Friends Provident International

# Underwriting form

## Statement of health

### To be completed by the applicant(s).

This supplemental application form and statement will allow Friends Provident International Limited to provide an indication of what discount may be applied to your premium for Inheritance Tax (IHT) purposes. This discount is not guaranteed and may alter because of a change in health, a change in regulation or any other reason before the plan is issued.

This form should be read and used with the current relevant Discounted Gift Trust pack.

**Please use BLOCK CAPITALS throughout and tick the boxes where appropriate.**

To help us assess your application fairly, please provide all the information that may assist us in making an estimate of your lifespan, and therefore your possible tax liability in relation to the trust. This estimate is subject to agreement with HM Revenue & Customs in consultation with your personal representatives, in the event of your death within seven years. Therefore, please answer each question as fully as you can, and if you are not sure, please state as much as you know, and say that you are not sure.

If you make a mistake, please cross it out, put in the correct word or words and initial next to the correction. If you would prefer, you may complete the medical questions in private and return the Statement of health to the Chief Medical Officer at Friends Provident International.

Please indicate on this form if you have done so.

Investible premium GBP ☐ EUR ☐ USD ☐ Other ☐ Amount

Minimum amount: GBP 50,000 (or EUR 75,000, USD 75,000, HKD 600,000, CHF 125,000, AUD 150,000, SEK 650,000, JPY 10,000,000).

**Note: This figure should be the bond premium invested, and not include any initial fee payable by Friends Provident International Limited to your adviser.**

If you are submitting this from separately to the Trust Deed, please indicate Trust Type:

Absolute Discounted Gift Trust ☐

Discretionary Discounted Gift Trust ☐

## Personal details

| | First (or only) applicant | Second applicant |
|---|---|---|
| 1 Title | Mr ☐ Mrs ☐ Miss ☐ Ms ☐ | Mr ☐ Mrs ☐ Miss ☐ Ms ☐ |
| | Other | Other |
| 2 Surname (as shown on passport/ID card) | | |
| 3 Forename(s) (as shown on passport/ ID card) | | |
| 4 Permanent residency visa number (if applicable) or ID number (if applicable) | | |
| 5 Marital status | | |
| 6 Date of birth (DD/MM/YYYY) | | |
| 7 Current residential address (including street name, town and area code, if known) | | |
| 8 Please list all contact details below. | **Contact details** | |
| Home telephone number (mandatory) | | |
| Office telephone number (mandatory) | | |
| Mobile number (mandatory) | | |
| Email address (mandatory) | | |
| | **Medical details** | |
| 9 Doctor's full name | | |
| Doctor's address | | |
| Doctor's surgery | | |

## Statement of health

**All the questions we ask are relevant and important. You must answer them accurately and completely to the best of your knowledge so that we can apply the correct terms to your plan.**

**If the answer to any question is 'Yes', please give full details disclosing all facts.**

| | First (or only) applicant | Second applicant |
|---|---|---|
| **1** What is your height? | ft ☐ in ☐ or cm ☐ | ft ☐ in ☐ or cm ☐ |
| What is your weight? | st ☐ lbs ☐ or kg ☐ | st ☐ lbs ☐ or kg ☐ |
| Have you lost more than 1 stone or 6 kilograms in the last 6 months? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| If Yes, please provide details. | | |
| **2 Do you currently have or have you ever had any of the following:** | | |
| a) Cancer, leukaemia, Hodgkin's disease, lymphoma, a brain tumour or spinal tumour? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| b) Heart disease, angina, a heart attack, heart abnormality or defect, heart valve disorder or an irregular heart beat? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| c) A stroke, mini stroke, transient ischaemic attack (TIA) or a brain or subarachnoid haemorrhage? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| d) Multiple sclerosis, Parkinson's disease, Alzheimer's disease, paralysis or paraplegia? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| e) Have you ever tested positive for HIV, hepatitis B or C or are you awaiting the results of such a test? (If the result was negative, the fact of having an HIV test will not in itself have any effect on your acceptance terms for insurance.) | Yes ☐ No ☐ | Yes ☐ No ☐ |
| **3 In the last 5 years, have you had any of the following:** | | |
| a) Diabetes, Crohn's disease or colitis? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| b) Any disorder of the kidneys? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| c) Any mental illness or eating disorder or have you attempted self-harm or taken an overdose? | Yes ☐ No ☐ | Yes ☐ No ☐ |
| Any other feeling of depression, anxiety, stress or fatigue that you have reported to a doctor, hospital, nurse, psychologist or psychiatrist or any other type of medical practitioner? | Yes ☐ No ☐ | Yes ☐ No ☐ |

## Statement of health (continued)

**If you answered Yes to any of the previous questions, please give details below.**

### First (or only) applicant

| Question Reference | Please list in this box the disorder(s), date of disorder(s) and duration, treatment, result of investigations and dates. Continue on a separate sheet of paper and attach to this form if necessary. | Name, address, tel/fax of doctor or clinic/hospital attended. |
|---|---|---|
| | | |

### Second applicant

| Question Reference | Please list in this box the disorder(s), date of disorder(s) and duration, treatment, result of investigations and dates. Continue on a separate sheet of paper and attach to this form if necessary. | Name, address, tel/fax of doctor or clinic/hospital attended. |
|---|---|---|
| | | |

If you require more space to write your answers, please attach an additional sheet to this application.

Additional sheet attached Yes ☐ No ☐

## Access to existing medical reports

**Please note that we might not contact your doctor. Even if we do, you must still disclose all the facts when completing this application form.**

We may need to get medical reports to determine the appropriate discount. 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 will not indicate a discount. This does not prevent you from applying to other companies.

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 factually correct or is misleading, you may ask the doctor to amend it. If the 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 from you access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

**Your current health**

- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.

**Any time off work in the last three years.**

**Your past health**

- Details of any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your doctor 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) disease;
  - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder or 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; or
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.

**Any history of disease among your parents or brothers or sisters that you have told your doctor about.**

We ask your doctor not to reveal information about:

- negative tests of HIV, hepatitis B or C;
- any sexually transmitted diseases, unless there could be a long-term effect on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- refusing to indicate a discount;
- indicating a discount lower than the standard discount for a person your age and gender; or
- indicating the standard discount for a person of your age and gender.

If you have any question about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to:

The Chief Medical Officer, Friends Provident International, Royal Court, Castletown, Isle of Man, British Isles, IM9 1RA

We have a confidentiality policy in place which 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 confidentiality policy.

## Withdrawals

I/We ('the Applicant') make this application to Friends Provident International Limited ('the Company') on condition that the amount to be withdrawn should be equal to the applicant's/applicants' absolute entitlement set out in the Declaration of Trust, and specified below.

Neither the applicant(s) (nor any other person) shall be entitled to terminate or vary this right in any way.

This condition overrides any contrary term(s) in the policy conditions documentation.

Friends Provident International Limited will confirm in writing the acceptance of this policy condition when the policy is issued.

### Withdrawal instructions

**Please consider ongoing/fund adviser fees when selecting the withdrawal amount as any ongoing advice fees will count towards the 5% tax deferred withdrawal allowance.**

**Please see page 8 for further important information on how these fees may impact on the potential discount received.**

I/We wish to receive ____ % of my/our investible premium (minimum 1%, maximum 5% a year).

The first payment shall become payable Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐

after the commencement of the policy and each subsequent payment date shall fall at the same interval after the previous payment date. The level of individual withdrawals is subject to a minimum withdrawal of GBP 250 or currency equivalent per withdrawal.

I/We request Friends Provident International Limited to pay the benefits by telegraphic transfer. Please transfer the benefits into my/our account (must be policyholder's account).

Sort code (if applicable) ___ – ___ – ___

SWIFT/BIC code (if applicable)

IBAN (if applicable)

Account number

Account currency

**Note: We must have either a sort code or SWIFT/BIC code.**

**(Must be completed if the account is multi-currency.)**

Account name

Bank name

Bank address

## IFA-only section

Proposed investment amount GBP ☐ EUR ☐ USD ☐ Other ☐ Amount

Proposed charging structure 0 years ☐ 5 years ☐ 8 years ☐ APC structure ☐

Full name (please print)

Name of financial adviser company

Financial adviser company address

(postcode, if applicable)

Contact telephone number (including national dialing code)

Name of your usual Sales Representative

## Ongoing charges

For IHT purposes it is important to know who any ongoing advice is given to and paid for by.

**Ongoing advice given to and paid for by the settlor(s) will be paid by Friends Provident International Limited directly to the financial adviser, from the settlor(s)' income entitlement and will affect the settlor(s)' subsequent discount quote.**

If an ongoing fee is to be facilitated from the bond, please complete the below section:

### Fee for advice to the settlor(s)

Fixed amount only GBP ☐ EUR ☐ USD ☐ Other ☐ Amount

(tick one box only) Quarterly ☐ Half-yearly ☐ Yearly ☐

### Fee for advice to the trustees

**Option A – Fixed amount** GBP ☐ EUR ☐ USD ☐ Other ☐ Amount

**Option B – Percentage of value** % of bond value

(tick one box only) Quarterly ☐ Half-yearly ☐ Yearly ☐

## Declarations

I/We have read and understand the access to medical reports section of this statement, including my/our rights about access to medical reports.

Please tick one of the following:

**First applicant:**

☐ I **do not** want to see the report before it is sent to Friends Provident International Limited.

☐ I **do** want to see the report before it is sent to Friends Provident International Limited.

**Second applicant:**

☐ I **do not** want to see the report before it is sent to Friends Provident International Limited.

☐ I **do** want to see the report before it is sent to Friends Provident International Limited.

I/We have read my/our answers to the questions in this statement and declare that, to the best of my/our knowledge and belief, all the information I/we have given is true and that no relevant fact has been withheld. I/We understand that I/we must tell Friends Provident International Limited without delay if my/our health or circumstances change before Friends Provident International Limited issues the policy applied for.

I/We accept that if I/we have a medical examination, my/our replies to the medical examiner's questions will form part of this statement.

I/We authorise Friends Provident International Limited to pass medical information to any medical examiner, or to any company arranging these examinations on Friends Provident International Limited's behalf.

I/We consent to Friends Provident International Limited asking for information from any doctor who has attended me/us and I/we consent to the giving of that information.

I/We agree Friends Provident International Limited will use information I/we give (as well as information about me/us relating to any existing policy I/we have with Friends Provident International Limited) for administration, underwriting, claims, research and statistical purposes. (These agencies may be located in countries outside the UK that do not have laws to protect your information. Details of the companies and countries involved in your case will be provided on request. Friends Provident International Limited will remain responsible for making sure that the information is held securely.)

| | First (or only) applicant | Second applicant |
|---|---|---|
| Signature(s) | | |
| Name (block capitals) | | |
| Date | | |

# Further information

The information given in this document is based on the understanding of Friends Provident International Limited of current law and Isle of Man taxation practice as at March 2015, which may change in the future. No liability can be accepted for any personal tax consequences of this scheme or for the effect of future tax or legislative changes.

Investment involves risk. Fund prices may go up and down depending upon underlying investment performance, and the value of your investment cannot be guaranteed. Investments held within a fund may not be denominated in the currency of that fund and the value of those assets can go up and down simply because of movements in currency exchange rates.

All policyholders are protected by the Life Assurance (Compensation of Policyholders) Regulation 1991 of the Isle of Man, wherever their place of residence.

Investors should be aware that specific investor protection and compensation schemes that may exist in relation to collective investments and deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance contracts.

Complaints we cannot settle can be referred to the Financial Services Ombudsman Scheme for the Isle of Man.

Some telephone communications with Friends Provident International Limited are recorded and may be randomly monitored.

The legal interpretation is that each policy is governed by and shall be construed in accordance with the law of the Isle of Man. However, this will not preclude the right to bring legal action in a Hong Kong court. If you effect a policy whilst resident in the United Arab Emirates, all disputes regarding your investment will be subject to the non-exclusive jurisdiction of the courts of the United Arab Emirates.

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