

Flexible Life Plan Personal Protection Application

Application form

Are you an existing Canada Life International Limited or CLI Institutional Limited client?

Yes No

Reference number(s) of existing policies

Illustration Reference No:

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

Please note that we are unable to accept applications with United States (US) nationals, citizens or residents as lives assured or acting as a controlling party (for example, beneficiary, settlor, trustee). Please contact us to discuss your options.



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Notes

- 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.
- If you are not sure if a fact is relevant you should include it in your answers. Please bear in mind that failure to disclose all relevant facts may affect the validity of the contract. You cannot presume that Canada Life International Limited ('the Company') will obtain medical information from your general practitioner/doctor. Full disclosure must be given in order that any future claim is not jeopardised.
- This Personal Protection Application should be read in conjunction with the current Flexible Life Plan Product Details, Policy Provisions and the Key Features which detail the terms and conditions of the contract. Copies are available upon request from the Company. **This product is only available to residents of the UK, Isle of Man or Channel Islands where residency exceeds five years. This application is only valid for 12 months.**
- The Flexible Life Plan (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 does 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.
- We may require you to attend a medical examination and/or tests and it may be necessary for us to share the application information with another company authorised by us. We or a company authorised by us will make the arrangements, directly with you or your professional adviser, for the examination or interview to take place.
- It may be necessary to send your application and relevant medical reports to our reassurers for their opinion or consideration of the terms offered. **If you are undergoing medical investigations or expect to seek medical opinion in the foreseeable future, we may have to place your application on hold until such time that all investigations have been completed.**
- On occasion, the faxing of medical reports may help to ensure a speedier assessment of your application. We only accept faxed information direct to a fax machine in a secure part of the building. This makes sure that we maintain strict confidentiality. If you do not agree to allow the faxing of information, please indicate this by deleting the appropriate section of the declaration. **We may also ask you to contact your doctor to speed up the completion of reports which we have requested.**
- The Company will provide you with a copy of our Flexible Life Plan 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.
- **The Plan will not provide a surrender value at any time.**

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.

Part 1 Lives assured details

	Life assured 1	Life assured 2
Title (Mr, Mrs, Miss, Ms, other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Forename(s) in full	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/>
	Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Civil partner <input type="checkbox"/>	Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Civil partner <input type="checkbox"/>
What is the relationship between the lives assured?	<input style="width: 100%;" type="text"/>	
Any previous name(s) or alias(es)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<p style="text-align: center;">Contact information is essential for us in contacting you with a view to progressing medical appointments. Not giving sufficient contact information may result in delays and your application being underwritten in an untimely fashion.</p>		
Permanent residential address in full	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Telephone numbers (including STD codes)	Daytime <input style="width: 100%;" type="text"/>	Daytime <input style="width: 100%;" type="text"/>
	Evening <input style="width: 100%;" type="text"/>	Evening <input style="width: 100%;" type="text"/>
	Mobile <input style="width: 100%;" type="text"/>	Mobile <input style="width: 100%;" type="text"/>
E-mail address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Previous residential address in full (if you have only lived at permanent address for less than six months)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Postcode	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Date of birth (day, month, year)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Country of birth	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Nationality	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
If you were born outside the UK, how long have you been a UK resident?	Year(s) <input style="width: 40%;" type="text"/> Month(s) <input style="width: 40%;" type="text"/>	Year(s) <input style="width: 40%;" type="text"/> Month(s) <input style="width: 40%;" type="text"/>
Permanent UK resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', please confirm your country of habitual residence	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Overseas referral ref:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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.

If you live abroad or you are a non UK national, please call **+44 (0) 1624 820200** and we will check whether cover can be considered.

Part 1 Lives assured details (continued)

Life assured 1

Life assured 2

1. Are there other parties involved with the proposal, for example lender, potential borrower? If 'Yes', please give full details and relationship.

Yes No

Yes No

2a. Have you, in the last 12 months, made an application for life, health, medical, or critical illness cover to another Insurance provider? If 'Yes', please provide the following details.

Yes No

Yes No

Company

Application number

Type of policy

Sum assured

Reason for cover

2b. Has any application for life, health, medical or critical illness assurance ever been declined, postponed, withdrawn, or accepted on revised terms?

Yes No

Yes No

If 'Yes', please give details including name of company, type of policy, dates and decision.

Insurance provider 1

Application number

Type of policy

Sum assured

Reason for cover

Details of terms

Status (Declined/Postponed/ Rated Underwriting)

Insurance provider 2

Application number

Type of policy

Sum assured

Reason for cover

Details of terms

Status (Declined/Postponed/ Rated Underwriting)

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 1 Lives assured details (continued)

Life assured 1

Life assured 2

3a. Are you currently applying or considering applying to other Insurance providers? If 'Yes', please provide name of Insurance providers

Yes No

Yes No

Insurance provider 1	<input type="text"/>	<input type="text"/>
Amount of cover	<input type="text"/>	<input type="text"/>
Proposal reference number	<input type="text"/>	<input type="text"/>
Type of cover (inheritance tax, critical illness, income protection)	<input type="text"/>	<input type="text"/>
Decision (Proposed or inforce)	<input type="text"/>	<input type="text"/>
Insurance provider 2	<input type="text"/>	<input type="text"/>
Amount of cover	<input type="text"/>	<input type="text"/>
Proposal reference number	<input type="text"/>	<input type="text"/>
Type of cover (inheritance tax, critical illness, income protection)	<input type="text"/>	<input type="text"/>
Decision (Proposed or inforce)	<input type="text"/>	<input type="text"/>

3b. Do you have any existing life cover, accident, waiver of premium or disability insurance? If 'Yes', please give details including name of Insurance provider, type of policy, dates, amounts and whether you are looking to keep or replace this cover?

Yes No

Yes No

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If you are currently applying for a concurrent proposal, we may be able to share medical evidence. Please confirm if we are to arrange these or whether another insurer is taking the lead? For further assistance contact our pre-sale support team on **+44 (0) 1624 820200**

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

Part 2 Plan requirements

Plan benefits

Cover type (please tick one box only)

Standard 110

Maximum

Target cover Number of years

Sum assured and premium specified

Basis of cover

Single life Joint life first death Joint life last survivor

Level of life cover required GBP/USD/EURO

Please make sure that you complete the above as failure to do so may delay the underwriting process.

If the sum assured is greater than £2,000,000 (or currency equivalent), please complete the Personal Assurance Questionnaire (Part 11) otherwise your application may be subject to delay.

Premium amount, currency and frequency

Premium GBP/USD/EURO

Premium amount (Minimum £25 a month/£250 each year (or currency equivalent))

Monthly Yearly

Reason for cover

Inheritance Tax Family protection

Other

If paying by Direct Debit Mandate please tick and go to Part 4.

If paying by any other method, please complete the following section – Part 3 – Source of funds.

Additional benefits

	Life assured 1	Life assured 2
Waiver of premium* (own occupation)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Annual increase option**	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

* Maximum age at outset is 60 next birthday and you must be in full time employment.

** If left blank, we will assume NO ANNUAL INCREASE option is required. This option will not be made available in all instances and will not be offered once the sum assured reaches £2 million (or currency equivalent).

Investment choice

You may choose to invest in up to four Canada Life International Limited internal funds. Please refer to our website www.canadalifeint.com for our full range of funds.

If this section is left blank then we will use the fund choice stated in your pre-sale illustration.

Fund name	Fund number	Fund currency	% amount to be invested in each fund
1			
2			
3			
4			
			Total 100%

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

Part 3

Source of funds

This section must be completed in all instances.

Please refer to our 'Guide to Anti-Money Laundering' (reference ID3034) at www.canadalifeint.com with regard to suitable documentary evidence of client identification, verification of address and source of wealth, which are based on Isle of Man regulatory requirements.

Source of funds

Bank name	<input type="text"/>	Bank account number	<input type="text"/>		
Bank account name	<input type="text"/>	Sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>		
Bank address (including postcode)	<input type="text"/>				
Postcode	<input type="text"/>	Building society roll number	<input type="text"/>		
How long has the bank account been held?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Year(s)</td> <td style="width: 50%; text-align: center;">Month(s)</td> </tr> </table>			Year(s)	Month(s)
Year(s)	Month(s)				



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

Part 4 Politically exposed persons

In accordance with anti-money laundering regulations, we are required to identify any parties to the application who are politically exposed persons (PEPs), the immediate family members of PEPs or the close associates of PEPs, and apply enhanced customer due diligence procedures. Examples of PEPs can be found in our 'Guide to Anti Money Laundering' (reference ID3034) at www.canadalifeint.com.

'Immediate family members' and 'close associates' of a PEP would include:

- A spouse, or any partner considered by national law as equivalent to a spouse
- Children (including a spouse's or partner's children)
- Parents, parents-in-law and grandparents
- Grandchildren
- Siblings
- Friends
- Any natural or legal person with whom joint beneficial ownership of a legal entity is held
- Any natural or legal person with whom a joint legal arrangement or any other close business relationship is held

With reference to the above, please answer the following questions:

1. Is any party to this application currently, or has any party previously been, a politically exposed person? Yes No
2. Is any party to this application an immediate family member or close associate of someone who is currently, or who has previously been, a politically exposed person? Yes No

If the answer is 'Yes' to either of the above questions, please give details of the relevant person(s), the organisation(s) involved, the position(s) held, when the position(s) were held, the relevant country(ies), and a brief description of the role undertaken. **If more room is required, please continue under the Additional notes section on page 24.**

Please note: Based on the information provided, we reserve the right to request further information or documentation in order to accept this application.



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

Part 5a Lives assured occupations details - please read and answer all questions

Life assured 1

Life assured 2

Principal occupation

Employer's name

1. Please detail the percentage of your work that is administrative and manual.

Administrative %

Administrative %

Manual/Physical %

Manual/Physical %

Please provide details of the manual work you do.

2. How many paid hours do you work in a week? hours

hours

All lives assured should answer all questions regardless of whether they are currently in employment.

3. Do you receive payment from any other occupation or source (for example rentals, consultancy)?

Yes No

Yes No

If 'Yes', please state the occupation or source

4. Are you involved in any of the following hazardous duties (as part of your occupation) such as:

Working at depths? Yes No

Yes No

Working with explosives? Yes No

Yes No

Aviation (other than a fare paying passenger)? Yes No

Yes No

Offshore work in oil/gas industry? Yes No

Yes No

Other Yes* No

Yes* No

* If 'Yes', please give details.

5. Are you a member of the Territorial Army (TA) or Armed Forces Reservists?

Yes No

Yes No

Please note a further questionnaire may be required. Please call our pre-sale team for guidance on +44 (0) 1624 820299.

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

Part 5b Lives assured travel and pursuits details - please read and answer all questions

Life assured 1

Life assured 2

1. Have you resided outside the UK, Channel Islands or Isle of Man in the last 10 years?

Yes No

Yes No

Do you intend to reside abroad in the future?

Yes No

Yes No

If 'Yes' to either of the questions above, please give details of the countries in which you have resided or intend to reside, including dates.

2. Have you travelled outside the UK, Channel Islands or Isle of Man in the last 10 years for longer than six weeks and/or do you intend to in the future?

Yes No

Yes No

If 'Yes' to either of the questions above, please give details of the countries visited or you intend to visit, reasons and duration of stay.

3. Do you currently participate or do you have any intention to participate in any hazardous sport or leisure activity? Hazardous pursuits include, for example, private aviation, caving/potholing, climbing/mountaineering, diving, motor sports or yachting.

Yes No

Yes No

Should you answer 'Yes' to the above question, please provide details and refer to our website www.canadalifeint.com to obtain the relevant supplementary questionnaire for completion.

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

Part 6 **Doctor's details**

Life assured 1

Life assured 2

Please provide details of your personal or regular doctor who holds your full medical records.

Doctor's name

Surgery address (including postcode)

Postcode | | | | | | |

| | | | | | |

Telephone number (including STD codes)

Fax number (including STD codes)

E-mail address

How long have you been registered here? Year(s) Month(s)

Year(s) Month(s)

If you have **changed your doctor in the last six months**, please provide details.

Doctor's name

Surgery address (including postcode)

Postcode | | | | | | |

| | | | | | |

Telephone number (including STD codes)

Fax number (including STD codes)

E-mail address

Date last consulted (day, month, year)

If you have ever **consulted any other doctors/consultants**, please provide names, contact details (if known) and **name of condition**.

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

Part 7 Health information

Please make sure that you tick either the 'Yes' or 'No' box for all questions. If you tick 'Yes' then please give full details.

Life assured 1

Life assured 2

<p>1. What is your exact height? (If not known please check)</p>	ft ins or m cms	<p>1. What is your exact height? (If not known please check)</p>	ft ins or m cms
<p>2. What is your exact weight? (If not known please check)</p>	st lbs or kilos	<p>2. What is your exact weight? (If not known please check)</p>	st lbs or kilos
<p>3. Has your weight increased or decreased by 7lbs (3kilos) or more in the last 6 months?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>3. Has your weight increased or decreased by 7lbs (3kilos) or more in the last 6 months?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If 'Yes', please provide details of reason.</p>		<p>If 'Yes', please provide details of reason.</p>	
<p>4. Have you used any form of tobacco including nicotine products (eg patches, chewing gum or e-cigarettes) in the last 12 months?*</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>4. Have you used any form of tobacco including nicotine products (eg patches, chewing gum or e-cigarettes) in the last 12 months?*</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If 'Yes', please provide details of daily amount.</p>	Cigars/cigarettes/other a day	<p>If 'Yes', please provide details of daily amount.</p>	Cigars/cigarettes/other a day
	Grams of tobacco a day		Grams of tobacco a day
	Replacement products a day		Replacement products a day

* If you answer 'No' to this question we may carry out tests to confirm that you are a non-smoker.

<p>5. Have you ever regularly smoked or used tobacco in any form to a greater extent than you currently do?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>5. Have you ever regularly smoked or used tobacco in any form to a greater extent than you currently do?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If 'Yes', please provide details of daily amount.</p>	Cigars/cigarettes/other a day	<p>If 'Yes', please provide details of daily amount.</p>	Cigars/cigarettes/other a day
	Grams of tobacco a day		Grams of tobacco a day
<p>6. Do you drink alcohol?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>6. Do you drink alcohol?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>6a. Please state your average weekly consumption of alcohol in amounts or units: (1 unit = 1 single pub measure of spirits, small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider).</p>	amount/units each week	<p>6a. Please state your average weekly consumption of alcohol in amounts or units: (1 unit = 1 single pub measure of spirits, small (125ml) glass of wine or 1/2 pint of standard strength beer, lager or cider).</p>	amount/units each week
<p>7. Have you ever been advised to reduce your smoking or alcohol intake for medical reasons?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>7. Have you ever been advised to reduce your smoking or alcohol intake for medical reasons?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If 'Yes', please provide reason.</p>		<p>If 'Yes', please provide reason.</p>	

For reasons of confidentiality, you may prefer to send this information directly to the Underwriting Manager, Canada Life International Limited, Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ.

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 insurance.

<p>8. Have you ever tested positive for HIV, hepatitis B or C or are you awaiting the result of such a test?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>8. Have you ever tested positive for HIV, hepatitis B or C or are you awaiting the result of such a test?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>9. Do you expect to seek a medical opinion in the foreseeable future?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<p>9. Do you expect to seek a medical opinion in the foreseeable future?</p>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>If 'Yes', please give details.</p>		<p>If 'Yes', please give details.</p>	

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

Please note that we may have to postpone consideration of your application until medical opinion is received.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 7 Health information (continued)

Please make sure that you tick either the 'Yes' or 'No' box for all questions. If you tick 'Yes' then please give full details.

Life assured 1

Life assured 2

10. Are you currently pregnant?

Yes No

Yes No

If 'Yes', what is your expected due date?

11. Is your pregnancy progressing normally?

Yes No

Yes No

If 'No', please provide details.

12a. Before the age of 65 have either of your natural parents, brothers or sisters, whether alive or dead, suffered from heart or circulatory disease, high blood pressure, stroke or hereditary disease?

Yes No

Yes No

If 'Yes', please provide details.

Condition

Relative

Age at diagnosis

12b. Before the age of 65 have either of your natural parents, brothers or sisters, whether alive or dead, suffered from or been investigated for any cancers (including tumours, lumps or growths)?

Yes No

Yes No

If 'Yes', please provide details.

Type of cancer

Relative

Age at diagnosis

+ 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

Part 7 Health information (continued)

Please make sure that you tick either the 'Yes' or 'No' box for all questions. If you tick 'Yes' then please give full details.

Life assured 1

Life assured 2

13. Have you ever suffered from, or been asked to have any tests or investigations for:

a. Cancers, tumours, lumps or growths?

Yes No

Yes No

If 'Yes', please give details.

b. Heart or blood disorders (for example, heart attack, strokes, anaemia, high blood pressure)?

Yes No

Yes No

If 'Yes', please give details.

c. Digestive disorders (for example, Crohn's disease, colitis, polyps, hepatitis, ulcers)?

Yes No

Yes No

If 'Yes', please give details.

d. Respiratory disorders (for example, asthma, bronchitis, emphysema, tuberculosis, pleurisy, or other chest complaint)?

Yes No

Yes No

If 'Yes', please give details.

e. Nervous system or glandular disorders (for example, thyroid problems, diabetes, depression, stress and anxiety, epilepsy)?

Yes No

Yes No

If 'Yes', please give details.

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

Part 7 Health information (continued)

Please make sure that you tick either the 'Yes' or 'No' box for all questions. If you tick 'Yes' then please give full details.

Life assured 1

Life assured 2

f. Musculo-skeletal disorders (for example, arthritis, back pain, rheumatism, joint replacement)?

Yes No

Yes No

If 'Yes', please give details.

g. Genito-urinary disorders (for example, kidney problems, urine abnormalities, abnormal cervical smears, sexually transmitted diseases)?

Yes No

Yes No

If 'Yes', please give details.

h. Any other disorders or any past or current symptoms not disclosed above?

Yes No

Yes No

If 'Yes', please give details.

14a. Are you taking any prescribed drugs, medicines, tablets or any other therapy **not** previously disclosed?

Yes No

Yes No

If 'Yes', please give details.

14b. Have you ever used recreational drugs or injected non-prescription drugs (for example, cocaine, heroin, cannabis or ecstasy)?

Yes No

Yes No

If 'Yes', please give details.

+
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

Part 8 Commission details

IMPORTANT - please confirm for all applications regardless of whether you are providing a Pre-Sale quotation.

1. Have you attached the pre-sale illustration on which this application is based?

Yes If ticked yes move to Part 9

2. On which level of commission is the quotation based?

a. 140% of LAUTRO (default level on CTP/Exchange)

b. Other, please specify % (0-150%)

Please note commission is only available in 10% tranches.

3. Servicing commission

a. 0%

b. 2.5%

Part 9 Professional adviser's details

Country in which I gave the applicant(s) the advice concerning this application.

Country in which this application was subsequently completed and signed.

on Date (day, month, year) / /

I confirm that, if applicable, all information provided was obtained directly from the applicant(s).

Regulatory body authorisation number

Regulatory body

Company Terms of Business reference number

Authorised signatory

Signatory name

Position

Date (day, month, year)

 / /

Company stamp

Our pre-sale team will provide regular updates on the progress of your clients' application. Please complete the contact information below.

Contact name

Telephone number (including STD code)

Fax number (including STD code)

E-mail address

Please note: Based on the information provided, we reserve the right to request further information or documentation in order to accept this application.

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

Part 10

Declaration by applicant(s)

Access to medical records

It may be necessary for us to obtain medical reports to support your application. Before we can ask any doctor that you have consulted to complete such a report, we need 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 Act 1993 (Isle of Man) (the Acts). Your rights under the Acts 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 (General Practitioner/GP) 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 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
 - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations
- Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We have asked your doctor not to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually transmitted diseases unless there could be long-term effects on your health; or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

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

If you have any questions about your rights under the Acts or have any questions relating to the process of getting, assessing or storing medical information, please write to us at our Head Office address.

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

Life Assured 1

Life Assured 2

Your agreement

I/We (the policyholder) have read the agreement, Guidance 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 I/we may be contacted by telephone by an external medical party with regards to health statements made in this application.

I/We also understand that a third party medical/professional may contact me/us to arrange appointments requested by the Company.

I/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our proposal. You 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/We 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 12 months of the start of the Plan, or after my/our death, to support any claim made on the Plan proceeds.

I/We will inform you immediately of any changes that occur before the Plan 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.

This Plan will not include a surrender benefit and will only pay benefits in the event of a valid claim.

Part 10 Declaration by applicant(s) (continued)

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 to the Company acting upon either a verbal instruction from me/us or alternatively a written or verbal instruction from my/our professional adviser, should I/we require that an explanation of the medical underwriting decision be sent to our/my doctor (GP).

I/We declare that the statements given in part 11 are true and correct and form part of my proposal for insurance.

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 a Flexible Life Plan. I/We have read and understood the Flexible Life Plan Details and Key Features. I/We understand that the Canada Life International Limited Flexible Life Plan is subject to the law of the Isle of Man.

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.

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.

Data protection notice (continued)

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.

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 and

also, that the Company may pass information to financial and other organisations involved in fraud prevention to protect themselves, ourselves and their 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.

I/We consent to the data protection statement above.

	Life assured 1	Life assured 2
Signature confirming your agreement to this application including the commission payments (Part 8), declaration by applicant(s) and data protection notice (Part 10)		
Print name		
Date (day, month, year)	/ / 2	/ / 2

Copies of the terms and conditions of this Plan as well as the completed application form are available on request.

Telephone calls with the Company may be monitored/recorded to maintain and improve our service and to also assist security and staff training.

If a misunderstanding should arise and a recording is available, this would be accessed only under appropriate supervision.

Part 11 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 £2,000,000.

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 £2,000,000 (or currency equivalent). Where the sum assured is greater than £3.5 million (or currency equivalent) **this form must be countersigned by an independent third party (for example, accountant, solicitor or bank manager)**. 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 11 is not completed on application a separate personal assurance questionnaire will be required and this may delay an underwriting decision.

Purpose of the cover

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

Life assurance Single Joint life In force Proposed To be cancelled

Reason for cover

Amount of cover

Income protection Single Joint life In force Proposed To be cancelled

Reason for cover

Amount of cover

Critical illness cover Single Joint life In force Proposed To be cancelled

Reason for cover

Amount of cover

Other (please specify)

Single Joint life In force Proposed To be cancelled

Reason for cover

Amount of cover

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

2. Please detail your current assets (excluding any current life assurance and pensions), indicating which are held jointly.

*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. **Please note, you may be asked to provide a more granular breakdown of these assets should the applicant(s) hold multiple significant assets.**

	Assets (a)	Single	Joint
Property	<input style="width: 250px; height: 15px;" type="text" value="GBP / USD / EURO"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investments	<input style="width: 250px; height: 15px;" type="text" value="GBP / USD / EURO"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unquoted equities	<input style="width: 250px; height: 15px;" type="text" value="GBP / USD / EURO"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (please specify)	<input style="width: 250px; height: 15px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input style="width: 250px; height: 15px;" type="text" value="GBP / USD / EURO"/>		
Total assets (a)	<input style="width: 250px; height: 15px;" type="text" value="GBP / USD / EURO"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 11 Personal assurance questionnaire (continued)

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

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

Total assets less liabilities (a - b) = c GBP / USD / EURO

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 GBP / USD / EURO

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

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?

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

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

Part 11 Personal assurance questionnaire (continued)

Also to be completed for family protection and loan cover

Please state your gross yearly/annual income (minus bonuses):

	Last three years	Life assured 1	Life assured 2
		GBP / USD / EURO	GBP / USD / EURO
Employed persons	Salary from stated occupation	20_____	
		20_____	
		20_____	
	From investments / dividends	20_____	
		20_____	
		20_____	
	From other sources (please state)	20_____	
		20_____	
		20_____	
Source			
Self employed persons			
Income drawn	20_____		
	20_____		
	20_____		
From investments / dividends	20_____		
	20_____		
	20_____		
From other sources (please state)	20_____		
	20_____		
	20_____		
Source			

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

Part 11 **Personal assurance questionnaire (continued)**

Also to be completed for family protection and loan cover

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.

Important note

To be completed in all circumstances when Part 11 completed

I declare that the statements in this Part 11 are true and correct and form part of my proposal for insurance.

I understand that failure to give true and complete answers to all questions may entitle the Company to reject a claim made under the Plan.

Life assured 1

Life assured 2

Signature

Print name

Date (day, month, year) / /

/ /

If the sum assured is in excess of £3.5 million (or currency equivalent) then an independent third party who can verify the information given above, must sign below.

How long have you known the life/lives assured?

Independent third party declaration

I declare that the above statements are true and correct. I understand that failure to give true and complete answers to all questions may entitle the Company to reject a claim made under the Plan.

Signature

Date (day, month, year) / /

Occupation

Your name

Company name

Your company stamp

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

Additional notes Any additional notes that you feel may be applicable.

Life assured 1

Life assured 2

Signature (Only sign if additional information has been added to this page)

Date (day, month, year)

The Direct Debit Guarantee



- 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, Canada Life International Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Canada Life International Limited or your bank or 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.



Please fill in the whole form using black ink only and send it to:

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

Instruction to your bank or building society to pay by Direct Debit

Originator's Identification Number

7	6	0	7	2	9
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Name(s) of account holder(s)

Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Name and full postal address of your bank or building society

To: The Manager	Bank/Building Society
Address	
Postcode	

FOR CANADA LIFE INTERNATIONAL LIMITED OFFICIAL USE ONLY

This is not part of the instruction to your bank or building society

Instruction to your bank or building society

Please pay Canada Life International Limited 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 Canada Life International Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Reference number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date


--

Banks and building societies may not accept Direct Debit instructions for some types of account.



Canada Life International Limited, registered in the Isle of Man no. 33178. Registered office: Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ. Telephone: +44 (0) 1624 820200 Fax: +44 (0) 1624 820201 www.canadalifeint.com Member of the Association of International Life Offices.

Canada Life International Limited is an Isle of Man registered company authorised and regulated by the Isle of Man Financial Services Authority.

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