

**THE
LIVERPOOL
VICTORIA MAX**

Application Form



You can get this and other documents from us in Braille, large print or on audiotape by contacting your financial adviser

IMPORTANT INFORMATION

Please bear in mind that we will share the information you give us here with the other people involved in this application.

If you would like help completing your application, please talk to your Financial Adviser. Please write in block capitals using black ink. For details about the options included in this form, please see the 'Key Features' and the 'Further Details' documents.

YOUR DETAILS

First applicant

Title _____ First name(s) _____

Surname _____

Status Single Married Widowed
 Separated Co-habiting Civil Partner
 Divorced/Dissolution

Address _____

Postcode _____

Telephone No. Daytime _____

Evening _____

Email address _____

By giving you an e-mail address above I agree to you contacting me by e-mail about other products and services.

Date of birth / / (DD/MM/YYYY)

Gender Male Female

Was advice provided during the course of this sale? Yes No

Second applicant

Title _____ First name(s) _____

Surname _____

Status Single Married Widowed
 Separated Co-habiting Civil Partner
 Divorced/Dissolution

Address _____

Postcode _____

Telephone No. Daytime _____

Evening _____

Email address _____

DEATH AND TERMINAL ILLNESS BENEFIT OPTION

Please indicate how you wish your MAX to be set up

Single Life MAX

Joint Life First Death MAX

Joint Life Second Death MAX

First Applicant

Are you an existing member of

Liverpool Victoria Friendly Society? Yes No

Second Applicant (if applicable)

Are you an existing member of

Liverpool Victoria Friendly Society? Yes No

DETAILS OF LIFE/LIVES ASSURED

Complete the following details only if the life/lives assured are not the same as the applicant(s).

Age limits for the life/lives assured minimum age is 17, maximum age is 74.

First life assured

Title _____ First name(s) _____

Surname _____

Status Single Married Widowed
 Separated Co-habiting Civil Partner
 Divorced/Dissolution

Address _____

Postcode _____

Second life assured

Title _____ First name(s) _____

Surname _____

Status Single Married Widowed
 Separated Co-habiting Civil Partner
 Divorced/Dissolution

Address _____

Postcode _____

First life assured

Telephone No. Daytime _____
 Evening _____
 Email address _____

Second life assured

Telephone No. Daytime _____
 Evening _____
 Email address _____

By giving you an e-mail address above I agree to you contacting me by e-mail about other products and services.

Date of birth / / (DD/MM/YYYY)
 Gender Male Female

Date of birth / / (DD/MM/YYYY)
 Gender Male Female

Relationship to applicant(s) _____

INVESTMENT DETAILS

Minimum investments are £50 a month or £600 a year with no maximum investment.
 Where Waiver of Premium option is selected the maximum premium is £1,000 a month or £12,000 a year.

How much do you wish to invest? £

Frequency: Monthly by direct debit Annually by direct debit

Day of the month you would like investments to be paid (from 1st to 28th) (DD)

Normally we will start your investments as soon as possible after we accept your application (although it may take around 14 days to set up the Direct Debit with your bank or building society). If the acceptance date is 5 days or less after the chosen payment date, we will backdate the commencement date.

Details of the Direct Debit Guarantee can be found in the Key Features document.

Your MAX will be set up as a cluster of 50 identical policies.

Waiver of Premium option

This option is only available to lives under age 60 and terminates at age 65 exact. For a Joint MAX, this option is only available to one of the lives.

Do you want Waiver of Premium Benefit? Yes No

If you are taking out a Joint MAX, please indicate which life the Waiver of Premium Benefit is to cover

(this person must complete Section 2): Please tick **one** box only First Life Assured Second Life Assured

PERSONAL DETAILS (to be completed by the life/lives assured)

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following sections truthfully and accurately.

SECTION ONE

All life/lives assured should complete this Section.

	First Life Assured	Second Life Assured (if applicable)
1. What is your height?	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> cms	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> cms
2. What is your weight?	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> kgs	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> kgs
3. Have you ever tested positive for HIV/AIDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever had an application for life assurance declined?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you consulted any doctor in the last year (other than for routine minor conditions) or been referred to a specialist in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have answered 'Yes' to any questions above please give full details in Section 3 and also complete Section 4.

If you have answered 'No' to all of these questions and are not applying for Waiver of Premium Benefit go straight to the Declaration on page 9.

SECTION TWO: WAIVER OF PREMIUM DECLARATION

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following sections truthfully and accurately.

Only the life assured to be covered by the Waiver of Premium Benefit should complete this Section.

Please re-affirm the life assured to which this applies. First Life Assured/Second Life Assured (delete as applicable).

Please answer the questions below and then read and sign the declaration

6. Have you consulted a medical specialist/consultant or received treatment at a hospital or clinic (other than in respect of a minor ailment) in the last year, or have you such an appointment pending? Yes No
7. In the last 3 years, have you suffered from : Yes No
anxiety, depression or any psychiatric disorder Yes No
any disease/disorder of the back or joints Yes No
any illness or injury that has prevented you from working for a period of 2 weeks or more? Yes No
8. Have you had any application for sickness or accident insurance declined, postponed or accepted on other than standard terms? Yes No
9. Does your average weekly consumption of alcohol exceed 30 units*? Yes No
*1 glass of wine (175ml) = 2 units, 1 pint of standard beer/larger = 2 units, 1 measure of a spirit = 1 unit
10. Does your occupation involve: Yes No
working at heights, underground, offshore or the use of explosives or other hazardous substances Yes No
residence in under-developed or third world countries, travel to politically unstable countries or war zones? Yes No
11. Do you participate in any hazardous pursuits? Yes No
e.g. mountaineering, motor sport, diving to depths greater than 30m,
aviation (other than as a passenger in a commercially licensed aircraft)

I declare that the above answers are true and complete.

Signature _____

Date / / (DD/MM/YYYY)

If you have answered 'Yes' to any questions above please give full details in Section 3 and also complete Section 4.
If you have answered 'No' to all these questions go straight to the Declaration on page 8.

SECTION THREE: FURTHER DETAILS

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following sections truthfully and accurately.

If you answered 'Yes' to any questions in Sections One and Two, please give further details relating to each question in the box below. Wherever possible we will accept your application on the basis of the information you provide in your application form so please give full details. Please continue on a separate sheet if necessary.

In relation to medical questions 5, 6 or 7, for any medical condition please include details of date of first diagnosis, duration of illness, and the name of doctor(s) consulted and hospital(s) involved. For MAX, Liverpool Victoria Friendly Society does not require the disclosure of a genetic test result. However, if you are experiencing symptoms of, or are having treatment for, a genetic condition we require disclosure and full details.

First Life Assured/Second Life Assured (delete as applicable)

SECTION FOUR: NAME AND ADDRESS OF YOUR DOCTOR –

Only required if you answered ‘Yes’ to any of the questions in Sections 1 and 2.

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following sections truthfully and accurately.

You should not assume that we will write to your doctor for a report, although we may do so.

First Life Assured	Second Life Assured (if applicable)
Doctor	Doctor
Surgery	Surgery
Address	Address

If you have registered with a new doctor within the last 12 months please state name and address of your previous doctor.

First Life Assured	Second Life Assured (if applicable)
Doctor	Doctor
Surgery	Surgery
Address	Address

IMPORTANT NOTES

The policy will not start until we have assessed and accepted your application, and the first premium has been paid. If the life assured has a birthday while the application is being processed, the terms may differ from those originally quoted. In most instances payments will be as originally quoted. We may offer revised terms, but occasionally we may not be able to offer any terms. We may ask the life assured to contact their doctor if we are waiting for reports which we have asked for. If we ask them to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.

We may need to send the application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reassurance principles and details of any company we use to assess the application, from our head office. We have a confidentiality policy in place which means we hold medical information securely and access is limited to authorised individuals who need to see it. You are entitled to ask for a copy of our standard terms and conditions and a copy of the application form at any time.

Genetic Test Results (applicable to the life/lives assured)

- For this application we do not need to know about any genetic test result.
- In all cases, you must tell us if you are experiencing symptoms of or having treatment for a genetic condition.
- However, for a genetic condition present in the immediate family, it will be to the applicant's benefit to tell us of a negative test for the same condition.
- Details of the Association of British Insurer's Code of Practice in relation to genetic testing and insurance are available on request.

Access to medical reports (applicable to the life/lives assured)

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the act 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 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 phobias, 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 act or questions relating to the process of getting, assessing or storing medical information, please write to: Liverpool Victoria Friendly Society Limited, Pynes Hill House, Rydon Lane, Exeter EX2 5SP

I **do not want** to see the report before it is sent to LV= **First Life Assured** **Second Life Assured** (if applicable)


I **do want** to see the report before it is sent to LV= **First Life Assured** **Second Life Assured** (if applicable)

DECLARATION

To be read and signed by all applicants:

We MUST be informed of any changes in your health, occupation duties or other information provided in this application which take place before we assume risk under the policy.

- I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the policy, or after my death, to support any claim made on the policy proceeds.
- You should not assume that we will write to your doctor for a report, although we may do so.
- This information can also be used to maintain management information for business analysis.
- By signing this declaration I am allowing you to process my application using the information that I have given. You may also use this information to process any claim made on this policy.
- I wish to enter into a contract for the benefit stated in this application on Liverpool Victoria Friendly Society Limited's (LV=) normal terms and conditions. I hereby declare that my answers in this application are true and complete and that I have not withheld or concealed any circumstances on which information in relation to this application is required. Any failure to comply with these requirements may result in the contract being declared void. I acknowledge that any policy which LV= may issue to me is issued in reliance on the contents of this application, the answers in my medical report(s), if any, and this declaration. Failure to comply with these requirements may invalidate the policy.
- I confirm that I am a UK resident.

- I will inform LV= immediately of any changes in my health, occupational duties or other information provided to LV= that occur before the policy starts. I understand that LV= must be informed of such changes and 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 knowledge and belief all the statements made, which includes anything I may have said, have been recorded accurately in this application or are attached in a sealed private and confidential envelope, and are true and complete. This disclosure will form the basis of the contract. (Please tick if you have attached a private and confidential envelope.)
 - I agree that any sensitive information which I give LV=, including data such as health and medical information, may be disclosed for the purposes only of processing my application and of the ongoing administration of my policy to: my general practitioner; medical practitioners acting for LV=; reinsurers or any other insurer to whom I have applied and given consent; my Financial Adviser and any associated company of LV=.
 - I agree to LV= accepting medical reports faxed directly to LV= from my doctor's surgery. I also do not* object to copies of the report being faxed to any of those parties to whom LV= may disclose personal data, as stated above, at their request. (*Delete the word 'not' if you do not wish us to fax information.)
 - In the event of a claim I understand that my names, date of birth and post code will be provided to the Association of British Insurers (ABI) Health Claims database which has been set up to deter/prevent fraud.
 - LV= may use information given to make searches about me at credit reference agencies that hold my information (such as from the electoral roll). The agencies check my identity and will keep records of these searches, even if my application doesn't go ahead. I understand that LV= may use scoring methods to check my identity and may ask me for supporting documents.
 - LV= may use information provided to process my application and manage my policy. The information may be kept electronically or on paper file for as long as the application is being considered, while the policy is active and for an appropriate length of time thereafter that.
-  We'll keep your information and add it to our customer databases even if your application doesn't go ahead. We may use it to keep our records up to date, for business analysis and market research. We won't include you in direct marketing campaigns and we may pass your details to other carefully selected organisations, but only for the purposes listed here.
- I confirm that LV= advised me to read the Declaration, Important Notes and information relating to my rights under the Access to Medical Report Act. I agree that by signing below I am bound by these sections.

Signature(s) of applicant(s)

First Applicant _____ Date / / (DD/MM/YYYY)

Second Applicant (if applicable) _____ Date / / (DD/MM/YYYY)

First Life Assured
(where different from the applicant) _____ Date / / (DD/MM/YYYY)

Second Life Assured (if applicable)
(where different from the applicant) _____ Date / / (DD/MM/YYYY)

Subject to payment of a fee, if you'd like us to send you a copy of the personal information we hold about you please write to the CCA Department, LV=, County Gates, Bournemouth, BH1 2NF. For details of the Liverpool Victoria group of companies please refer to www.LV.com