

What this questionnaire is for and filling it in

This questionnaire should be used where we require evidence of insurability in order to consider providing or increasing life insurance benefits based on your life. If you are receiving advice from a Financial Adviser, remember that the adviser is acting on your behalf, not only by giving you advice, but also regarding the way in which this questionnaire is completed and sending us this completed questionnaire and cheque in payment of any premium.

Please read this questionnaire carefully (including the side notes) and complete it yourself.

This questionnaire is separated from the application form to allow you to complete it in private. It can be returned direct to your Financial Adviser or to Standard Life's Chief Medical Officer. Standard Life has a Code of Practice on the confidentiality of sensitive information and access is restricted.

The answers you give to the questions on this questionnaire are used to assess the risk of and the terms we can offer for the insurance contract for which you are the life to be covered. The questions are designed to obtain material facts likely to be relevant - for example, information about your health. You must answer all questions honestly and in full. If you are in any doubt about whether or not to disclose any fact, you should nevertheless give the details on this questionnaire. Material facts are facts that in our view would affect our assessment of the risk and any terms offered by us.

If you fail to disclose all material facts, we may refuse to pay a claim on the policy and premiums paid may not be returned.

You should not disclose any genetic test results you have. We will ignore any genetic test results we receive. However, you must tell us if you are experiencing symptoms of a genetic condition or getting treatment for them.

If there is any change to your circumstances between completing this questionnaire and the start date of the cover, you must advise us of this change. For example, if you become ill or attend a doctor, you must advise us.

This questionnaire forms part of the application to enter into a contract with Standard Life Assurance Limited. This questionnaire will be the basis of the contract if accepted by us.

A copy of this completed questionnaire will be made available on request.

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Please use BLOCK CAPITALS.
If you make a mistake, initial any changes. Do not use correction fluid.

Part 1 - Data Protection Notice

Standard Life will use your personal information to set up, administer and manage the policy and to comply with the law. Your personal information may be shared for these purposes with other companies within Standard Life group, third party service providers, regulators and auditors. If they are based outside the European Economic Area, measures will be taken to ensure adequate steps are in place to protect your personal information.

If the policy owner has appointed a financial adviser, we may share information about the policy with their financial adviser, to enable them to give advice. The policy owner's financial adviser will hold, use and process your personal information in accordance with their data protection notice.

Any medical information provided in connection with the application will be used for underwriting the application. Medical information may be given to your doctor, if, in our opinion, a condition is noted at a medical examination of which your doctor may not be aware.

A copy of this questionnaire, and any supporting information (including medical information and reports) may be given to a reinsurance company (in or outside the European Economic Area) if we need to share the insurance risk or consider a claim.

Your personal information is defined as 'personal data' and your medical information may be considered as 'sensitive personal data' under the Data Protection Act 1988, as amended. We regret that if you do not explicitly consent to the use of your personal data in accordance with this notice, we will be unable to process the application.

If you want to request a copy of the personal information we hold about you, please write to us. We may charge you a fee for providing it.

All parties named in this questionnaire should know how Standard Life holds, uses and processes their personal information, which it does in accordance with the Data Protection Acts 1988-2003. They all should read this notice.

Part 2 - Your personal details (*Life to be covered*)

Name of Plan/Scheme (if appropriate)	
Plan/Scheme Number	
Title	Surname
First names (in full)	
Date of birth (DD/MM/YYYY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Civil partnership
	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Address	
Daytime telephone number (including area code)	
Occupation (Please state your job title/position, describe the kind of work you do and give details of your duties, including any of a hazardous nature for example, working at heights)	

Part 3 - Insurability questions

1. Do you have any current illness, physical disability or medical condition, or are you taking drugs or are you having or waiting or any form of medical treatment, investigation or follow-up? No Yes

If you answer 'YES', please give further details including dates.

2. Have you been ill or had any form of medical investigation, treatment or tests within the past five years (ignoring colds, flu and minor injuries)? No Yes

If you answer 'YES', please give further details including dates.

3. Have you ever had or are you currently suffering from:
- (a) High blood pressure, palpitations, chest pain or any heart circulation problems? No Yes

If you answer 'YES', please give further details including dates.

- (b) Asthma, bronchitis, or any disorder of the lungs? No Yes

If you answer 'YES', please give further details including dates.

- (c) Recurrent indigestion, ulcer, colitis, disease of the liver or pancreas, or other bowel problem? No Yes

If you answer 'YES', please give further details including dates.

- (d) Rheumatism, arthritis, or other joint or muscle problem? No Yes

If you answer 'YES', please give further details including dates.

- (e) Fits, blackouts, migraine, or any disease of the nervous system? No Yes

If you answer 'YES', please give further details including dates.

- (f) Stress, depression/anxiety, mental breakdown, panic attack or any psychiatric disorder? No Yes

If you answer 'YES', please give further details including dates.

- (g) Any disorder of the kidneys or bladder, urinary problem or diabetes? No Yes

If you answer 'YES', please give further details including dates.

- (h) Any defect or disease of the eyes or ears? No Yes

If you answer 'YES', please give further details including dates.

- (i) Psoriasis, eczema, dermatitis, or any other skin condition? No Yes

If you answer 'YES', please give further details including dates.

- (j) Back pain, neck pain, slipped disc or other spinal problem? No Yes

If you answer 'YES', please give further details including dates.

- (k) Any other illness, injury, condition, or surgical operation? No Yes

If you answer 'YES', please give further details including dates.

Part 3 - Insurability questions (continued)

4. Have you ever had hospital in-patient or out-patient treatment, investigation, surgery or advice for any physical or psychiatric condition? No Yes

If you answer 'YES', please give further details including dates.

5. (a) Have you ever been tested positive for HIV (AIDS), Hepatitis B or C? No Yes

(b) In the past 5 years, have you tested positive or been treated for any sexually transmitted disease? No Yes

If YES to either question, please give details with dates. For blood tests, please also give the results and reason for the test (such as routine screening for donating blood or anti-natal etc.) or other reason.

6. Have you ever used recreational drugs, for example, cannabis, cocaine, heroin, ecstasy, amphetamines, anabolic steroids or non-prescription drugs? No Yes

If you answer 'YES', please give further details including dates.

7. Have any of your parents, brothers or sisters ever had heart disease, high blood pressure, stroke, diabetes, kidney disease, cancer or any hereditary disorder? No Yes

If you answer 'YES', please give further details including dates.

8. Have you smoked cigarettes, pipes or cigars in the past 12 months? No Yes

If 'YES', please say how much each day.

9. Are you pregnant? No Yes

If 'YES', please state expected delivery date.

10. (a) What is your height without shoes? ft ins or m

(b) What is your weight in indoor clothes? st lbs or kg

11.

Name of current doctor

Address

Daytime telephone number

Name of previous doctor if you have changed doctors in the last 6 months

Address

Daytime telephone number

Part 3 - Insurability questions (continued)

12. (a) What is your average weekly alcohol intake? units
(1 pint = 2 units, 1 short or 1 glass of wine = 1 unit)

(b) Have you ever been given medical advice to cease or reduce your alcohol consumption? No Yes

If you answer 'YES', please give further details including dates.

13. Have you ever applied for life assurance or disability benefit and had your application turned down, postponed or accepted only on special terms? No Yes

If you answer 'YES', please give further details including dates.

14. Are you applying for life assurance or disability benefit to any other company, or have you done so in the last 12 months? No Yes

If you answer 'YES', please give further details including dates.

15. Have you been absent from work through illness or injury for a month or more during the last five years? No Yes

If you answer 'YES', please give further details including dates.

16. Do you have any intention of:
(a) Flying other than as a fare paying passenger on a licensed airline? No Yes

If you answer 'YES', please give further details including dates.

(b) Residing or travelling abroad other than for holidays or brief business trips? No Yes

If 'YES', state the countries to which you expect to travel and the duration of time you expect to spend in that country.

(c) Engaging in hazardous activities or sports, such as diving, climbing, motorsports? No Yes

If you answer 'YES', please give further details including dates.

Only complete questions 17 to 20 below if you are applying for/increasing disability or premium protection cover.

Part 3 - Insurability questions (continued)

17. How many hours do you normally work each week?

 hours

18. Is your work 100% administrative?

 Yes No

If 'YES', please ignore questions (a) to (e).

If 'NO', please answer questions (a) to (e) and indicate the approximate percentage of time you spend, on average each week, doing any of the following:

- | | | | | |
|--|-----------------------------|------------------------------|----------------------|---|
| (a) Driving | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="text"/> | % |
| (b) Using machinery or tools | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="text"/> | % |
| (c) Manual or physical work | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="text"/> | % |
| (d) Working at heights over 8 metres (30 feet) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="text"/> | % |
| (e) Engaging in any other hazardous work | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="text"/> | % |

19. Are there any features of your occupation or working environment of which we should be aware (for example, working offshore or in extremes of temperature)?

 No Yes

If you answer 'YES', please give further details including dates.

20. Would you receive an income from your employer in the event of being unable to work because of sickness or injury?

 No Yes

If 'YES', please give details and indicate for how long the income would be paid.

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