance questionnaire

Only to be completed where the sum assured applied for or combined with other Canada Life International Limited existing life cover is greater than £1.5 million (for lives who are both resident and domiciled in the UK). Please contact us for any life/lives who are either not resident and/or not domiciled in the UK on +44 (0) 1624 820200.

The function of this section is to provide full financial justification for the sum assured applied for. It must be completed in all cases where the sum assured with the Company is to be greater than £1.5 million. **This form must be countersigned by an independent third party (for example, accountant, solicitor or bank manager) where the sum assured exceeds £3 million.** Please note your professional adviser or anyone employed by your professional adviser is not acceptable as an independent third party. We reserve the right to await this financial evidence before medically assessing any requirements. If Part 12 is not completed on application a separate personal assurance questionnaire will be required and this may delay an underwriting decision.

Purpose of the cover

Please detail any current insurance cover as follows and indicate any which will be cancelled upon completion of this application:

Life assurance	Single	<input type="checkbox"/>	Joint life	<input type="checkbox"/>	In force	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	To be cancelled	<input type="checkbox"/>
	Reason for cover <input style="width: 100%;" type="text"/>									
	Amount of cover <input style="width: 50%;" type="text"/>				Currency		<input style="width: 50%;" type="text"/>			
Income protection	Single	<input type="checkbox"/>	Joint life	<input type="checkbox"/>	In force	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	To be cancelled	<input type="checkbox"/>
	Reason for cover <input style="width: 100%;" type="text"/>									
	Amount of cover <input style="width: 50%;" type="text"/>				Currency		<input style="width: 50%;" type="text"/>			
Critical illness cover	Single	<input type="checkbox"/>	Joint life	<input type="checkbox"/>	In force	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	To be cancelled	<input type="checkbox"/>
	Reason for cover <input style="width: 100%;" type="text"/>									
	Amount of cover <input style="width: 50%;" type="text"/>				Currency		<input style="width: 50%;" type="text"/>			
Other (please specify)	<input style="width: 100%; height: 20px;" type="text"/>									
	Single	<input type="checkbox"/>	Joint life	<input type="checkbox"/>	In force	<input type="checkbox"/>	Proposed	<input type="checkbox"/>	To be cancelled	<input type="checkbox"/>
	Reason for cover <input style="width: 100%;" type="text"/>									
	Amount of cover <input style="width: 50%;" type="text"/>				Currency		<input style="width: 50%;" type="text"/>			

If you propose to another company after submitting this form, you are obliged to notify us of this in writing.

Only to be completed for inheritance tax cover

		Assets (a)	Single	Joint		
Please detail your current assets (excluding any current life assurance and pensions), indicating which are held jointly.	Property	<input style="width: 100%;" type="text"/>	Currency	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
*Please list all assets that are subject to UK inheritance tax and indicate any forms of tax relief that may apply for example, agricultural or business property relief. If more than one then please provide a breakdown of assets and liabilities.	Investments	<input style="width: 100%;" type="text"/>	Currency	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Unquoted equities	<input style="width: 100%;" type="text"/>	Currency	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Others (please specify)	<input style="width: 100%; height: 40px;" type="text"/>	Currency	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total assets (a)	<input style="width: 100%;" type="text"/>	Currency	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

* if required please provide additional information on a supplementary sheet, signed and dated as appropriate by all parties.

IMPORTANT: You must answer all questions fully, accurately and truthfully. Failure to do so may result in the non-payment of a claim.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Personal assurance questionnaire (continued)

Please detail your current liabilities (for example loans, mortgages, credit card debt)

		Liabilities (b)		Single	Joint
Mortgages	<input type="text"/>	Currency	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="text"/>	Currency	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)	<input type="text"/>	Currency	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	Currency	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	Currency	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total liabilities (b)	<input type="text"/>	Currency	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total assets less liabilities (a - b) = c Currency

Nil rate band

Are there any inheritance tax reliefs being claimed? Yes No

If 'Yes' please provide details of relief being given.

Total inheritance tax liability Currency

Does the sum assured applied for, equal the inheritance tax liability? Yes No

If 'No' please explain reason.

Only to be completed for family protection cover (UK resident individuals only)

1. Please give details of dependants (relationship, number and age(s)).	Relationship (son, daughter, parent)	Number	Age(s)	Life assured (1, 2 or both)

2. Have you ever been declared bankrupt? Yes No

*If 'Yes', please give details and dates

3. Please explain on what basis the sum assured has been calculated?

* if required please provide additional information on a supplementary sheet, signed and dated as appropriate by all parties.

IMPORTANT: You must answer all questions fully, accurately and truthfully. Failure to do so may result in the non-payment of a claim.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Personal assurance questionnaire (continued)

Also to be completed for family protection and loan cover (UK resident individuals only)

Please state your gross yearly income (minus bonuses):

Employed persons	Last three years	Life assured 1		Life assured 2		
		Amount	Currency	Amount	Currency	
Salary from stated occupation	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	
	From investments / dividends	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
		20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
		20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	From other sources (please state)	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
		20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
		20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
Source		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	

Self employed persons	Last three years	Life assured 1		Life assured 2	
		Amount	Currency	Amount	Currency
Income drawn	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
From investments / dividends	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
From other sources (please state)	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
	20__	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
Source		<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

IMPORTANT: You must answer all questions fully, accurately and truthfully. Failure to do so may result in the non-payment of a claim.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Personal assurance questionnaire (continued)

Also to be completed for family protection and loan cover (UK resident individuals only)

1. Is this plan connected to a loan? Yes No

If 'Yes', please state:

Loan amount

Reason for loan

Name of lender

Please provide the reason if the loan amount is different from the sum assured being applied for.

If the amount of the loan is over £500,000 (or currency equivalent) a copy of the loan agreement needs to be attached.

Data Protection Notice

Any personal information you may provide to Canada Life International Limited (CLI) as data controller will be treated in accordance with the Isle of Man Data Protection Act (as amended)

(CLI will be defined as 'Canada Life' in this notice).

By signing this form you consent to Canada Life using and sharing your personal information as set out in this notice including, without limitation, the processing of sensitive personal data.

If submitting personal information about another person, by signing this form you confirm that you have their consent to provide such information to Canada Life and for their information to be used as set out in this notice.

Using Personal Information

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use policyholder or member personal data for marketing purposes and we do not make your personal information available to third parties for the purpose of direct marketing.

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer-related group products. To do this we need to use the personal information provided to carry out analysis of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

We use an underwriting engine to process some applications and quotations which will use an element of automated decision making.

Exceptionally, we may rely on our legitimate interests to process your personal data. When we do, we will demonstrate compelling legitimate grounds for doing so.

For employer-related group insurance products the Data Protection Act permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

For employer-related group products the Data Protection Act permits that members may individually withdraw their

consent, in those instances Canada Life will be unable to provide cover for that individual.

When medically underwriting or assessing a claim we will obtain consent from the employee.

Sharing personal information

We share personal information only on the basis of the purposes for which it was collected. This notice is intended to illustrate the instances where data may be shared. However, we will share your data only for the limited and compatible purposes for which it was originally obtained:

- with other Canada Life group companies including those outside the European Economic Area (EEA);
- with any of our service providers, reinsurers and / or regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs (HMRC), Department of Work and Pensions (DWP);
- in order to prevent, detect or investigate financial crime including fraud or other criminal activity, we may share your data with other companies (including private investigators), organisations (including fraud prevention agencies and databases), public bodies (including the police) and associations and credit reference agencies;
- we will not share your medical information with anyone other than yourself without your consent except as described in the next bullet point. This includes your employer, spouse, other relatives, friends or your legal or professional adviser. In some circumstances, it may be appropriate to advise your employer about your medical information, for example, to recommend alternative supportive therapy. However, we will seek your consent in such circumstances;
- for employer-related products and services only, some medical information related to underwriting decisions and non-medical information about you necessary for lawful policy and claim administration purposes will be shared with your employer;
- we will not share non-medical information concerning you with your spouse, other relatives, friends or your legal or professional adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals; and/or
- in any circumstances if permitted or required to do so by law or if we have your consent to do so.

IMPORTANT: You must answer all questions fully, accurately and truthfully. Failure to do so may result in the non-payment of a claim.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Data Protection Notice (continued)

International Transfers

Given the global nature of our business, we use third party suppliers and outsourced services (including cloud-based services), which can require transfers of personal information outside of the EEA. In doing so, we will ensure there are contractual arrangements in place with those organisations who have appropriate organisational and technical measures to protect your personal information.

Retention of your personal data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim under this insurance, or where we are required to keep your personal data due to legal or regulatory reasons.

YOUR RIGHTS AND CONTACT DETAILS OF THE INFORMATION COMMISSIONER'S OFFICE (ICO)

You may have the right to require us to:

- provide you with further details on the use we make of your personal information or your special categories of data;
- provide you with a copy of the personal information that you have provided to us or which we hold;
- update any inaccuracies in the personal information we hold;
- delete any special category of data or personal information for which we no longer have lawful grounds to use;
- cease processing of your personal information that is based on consent, by withdrawing your consent to that particular processing;
- cease any processing based on legitimate interests grounds, unless our reasons for undertaking that processing outweigh any prejudice to your data protection rights; and
- restrict how we use your personal information whilst a complaint is being investigated.

In certain circumstances, we may need to restrict the rights listed above in order to safeguard the public interest (e.g. the prevention or detection of crime), our interests (e.g. the maintenance of our legal responsibilities) and for the performance of our contract with an employer who is the policyholder for employer-related products and services.

Data Protection Officer (DPO)

If you have any questions, or complaints, in relation to our use of your personal information, you should first contact our DPO, on the details below:

**Canada Life International Limited,
Canada Life House,
Isle of Man Business Park,
Douglas,
Isle of Man,
IM2 2QJ**

In the unlikely event that you are dissatisfied with our response, you have the right to take the matter up with the Information Commissioner's Office (ICO), whose addresses are:

Isle of Man: Information Commissioner's Office, First Floor, Prospect House, Prospect Hill, Douglas, Isle of Man, IM1 1ET

The full version of our DPN can be found on our website, **www.canadalife.co.uk** or is available upon request by calling **0345 6060708**.

This DPN is dated 5th March 2018. Any future updates will be made available as described above.

IMPORTANT: You must answer all questions fully, accurately and truthfully. Failure to do so may result in the non-payment of a claim.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Important note

By applicant(s)

I/We declare that all of the statements in this document are true and correct and form part of my proposal for insurance.

I/We understand that failure to give true and complete answers to all questions may entitle the Company to reject a claim made under the plan. I/We, confirm that in the period before the acceptance of this application I/we will inform the Company of any matter or fact that would make the answers to the questions in this document incorrect or untrue.

	Life assured 1	Life assured 2
Signature	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>
Date (day, month, year)	<input type="text"/> / <input type="text"/> / <input type="text"/> 2	<input type="text"/> / <input type="text"/> / <input type="text"/> 2

By independent third party – for sums assured in excess of £3 million

The suitable independent third party must be a bank manager, solicitor or accountant; not the professional adviser submitting this application.

How long have you known the life/lives assured?

Independent third party declaration

I declare that the above statements are true and correct.

Signature	<input type="text"/>
Date (day, month, year)	<input type="text"/> / <input type="text"/> / <input type="text"/> 2
Occupation	<input type="text"/>
Your name	<input type="text"/>
Your company name	<input type="text"/>

Your company's stamp (if applicable)

