

# Proposal Form

## IMPORTANT NOTES REGARDING COMPLETION OF THE PROPOSAL FORM. READ CAREFULLY

You must disclose to us all details of any medical treatments that you have had with any Nurse, Medical Practitioner, Doctor or Consultant in the past and any details of any future medical appointments or consultations that you have booked or are looking to book in the near future. Consultations for 'colds', 'coughs' and 'sprains' can be ignored. We also need to be informed of any hazardous occupations or activities that you take part in or intend to take part in the future. If you intend to reside outside of the EU during your policy lifetime you must also disclose this to us.

These are all known as "material facts". Failure to disclose any "material facts" may result in non payment of a claim and all cover under the policy being cancelled.

If you are unsure if a treatment or any other possible "material facts" are relevant then you should check with us as to whether we consider them to be or not. You cannot assume that your doctor will provide the information we need. It remains your responsibility to complete the proposal form properly.

The life assured should fully complete the proposal form themselves. Where this is not possible, the life assured must read, agree, and if necessary amend any disclosures so that they are accurate and complete. If the life/lives assured wishes, they may return the whole form or specific information to us confidentially, marked 'Private & Confidential' for the attention of our Chief Medical Officer to the address stated above.

Disclosure of any changes since completion of this proposal for the following areas continues until Lutine Assurance has received any further information they may request from you to enable them to fully underwrite the proposal.

- Personal health;
- Family history;
- Occupation;
- Travel or Residence;
- Hazardous pastimes;
- Alcohol consumption;
- Smoking habit
- Use of recreational drugs (eg cocaine, heroin)

**PLEASE NOTE: JOINT LIFE IS NOT AVAILABLE FOR POLICY TERMS GREATER THAN 10 YEARS.**

## Personal Details Please complete in BLOCK CAPITALS

First Life to be Assured	
Title (eg. Mr, Mrs)	<input type="text"/>
Surname	<input type="text"/>
Forename(s) <small>(In full)</small>	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/> <small>No. of years resident in UK</small> <input type="text"/>
Marital Status	<input type="text"/> Single/Married/Separated/Divorced/Widowed
<small>Delete as appropriate</small>	
Address .....	
.....	
.....	
Postcode .....	
Daytime Tel. No. ....	
Home Tel. No. ....	
Occupation	<input type="text"/>
<small>(What activities/duties are involved?)</small>	
<input type="text"/>	

Second Life to be Assured	
Title (eg. Mr, Mrs)	<input type="text"/>
Surname	<input type="text"/>
Forename(s) <small>(In full)</small>	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/> <small>No. of years resident in UK</small> <input type="text"/>
Marital Status	<input type="text"/> Single/Married/Separated/Divorced/Widowed
<small>Delete as appropriate</small>	
Address .....	
.....	
.....	
Postcode .....	
Daytime Tel. No. ....	
Home Tel. No. ....	
Occupation	<input type="text"/>
<small>(What activities/duties are involved?)</small>	
<input type="text"/>	

## Proposed Cover

Please advise the type of life cover being proposed for by ticking the one of the two boxes below.

1. Cover up to 10 years (the overall term including any renewable option must not exceed 10 years).

Please write in the box below the type of contract required. (options are:- Level Term, Renewable Term, Level Decreasing, Mortgage Protection 12% interest, Gift Inter Vivos, Increasing Term at 5%, Increasing Term at 10% or others (please specify))

2. Cover from 10 years 1 day to 25 years. Please state type of contract.

Level Term  Mortgage Protection 12% interest

**Please note the contract must expire by age 70 attained.**

**Please State Sum Assured**

**If Joint Life First or Second Death**

**Please State Term**

**Details of Lender if Appropriate**

**Other Details**

### Premium Frequency

- Monthly  
 Annually  
 Single

AP's + S.P's for cover up to 10 years only.

### Method of Payment

- Direct Debit  
 Cheque  
 Credit Card

Credit Card No.

Issue Date

Exp. Date

**Please note we do not accept American Express**

- Single premiums should normally be paid by Credit Card for all terms less than 1 year.
- Monthly premiums must be paid by Direct Debit and are only available if the life assured is not aged over 75 at inception, or over age 63 for a Gift Inter Vivos contract.

## Reason for Cover

### Personal

- Dependants' Protection   
 Loan   
 Lifetime Gift

Other (Please specify)

### Business

- Keyman   
 Loan   
 Management Buy Out   
 Partnership Protection   
 Share Purchase

## Grantee Details

If the proposer (Grantee) is not the life to be assured, please complete the following

Name & Address of Grantee.....  
 .....  
 .....  
 Insurable Interest .....

**PLEASE REMEMBER TO SIGN THE DECLARATION ON THE FIFTH PAGE**

## Genetic Information disclosure

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals £500,000 or less for life insurance. Above this limit, you may need to tell us about certain genetic test results when applying for insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at [www.abi.org.uk/consumer2/disclosure.htm](http://www.abi.org.uk/consumer2/disclosure.htm). However, you must tell us if you either have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

## Data Protection

The 1998 Data Protection Act places responsibilities on people and organisations who use personal information. The Act has particular regard to the right of the individual. It includes the right for individuals to have their information protected and imposes special conditions and rights if this information is classified as "sensitive".

"Sensitive personal information" is defined by the Act as comprising information about racial or ethnic origin, health, religious beliefs, sexual life, convictions or sentences, and trade union membership. Our interest is restricted to the categories of health and sexual life for underwriting purposes. Any information collected from you by our Underwriters will be carefully protected and any details which could be defined as "sensitive" as above will receive extra protection. We may, however, pass on information to our reassurers, and other individuals or groups, for example, medical practitioners, who may be involved in the processing of this proposal for assurance.

"Sensitive" information relating to your proposal for assurance may not be processed without your explicit consent. Should your consent of the processing of sensitive information not be given, it may not be possible to underwrite your proposal. Therefore would you please indicate your consent to such processing by signing the declaration section. All information provided may be retained for up to six years from the date of your proposal or when you cease to be a policyholder with us.

**IMPORTANT NOTES REGARDING COMPLETION OF THE PROPOSAL FORM. READ CAREFULLY**

Failure to disclose all material facts could render the contract void. Material facts are those which an assurer would regard as likely to influence the assessment and acceptance of a proposal for assurance. If you are in any doubt as to whether certain facts are material, such facts should be disclosed. You cannot assume that your doctor will provide the information we need. It remains your responsibility to complete the proposal form properly.

**Underwriting Questions**

**First Life to be Assured**

1. Please give your usual doctor's name and address.  
(If registered with this doctor for less than 1 year, please ALSO give your previous doctor's name and address in the additional information area.)

.....  
 .....  
 .....  
 Postcode ..... Tel. No. ....

2. Please give your height and weight.

Height ..... ft ..... ins Weight ..... st ..... lbs  
 OR in ..... Centimetres ..... Kgs

3. Do you, or have you in the last 12 months consumed any cigarettes, cigars or pipe tobacco product or used any nicotine replacement product? Yes  No

4. Please give your average consumption of tobacco and alcohol

..... cigarettes/cigars/pipe tobacco per week  
Delete as appropriate

Type and quantity of alcohol consumed per week  
 .....  
(1 unit = 125ml glass of wine, 1 measure of spirit or 1/2 pint of beer/lager)

5. Have you even been advised to reduce the amount you drink or have you ever received alcohol related counselling? Yes  No

**Second Life to be Assured**

1. Please give your usual doctor's name and address.  
(If registered with this doctor for less than 1 year, please ALSO give your previous doctor's name and address in the additional information area.)

.....  
 .....  
 .....  
 Postcode ..... Tel. No. ....

2. Please give your height and weight.

Height ..... ft ..... ins Weight ..... st ..... lbs  
 OR in ..... Centimetres ..... Kgs

4. Do you, or have you in the last 12 months consumed any cigarettes, cigars or pipe tobacco product or used any nicotine replacement product? Yes  No

4. Please give your average consumption of tobacco and alcohol

..... cigarettes/cigars/pipe tobacco per week  
Delete as appropriate

Type and quantity of alcohol consumed per week  
 .....  
(1 unit = 125ml glass of wine, 1 measure of spirit or 1/2 pint of beer/lager)

5. Have you even been advised to reduce the amount you drink or have you ever received alcohol related counselling? Yes  No

**Underwriting Questions (continued)**

First Life to be Assured		If you answer 'Yes' to any question please give full details (including exact diagnosis and dates) under "Additional Information".	Second Life to be Assured	
Yes	No		Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	6. <b>Do you currently have or have you ever had any of the following:</b> a) Lump or growth, cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b> b) Heart attack, angina, heart defects from birth and heart surgery? c) Stroke, circulatory problems, brain haemorrhage or permanent brain injury d) Multiple sclerosis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia, or cerebral palsy? e) Mental illness that has required hospital treatment or referral to a psychiatrist? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. <b>In the last 5 years have you :</b> a) Had any chest pain, irregular heart beat or raised cholesterol? b) Had any raised blood pressure? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b> c) Had any kind of medical attention for depression, anxiety, stress or nervous breakdown, including any form of suicide attempt or self harm? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b> d) Had any disorder of the digestive system, liver, Stomach, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease)? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b> e) Diabetes or sugar in the urine? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b> f) Musculoskeletal disorders such as any form of arthritis or back trouble? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b> g) Consulted any doctor, received or have been advised to have any investigations, scans or blood tests in connection with any medical condition. h) Respiratory conditions including asthma and bronchitis? <b>If yes ask your broker for a Medical Conditions Questionnaire to complete.</b>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. Are you currently taking prescribed drugs, medicines, tablets or any other treatment?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. Are you due to have any check up in the next 12 months in connection with any medical condition, or are you waiting for the result of any medical investigation?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10. Do you currently have any symptoms for which you might seek medical attention?	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11. Have any of your parents, brothers, sisters or children died of, or suffered from, heart or kidney disease, diabetes, raised blood pressure, cancer or any hereditary condition? <b>If so, please give details, including cause and age, if applicable.</b>	<input type="checkbox"/>	<input type="checkbox"/>



**Declaration - Please read carefully before signing.** The benefits provided by this policy are written by certain Syndicates at Lloyd's for terms of 10 years or less and by Scottish Friendly Assurance Society Limited for all terms over 10 years.

**Failure to disclose all material facts could render the contract void. Material facts are those which an assurer would regard as likely to influence the assessment and acceptance of a proposal for assurance. If you are in any doubt as to whether certain facts are material, such facts should be disclosed.** A copy of the Certificate wording and completed proposal is available through your broker or financial adviser.

I/We, the Life/Lives to be Assured, and (if different) the Grantee, declare that to the best of my/our knowledge and belief the statements made in this proposal are true and complete and understand that the terms of the Certificate to be issued in respect of this proposal shall be dependent upon the answers given and statements made in this proposal and made by the Life/Lives to be Assured to any medical examiner appointed by the Company. I/We undertake to inform the Company of changes to these statements which occur after the proposal form has been completed and signed by me/us, up until the date it is received by Lutine Assurance. If Lutine Assurance require any further information from me/us, my/our duty of disclosure remains until that additional information is received from me/us by Lutine Assurance. I/we understand that failure to do so may affect the validity of the contract. In respect of joint life cases cover does not commence until both lives have been accepted and we have been instructed to assume risk.

I/We, the Life/Lives to be Assured consent to the Company seeking medical information, including the result of any HIV test, from any Insurance Office to which a proposal has been made for assurance on my/our Life/Lives and I/we authorise the giving of such information.

I/We have been informed of my/our statutory rights under the Access to Medical Reports 1988/Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, as explained overleaf, and, in connection with the insurance currently applied for, hereby consent to Lutine Assurance Services Limited, seeking medical information from any doctor who at any time has attended me/us concerning anything which affects my/our physical or mental health, and I/we agree that a copy of consent shall have the validity of the original. I/We understand that this authority shall continue after my/our death.

I understand that where the plan is for a term in excess of ten years, the benefits provided under this certificate will be underwritten by Scottish Friendly Assurance Society Limited whose head office is at Scottish Friendly House, 16 Blythswood Square, Glasgow G2 4HJ.

If you do NOT wish requests for medical information to go via the sales intermediary please tick this box.

**First Life to be Assured**

I do not\* wish to see the report before it is sent to Lutine

\* Please delete the word "not" if you wish to see the report

**Second Life to be Assured**

I do not\* wish to see the report before it is sent to Lutine

\* Please delete the word "not" if you wish to see the report

**Signature of First Life to be Assured**

Date

**Signature of Second Life to be Assured**

Date

**Signatures of Grantee**

(Person(s) effecting the Assurance if other than Life Assured)

Name and address should be under 'Reason for Cover' on page 2.

Date



**Instructions to your Bank or Building Society to pay Direct Debits**



**Please fill in the whole form and send it to:** Lutine Assurance Services Limited, 3rd Floor, 154 Great Charles Street, Birmingham B3 3HN

Originator's Identification Number **9 4 0 7 4 9**

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

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

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

To: The Manager

Bank or Building Society

Address

Postcode

4. Bank or Building Society Account number

Lutine Assurance Services Limited Reference Number

For Head Office Use Only

**Instruction to your Bank or Building Society**  
Please pay Lutine Assurance Services Limited Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

**NO ACKNOWLEDGEMENT REQUIRED**

**Broker checklist to be completed to ensure the proposal is sent to us only when fully complete. By sending an incomplete proposal form you will delay the placement of this risk and increase your and our administration costs:**

- |  |        |
|--|--------|
| 1) Are all sections complete?  | YES/NO |
| 2) If any questions have been answered 'yes' have full details, as requested in the question been given? | YES/NO |
| 3) Have all appropriate questionnaires been obtained and completed fully?                                | YES/NO |
| 4) Has the declaration been signed and dated?  | YES/NO |
| 5) Has any relevant medical evidence that the life assured holds been provided                           | YES/NO |
| 6) Has any financial evidence as stated in the quotation been provided.                                  | YES/NO |

AGENCY STAMP / DETAILS



Your life is our business.

**Lutine Assurance Services Limited**

3rd Floor, 154 Great Charles Street, Birmingham B3 3HN  
Telephone: 0121 200 1919 Facsimile: 0121 200 1921  
E-mail: [enquiries@lutine.com](mailto:enquiries@lutine.com)  
[www.lutine.com](http://www.lutine.com)

Authorised and regulated by the Financial Services Authority No. 311503  
Acting for certain Syndicates at Lloyd's of London and other authorised UK Life Assurance Companies.

Registered Office: Sidcup House, 12-18 Station Road, Sidcup, Kent DA15 7EX  
Registered in England No. 2340151  
Please refer to your Key Features Document.

## Access to Medical Reports Act 1988

(Access to Medical Reports Act 1988/Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.)

We may need to apply for a medical report from your doctor but before doing so we need your consent. Before giving your consent, you should know that you have certain rights under the above Acts.

They are:

1. You can withhold your consent BUT we may not be able to proceed without it.
2. You have the right to see the report before it is returned by the doctor. Please indicate if you wish to do so.
3. If you indicate you wish to see the medical report and we decide that one is required we will inform you of our intention to obtain a report. We will also notify the doctor that you wish to see the report. You will then have 21 days to make arrangements with the doctor to see the report. The doctor can charge a reasonable fee for this service.
4. If you indicate you do not wish to see the report, you can change your mind but you must inform the doctor immediately. You will then have 21 days to make arrangements to see it before the report is returned to Lutine.
5. You can also see the report up to six months after it has been provided to Lutine, even if you elected not to see it initially.
6. If you consider the report (or any part of it) to be misleading you can add a statement of your own.
7. The doctor can withhold the report (or part of it) from you if he feels it is in your interests to do so.