
Data capture form for Lifestyle Protection (May 2011)

Advisers should only use this form to capture the information you will need from your client to apply for a Lifestyle Protection plan. We will not accept this form as a paper application form.

The data capture form lets you capture a certain amount of information from your client. But if your client answers 'yes' to some of those questions, our interactive system will ask for more information online before you can send the application to us. This means that your client will need to be present or available by phone when you get to this stage in the application process. If your client is not present, you can save the application at any time and go back when your client is available.

Important information for the person completing this form

Please answer all questions honestly and in full. If you miss any information out, or give us misleading information, this could mean that we do not pay the claim.

It is also important that you tell us if there is a change to your health, occupation or leisure activities between completing this form and the date we assume risk on your plan.

If you have had a genetic test, you only have to tell us the results if this application, when added together with any cover you have of the same type, is for more than:

- £500,000 of Life Cover; or
- £300,000 of Life or Critical Illness Cover.

However, if you have had a test and the results are in your favour, you can choose whether to tell us the results or not.

You must tell us however, if you think you are receiving treatment for, or experiencing symptoms of, a genetic condition.

For financial advisers

Quote number

Special commission instructions

Adviser name

Your unique reference

Account number

Section A – About the people covered

| | Person 1 | Person 2 |
|---|---|---|
| 1 Your name | <input type="text"/> title <input type="text"/> first name <input type="text"/> middle name <input type="text"/> last name | <input type="text"/> title <input type="text"/> first name <input type="text"/> middle name <input type="text"/> last name |
| 2 Date of birth | <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> / <input type="text"/> / <input type="text"/> |
| 3 Sex | <input type="radio"/> Male <input type="radio"/> Female | <input type="radio"/> Male <input type="radio"/> Female |
| 4 Marital status | <input type="radio"/> Married <input type="radio"/> Living together as partners <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Civil partnership <input type="radio"/> Surviving civil partner | <input type="radio"/> Married <input type="radio"/> Living together as partners <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Single <input type="radio"/> Separated <input type="radio"/> Civil partnership <input type="radio"/> Surviving civil partner |
| 5 What is your relationship to Person 1? | | <input type="radio"/> Wife <input type="radio"/> Husband <input type="radio"/> Partner <input type="radio"/> Cohabitant <input type="radio"/> Common law spouse <input type="radio"/> Business partner <input type="radio"/> Other If Other, please give full details <input type="text"/> |
| 6 Your home address Please only give us your current address. If you move house while we are processing your application, please contact us once you have moved to your new address. | <input type="text"/> house name <input type="text"/> house number <input type="text"/> street name <input type="text"/> town/city <input type="text"/> county <input type="text"/> country <input type="text"/> postcode <input type="text"/> phone daytime <input type="text"/> phone evening <input type="text"/> mobile <input type="text"/> email | <input type="text"/> house name <input type="text"/> house number <input type="text"/> street name <input type="text"/> town/city <input type="text"/> county <input type="text"/> country <input type="text"/> postcode <input type="text"/> phone daytime <input type="text"/> phone evening <input type="text"/> mobile <input type="text"/> email |

Section A – About the people covered continued

| | Person 1 | Person 2 |
|--|---|---|
| <p>7 Have you smoked in the last 12 months?</p> <p>A smoker is anyone who has used any form of tobacco or nicotine replacement products in the last 12 months.</p> <p>If you answer No, we may carry out tests to check that you are a non-smoker.</p> <p>How old were you when you started smoking?</p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please tell us how much you smoke a day.</p> <p><input type="text" value="cigarettes a day"/></p> <p><input type="text" value="cigars a day"/></p> <p><input type="text" value="pipes a day"/></p> <p><input type="text" value="other"/></p> <p><input type="text"/></p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please tell us how much you smoke a day.</p> <p><input type="text" value="cigarettes a day"/></p> <p><input type="text" value="cigars a day"/></p> <p><input type="text" value="pipes a day"/></p> <p><input type="text" value="other"/></p> <p><input type="text"/></p> |
| ONLY ANSWER THE FOLLOWING QUESTION IF YOU HAVE NOT SMOKED IN THE LAST 12 MONTHS | | |
| <p>Have you ever smoked any form of tobacco products?</p> <p>How old were you when you started smoking?</p> <p>When did you stop smoking?</p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please tell us how much you smoked a day.</p> <p><input type="text" value="cigarettes a day"/></p> <p><input type="text" value="cigars a day"/></p> <p><input type="text" value="pipes a day"/></p> <p><input type="text" value="other"/></p> <p><input type="text"/></p> <p><input type="text" value=" / /"/></p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> <p>If Yes, please tell us how much you smoked a day.</p> <p><input type="text" value="cigarettes a day"/></p> <p><input type="text" value="cigars a day"/></p> <p><input type="text" value="pipes a day"/></p> <p><input type="text" value="other"/></p> <p><input type="text"/></p> <p><input type="text" value=" / /"/></p> |
| <p>8 Have you ever had an application on your life accepted on special terms, deferred or declined?</p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> |
| <p>9 Do you have an existing plan or application with Bright Grey?</p> <p>If Yes, please give us the plan/application number.</p> <p>Is this existing plan being replaced by this application?</p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="text"/></p> <p><input type="radio"/> No <input type="radio"/> Yes</p> | <p><input type="radio"/> No <input type="radio"/> Yes</p> <p><input type="text"/></p> <p><input type="radio"/> No <input type="radio"/> Yes</p> |

If you need to tell us about more plans or applications, please use page 21.

Section B – Your job and lifestyle

| | Person 1 | Person 2 |
|---|--|--|
| <p>1 In which country are you permanently resident?</p> <p>You can only apply for a Lifestyle Protection plan if you are permanently resident in the UK.</p> | <input type="radio"/> UK | <input type="radio"/> UK |
| <p>2 In the next 6 months, will you be moving from the country in which you are permanently resident?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>3 In the last 2 years, have you lived outside the UK, Channel Islands or Isle of Man for more than 6 months?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>4 Other than holidays of less than 3 months, have you any intention of going outside the UK, Channel Islands or Isle of Man?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>5 What is your current job?</p> | | |
| <p>6 Do you work in one of the following industries:</p> <p>Armed forces Aviation Construction Demolition Diving Docks Merchant Marine Fishing Mining/Tunnelling Oil/Gas Rigs Offshore Quarrying Railways Ship Building or Repair?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>7 What is your employment status?</p> | <input type="radio"/> Salaried employee <input type="radio"/> Self-employed <input type="radio"/> House person <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Not employed | <input type="radio"/> Salaried employee <input type="radio"/> Self-employed <input type="radio"/> House person <input type="radio"/> Student <input type="radio"/> Retired <input type="radio"/> Not employed |
| <p>8 Does your job involve hazardous duties?</p> <p>e.g. working at heights, working with explosives or handling asbestos.</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>9 Are you a member of the Territorial Army (TA) or Armed Forces reservists?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>10 What are your gross annual earnings from your employment or self-employment?</p> <p>If you have no earnings please enter 0.</p> | | |

Section B – Your job and lifestyle continued

| | Person 1 | Person 2 |
|--|--|--|
| <p>11 Do you take part in any hazardous leisure activity? e.g. private aviation, diving, yachting or sailing, mountaineering or rock-climbing, motor sports, caving or potholing, parachuting, hang-gliding. Do not include one-off events such as parachute jumps for charity.</p> | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details |
| <p>12 What is your height?</p> | feet inches metres centimetres | feet inches metres centimetres |
| <p>13 What is your weight?</p> | stones lbs kilos | stones lbs kilos |
| <p>14 In the last 3 months, has your weight increased or decreased by 7lbs (3kgs) or more, for reasons other than pregnancy?</p> | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details |
| <p>15 How many units of alcohol do you drink in an average week? 1 pint of beer = 2 units; 1 glass of wine (175ml) = 2 units; 1 measure of spirits = 1 unit.</p> | units | units |
| <p>16 Have you ever been given medical advice to reduce your alcohol intake or had, or been advised to have, any form of treatment or counselling relating to your alcohol consumption?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>17 Have you ever used illegal or recreational drugs or injected non-prescription drugs? e.g. cocaine, heroin, cannabis, ecstasy.</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |

Section C – Your health

| | Person 1 | Person 2 |
|---|--|--|
| <p>1 Before the age of 60, have any of your parents, brothers or sisters had:</p> <p>Alzheimer's disease Cancer Cardiomyopathy Diabetes Haemochromatosis Heart disease (including heart attack or angina) Huntington's disease Motor neurone disease Multiple sclerosis Muscular dystrophy Parkinson's disease Polycystic kidney disease Stroke Or any hereditary disorder?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>2 Have you ever tested positive, or are you awaiting test results for Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS) or Hepatitis B or C?</p> <p>If the result is negative, the fact that you had an HIV test will not itself have any effect on your acceptance terms for insurance.</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>3 In the last 5 years have you tested positive or been treated for any disease that was transmitted sexually?</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>For questions 4 to 13, do you have, or have you ever had, any of the following?</p> | | |
| <p>4 Multiple sclerosis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia or cerebral palsy</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>5 Any neurological complaint, numbness, dizziness, involuntary shaking, loss of feeling, tingling of limbs or face, or temporary loss of muscle power or co-ordination</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>6 Cancer, tumour, leukaemia, Hodgkin's disease, lymphoma, melanoma or any malignant condition</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>7 Irregular heartbeat, palpitations, heart murmur or heart disease including angina, heart attack or chest pains</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>8 Stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or brain injury</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| <p>9 Diabetes or sugar in the urine</p> | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |

Section C – Your health continued

| | Person 1 | Person 2 |
|--|--|--|
| 10 Any nervous or mental disorder e.g. anxiety, stress, depression, schizophrenia, suicide attempt. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 11 Any hereditary disorder | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 12 Any disorder of the eyes or blurred or double vision, not fully corrected by glasses or contact lenses e.g. glaucoma, optic neuritis. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 13 Only answer this question if you are male Any prostate enlargement or abnormal PSA (Prostate specific antigen), testicular or urinary problems e.g. undescended testicle, difficulty or urgency in passing urine. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| For questions 14 to 26, in the last 5 years have you had any of the following? | | |
| 14 High blood pressure, or – taken, or been advised to take, treatment for high blood pressure or – had, or been advised to have, your blood pressure monitored (other than as part of pregnancy) | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 15 High cholesterol, or – taken, or been advised to take, treatment for raised cholesterol, or – had, or been advised to have, your cholesterol levels monitored | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 16 Any cyst, growth, lump or swelling | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 17 Any mole or freckle that has changed in colour or appearance, bled, become painful or itchy, or increased in size | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 18 Asthma, bronchitis, pneumonia, emphysema or other lung disorder | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 19 Any disorder of the digestive system, gall bladder, stomach, bowel or liver e.g. gastric ulcer, duodenal ulcer, hepatitis, jaundice, colitis, Crohn's disease, irritable bowel syndrome, hernia. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 20 Any disorder of the thyroid | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 21 Any disorder of the kidneys or bladder e.g. blood or protein in the urine or multiple urinary infections. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 22 Any fit or blackout | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |

Section C – Your health continued

| | Person 1 | Person 2 |
|---|--|--|
| 23 Any disorder of the muscles, bones, joints or limbs e.g. arthritis, rheumatoid arthritis, gout. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 24 Any disorder of the skin or ears | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 25 Any disorder of the blood e.g. anaemia. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 26 Only answer this question if you are female Any biopsy or ultrasound of the breast, uterus, cervix or ovary, or any abnormal cervical smear or mammogram You do not need to tell us about testing as a result of pregnancy. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 27 Are you currently experiencing any symptoms or complaints for which you have not consulted a doctor? | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 28 Are you currently awaiting, or been advised to seek, any medical or surgical consultation or follow-up? | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 29 In the last 5 years, other than for those conditions you have already told us about in this application, have you - attended any other medical appointment, - taken any other test or medication, or - received any other treatment. | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |

Additional questions continued

If you answered Yes to any of questions 2 to 29 in section C please also answer these questions.

Depending on the exact condition you tell us about, the questions on this form may not match exactly the questions we ask your adviser online. Your adviser may still need to contact you for further information before sending your application to Bright Grey.

| | Person 1 – Condition 1 | Person 2 – Condition 1 |
|--|---|---|
| 1 What is the name of the medical condition or injury that you have had or currently have? | <input type="text"/> | <input type="text"/> |
| 2 When did your symptoms start? Please give a date. | <input type="text"/> | <input type="text"/> |
| 3 How often do you have symptoms? | <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Once or twice a year <input type="radio"/> No longer have symptoms | <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Once or twice a year <input type="radio"/> No longer have symptoms |
| 4 If the symptoms have stopped, when was the last time you had symptoms of this condition? Please give a date. | <input type="text"/> | <input type="text"/> |
| 5 Have you had any surgery, investigations or tests for this condition? | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> |
| 6 Do you expect or have you been advised to have surgery, tests or investigations, including any hospital referrals, for this condition? | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> |
| 7 What was the treatment prescribed? | <input type="text"/> | <input type="text"/> |
| 8 Is it still continuing? | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 9 How many days have you been off work because of this condition? | <input type="text"/> days | <input type="text"/> days |
| 10 Which of the following best describes the severity of your condition? | <input type="radio"/> Fully recovered with no remaining disability <input type="radio"/> Ongoing condition with no restrictions of daily activities or mobility <input type="radio"/> Mild symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Severe symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Daily activities and tasks significantly restricted | <input type="radio"/> Fully recovered with no remaining disability <input type="radio"/> Ongoing condition with no restrictions of daily activities or mobility <input type="radio"/> Mild symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Severe symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Daily activities and tasks significantly restricted |

Additional questions continued

| | Person 1 – Condition 2 | Person 2 – Condition 2 |
|--|---|---|
| 1 What is the name of the medical condition or injury that you have had or currently have? | <input type="text"/> | <input type="text"/> |
| 2 When did your symptoms start? Please give a date. | <input type="text"/> | <input type="text"/> |
| 3 How often do you have symptoms? | <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Once or twice a year <input type="radio"/> No longer have symptoms | <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Once or twice a year <input type="radio"/> No longer have symptoms |
| 4 If the symptoms have stopped, when was the last time you had symptoms of this condition? Please give a date. | <input type="text"/> | <input type="text"/> |
| 5 Have you had any surgery, investigations or tests for this condition? | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> |
| 6 Do you expect or have you been advised to have surgery, tests or investigations, including any hospital referrals, for this condition? | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> | <input type="radio"/> No <input type="radio"/> Yes If Yes, please give full details <input type="text"/> |
| 7 What was the treatment prescribed? | <input type="text"/> | <input type="text"/> |
| 8 Is it still continuing? | <input type="radio"/> No <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> Yes |
| 9 How many days have you been off work because of this condition? | <input type="text"/> days | <input type="text"/> days |
| 10 Which of the following best describes the severity of your condition? | <input type="radio"/> Fully recovered with no remaining disability <input type="radio"/> Ongoing condition with no restrictions of daily activities or mobility <input type="radio"/> Mild symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Severe symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Daily activities and tasks significantly restricted | <input type="radio"/> Fully recovered with no remaining disability <input type="radio"/> Ongoing condition with no restrictions of daily activities or mobility <input type="radio"/> Mild symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Severe symptoms with infrequent restriction of daily activities or mobility <input type="radio"/> Daily activities and tasks significantly restricted |

If you need to tell us about more conditions, please use page 21.

Section F – How we use your personal information, declaration and consent

Before we can accept this online application, you must confirm you have read and given consent to the use of your personal information under the 'How we will use your personal

information' section below and you agree with all the statements in the 'declaration and consent' sections below. We will send a copy of the application and quote to your home address. You

must check that the information in this application is accurate and complete. You must use the confirmation form to give us any missing information and to correct any inaccurate information.

1. How we use your personal information (please read)

We will use your personal information (including sensitive personal information) for the following purposes:

- Providing and developing our products and services
- Improving customer care
- Verifying your identity and fraud prevention
- Research and analysis
- Marketing
- Legal and regulatory reasons
- Administering your plan.

We will retain your personal information for a reasonable period and we may also share information about you with other companies within the Royal London Group, your approved intermediary, our service providers and agents and with third parties such as auditors, underwriters, reinsurers, medical agencies, identity authentication and fraud prevention agencies, other financial institutions and legal and regulatory bodies.

Your personal data may be processed in countries outside the European Economic Area. This processing will be carried out by experienced and reputable organisations and only on terms which safeguard the security of your data and comply with the requirements of the Data Protection Act 1998.

We may contact you by mail, phone, fax, email or other electronic messaging either directly or through your approved intermediary with further offers, promotions and information about

our products and services that may be of interest to you. By providing us with this information you consent to being contacted by these methods for these purposes. Please tick this box if you do not wish to receive these communications.

- Person 1 Person 2
 Other applicant

We may also share your information with carefully selected third parties, who may contact you by mail, phone, fax or electronic messaging to let you know about products and services which they believe may be of interest to you. By providing us with this information you consent to being contacted by these methods for these purposes.

Please tick this box if you do not wish to receive such information.

- Person 1 Person 2
 Other applicant

We may carry out an identity authentication check to verify your identity. This involves checking the details you supply against those held on any databases that may be accessed by the reputable third party company which carries out our checks. This includes information from the Electoral Register and fraud prevention agencies.

We will use scoring methods to verify your identity. A record of this search will be kept and may be used to help other companies verify your identity.

We may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

We may monitor and record phone calls and retain these for the purposes of training and quality assurance and to ensure that we have an accurate record of your instructions.

If you provide us with information about another person, you confirm that they have appointed you to act for them to consent to the processing of their personal data and that you have informed them of our identity and the purposes (as set out above) for which their personal data (including sensitive personal data) will be processed.

You have the right to ask for a copy of the information that we hold on you, for which we are entitled to charge a small fee. You can ask us to correct any inaccuracies in your information.

If you have any questions about how we will use your personal information or if you would like to receive our marketing communications by some but not all of the above methods, please contact a member of the Bright Grey Customer Care Team on 0845 6094 500.

Section F – How we use your personal information, declaration and consent continued

2. Declaration and consent for the people covered (please read)

Bright Grey is a division of Royal London. The Royal London Group consists of The Royal London Mutual Insurance Society Limited and its subsidiaries.

I give Bright Grey permission:

- to ask for information from any insurance office to which an application has been made for insurance
- to store and use information about me, including sensitive personal data such as health details, in the way described in 'How we use your personal information' section above.

I agree that:

- if my health changes, or any other detail affecting the application changes, between the date the online application was sent to Bright Grey over the Internet and the date Bright Grey assumes risk on my plan, I will inform Bright Grey in writing. I understand that Bright Grey will then have the right to reconsider or withdraw terms if appropriate.
- if the plan owner has a financial adviser:
 - they are authorised to give Bright Grey any information that is missing from the online application provided that:
 - either** the financial adviser has confirmed to Bright Grey that I have indicated my agreement to the amendment, instruction or inclusion of the additional information;
 - or** the amendment, instruction or inclusion of additional information shall not take effect until the financial adviser has confirmed to Bright Grey that I have indicated my agreement.

I understand that:

- Bright Grey may request medical information within 6 months of the start of the plan to check the accuracy of any statement made in, or in connection with, this application. If Bright Grey chooses to do this, I agree to give Bright Grey or their agents consent to ask any doctor I have consulted about my physical or mental health and for those asked to provide the requested information.

I declare that:

- if I have stated I am a non-smoker that I have not used any form of tobacco or nicotine replacement products in the last 12 months
- the answers on this online application are true and complete, to the best of my knowledge and belief
- if any information is missing or inaccurate I will inform Bright Grey in writing using the confirmation form. Bright Grey will then have the right to reconsider or withdraw terms if appropriate.

Section F – How we use your personal information, declaration and consent continued

3. Declaration and consent for the plan owner (please read)

Bright Grey is a division of Royal London. The Royal London Group consists of The Royal London Mutual Insurance Society Limited and its subsidiaries.

I give Bright Grey permission:

- to ask for information from any insurance office to which an application has been made for insurance
- to store and use information about me, including sensitive personal data such as health details, in the way described in How we use your personal information section above.

I agree that:

- the information on this online application together with the key facts of the Lifestyle Protection plan, quote, plan details and the confirmation form shall form the basis of the contract between me and Royal London, on behalf of Bright Grey.
- if the health of the person covered changes, or any other detail affecting the application changes, between the date my adviser sent my application to Bright Grey over the internet and the date Bright Grey assumes risk on my plan, I will inform Bright Grey in writing. I understand that Bright Grey will then have the right to reconsider or withdraw terms if appropriate.
- if I have a financial adviser:
 - they are authorised to give Bright Grey any information that is missing from my application form; and
 - they are authorised to accept any amendment which Bright Grey proposes to make to my plan (including the acceptance of any non-standard terms) and to instruct Bright Grey to start my plan on my behalf, provided that:
 - either** the financial adviser has confirmed to Bright Grey that I have indicated my agreement to the amendment, instruction or inclusion of the additional information;
 - or** the amendment, instruction or inclusion of additional information shall not take effect until the financial adviser has confirmed to Bright Grey that I have indicated my agreement.

I understand that:

- I can request a copy of the plan details for the Lifestyle Protection plan
- this plan will be issued subject to the law of England and Wales
- Bright Grey may request medical information within 6 months of the start of the plan to check the accuracy of any statement made in, or in connection with, this application. If any of the people covered do not give their consent to Bright Grey obtaining this information, or any statement is inaccurate and this affects Bright Grey's assessment of the insurance risk, Bright Grey will then have the right to reconsider or withdraw terms if appropriate and my plan may be cancelled.
- my application for insurance has been sent to Bright Grey by my adviser over the Internet and it is therefore my responsibility to ensure the person covered checks the answers that have been given are correct and that no information is inaccurate or missing
- if the person covered does not check the answers on this online application and does not give Bright Grey all the facts that are likely to influence the assessment and acceptance of this application, any plan issued as the result of this online application may be cancelled or the terms changed, and any claims may be refused.

I declare that:

- I have received a copy of the key facts of the Lifestyle Protection plan
- the answers on this online application are true and complete, to the best of my knowledge and belief and that if any information is missing or inaccurate I will inform Bright Grey in writing. Bright Grey will then have the right to reconsider or withdraw terms if appropriate.

Please tick this box to confirm that you have read and agreed to the statements in parts 2 and 3 of Section F above:

- Person 1**
 Person 2

Did you receive advice from a financial adviser about buying this plan?

- Yes**
 No

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Access to Medical Reports Act Information and declaration (please read and sign the declaration)

1. Access to medical reports information

We may need to obtain a medical report from your current GP or specialist, or from a doctor you have seen in the past.

You have specific rights in relation to medical reports, which are covered in the Access to Medical Reports Act 1988 (also the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Access to Health Records and Reports Act 1993 (Isle of Man)).

Before we ask for such a report, we need your consent, which you can give by signing the declaration in the 'Declaration and consent' section. You can choose not to give your consent, but then we may not be able to continue with your application. This does not prevent you from applying to other insurance companies for insurance.

We will let you know if we ask for a report. Under the Acts described, you can choose to see your medical report before it is sent to us. You will then have 21 days to make arrangements with your doctor to see it. You should indicate below whether you want to see your report.

If you do not want to see the report now, you can still contact your doctor later and tell them that you do in fact want to see it. As long as it has not already been sent to us, you will still have 21 days from the time you contact your doctor to make arrangements to see it.

If the report has already been sent to us, you are entitled to see a copy of the report at any time during the 6 months following the date the report was 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 say that you do want to see the report, then it will not be sent to us until:

either you have seen the report
or 21 days have passed since we requested the report and the doctor has not heard from you.

If you see the report, you can withdraw your consent for the doctor showing it to us, or you can ask the doctor to change it if you disagree with it. If the doctor refuses to change it, you can insist that they attach a statement of your views to the report.

A doctor may refuse to let you see your report if they feel that seeing it will cause physical or mental harm to you or others.

Note: Your doctor is entitled to charge you for supplying you with a copy of the report.

2. 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.

Time off work:

- any time off work in the last 3 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, e.g. 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
 - 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 2 years, urinalyses (tests on urine), X-rays or other investigations
- any blood pressure readings in the last 3 years.

Family history of disease:

- 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
- 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 or your doctor provide about your health may result in us:

- setting payments at standard rates
- increasing payments above standard rates
- refusing to provide insurance.

Access to Medical Reports Act Information and declaration (please read and sign the declaration)

By signing this declaration,
I give Bright Grey permission:

- to disclose my name, address, phone number and date of birth to an approved medical agency in order to arrange and obtain medical examinations and tests
- to gather medical reports within 6 months of the start of the plan, or after my death, to support any claim made on the plan
- to ask any doctor I have seen for information about anything which affects my physical or mental health, and I understand my rights under the Access to Medical Reports legislation.

By signing this declaration,
I declare that:

- I have read the statement above notifying me of my rights under the Access to Medical Reports legislation, and consent to my doctor providing medical reports to Bright Grey, so that they can deal with my application for a protection plan.

Please only tick this box if you DO want to see your medical report before it is sent to Bright Grey.

Person 1 or Person 2 should always sign here

Person 1

name

postcode

date of birth

- Yes** I **DO** want to see my medical report. I understand that it will not be sent to Bright Grey until I have seen it, and that they will not be able to make a decision on my application until then.

signature

date / /

Person 2

name

postcode

date of birth

- Yes** I **DO** want to see my medical report. I understand that it will not be sent to Bright Grey until I have seen it, and that they will not be able to make a decision on my application until then.

signature

date / /

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: **Bright Grey, 2 Queen Street, Edinburgh, EH2 1BG**

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