

This form can be used with Fastway, as a data capture form or as a stand-alone paper application form.

Flexible Protection Plan Personal Cover

Application Form

Fastway



This application form is for new Flexible Protection Plans only. If you already have a Flexible Protection Plan, and wish to add policies to it, or change the policies in it, please contact us for the appropriate application form.



Thank you for choosing LV=

We aim to process applications as quickly as possible. To help us do this please can you complete all sections using black ink, writing in block capitals.

We often accept applications straight away, without the need for full underwriting. However, for complicated cases our underwriters will require a bit more detailed information from you to help support your application. If this happens we'll contact you to let you know what we need.

If you are applying for this plan with someone else you will both become the policy owners of every policy in the plan even if you are not the person insured. Where there are two policy owners, all correspondence will be addressed to both of you and sent to the address shown for the first policy owner. Medical correspondence will always be sent to the relevant person insured.

Data protection notice

Your financial adviser may use information provided in this application form to process your application and to manage your plan. The information may be kept electronically or on, paper file for as long as the application is being considered, while the plan is active and for an appropriate period after that.

Once the application has been submitted to LV= by your financial adviser an application summary will be sent to you for you to check that the information provided is true and complete.

Please tell us about yourself

Personal details of the person or people being insured

Please answer the following sections truthfully and accurately. If you don't we may not pay your claim and your policy could be cancelled.

First person insured

Title Mr/Mrs/Miss/Ms/Dr/Other _____

First name _____

Surname _____

Gender Male Female

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

Do you smoke? Yes No

What's your main job? _____

If you're insuring a second person

Title Mr/Mrs/Miss/Ms/Dr/Other _____

First name _____

Surname _____

Gender Male Female

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

Do you smoke? Yes No

What's your main job? _____

What cover would you like?

Life insurance

Who is being insured? **1st person insured** and/or single cover **2nd person insured** and/or single cover **Joint life** both people first event

Level amount of cover

How much would you like to be covered for? £ £ £

How long would you like the cover for? years years years

Would you like to add Waiver of Premium? Yes No Yes No Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Decreasing amount of cover

How much would you like to be covered for? £ £ £

How long would you like the cover for? years years years

Would you like to add Waiver of Premium? Yes No Yes No Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Increasing amount of cover

How much would you like to be covered for? £ £ £

How long would you like the cover for? years years years

Would you like to add Waiver of Premium? Yes No Yes No Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Combined Life and Critical Illness cover

Who is being insured? **1st person insured** and/or single cover **2nd person insured** and/or single cover **Joint life** both people first event

Level amount of cover

How long would you like the cover for? years years years

Amount of life and critical illness cover £ £ £

Type of premium Guaranteed or Reviewable Guaranteed or Reviewable Guaranteed or Reviewable

Would you like to add Waiver of Premium? Yes No Yes No Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability? Yes No Yes No Yes No

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Decreasing amount of cover

How long would you like the cover for? years years years

Amount of life and critical illness cover £ £ £

Type of premium Guaranteed or Reviewable Guaranteed or Reviewable Guaranteed or Reviewable

Would you like to add Waiver of Premium? Yes No Yes No Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability? Yes No Yes No Yes No

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Who is being insured? **1st person insured** and/or single cover **2nd person insured** and/or single cover **Joint life** both people first event

Increasing amount of cover

How long would you like the cover for? years years years

Amount of life and critical illness cover £ £ £

Type of premium Guaranteed or Reviewable Guaranteed or Reviewable Guaranteed or Reviewable

Would you like to add Waiver of Premium? Yes No Yes No Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability? Yes No Yes No Yes No

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Income Protection

Who is being insured?

Depending on your circumstances you may need more than one Income Protection policy within your plan. If you'd like two policies running at the same time, just complete both columns for the person insured below.

Income Protection is designed to pay a regular monthly income if you are unable to work because of sickness or accident. The payments from this policy are limited to 60% of income. When calculating this figure, all other sickness and accident insurances will be taken into account. **It is important to check that the amount of cover for this policy (and all other sickness and accident policies) doesn't exceed 60% of earned income.**

To take out Income Protection you must be able to answer 'yes' to the following questions:

	1st Person Insured	2nd Person Insured (if applicable)
Are you a resident in the UK and have been for the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered with a UK General Practitioner (Doctor) and have been for the last two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



	<input type="checkbox"/> 1st Person Insured	<input type="checkbox"/> 1st Person Insured	<input type="checkbox"/> 2nd Person Insured	<input type="checkbox"/> 2nd Person Insured
Type of cover (i)*	<input type="checkbox"/> Full or <input type="checkbox"/> Budget	<input type="checkbox"/> Full or <input type="checkbox"/> Budget	<input type="checkbox"/> Full or <input type="checkbox"/> Budget	<input type="checkbox"/> Full or <input type="checkbox"/> Budget
Type of cover (ii)*	<input type="checkbox"/> Level or <input type="checkbox"/> Increasing	<input type="checkbox"/> Level or <input type="checkbox"/> Increasing	<input type="checkbox"/> Level or <input type="checkbox"/> Increasing	<input type="checkbox"/> Level or <input type="checkbox"/> Increasing
Type of Premium	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable
Age at which policy ends (The policy must run for a minimum of 5 years and must end before age 70)	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years	<input type="text"/> years
Amount of cover** (a month)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Waiting period (months)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 12

If you choose to include Waiver of Premium the waiting period will match the shortest waiting period for your Income Protection/Personal Sick Pay cover, with a minimum waiting period of 1 month and up to a maximum of 6 months. If you have also chosen to include Life cover or Life and Critical Illness cover, then the waiting period for Waiver of Premium will automatically match the one you have chosen for your Income Protection/Personal Sick Pay cover.

* Please refer to your Policy Summary or Key Features document for a full explanation of types of cover

** The overall maximum amount of cover will be 60% of earned income

LESS any payments from other sickness or accident insurance policies

LESS 60% of any ill-health or retirement benefits

LESS 60% of any continuing earnings from employment

1st Person Insured**2nd Person Insured
(if applicable)**

How much did you personally earn in the last year? _____

£ £

We need to know how much you've earned before tax (including regular overtime, commission and bonuses). If you're a Company Director of your own company, please include any dividends paid to you. If you're self employed, earned income is taken to be your share of net profits (gross profit less expenses). Do not include income from investments or other sources.

If you incorrectly state your income this may affect how we handle your claim.

Do you receive sick pay from your employer if you are off work because of sickness or accident? _____

 Yes No Yes No

For how many weeks will you receive full pay if you are off work because of sickness or accident? _____

 weeks weeks

Do you receive reduced sick pay? _____

 Yes No Yes No

How many weeks will you receive reduced pay? _____

 weeks weeks

What percentage of full pay do you receive during your reduced pay period? _____

 % %

Please confirm your current employment status _____

 Employed Employed Self-employed Self-employed In partnership with someone In partnership with someone Employed Company Director Employed Company Director Other/Combination Other/Combination

Would you like to add Waiver of Premium _____

 Yes No Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium the waiting period will match the shortest waiting period for your Income Protection/Personal Sick Pay cover, with a minimum waiting period of 1 month and up to a maximum of 6 months. If you have also chosen to include Life cover or Life and Critical illness cover, then the waiting period for Waiver of Premium will automatically match the one you have chosen for your Income Protection/Personal Sick Pay cover.

Personal Sick Pay

Who is being insured?

Depending on your circumstances you may need more than one Personal Sick Pay policy within your plan. Should you wish to effect two policies at the same time, you can do this by completing both columns for the person insured below.

This policy is designed to replace your income if you are unable to work due to sickness or accident.

The amount you choose to insure should normally be no more than 60% of your income.

We have a guarantee in place to protect the amount we will pay you for the first 2 years of a claim. This is explained in our full terms and conditions.

To take out Personal Sick Pay, you must be able to answer yes to the following questions:

	1st Person Insured	2nd Person Insured (if applicable)
Are you a resident in the UK and have been for the last two years? <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you registered with a UK General Practitioner (Doctor) and have been for the last two years? <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> 1st Person Insured	<input type="checkbox"/> 1st Person Insured	<input type="checkbox"/> 2nd Person Insured	<input type="checkbox"/> 2nd Person Insured
Type of cover (i)* <hr/>	<input type="checkbox"/> Full or <input type="checkbox"/> Budget	<input type="checkbox"/> Full or <input type="checkbox"/> Budget	<input type="checkbox"/> Full or <input type="checkbox"/> Budget	<input type="checkbox"/> Full or <input type="checkbox"/> Budget
Type of cover (ii)* <hr/>	<input type="checkbox"/> Level or <input type="checkbox"/> Index-linked	<input type="checkbox"/> Level or <input type="checkbox"/> Index-linked	<input type="checkbox"/> Level or <input type="checkbox"/> Index-linked	<input type="checkbox"/> Level or <input type="checkbox"/> Index-linked
Type of Premium <hr/>	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable	<input type="checkbox"/> Guaranteed or <input type="checkbox"/> Reviewable
Age at which policy ends (This must be from age 50 to 70 inclusive). <hr/>	<input type="text" value=""/> years	<input type="text" value=""/> years	<input type="text" value=""/> years	<input type="text" value=""/> years

* Please refer to your Policy Summary or Policy Conditions document for a full explanation of types of cover.

	<input type="checkbox"/> 1st Person Insured	<input type="checkbox"/> 1st Person Insured	<input type="checkbox"/> 2nd Person Insured	<input type="checkbox"/> 2nd Person Insured
Amount of cover** (a month)	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Waiting period (weeks)	<input type="checkbox"/> Day one option	<input type="checkbox"/> Day one option	<input type="checkbox"/> Day one option	<input type="checkbox"/> Day one option
	<input type="checkbox"/> 1 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 4
	<input type="checkbox"/> 8 <input type="checkbox"/> 13	<input type="checkbox"/> 8 <input type="checkbox"/> 13	<input type="checkbox"/> 8 <input type="checkbox"/> 13	<input type="checkbox"/> 8 <input type="checkbox"/> 13
	<input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 26 <input type="checkbox"/> 52	<input type="checkbox"/> 26 <input type="checkbox"/> 52

If you choose to include Waiver of Premium the waiting period will match the shortest waiting period for your Income Protection/Personal Sick Pay cover, with a minimum waiting period of 1 month and up to a maximum of 6 months. If you have also chosen to include Life cover or Life and Critical Illness cover, then the waiting period for Waiver of Premium will automatically match the one you have chosen for your Income Protection/Personal Sick Pay cover.

** The overall maximum amount of cover should not normally be more than 60% of current earned income.

	1st Person Insured	2nd Person Insured (if applicable)
How much did you personally earn in the last year?	£ <input type="text"/>	£ <input type="text"/>

We need to know how much you've earned before tax (including regular overtime, commission and bonuses). If you're a Company Director of your own company, please include any dividends paid to you. If you're self employed, earned income is taken to be your share of net profits (gross profit less expenses). Do not include income from investments or other sources.

If you incorrectly state your income this may affect how we handle your claim.

Do you receive sick pay from your employer if you are off work because of sickness or accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
For how many weeks will you receive full pay if you are off work because of sickness or accident?	<input type="text"/> weeks	<input type="text"/> weeks
Do you receive reduced sick pay?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How many weeks will you receive reduced pay?	<input type="text"/> weeks	<input type="text"/> weeks
Do you currently work 30 hours or more each week?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please confirm your current employment status

1st Person Insured

- Employed
- Self-employed
- In partnership with someone
- Employed Company Director
- Other/Combination

2nd Person Insured (if applicable)

- Employed
- Self-employed
- In partnership with someone
- Employed Company Director
- Other/Combination

Would you like to add Waiver of Premium

- Yes No

- Yes No

Please be aware that waiver of premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium the waiting period for waiver will match the shortest waiting period for your Income Protection/Personal Sick Pay cover, with a minimum waiting period of 1 month and up to a maximum of 6 months. If you have also chosen to include Life cover or Life and Critical illness cover, then the waiting period for Waiver of Premium for these covers will automatically match the one you have chosen for your Income Protection/Personal Sick Pay cover.

Your contact details

First person insured

Address

Telephone number (Please provide us with a mobile number as well as a landline number; it can help to speed up the application process if there's any extra information we need.)

Mobile number

Landline number

Email

Marital status

- Married Civil partner Single

- Widowed Divorced/dissolution Separated

If you're insuring a second person

Address

Telephone number (Please provide us with a mobile number as well as a landline number; it can help to speed up the application process if there's any extra information we need.)

Mobile number

Landline number

Email

Marital status

- Married Civil partner Single

- Widowed Divorced/dissolution Separated

Pre-underwriting declarations

You can only apply for cover with LV= if you permanently live in the UK. This doesn't include the Channel Islands or the Isle of Man.

LV= rely only on the information you give, so it must be honest and truthful. Even if you think LV= are already aware of something, it's worth telling LV= again, just in case. If you don't provide complete, accurate and up-to-date information LV= may not pay out in the event of a claim and your policy may be cancelled.

You only need to tell LV= about the result of a predictive genetic test you've had, due to a medical condition running in your family, if both the following apply:

- The test was for Huntington's disease
- You are applying for more than £500,000 Life cover or £300,000 Critical Illness cover or £2500 a month Income Protection/Personal Sick Pay cover with LV=.

In all cases you must tell LV= if you're experiencing symptoms, or having treatment for a genetic condition.

If you have a genetic condition present in your immediate family and have been tested for it, which has come back negative, it'll be worthwhile letting LV= know.

Please tell us about the plan owner

Plan owners must permanently reside in the UK to qualify for a Flexible Protection Plan. This does not include Channel Islands or Isle of Man.

Do you want to be the owner of this policy?

Please note this does not cover putting the policy into trust. To put a policy in trust you will need to complete a trust form.

1st person insured

Yes, I want to own this policy

No, I want someone else to own this policy

2nd person insured (if applicable)

Yes, I want to own this policy

No, I want someone else to own this policy

If 'No' please provide details of the plan owner below. Otherwise please skip to page 14.

Please confirm that the plan owner(s) permanently reside in the UK.

Yes, the plan owner(s) permanently reside in the UK

Please enter the full name, UK address and postcode of the plan owner(s)

Please select what the insurable interest is between the insured(s) and the plan owner.

Joint mortgage Spouse Civil partner

Live-in partner Financial relationship Inheritance tax planning

Other insurable interest (please provide details of the reason for the cover)

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

Please tell us some things about yourself

Personal details of the person or people being insured (continued)

	1st person insured	2nd person insured (if applicable)
What is your height?	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> m	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> m
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
If you don't smoke, which of the following are you? (Please select all that apply) We may require a simple test to confirm this.	<input type="checkbox"/> Life-long non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Very occasional smoker <input type="checkbox"/> User of e-cigarettes in the last year <input type="checkbox"/> User of other nicotine replacement products in the last year	<input type="checkbox"/> Life-long non-smoker <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Very occasional smoker <input type="checkbox"/> User of e-cigarettes in the last year <input type="checkbox"/> User of other nicotine replacement products in the last year
If you're an ex-smoker, when did you last smoke?	<input type="text"/> month <input type="text"/> year	<input type="text"/> month <input type="text"/> year
If you do smoke how many tobacco or nicotine products have you used or smoked per day within the last year?		
Cigarettes	<input type="text"/>	<input type="text"/>
Cigars	<input type="text"/>	<input type="text"/>
Other tobacco products	<input type="text"/>	<input type="text"/>
Have you used any other nicotine replacement products or e-cigarettes within the last year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
You have already told us what your main job is, but do you have another job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide more details.		
1st person insured	<hr/>	
2nd person insured (if applicable)	<hr/>	



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

	1st person insured	2nd person insured (if applicable)	
Are you currently off work, working reduced hours or have you altered your duties due to sickness or injury? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please provide more details.

1st person insured

2nd person insured (if applicable)

Have your natural parents, brothers or sisters had any of the following conditions before the age of 60? Select all that apply.

	1st person insured	2nd person insured	Relation	Age at onset	If you have selected yes, please provide us with more details
Heart attack, angina or stroke					
Diabetes					
Cancer of the breast, ovaries or bowel or familial bowel polyps					
Muscular dystrophy, Huntington's disease or motor neurone disease					
Polycystic kidney disease					
Cardiomyopathy					
Multiple sclerosis, Parkinson's disease or Alzheimer's disease					
Any other condition which runs in your family that you've been tested or investigated for					
No contact with family members/ don't know					
None of these					

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 28 to 31.

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

In the last 5 years, regardless of whether you've seen a doctor, required treatment or had time off work, have you had:

	1st person insured	2nd person insured (if applicable)
Raised blood pressure or cholesterol managed with or without medication, or any condition of the blood? <i>Including: Anaemia, Thrombosis or blood clotting issues.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes (managed with or without medication), raised blood sugar levels or sugar in your urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety, depression, stress or mental illness? <i>Including: Eating disorders, Addictions or work related stress.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma, bronchitis or any condition affecting your lungs or breathing? <i>Including: Chronic, obstructive pulmonary disease (COPD), Sleep apnoea, Emphysema.</i>		
<i>You do not need to tell us about: Common colds or flu, one-off chest infections that you have fully recovered from.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Back or neck pain or a condition affecting your back or neck? <i>Including: Sciatica, Whiplash, Trapped nerves or muscular back pain.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Joint or muscle pain, any type of arthritis, or a condition affecting your bones, joints, muscles or limbs? <i>Including: Gout, ligament, tendon and muscle injuries, carpal tunnel syndrome and repetitive strain injuries or fractures.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 28 to 31.

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

	1st person insured	2nd person insured (if applicable)
Any condition affecting your bowel or digestive system? Including: Crohn's disease, Colitis, irritable bowel syndrome, ulcers.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
The digestive system includes your gullet (oesophagus), stomach, duodenum and intestines.		
Any condition affecting your kidneys, bladder or prostate? Including: More than one occurrence of blood or protein in your urine, kidney or bladder stones.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any condition affecting your liver or pancreas? Including: Hepatitis, an abnormal blood test or scan of your liver.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Multiple sclerosis, epilepsy, Parkinson's disease or any other neurological condition? Including: Motor Neurone Disease, Muscular Dystrophy, Cerebral Palsy, Paralysis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any issue affecting your eyes, ears, sight, balance or hearing? Including: Tinnitus, Meniere's disease or labyrinthitis, Balance problems or dizziness, Blurred, double or impaired vision, optic neuritis.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
You do not need to tell us about: Impaired vision that is fully corrected with glasses, lenses or laser surgery.		
Numbness, pins and needles, tremor, change in skin sensation, tingling, muscle weakness or difficulty with coordination?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic fatigue syndrome (CFS), Myalgic Encephalomyelitis (ME), fatigue, fibromyalgia or persistent tiredness?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 28 to 31.

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

Have you ever had:

	1st person insured	2nd person insured (if applicable)
Any mental health issue, addiction or eating disorder that has required referral to a hospital specialist, or have you attempted self-harm or suicide or ever had suicidal thoughts? <i>Including: Appointments with psychiatrists and psychologists.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A brain or spinal tumour or any form of cancer? <i>Including: Any lump, cyst or tumour in your brain or spine, Hodgkin's or non-Hodgkin's Lymphoma, Leukaemia, cancer in situ.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any condition affecting your heart or arteries or surgery on your heart or arteries? <i>Including: Angina or heart attack, angioplasty, stent or bypass, irregular heartbeat, heart valve or heart structure abnormalities, cardiomyopathy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A stroke, brain haemorrhage or damage or surgery to your brain? <i>Including: Mini stroke or transient ischaemic attack (TIA), cerebral aneurysm.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
A positive test for HIV/AIDS or hepatitis B or C, or are you waiting for the test results for one of these conditions? <div style="border: 1px solid orange; padding: 5px; margin-top: 10px;"><p>If you're waiting for a test result that turns out to be negative, this will not affect the decision to offer you cover.</p></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 28 to 31.

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

Other than for conditions that you've already told us about, in the last 2 years have you:

1st person insured

**2nd person insured
(if applicable)**

Been prescribed medication or treatment for a period of 4 weeks or more, or had any counselling?

Including: Minor injuries or strains, prescriptions from a doctor, even if you didn't take them or counselling for any mental illness, anxiety or stress.

You do not need to tell us about: Antibiotics for one-off chest infections, contraception, fertility or dental treatment.

Yes No

Yes No

Been under follow-up with your GP surgery, or a specialist, hospital or clinic?

Including: Minor injuries or strains, reviews or check-ups that you have been asked to attend even if you didn't.

You do not need to tell us about routine reviews purely in relation to: normal pregnancy or terminations or fertility treatment.

Yes No

Yes No

Been referred to a specialist or had/been advised to have any medical investigations?

Including: Minor injuries or strains, a blood test or biopsy, ultrasound, x-ray, CT or MRI scan, ECG or other heart investigation.

You do not need to tell us about: Normal pregnancy, terminations or infertility, routine smear tests or mammograms not requiring further investigation.

Yes No

Yes No

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 28 to 31.

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

In the last 2 years have you:

	1st person insured	2nd person insured (if applicable)
Been off work due to sickness or injury for a period of 5 or more days in a row?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Other than for conditions that you've already told us about, in the last 3 months have you:

	1st person insured	2nd person insured (if applicable)
Had any of the following symptoms (even if you didn't consult a doctor):		
■ A lump or growth		
■ Bleeding from the bowels or change in bowel habit		
■ Persistent cough lasting more than 3 weeks		
■ Onset of fits or seizures		
■ A mole or skin blemish which has changed appearance	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Please tell us some general things about your lifestyle:

1st person insured

**2nd person insured
(if applicable)**

Do you intend to take part in any physical hobby or sport (for example motor sport, mountaineering, diving, combat sports, horse riding, mountain biking, aviation, rugby or football?)

You do not need to tell us about: Flying only as a fare-paying passenger or cabin crew on scheduled or charter aircraft, 'track' or 'experience' days, if you participate in less than seven a year, a one-off parachute jump or a one-off scuba dive.

Yes No

Yes No

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

Do you ride a motorbike, scooter or moped on the road?

Yes No

Yes No

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

Have you been banned from driving or convicted of dangerous or careless driving in the last 5 years?

You do not need to tell us about: Speeding offences that did not result in a ban, or any spent convictions.

Yes No

Yes No

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

In the last 5 years have you lived, worked or travelled outside of the UK or European Union?

You do not need to tell us about: Business trips that total less than 30 days in a year or holidays that total less than 30 days in a year.

Yes No

Yes No

If you answered yes, please give full details of the countries, regions and cities you have visited, duration of stay, how many trips you made, and the reasons for the trip(s).

1st person assured

2nd person assured (if applicable)

1st person insured

**2nd person insured
(if applicable)**

Do you intend to travel outside the UK or European Union?

You do not need to tell us about: Business trips that total less than 30 days in a year or holidays that total less than 30 days in a year.

Yes No

Yes No

If you answered yes, please give full details of the countries, regions and cities you plan to visit, duration of stay, how many trips you make, and the reasons for the trip(s).

1st person assured

2nd person assured (if applicable)

Do you have an existing Life, Critical Illness or Income Protection plans or applications with LV=?

Yes No

Yes No

Including this application, will the total amount of cover on your life exceed £1,000,000 life cover or £500,000 critical illness cover?

Yes No

Yes No

If you answered yes, please provide details.

1st person assured

2nd person assured (if applicable)

Do you have any existing Life, Life and Critical Illness or Income Protection plans or applications with any other insurance company?

You do not need to tell us about cover that comes as part of your employment package.

Yes No

Yes No

If you answered yes, please provide details in the table below

1st or 2nd person insured	Name of company	Type of policy	Amount of cover/ term	Reason for cover	Is this cover being cancelled and/or replaced



How many of the following do you drink a week?

	The amount (for example – 1 glass, 1 pint, 1 measure etc)	
	1st person insured	2nd person insured
Pints of beer or cider		
Glasses of wine		
Measures of spirits or alcopops		
Other alcoholic drinks		

Think back over the last 3 months and consider what you would normally drink in a week.

1st person insured

**2nd person insured
(if applicable)**

Have you been advised to reduce or stop your alcohol consumption by a doctor, nurse or other medical professional?

Including: A referral for specialist support such as an alcohol dependence unit or Alcoholics Anonymous.

Yes No

Yes No

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

Have you used recreational drugs in the last 10 years?

Including: Cannabis, ecstasy, cocaine, heroin, amphetamines and anabolic steroids.

Yes No

Yes No

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

Please tell us more information about your occupation

Does your job involve any of the following duties or working environments? Select all that apply.

1st person insured

- Working outside at heights above 12m (40ft) for more than 5 hours during a typical week
- Flying other than a fare-paying passenger on commercial airlines
- General labouring or using heavy machinery
- Diving
- Fishing or merchant marine
- Oil or natural gas production
- Armed forces
- Armed forces reserves
- Mining, tunnelling or quarrying
- None of the above

2nd person insured (if applicable)

- Working outside at heights above 12m (40ft) for more than 5 hours during a typical week
- Flying other than a fare-paying passenger on commercial airlines
- General labouring or using heavy machinery
- Diving
- Fishing or merchant marine
- Oil or natural gas production
- Armed forces
- Armed forces reserves
- Mining, tunnelling or quarrying
- None of the above

If you have selected anything other than 'None of the above', please provide details:

1st person insured

2nd person insured (if applicable)

1st person insured

**2nd person insured
(if applicable)**

Does your job involve any manual work?

Yes No

Yes No

Manual work includes carrying, lifting, working with machinery or tools, or working at heights or underground.

If 'yes', please give full details relating to your occupation including a description of your duties and percentage of time spent on each activity:

1st person insured

2nd person insured (if applicable)

Please tell us more about your annual mileage

Approximately what is your annual business mileage?

You do not need to tell us about commuting to and from work.

miles

miles

Thank you for completing the underwriting questions. You must let us know if there are any changes to your health, occupation or lifestyle before your policy is started. Failure to do so may mean that your policy is cancelled, the terms are amended or LV= may not pay out in the event of a claim.

Please enter your doctor's details

Your doctor's name

1st person insured

2nd person insured (if applicable)

Your surgery's name and address

1st person insured

2nd person insured (if applicable)

The surgery's contact number

1st person insured

2nd person insured (if applicable)

You may be asked to book an appointment for a tele-interview. Please select the most convenient time slot to assist when making the booking.

9am – 12 noon 12 noon – 6pm 6pm – 9pm

The telephone appointment can be booked via our online booking system lv.com/mytiboooking



When would you like your cover to start?

1st person insured _____ / _____ / _____ (DD/MM/YYYY)

2nd person insured (if applicable) _____ / _____ / _____ (DD/MM/YYYY)

To be advised

1st person insured _____

2nd person insured (if applicable) _____

Details of specific medical condition 1

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 16-20. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst)

Who does the following information apply to? 1st person insured 2nd person insured

Which question do the following answers relate to on pages 16-20?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? Yes No

If 'no', how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? Yes No

If 'yes', please provide full details.

Are you currently having treatment, for example any medication or specialist appointments? Yes No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? Yes No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? Yes No

If 'yes', how many times? and when?

Are you awaiting any investigations, operation or the results of tests or investigations? Yes No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? Yes No

Are you fully recovered? Yes No



Details of specific medical condition 2

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 16-20. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst)

Who does the following information apply to? 1st person insured 2nd person insured

Which question do the following answers relate to on pages 16-20?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? Yes No

If 'no', how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? Yes No

If 'yes', please provide full details.

Are you currently having treatment, for example any medication or specialist appointments? Yes No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? Yes No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? Yes No

If 'yes', how many times? and when?

Are you awaiting any investigations, operation or the results of tests or investigations? Yes No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? Yes No

Are you fully recovered? Yes No

Details of specific medical condition 3

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 16-20. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst)

Who does the following information apply to? 1st person insured 2nd person insured

Which question do the following answers relate to on pages 16-20?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? Yes No

If 'no', how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? Yes No

If 'yes', please provide full details.

Are you currently having treatment, for example any medication or specialist appointments? Yes No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? Yes No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? Yes No

If 'yes', how many times? and when?

Are you awaiting any investigations, operation or the results of tests or investigations? Yes No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? Yes No

Are you fully recovered? Yes No



Details of specific medical condition 4

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 16-20. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst)

Who does the following information apply to? 1st person insured 2nd person insured

Which question do the following answers relate to on pages 16-20?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? Yes No

If 'no', how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? Yes No

If 'yes', please provide full details.

Are you currently having treatment, for example any medication or specialist appointments? Yes No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? Yes No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? Yes No

If 'yes', how many times? and when?

Are you awaiting any investigations, operation or the results of tests or investigations? Yes No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? Yes No

Are you fully recovered? Yes No

Access to Medical Reports - Important Notes and Declaration

The plan will not start until we have assessed and accepted your application, and we have a valid payment method in place. If you have a birthday while your application is being processed, the terms may differ from those originally quoted. In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms. We may ask you to contact your doctor if we are waiting for reports that we have asked for. If we ask you 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 your 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 your application, from our head office. We have a confidentiality policy in place that means we hold your 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 your application form at any time.

Access to medical reports

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 – may ask 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 test), 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 that 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: LV=, Pynes Hill House, Rydon Lane, Exeter EX2 5SP

I do not want to see the report before it is sent to LV=

1st Person Insured	<input type="checkbox"/>
2nd Person Insured	<input type="checkbox"/>

I do want to see the report before it is sent to LV=

1st Person Insured	<input type="checkbox"/>
2nd Person Insured	<input type="checkbox"/>

To help speed up the processing of your application we can also accept emailed copies of the report. Please only tick this box if you do not want your medical report to be emailed to LV=

1st Person Insured	<input type="checkbox"/>
2nd Person Insured	<input type="checkbox"/>

Declaration

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 plan, or after my death, to support any claim made on the plan proceeds.

This information can also be used to maintain management information for business analysis.

I have read the declaration, Important Notes and information relating to my rights under the Access to Medical Reports Act.

1st person insured full name

2nd person insured (if applicable) full name

1st person insured signature

2nd person insured (if applicable) signature

Date / / (DD/MM/YYYY)

Date / / (DD/MM/YYYY)

Customer declaration

- By making this declaration I consent to Liverpool Victoria Friendly Society Limited (LV=) and my intermediary processing my personal data (including sensitive personal data, such as medical information) for the purposes of providing me with a quote, underwriting my policy and assessing any claims.
- I confirm that I am a UK resident, excluding Channel Islands and the Isle of Man.
- I confirm I have answered all the questions honestly and have taken reasonable care that my answers are accurate and complete and all other information provided by me has been provided honestly and accurately. I am aware that if I have not done so, my policy may be cancelled and/or LV= may not pay out in the event of a claim. I am aware this information may not be checked and LV= will rely on my answers and information I provide being accurate.
- I am aware that I only need to tell LV= about the result of a predictive genetic test I've had, due to a medical condition running in my family, if both the following apply:
 - The test was for Huntington's disease
 - I am applying for more than £500,000 Life cover or £300,000 Critical Illness cover or £2500 a month Income Protection/Personal Sick Pay cover with LV=.
- I agree that in all cases I must tell LV= if I'm experiencing symptoms, or having treatment for a genetic condition.
- I am aware it's worthwhile letting LV= know about any negative test results for genetic conditions present in my immediate family that if I have been tested for.
- I am aware I shouldn't assume that LV= will write to my doctor, or that my doctor will provide the information LV= need to process my application.
- I agree I will answer all the questions truthfully and accurately on this application even if I have provided these details on a previous application to LV=.
- I am aware that if false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.
- I consent to my personal data (including sensitive personal data such as medical information) being shared with other insurers to whom I apply in the future, reinsurers, medical professionals and/or healthcare management companies, regulatory bodies (the Financial Conduct Authority, HM Revenue and Customs etc.) and other relevant third-parties including Pacific Life Re and its affiliates, even if my application doesn't go ahead. All such parties will be described as "Interested Parties" for the purposes of this application. This information can also be used by LV= and the Interested Parties to maintain management information for business analysis, and for research purposes, including in an anonymous form.
- I agree that LV= may use information I provide to search credit reference agencies and other organisations that hold my information (such as from the electoral roll) to check my identity. The agencies and other organisations may keep records of these searches, even if my application doesn't go ahead. LV= may use scoring methods to check my identity and may ask me for supporting documents.
- I agree that to support underwriting my application, LV= may check any information I have provided about myself and/or about any insurance policies or other business held with other organisations that may hold this information. LV= will use this information to assist in reaching an underwriting decision in a timely manner and where possible avoid the need for additional documentation from myself.
- I agree that interested Parties may transfer my personal data (including sensitive personal data such as medical information) to countries outside the European Economic Area in order to provide services connected with your policy, however, any such transfer must always comply with the Data Protection Act 1998.

- I consent to my GP providing medical information to LV= to support any claim I make (or which is made on my behalf).
- I agree that if there is a change to my circumstances and / or any answer to a question or other information provided is not correct, I must inform LV= as soon as possible. LV= will then request any further details required by it. I'm aware that any further details provided may change the terms LV= is prepared to offer me. For example it could change the amount I pay for my insurance, it could result in exclusions being applied, or could result in LV= cancelling any policy it has already issued to me, or declining insurance in the future.
- I confirm that the total amount of life insurance cover for all policies included in this application does not exceed £20 million.
- Whilst the vast majority of customers are honest LV= have to protect themselves (and all of their customers) against the effect of fraudulent claims. As part of ongoing quality control processes LV= continually monitor all completed applications to help ensure that the information provided is correct, and that people haven't deliberately provided false or misleading information.
- LV= do this by reviewing a random sample of applications to ensure that the policies were correctly underwritten, and that all of the information asked for during the application process has been received. I am aware that if my application is selected, LV= will contact me for my consent to request a report from my general practitioner (GP). I am aware that when LV= asks for my consent to obtain a medical report I can refuse, but if I do LV= will cancel my plan. If LV= cancel my plan for this reason I am aware that LV= will refund any premiums I have paid.

1st person insured full name

2nd person insured (if applicable) full name

1st person insured signature

2nd person insured (if applicable) signature

Date / / (DD/MM/YYYY)

Date / / (DD/MM/YYYY)

1st plan owner if different from person insured full name

2nd plan owner (if applicable) if different from person insured full name

1st plan owner if different from person insured signature

2nd plan owner (if applicable) if different from person insured signature

Date / / (DD/MM/YYYY)

Date / / (DD/MM/YYYY)

Payment details

The Direct Debit Guarantee - To be retained by the applicant(s)

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit LV= will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request LV= to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by LV= or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when LV= asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Direct Debit is a simple method of payment and is required in all cases. The instruction conforms to the strict requirements of the clearing banks and you are fully protected by the safeguards under the Direct Debit Guarantee. We will give you advance notice of the payments and details of the guarantee when the risk has been accepted by the underwriter. The direct debit should be completed but not detached.

Instruction to your Bank or Building Society to pay by Direct Debits

Please fill in the whole form and send it to: LV=, Pynes Hill House, Rydon Lane, Exeter, EX2 5SP. **Please ensure you complete all details**



1. Name and full postal address of your Bank or Building Society

To: The Manager
Bank or Building Society
Address
Postcode

2. Name(s) of account holder(s)

3. Branch sort code (from the top right hand corner of your cheque)

-

Service user number

4. Bank or Building Society account No.

5. For completion by LV=

6. Instruction to your Bank or Building Society

Please pay Liverpool Victoria Friendly Society Limited Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Liverpool Victoria Friendly Society Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

This page is intentionally blank.



For financial adviser use only

Please send completed applications to:

LV=, Pynes Hill House, Rydon Lane, Exeter EX2 5SP

Please tick the relevant boxes.

<input type="checkbox"/> Was this an advised sale?	<input type="checkbox"/> Has the declaration been signed?
<input type="checkbox"/> Have you provided your agency details?	<input type="checkbox"/> Are all the relevant sections filled in?
<input type="checkbox"/> Have the doctor's details been fully completed?	<input type="checkbox"/> Is a trust form included?
<input type="checkbox"/> Have you attached the relevant illustration?	

Commission options (please tick your preferred option)

Commission Sacrifice or nil commission is not supported for Personal Sick Pay Insurance

<input type="checkbox"/> Full initial commission (<input type="checkbox"/> indemnified <input type="checkbox"/> non-indemnified) and renewal commission
<input type="checkbox"/> Initial commission sacrifice of: <input type="text"/> % (<input type="checkbox"/> indemnified <input type="checkbox"/> non-indemnified)
<input type="checkbox"/> Nil commission

Source code _____

Financial adviser stamp and/or agency no: _____

Adviser name: _____

Adviser email address: _____

For Fastway applications

Will you (the agent) be obtaining all necessary signatures from the customer(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this application to be written in trust	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If 'yes' once the application has been submitted please forward the trust document clearly marked with the application reference number to LV=, Pynes Hill House, Rydon Lane Exeter, EX2 5SP.

Was this an advised sale?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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You can get this and other documents from us in Braille or large print by contacting us.



Liverpool Victoria Friendly Society Limited: County Gates Bournemouth BH1 2NF.

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