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

Relevant Life Cover

Application form

Fastway

This application form is for new Relevant Life Plans only.

If you already have a Relevant Life 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.

Whilst LV= often accept applications based on the information you provide, sometimes LV= may need additional information to support your application. LV= will contact you if this happens to let you know what is needed.

Throughout this form `plan owner' means the person or business applying for the insurance. `Person insured' and `person being insured' mean the person you are insuring. We will send all plan correspondence to the address for the plan owner given in this form. Medical correspondence will always be sent to the relevant person insured.

A summary of how we use your personal information

Liverpool Victoria Financial Services Limited (LV=) is the data controller of your personal information. We'll keep you informed about how we use your personal information in the document 'How we use your personal information', which is available:

- online at **LV.com/dataprotectionlife**
- in print from Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or **LifeCustomerSupport@LV.com**

By completing this application I am aware that LV= may share my personal data (including special category data such as health information) with third parties, this includes any subsequent information we receive whilst processing your application, for the following purposes:

- My intermediary for the purposes of providing me with a quote, processing and administering my insurance contract and claims.
- Reinsurers, medical professionals and/or healthcare management companies chosen by LV= to enable LV= to process and service my insurance contracts and assess any claims.
- Regulatory bodies (for example, the Financial Conduct Authority and HM Revenue and Customs) to enable LV= to fulfil legal and regulatory obligations.

We may also process your personal information for legitimate interest purposes:

- To deliver information and guidance so you are aware of the options that will help you get the best outcome from your product or investment
- To process your information to better understand you and your needs so we can send you more relevant communications about the products you have with us
- To develop new products and services
- To conduct research and collate management information to manage the products and services we offer
- To allow us to provide reinsurance services

You have a number of rights concerning your personal information. You can ask for a person to review an automated decision, and in certain circumstances to:

- **access** the personal information we hold about you
- **correct** personal information
- have your personal information **deleted**
- **restrict** us processing your personal information
- receive your personal information in a **portable** format, and
- **object** to us processing your personal information.

If you want to find out more or exercise these rights, contact Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or email us at **LifeCustomerSupport@LV.com**

You can contact us about data protection at Data Protection Officer, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth, BH1 2NF or **dpo@LV.com**

Please ensure that you advise anyone else whose personal details you are providing in this form where they can find this information. Please let us know if you'd like us to send you a copy, or have any questions.

Please tell us about life insured

Personal details of the person being insured

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

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

(i.e. You are classed as a smoker if you have smoked or used any tobacco products or used any tobacco replacement products such as e-cigarettes or nicotine patches, within the last 12 months).

What's your main job?

Does the Person Insured reside in the UK? ☐ Yes ☐ No

The person insured must permanently live in the UK. This does not include Channel Islands or the Isle of Man.

Details of Plan owner

This section must be completed as Relevant Life cover can only be taken out on a Life of Another basis.

Personal details of the Plan Owner

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

What type of Plan Owner is it? ☐ Business ☐ Individual

Please complete if the Plan Owner is a Business

Business name

Is the business registered in the UK? ☐ Yes ☐ No

Plan Owners must be registered and based in the UK to qualify for a Relevant Life Cover. This does not include Channel Islands or the Isle of Man.

Please complete if the Plan Owner is an individual.

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

First name

Surname

Does the Plan Owner reside in the UK? ☐ Yes ☐ No

Plan Owners must be registered and based in the UK to qualify for Relevant Life Cover. This does not include Channel Islands or the Isle of Man.

What cover would you like?

Life insurance

Level amount of cover

How much would you like to be covered for? £

How long would you like the cover for? years

Increasing amount of cover

How much would you like to be covered for? £

How long would you like the cover for? years

Contact details

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 ☐ Separated ☐ Divorced / dissolution

☐ Widowed ☐ Civil Partner ☐ Single

Plan Owner

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

Pre-underwriting declarations

Honest and truthful disclosure (for the person being insured)

You must answer all questions truthfully and honestly even if this has been provided on a previous application to LV=.

Important

If you don't provide complete, accurate and up-to-date information LV= may not be able to pay your claim. Your policy may be cancelled or changed to apply the correct policy terms or you may be asked to pay any additional premiums due.

Whilst LV= often accept applications based on the information you provide, sometimes LV= may need additional information to support your application. LV= will contact you if this happens to let you know what is needed.

LV= will also regularly select a sample of customers to check for false information.

If you'd like to find out more about our application process, and why we ask the questions we do, and how we then use that information, please visit LV.com/fastway-application-process

Don't assume LV= will write to your doctor to get information. It's your responsibility to provide correct and accurate information.

Access to Medical Reports

Paper application form (completed by the applicant)

In order to assess applications for insurance or to check the information provided is accurate, we may need to request a report from your doctor. We will collect the following details during this application:

- Consent to request a medical report
- GP details

Data capture form (completed online by the financial adviser on behalf of the applicant)

If you are completing the application online on behalf of your client, you will be asked to confirm that you have read the consent to Access to Medical Report wording to your client and that they have agreed and provided their consent. We will collect the following details as part of the online application.

- Consent to request a medical report
- GP details

You and your client won't be able to complete the online application without providing this information.

Eligibility

You can only apply for LV= cover if you permanently live in the UK. The UK does not include the Channel Islands or the Isle of Man.

Genetic information (for the person being insured)

The only genetic test result which you will need to tell LV= about is one for Huntington's disease, and you will only need to tell us about this when the total life insurance you are buying is over £500,000.

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 genetically tested for it, which has come back negative, it'll be worthwhile letting LV= know.

Are you happy for LV= to send you a summary of the questions you've answered as part of your application by email ☐ Yes ☐ No

Important

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 the person insured

How tall are you?

☐ ft ☐ ins

or ☐ m

How much do you weigh?

If you're currently pregnant, please tell us your weight immediately before your pregnancy.

☐ st ☐ lbs

or ☐ kg

Which of the following best describes you?

Please complete if you're a non-smoker.

We may require a simple test to confirm this.

☐ I've never smoked

☐ I used to smoke but stopped over a year ago

☐ I've smoked in the last year but not every day

☐ I've vaped or used e-cigarettes in the last year

☐ I've used other nicotine replacement products in the last year

If you're an ex-smoker, when did you last smoke? ☐ month ☐ year

What is your average daily consumption of the following over the last year?

Please complete if you smoke.

Cigarettes (including roll ups) ☐

Cigars ☐

Other tobacco (in grams) ☐

Do you have **another job**? ☐ Yes ☐ No

If yes, please provide more details.

Are you currently **off work, working reduced hours** or have you **altered your duties due to sickness or injury**? ☐ Yes ☐ No

If yes, please provide more details.

Have your natural **parents**, **brothers** or **sisters** had any of the following **before the age of 60**?

Please complete all that apply

	Relation	Age at onset	If you have selected yes, please provide us with more details
Heart attack, angina, heart by-pass, stent fitted, or stroke			
Cardiomyopathy			
Diabetes			
Bowel cancer or Bowel polyps			
For females being insured only Breast or Ovarian cancer			
Muscular dystrophy, Huntington's disease or motor neuron disease			
Multiple sclerosis, Parkinson's disease or Alzheimer's disease			
Polycystic kidney disease			
Any other condition, which runs in your family that you've been 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 17 to 20.

Important

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:

Personal details of the person insured (continued)

Cancer, carcinoma-in-situ or **any other tumour**? **Including: Any lump, cyst or tumour in your brain or spine, Lymphoma, Hodgkin's or non-hodgkin's lymphoma, Leukaemia, cancer in situ**	☐ Yes	☐ No
Anything affecting your **heart** or **arteries** or **surgery** on your **heart** or **arteries**? **Including: Angina or heart attack, angioplasty, stent or bypass, irregular heart beat or palpitations, heart murmur, heart valve or heart structure abnormalities, peripheral vascular disease, cardiomyopathy or heart enlargement**	☐ Yes	☐ No
A **stroke**, **TIA**, **brain haemorrhage** or **damage** or **surgery** to your **brain**? **Including: Mini stroke or transient ischaemic attack (TIA), cerebral aneurysm.**	☐ Yes	☐ No
Multiple sclerosis, epilepsy, Parkinson's disease or any other **neurological symptoms** or **condition**? **Including: Alzheimer's, dementia, motor neurone disease, muscular dystrophy, cerebral palsy, paralysis**	☐ Yes	☐ 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? **If you're waiting for a test result that turns out to be negative, this will not affect the decision to offer you cover.**	☐ Yes	☐ No

In connection with your mental health

	Person insured
Have you ever **Including appointments with psychiatrists or psychologists**	☐ **Required hospital treatment or been advised to attend hospital** ☐ Been seen by or advised to see a **psychiatrist?** ☐ Been referred to the **community mental health team?** ☐ None of these
In the last 5 years, regardless of whether you've seen a doctor, required treatment or had time off work, have you had **Including addictions or work related stress**	☐ **Depression** or **anxiety** ☐ **Stress** ☐ **Eating disorder** ☐ **Another Mental Health Issue** ☐ None of these

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 17 to 20.

Important

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:

Personal details of the person insured (continued)

Raised blood pressure or **cholesterol**, or **chest pain**?	☐ Yes	☐ No
Diabetes, **raised blood sugar levels** or **sugar in your urine**?	☐ Yes	☐ No
Anaemia, blood clot or any other **blood disorder**? **Including: Thrombosis or blood clotting issues**	☐ Yes	☐ No
A **growth, lump, cyst** or **polyp**? **Including: A lesion, or a mole or freckle that has bled become painful or changed appearance**	☐ Yes	☐ No
Asthma, bronchitis, sleep apnoea, or anything else affecting your **lungs** or **breathing**? **Including: Chronic obstructive pulmonary disease (COPD), Emphysema** **You don't need to tell us about: Common colds or flu, one-off chest infections that you have fully recovered from.**	☐ Yes	☐ No
Crohn's, **colitis**, **IBS**, or anything else affecting your **stomach**, **bowel** or **digestive system**? **Including: Irritable bowel syndrome (IBS), Barrett's oesophagus, ulcers or bleeding** **The digestive system includes your gullet (oesophagus), stomach, duodenum and intestines.**	☐ Yes	☐ No
Only answer this if you're male: **Kidney stones**, **urinary infection** or anything else affecting your **kidneys, prostate, bladder** or **urine**? **Including: Polycystic kidney disease, blood or protein in your urine, raised PSA (prostate-specific antigen), bladder stones**	☐ Yes	☐ No
Only answer this if you're female: **Kidney stones**, **urinary infection** or anything else affecting your **kidneys, bladder** or **urine**? **Including: Polycystic kidney disease, blood or protein in your urine, bladder stones**	☐ Yes	☐ No

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 17 to 20.

Important

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:

Personal details of the person insured (continued)

Only answer this if you're female:

An **abnormal cervical smear**, or any other **gynaecological disorder** that has **required follow-up**, or an **abnormal mammogram**?

Including: Fibroids, Endometriosis, Polycystic ovarian syndrome

☐ Yes ☐ No

Anything affecting your **liver** or **pancreas**?

Including: Hepatitis, jaundice, an abnormal blood test or scan of your liver.

☐ Yes ☐ No

Numbness, pins and needles, muscle weakness, fainting, migraine, tremor or **difficulty with coordination**?

Including: Tingling, facial pain, blackouts

☐ Yes ☐ No

Tinnitus, **labyrinthitis**, or anything else affecting your **ears, hearing** or **balance**?

Including: Deafness, Meniere's disease, balance problems or dizziness

☐ Yes ☐ No

Impaired, **blurred or double vision**, **optic neuritis** or anything else affecting your **eyes or vision**?

You don't need to tell us about: Impaired vision that is fully corrected with glasses, contact lenses or laser surgery

☐ Yes ☐ No

Chronic fatigue syndrome (CFS), myalgic encephalomyelitis (ME), fatigue, fibromyalgia, persistent tiredness or **long COVID**?

☐ Yes ☐ No

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 17 to 20.

Important

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 things you've already told us about, in the last 3 years have you:

Personal details of the person insured (continued)

Been **prescribed medication** or **treatment** for a period of **4 weeks or more**, or been referred or requested any **counselling or therapy**?

☐ Yes ☐ No

Including: For minor injuries or strains, prescriptions from a doctor, even if you didn't take them, counselling for any mental illness, anxiety or stress, treatment with a chiropractor, osteopath or physiotherapist.

You don't need to tell us about: Antibiotics for one-off chest infections, contraception, fertility or dental treatment

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Been asked to attend a **follow-up** or **regular review** with a doctor, hospital or clinic?

☐ Yes ☐ No

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

You don't need to tell us about routine reviews purely in relation to: Normal pregnancy or terminations, fertility treatment

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Have you been referred to, or consulted a **specialist** or been treated at **hospital as an in-patient**?

☐ Yes ☐ No

Including: For minor injuries or strains

You don't need to tell us about: Normal pregnancy, terminations or infertility, routine smear tests or mammograms not requiring further investigation, unless you are awaiting the results

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Requested any, or been advised to have **any medical investigations**?

☐ Yes ☐ No

Including: A blood test or biopsy, Ultrasound, X-Ray, CT or MRI scan, ECG or other heart investigations

You don't need to tell us about: Normal pregnancy, terminations or infertility, routine smear tests or mammograms not requiring further investigation, unless you are awaiting the results

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If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 17 to 20.

Important

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 what you've already told us about, in the last 3 months have you:

Personal details of the person insured (continued)

Had any of these symptoms, even if you haven't consulted a doctor?

A lump, growth, cyst or lesion	☐ Yes	☐ No
Hardening affecting either testicle **(male lives only)**	☐ Yes	☐ No
Hardening affecting either breast **(female lives only)**	☐ Yes	☐ No
Bleeding from the bowel or a change in bowel habit	☐ Yes	☐ No
A cough lasting more than 3 weeks	☐ Yes	☐ No
A fit or seizure	☐ Yes	☐ No
A mole or skin blemish which has changed in appearance	☐ Yes	☐ No
Any other symptom you are planning to see a doctor about	☐ Yes	☐ No

Please tell us some general things about your lifestyle:

Personal details of the person insured (continued)

Do you currently or intend to take part in any physical hobby or sport? ☐ Yes ☐ No

(for example; motor sport, mountaineering, diving, caving, potholing, combat sports, horse riding, mountain biking, aviation, rugby or football or extreme sports)

You don't 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 under 7 per year. A one-off parachute jump. A one-off scuba dive

If you answered yes, please provide details.

Do you ride a **motorbike**, **scooter** or **moped on the road**? ☐ Yes ☐ No

If you answered yes, please provide details.

In the last 5 years have you:

- not been allowed to drive due to a **driving ban** or **disqualification**
- and/or been **convicted of dangerous** or **careless driving**?

You do not need to tell us about: Speeding offences that did not result in a ban, or any spent convictions. ☐ Yes ☐ No

If you answered yes, please provide details.

In the last 3 years have you lived, worked or travelled outside of the UK or European Union?

☐ Yes, but never more than 30 days a year
☐ Yes, more than 30 days in any year
☐ 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).

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

☐ Yes, but not more than 30 days a year
☐ Yes, more than 30 days a year
☐ 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).

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) from this employer. If you're a Shareholder of this company, please include any dividends paid to you. Do not include income from investments or other sources, including employed income from other companies.

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

☐ Yes ☐ No

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

☐ Yes ☐ No

If you answered yes, please provide details.

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

☐ Yes ☐ No

You don't need to tell us about cover that comes as part of your employment package.

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

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 typically drink in a week?

Think back over the last 3 months and consider what you would normally drink in a typical week. If you don't drink a particular type of alcohol, or don't drink any alcohol, put a zero in the relevant box or boxes, e.g. 0

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

Have any of these applied to you?

Please select all that apply.

- ☐ I've been **advised** by a medical professional **to cut down** or **stop drinking alcohol**
- ☐ I've **attended** or **been referred** for **alcohol** or **drug specialist support** such as **Alcoholics Anonymous** or **counselling**
- ☐ I've required **treatment** or **medication** to help me **reduce** or **stop my alcohol consumption (even if not taken)**
- ☐ None of these

If you answered yes, please provide details.

Have you used recreational drugs in the last 10 years?

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

☐ Yes ☐ No

If you answered yes, please provide details.

Please tell us more information about the insured's occupation

Does your job involve any of the following duties or working environments?

(Please select all that apply).

- ☐ Working outside at heights above 12m (40ft) for more than 5 hours during a typical week
- ☐ Flying other than as 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:

Does your job involve any manual work?

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

☐ Yes ☐ No

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

Thank you for completing the underwriting questions.

Important

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

Person insured

Your surgery's name and address

Person insured

The surgery's contact number

Person insured

When would you like your cover to start?

Date ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

To be advised ☐

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 you have told us about in pages 8 – 12. 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.

Important

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?

Which question do the following answers relate to on pages 8 – 12?

What condition has been diagnosed?

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

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

Have symptoms been continuous?

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 you have told us about in pages 8 – 12. 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.

Important

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?

Which question do the following answers relate to on pages 8 – 12?

What condition has been diagnosed?

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

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

Have symptoms been continuous?

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 you have told us about in pages 8 – 12. 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.

Important

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?

Which question do the following answers relate to on pages 8 – 12?

What condition has been diagnosed?

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

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

Have symptoms been continuous?

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 you have told us about in pages 8 – 12. 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.

Important

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?

Which question do the following answers relate to on pages 8 – 12?

What condition has been diagnosed?

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

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

Have symptoms been continuous?

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

LV= reference (to be completed by the adviser):

Important notes and Access to Medical Reports consent

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.

Access to medical records

Your permission for LV= to request a medical report:

In order to assess your application for insurance or to check the information provided, Liverpool Victoria Financial Services Limited (LV=) may need to request a report from your doctor. LV= needs your permission to request a medical report under the Access to Medical Reports Act (1988) or Access to Personal Files and Medical Reports Order 1991 (Northern Ireland only).

Things you need to know before you give consent

- LV= cannot request a medical report from your doctor without your consent. Whilst you don't have to give your consent, if you don't consent LV= won't be able to proceed with your application.
- You can ask your doctor to show you the medical report before it's returned to LV=. You'll have 21 days from when LV= request the report to make arrangements with your doctor to see the medical report.
- Your doctor is allowed to keep parts of the medical report from you if they feel that it would cause physical or mental harm to you or others.
- You can ask your doctor to show you a copy of the medical report within 6 months of them sending it to LV=.
- If you think that part of the medical report is incorrect or misleading, you can ask your doctor to change it or to include a statement describing which parts you feel are wrong.

What we'll ask

LV= will only ask your doctor to provide information from your medical records about your current and past health that is relevant to your application.

LV= won't ask your doctor to reveal any information about:

- Negative tests for HIV, Hepatitis B or C;
- Any sexually-transmitted diseases unless there could be long-term effects on your health;
- Predictive genetic test results unless it is for Huntington's disease, and you have applied for life insurance cover of £500,000 or over, OR unless there is a favourable test result that shows that you have not inherited a condition your family suffers from.

Your Consent

- I agree to LV= asking any doctor I have consulted about my physical or mental health, to provide medical information so LV= can assess my application, check the information provided and for the ongoing servicing of my policy including any claim made.
- I authorise those asked to provide medical information on receipt of a copy of this consent.
- I agree this consent is valid from the date this application is completed and submitted to LV=.
- I agree this consent can continue as valid for a period of 12 months, unless I choose to withdraw this at any point by contacting LV=.

Person insured full name

Person insured signature

Date ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

Important

Do you want to see a copy of the medical report before it's sent to LV= (if applicable)?

Please tick one box only.

No I do not want to see the report before it is sent to LV=

☐ **Person insured**

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

☐ **Person insured**

If you have any questions about your legal rights or questions relating to the process of getting, assessing or storing medical information, please email us at LifeCustomerSupport@LV.com.

Important

This section is only relevant if the form is being used as a data capture form by Financial Advisers and the information will be entered online by the financial adviser on behalf of the applicant.

If you are completing the application online on behalf of your client, you will be asked to confirm as part of the online application process that you have read the above consent to Access Medical Reports wording to your client, that they have agreed and provided their consent and that they have confirmed whether they wish to view the medical report before it is sent to LV=.

Customer declaration

Honest and truthful disclosure

By completing this application form, I confirm that;

- I have answered all questions truthfully and honestly even if this has been provided on a previous application to LV=
- All information provided in connection with this application is honest and accurate
- I will let LV= know if anything is incorrect or changes before my policy starts.

Important

If you don't provide complete, accurate and up-to-date information LV= may not be able to pay your claim. Your policy may be cancelled or changed to apply the correct policy terms or you may be asked to pay any additional premiums due.

LV= will also regularly select a sample of customers to check for false information.

You must give LV= your doctor's details and your consent to obtain information from them if requested. If you don't then LV= will be unable to process your application for insurance, and if your policy has already started it will be cancelled.

If LV= cancel your policy you won't be entitled to any refund of premiums or payment from it.

Financial Crime

The personal information LV= have collected from you will be shared with crime prevention agencies who will use it to prevent financial crime and money-laundering and to verify your identity. If financial crime is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by LV= and these fraud prevention agencies, and your data protection rights, can be found by contacting us at GFC LV=, County Gates, Bournemouth, BH1 2NF.

If you or anyone representing you;

- provides LV= with misleading or incorrect information to any of the questions asked when applying for or amending this insurance;
- deliberately misleads LV= to obtain cover, gain a cheaper premium or more favourable terms;
- provides LV= with false documents;
- makes a fraudulent payment by bank account and/or card;

LV= may;

- reject your policy application.
- amend your policy to record the correct information, apply any relevant policy terms and conditions and collect any additional premium due including any administration charges.
- reject a claim or reduce the amount of payment we make.
- cancel or void your policy including all other policies which you have with LV= and apply a cancellation charge
- recover from you any costs incurred and not return any premium paid by you.

LV= also have the right to stop processing your application, cancel your policy and pass details to crime prevention and law enforcement agencies if;

- LV= identify financial crime or any attempt to gain an advantage, in connection with this application for insurance, to which you're not entitled.
- LV= identify your involvement or association with insurance fraud or financial crime.

Terrorist Financing

LV= use your information to make sure we comply with any financial sanctions that apply in the UK and overseas. This includes;

- checking your information against sanctions lists.
- Sharing your information with HM Treasury and international regulators if required.

LV= will contact you if more information is needed to comply with any financial sanctions.

Member consent by plan owner applying for plan

The product you are applying for is a member qualifying product and as part of the application we will look to grant membership to each applicant. By signing this application form, you acknowledge and confirm:

- That you will become a member of Liverpool Victoria Financial Services Limited ('LV='), a company limited by guarantee, registered in England and Wales with registered number 12383237.
- your membership will be governed by the Companies Act 2006 and LV='s articles of association which are available to view at **LV.com/about-us/company-information/corporate-governance** or in hardcopy on request;
- your membership shall commence from the date LV='s register of members is updated to include your details and shall terminate in accordance with LV='s articles of association;
- in the unlikely event LV= were to be wound up during your membership, or within one year after you cease to be a member, you undertake to contribute an amount to the assets of LV= not exceeding one penny. Such amount would not be required unless called for by a liquidator; and
- in the case of policies where the intended policyholder is less than 18 years of age as at the date of this application, you are either the parent, legal guardian or trustee of the policyholder or other person who has been nominated by the policyholder to become a member of LV= on their behalf.

A summary of how we use your personal information

Liverpool Victoria Financial Services Limited (LV=) is the data controller of your personal information. We'll keep you informed about how we use your personal information in the document 'How we use your personal information', which is available:

- online at **LV.com/dataprotectionlife**
- in print from Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or **LifeCustomerSupport@LV.com**

By completing this application I am aware that LV= may share my personal data (including special category data such as health information) with third parties, this includes any subsequent information we receive whilst processing your application, for the following purposes:

- My intermediary for the purposes of providing me with a quote, processing and administering my insurance contract and claims.
- Reinsurers, medical professionals and/or healthcare management companies chosen by LV= to enable LV= to process and service my insurance contracts and assess any claims.
- Regulatory bodies (for example, the Financial Conduct Authority and HM Revenue and Customs) to enable LV= to fulfil legal and regulatory obligations.

We may also process your personal information for legitimate interest purposes:

- To deliver information and guidance so you are aware of the options that will help you get the best outcome from your product or investment.
- To process your information to better understand you and your needs so we can send you more relevant communications about the products you have with us.
- To develop new products and services.
- To conduct research and collate management information to manage the products and services we offer.
- To allow us to provide reinsurance services.

Person insured full name

Person insured signature

Date ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

Plan owner full name

Plan owner signature

Date ☐☐/☐☐/☐☐☐☐ (DD/MM/YYYY)

You have a number of rights concerning your personal information. You can ask for a person to review an automated decision, and in certain circumstances to:

- **access** the personal information we hold about you.
- **correct** personal information.
- have your personal information **deleted**.
- **restrict** us processing your personal information
- receive your personal information in a **portable** format, and
- **object** to us processing your personal information.

If you want to find out more or exercise these rights, contact Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or email us at **LifeCustomerSupport@LV.com**

You can contact us about data protection at: Data Protection Officer, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth, BH1 2NF or **dpo@LV.com**

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 Liverpool Victoria Financial Services Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Liverpool Victoria Financial Services Limited 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 Liverpool Victoria Financial Services Limited 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 Liverpool Victoria Financial Services Limited 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 Debit

DIRECT Debit

Please fill in the whole form and send it to: LV=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH. **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 9 9 0 2 6 2

4. Bank or Building Society account No. ☐☐☐☐☐☐☐☐

5. Reference (For completion by LV=)

6. Instruction to your Bank or Building Society

Please pay Liverpool Victoria Financial Services Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Liverpool Victoria Financial Services 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=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH.

Please tick the relevant boxes.

☐ Was this an advised sale?

☐ Have you provided your agency details?

☐ Have the doctor's details been fully completed?

☐ Have you attached the relevant illustration?

☐ Has the declaration been signed?

☐ Are all the relevant sections filled in?

☐ Is a trust form included?

A trust form should accompany this application in all cases.

Commission options

Please tick your preferred option

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

☐ Full initial commission

☐ indemnified

☐ non-indemnified) and renewal commission

☐ Initial commission sacrifice of ☐ %

(☐ indemnified ☐ non-indemnified)

☐ 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)? ☐ Yes ☐ No

Once the application has been submitted please forward the trust document clearly marked with the application reference number to LV=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH.

Was this an advised sale? ☐ Yes ☐ No

If you'd like us to send you this document or any future correspondence in another format, such as Braille or large print, please just let us know.

Liverpool Victoria Financial Services Limited: County Gates, Bournemouth, BH1 2NF.

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