

Declaration of continued good health



Part 1 Declaration of health

Please answer all of the questions on this form honestly and in full. If you miss any information out, or give us misleading information, this could affect our decision to pay a future claim. Material facts (that is those facts likely to influence Canada Life International Limited's (the 'Company') assessment) must be disclosed, as not disclosing them may result in the rejection of any claim. If there is any doubt as to whether a fact is material then it should be disclosed.

The answers to the questions on this form will be considered by the Company in the re-instatement of your policy/application. The information you gave us on your original application form will still form part of your contract with the Company. If any of the information has changed since your original application form was completed you must tell the Company.

Please remember that you must tell the Company if your health, or any other detail affecting your application changes between the time you completed this form and sent it back to the

Company, and the time your policy starts or restarts. If you need more space for any information, please use the attached blank page.

If you are applying to the Company to re-instate a lapsed policy with benefits, please make sure that an appropriate payment method to cover all outstanding premiums and premiums due is also sent to the Company with this form. Further information may be required by the Company to consider re-instatement of your policy. Please note that the Company may be unable to re-instate your policy. The Company cannot re-instate cases which have been lapsed for more than three months.

The information on this form is valid for 30 days from the date of signing.

Please contact our Pre Sale Support Team on +44 (0) 1624 820299 (option 2) or e-mail presales@canadalifeint.com if you need any assistance in completing this form.

Lives assured details

Life assured 1 / Settlor 1

Life assured 2 / Settlor 2

Full name

Application or policy number

Since you completed your original application form have you applied for any other form of life cover with any other insurance company? If 'Yes', please give details.

Yes No

Yes No

How to return your form

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



Please submit the original completed Application and appropriate documents.



Important:
Failure to disclose relevant information may result in the non-payment of a claim and all cover under the policy being cancelled.

Part 2 Your job, hazardous leisure activities and lifestyle

Life assured 1 / Settlor 1

Life assured 2 / Settlor 2

Since you completed your original application form:

1. Has there been any change to the country in which you are permanently resident? If 'Yes', please give details.

Yes No

Yes No

2. Have you or do you intend to travel or reside outside the UK for longer than six weeks? If 'Yes', please give details of the countries visited or future intentions including dates, reasons and duration of stay.

Yes No

Yes No

3. Has there been any change in your job, or the activities involved in your job? If 'Yes', please give details. For example, you now work at heights, your job now involves hazardous duties or an increase in manual or driving work.

Yes No

Yes No

4. Have you become a member of the Territorial Army or Armed Forces reservists? If 'Yes', please give details.

Yes No

Yes No

5. Have you taken up any hazardous leisure activities? If 'Yes', please give details. For example, aviation, caving or potholing, hang-gliding, motor sports, parachuting, rock climbing, underwater diving or yachting.

Yes No

Yes No

6. Has there been a change to your smoker status? If 'Yes', please give details. A smoker is anyone who has used any form of tobacco, including nicotine replacement products (such as patches, chewing gum or e-cigarettes) products in the last 12 months.

Yes No

Yes No

7. Has there been a change to your alcohol consumption? If 'Yes', please give details.

Yes No

Yes No

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Part 3 Your health

Life assured 1 / Settlor 1

Life assured 2 / Settlor 2

Since you completed your original application form:

1. Has your weight increased or decreased by 7lbs (3kgs) or more, for reasons other than stopping smoking, pregnancy or dieting? If 'Yes', please give details.

Yes No

Yes No

2. Are you experiencing any symptoms or complaints for which you have not consulted a doctor? If 'Yes', please give details.

Yes No

Yes No

3. Do you expect to seek a medical opinion within the next eight weeks? If 'Yes', please state reason for expecting to seek such opinion.

Yes No

Yes No

4. Are you awaiting, or been advised to seek, any medical or surgical consultation or follow-up? If 'Yes', please give details.

Yes No

Yes No

5. (a) Are you currently pregnant? If so what is your expected due date?

Yes No

Yes No

(b) Is your pregnancy progressing normally?

Yes No

Yes No

(c) Have you experienced any complications?

Yes No

Yes No

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Part 3 Your health (continued)

Life assured 1 / Settlor 1

Life assured 2 / Settlor 2

6. Since you completed your original application form have you:

Please tick 'Yes' even if you are awaiting the result of any test or currently receiving any treatment.

(a) Attended any medical appointment?
If 'Yes' please give details.

Yes No

Yes No

(b) Taken any medical tests or been prescribed any new medication?
If 'Yes, please give details.

Yes No

Yes No

(c) Received any other treatment?
If 'Yes' please give details

Yes No

Yes No

Part 4 Declaration

Access to medical records

It may be necessary for the Company to obtain medical reports to support your application. Before the Company can ask any doctor that you have consulted to complete such a report, the Company needs your permission under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports Act 1993 (Isle of Man) together 'the Acts'. Your rights under the Act are as follows:

- You do not need to give your permission, but if you do not, the Company 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 the Company. If this is the case, the Company 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 the Company.
- 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 the Company. The Company 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 phobia, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
 - suicidal thoughts or attempts at suicide; or

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Part 4

Declaration (continued)

Access to medical records (continued)

- 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.

The Company has 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 the Company:

- Refusing to provide insurance;
- Increasing premiums above standard rates; or
- Setting premiums at standard rates.

If you have any questions about your rights under the Acts or have any questions relating to the process of obtaining, assessing or storing medical information, please write to the Company at its registered office address.

I do want to see the report before it is sent to the Company

**Life assured 1/
Settlor 1** (please tick if you would like to see the report)

**Life assured 2/
Settlor 2** (please tick if you would like to see the report)

Your agreement (in this section I/we specifically refers to the life/lives assured)

I/We have read the agreement, Important Notes and information relating to my/our rights under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports Act 1993 (Isle of Man).

I/We appreciate that we may be contacted by telephone by an external medical party with regards to health statements made in this application.

I/We agree to the Company asking any doctor I have consulted about my physical or mental health to provide medical information so the Company may assess my proposal. The Company may gather relevant information from other insurers about any other application for life, critical illness, sickness and disability, accident or private medical insurance that I/we have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This consent allows the Company to obtain all medical information including HIV test results.

This form allows the Company to gather medical information within six months of the start of the policy, or after my/our death, to support any claim made on the policy proceeds.

I/We will inform the Company immediately of any changes that occur before the policy commences. I/We understand that failure to do so may result in the contract being declared void, and that a claim for the proceeds may not be paid.

To the best of my/our knowledge and belief all the statements made, which includes anything I/we may have said, has/have been recorded accurately in this application or are attached signed and dated in a sealed Private and Confidential envelope, and are true and complete. This disclosure will form the basis of the contract. I/We understand that any non-disclosure of any material facts may void a claim under this contract.

I/We agree to the Company accepting medical reports including reports from my own doctor's surgery faxed directly to the Company. I/We do not object to copies of any medical information being faxed to any other company that I/we have applied to at their request.

I/We agree that a copy of this agreement will have the validity of the original.

I/We confirm that I/we am/are eligible to apply for this policy. I/We have read and understood the Product Details and Key Features.

I/We understand that the Canada Life International Limited policy is subject to Manx Law.

I/We confirm that I/we have answered the questions in this form honestly and have taken reasonable care to make sure that those answers are correct. I/We confirm that the period before the acceptance of my/our application I/we will continue to inform the company of any matter or fact that would make the answers to the questions in either this form or the original application incorrect or untrue.



Important:
Failure to disclose relevant information may result in the non-payment of a claim and all cover under the policy being cancelled.

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 the remainder of 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.

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 Notice

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.

Verification of identity

I/We understand and consent that the Company may make a search with an external reference agency for the purposes of verifying my/our identity. This will involve checking the details I/we supply against those held on any database the reference agency has access to. This includes information from the electoral register and fraud prevention agencies. I/We understand that the Company will use scoring methods to verify my/our identity and that a record of any search will be kept that may be used to help other companies to verify my/our identity. I also consent to the Company passing

information to financial and other organisations involved in fraud prevention to protect it, ourselves and its clients from theft and fraud. I/We understand that should I/we provide the Company with false or inaccurate information and that fraud is suspected that this may be recorded and shared with other organisations.

By signing this declaration I am/we are allowing the Company to process my/our application using the information that I/we have provided.

Part 4 Declaration (continued)

Signatures

Life assured 1 / Settlor 1

Life assured 2 / Settlor 2

Signature

Full name

Date (day, month, year)

Signature

Full name

Date (day, month, year)

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Important:
Failure to disclose relevant information may result in the non-payment of a claim and all cover under the policy being cancelled.

The information provided within this form is valid for a period of 30 days from the date that you sign this form.

