

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.

We collect, process and maintain customer personal information and apply safeguards to ensure that it is protected and used in accordance with data protection law. To read our Privacy Policy, visit www.standardlife.ie/privacy

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 you're sent for a medical examination, and the examining doctor notes a medical condition, which, in our opinion, your doctor may not be aware of, we may give your doctor medical information relating to you.

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.

MED30 V03 0818

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

Part 1 - Data Protection Notice - Using your personal information

We will collect and use personal information about you such as your name, date of birth and address in order to provide this product or service and manage our relationship with you. It may be necessary as part of this product or service to collect and use personal information which is defined as 'sensitive' by data protection law. Any sensitive personal information will only be collected and used where it's needed to provide the product or service you have requested or to comply with our legal and regulatory obligations and where we have obtained your explicit consent to process such information.

To provide this product or service and meet our legal and regulatory obligations, we will keep your personal information and copies of records we create (for example, phone calls with us) while you are a customer of ours. Even when you no longer have a relationship with us, we are required to keep information for different legal and regulatory reasons. The length of time will vary and we regularly review our retention periods to make sure they comply with all laws and regulations.

The information collected may be shared with other parts of the Phoenix Group and other companies we work with to support us in the provision of the product or service you have with us. We may also share your information with our regulators (for example, the Central Bank of Ireland), the Revenue Commissioners, your financial adviser, and for applicable products and services, your employer where necessary and lawful to do so. Whenever we share your personal information, we will do so in line with our obligations to keep your information safe and secure.

The majority of your information is processed in Ireland and European Economic Area (EEA). However, some of your information may be processed by us or the third parties we work with outside of the EEA, including countries such as the United States. Where your information is being processed outside of the EEA, we take additional steps to ensure that your information is protected to at least an equivalent level as would be applied by EEA data privacy laws, for example, we will put in place legal agreements with our third party suppliers and do regular checks to ensure they meet these obligations.

For more information on how Standard Life International dac or Standard Life Assurance Limited (Irish branch) process your personal information and what your rights are, please read our Privacy Policy at www.standardlife.ie/privacy or write to the Data Protection Officer, Standard Life, 90 St Stephen's Green, Dublin 2.

We may make changes to this notice. If we do, we will update our Privacy Policy on www.standardlife.ie/privacy

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

Name of Plan/Scheme (if appropriate)

Plan/Scheme Number

Title Male Female

First names (in full)

Surname

Address

Date of birth* (DD/MM/YYYY) Daytime telephone number (including area code)

Marital status Single Married Separated
 Divorced Widowed Civil partnership

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? Yes No

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)? Yes No

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? Yes No

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

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

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? Yes No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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? Yes No

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? Yes No

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

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? Yes No

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? Yes No

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

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

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

9. Are you pregnant? Yes No

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? Yes No

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? Yes No

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? Yes No

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? Yes No

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? Yes No

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

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

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? Yes No

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 Yes No %

(b) Using machinery or tools Yes No %

(c) Manual or physical work Yes No %

(d) Working at heights over 8 metres (30 feet) Yes No %

(e) Engaging in any other hazardous work Yes No %

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)? Yes No

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? Yes No

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

Part 4 - Declaration by the life to be covered

Please read carefully before signing.

WARNING: If you propose to increase your existing policy or take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or insurance intermediary.

1. I have read the section headed 'What this questionnaire is for and filling it in'.
2. I have read the Data Protection Notice (Part 1) and I agree that my personal information (including sensitive personal data) may be used for the purposes described.
3. I agree that a copy of this questionnaire can be treated as the original for all purposes.
4. I agree that Standard Life may ask for medical information from any doctor who at any time has attended me about anything that affects my physical or mental health or ask for information, including medical reports, from any insurance company to which an application has been made on my life and I authorise the giving of such information. I also agree that this consent allows Standard Life to obtain a medical report at any time during the lifetime of the policy and after my death to support any claim on the policy.
5. I declare that, to the best of my knowledge and belief, the answers given, whether in my handwriting or not, are true and complete.
6. I agree and accept that if I have failed to give correct answers to any questions in this questionnaire, then the policy may be cancelled or a claim may be refused.
7. I agree and accept that a claim will not be paid until age is proven.
8. I will notify Standard Life immediately of any changes in my occupation, and accept that a change may result in an increase in the level of benefit or charge, or it may, in certain circumstances result in a withdrawal of benefit under the policy.
9. If there is any change in my health or other circumstances before this cover starts, I will provide Standard Life with details.

To read our Privacy Policy, visit www.standardlife.ie/privacy

Signature of life to be covered ▶

Date

(DD/MM/YYYY)


Signature

What happens next?

PLEASE SEND THE FOLLOWING DOCUMENTS TO YOUR FINANCIAL ADVISER OR TO STANDARD LIFE'S CHIEF MEDICAL OFFICER AT 90 ST STEPHEN'S GREEN, DUBLIN 2:

1. This completed questionnaire.
2. A written application/instruction from the policyowner (for pension schemes, this is the Trustees; for disability plans, it is the employer) detailing the increased or additional benefits required.

If this application is accepted on normal terms, we will not wait for further instructions. We will commence cover based on the date the completed application is received and the policy documents will be issued.

If this application is accepted subject to special terms, the policyowner's agreement will be obtained before commencing cover.

(01) 639 7000 www.standardlife.ie customerservice@standardlife.ie

Standard Life Assurance Limited is authorised by the Prudential Regulation Authority in the UK and is regulated by the Central Bank of Ireland for conduct of business rules. Standard Life Assurance Limited is registered in Dublin, Ireland (905495) at 90 St Stephen's Green, Dublin 2 and Edinburgh, Scotland (SC286833) at Standard Life House, 30 Lothian Road, Edinburgh EH1 2DH. Calls may be monitored and/or recorded to protect both you and us and help with our training. Call charges will vary.

MED30 V04 0818 ©2018 Standard Life Aberdeen, reproduced under licence. All rights reserved.

08/08