

# Telephone interview application form for **Financial Foundations** (July 2009)

If you are unable to have a telephone interview then do not complete this application form. Please complete the standard application form for Financial Foundations.

## **Application process**

- Please complete this form fully.
- A specialist medical practitioner will then contact you and interview you over the telephone regarding your health.
- A copy of this application form and summary of your telephone interview will be sent to you to check and retain for your records.
- Once you have received a copy of this application form and the telephone interview report (that you are satisfied with), you will not need to disclose any further changes to your health to us as part of this application, provided we have received all other information our underwriters require, and the policy is completed within the following three months. (In unusual circumstances the process may take longer than three months and we will require you to complete a declaration of continued good health in these circumstances.)
- Any further information our underwriters require will be requested (this may include a report from your doctor, a medical examination, tests or completion of specific questionnaires).
- Your adviser will be updated on the progress of your application.

If your financial adviser is completing the form for you, please check the answers before signing the declarations. If you are completing the form and make a mistake, please sign and date any alterations.

Please answer all of the questions on this form honestly and in full.

**If you omit to disclose or misstate any information, this could mean that we do not pay the claim. This could also delay the processing of your application. If you are in any doubt as to whether to disclose any information or not, then please disclose it.**

### **Important notes**

All material facts – which means facts that an insurer would regard as likely to influence assessment and acceptance of your application – must be disclosed to the Company. If you fail to do so, the Company will be entitled to make your policy void and reject any claim. If you are in doubt as to whether any fact is material, you should disclose it. You will not be insured until you have paid the first premium and your policy document is sent to you, or you are otherwise notified in writing by the Company that you are insured. Your financial adviser is not authorised to accept or notify acceptance of risks on behalf of the Company. A copy of the terms and conditions on which the insurance will be made is available on request. A copy of the completed application form together with the telephone interview report will be sent to you for you to check and retain for your records. You must return it to us if you have any alterations or additional information you want to make.

# Your guide to telephone interviews

Thank you for applying for a Financial Foundations policy with Lincoln Financial Group. To process your application further, we will be arranging for a specialist to telephone you and interview you about your health and circumstances.

There is no need to be concerned as this is our normal practice. The interview will help speed up your application and ensure that we have a clear understanding about the information you have provided.

You will be contacted to arrange the interview. If you are not free to answer the questions when they call, you will be able to arrange a more suitable time.

## What is a telephone interview?

A telephone interview is an interview conducted over the telephone by a specialist. The interview will verify details of your health and medical history. All interviewers are qualified nurses so you can rest assured that the interview will be conducted in a confidential and professional manner.

A series of questions about your health, lifestyle, occupation and pastimes and your immediate family medical history will be asked. The interview will generally take between 30 to 45 minutes but could be longer if you have a lot of information to provide.

Please note that the calls are recorded for our records and may also be used for training purposes. However, please accept our assurance that the information you provide will be treated in the strictest of confidence.

## Why are you being interviewed?

To offer you the best possible terms for your insurance, it is essential that a clear understanding of your present state of health and any conditions you may have suffered in the past is obtained. This information is used in our risk assessment, prior to considering your insurance cover, and will also be referred to in connection with any claim you make in the future.

## What do I need to prepare?

To prepare for your interview, please take the time to gather the following information and have this to hand when the specialist calls:

- any medication you are currently taking (including the name and dosage)
- any past or present medical condition suffered (other than very minor ailments such as the common cold)
- any tests or investigations e.g. blood pressure, cholesterol tests. It would be helpful if you phone your GP or whoever did these tests, to get the results and date taken
- details of any serious condition (such as cancer, heart attack or stroke) suffered by a member of your immediate family (your mother, father, brothers or sisters, or half-brothers or half-sisters), including their age when diagnosed
- your height and weight and waist circumference. If you do not know these, please measure and weigh yourself prior to the interview.

If you are not sure whether something is important, you should mention it. The specialist will assist you with any questions you may have.

## How will you be contacted?

We will initially contact you to arrange a suitable time for the telephone interview. If you are likely to be away or uncontactable within the next 7 days, please contact us on the Freephone number:

**0800 072 4753**

The specialists are able to undertake interviews from:

9am to 9pm Monday to Thursday

9am to 5pm Fridays

10am to 4pm Saturdays

If you have call barring on your telephone, please arrange for this to be removed to allow them to telephone you. Alternatively, please call us on the 0800 072 4753 Freephone number.

It is very important that you are able to speak freely and have the time to complete this interview. It may therefore be easier to conduct the interview on a landline telephone rather than a mobile. The interview cannot take place if you are driving.

## What happens after the interview?

You will be sent a copy of the questions and your answers for you to check, to ensure that the information is complete and accurate.

If you feel that you need to change or add anything to the interview notes, then please correct the report and sign and date the alteration or additional information prior to signing and returning it to Lincoln. If you do not tell us that any information is incomplete or inaccurate, before the policy is issued, Lincoln may void the policy or reject any future claims.

If we do not hear from you within 10 days of the date of the report we will assume you agree with the answers documented.

In some cases we may need further medical information from your doctor or through a medical examination and this may take some time to arrange. Otherwise, all being well, you will receive your policy documents.

## Why is it important I provide the right information?

The interview forms an important part of your contract with Lincoln and is recorded. Please answer all of the questions honestly and in full. If you do not, then this could delay the processing of your application and could also mean we do not pay your claim. If you are in any doubt as to whether to disclose any information or not, then please disclose it.

If you should apply for any change to your policy once it is in force, then we may need to conduct a similar interview depending on the circumstances, but you will be informed if this is necessary. If you have any general questions relating to your application, please contact your financial adviser or call Lincoln on 0845 605 2323.

## Genetic information

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
- £300,000 of Critical Illness Cover or Life and Critical Illness Cover; or
- £30,000 each year of Income Protection Cover for Sickness.

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 are having treatment for, or think you are experiencing symptoms of, a genetic condition.

Please use black ink and write in CAPITAL LETTERS

**Important note for the life/lives to be insured who are applying through a financial adviser:**  
 Apart from the telephone interview process, all correspondence concerning the application will be direct with your financial adviser, unless you specifically indicate otherwise in the 'Special instructions' below.

**PART ONE**

**Adviser details**

If you are not an adviser please go to part 2.

Was advice given at point of sale?

Adviser name

Company/firm name

Network/group (if applicable)

Contact telephone number

Address and postcode

Email address

Lincoln agency number

(If this is your first case, you must complete an agency form, which is available at [www.lincoln-ifa.co.uk/ff](http://www.lincoln-ifa.co.uk/ff). Please attach it with this application)

Special instructions

Policy commencement (providing first premium has been received and, in the case of joint life applications, both lives have been accepted):

Cover start date  /  /  **OR** to be advised  **OR** when assessment and acceptance has been completed

Yes  No

Illustrations: attach a copy to this application

 FSA FRN 
 FSA FRN 

 Postcode




**PART TWO**

**About you**

1. Details of the life/lives to be insured.

**First life** **Second life**

Please complete 'Second life' questions if this is a joint application.

a) Title

Mr  Mrs  Miss  Ms  Other (Please specify)  Mr  Mrs  Miss  Ms  Other (Please specify)

b) Surname

c) First name(s)

d) Date of birth

 /  / 

e) Marital status

Single  Married  Civil Partnership  Other (Please specify)  Single  Married  Civil Partnership  Other (Please specify)

f) Gender

Male  Female  Male  Female

g) Nationality

h) In which country are you permanently resident?

i) Address and postcode

 Postcode

j) Telephone number

Daytime   
 Evening   
 Mobile

k) Email address	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
l) We will need to contact you by telephone to conduct an interview about your lifestyle and health. Please provide a telephone number and time to contact you to arrange this?	Telephone number  Time	Telephone number  Time
2. Are you (or have you ever been) a Lincoln policyholder? (this includes Cannon, Liberty Life, British National, Laurentian Life and Imperial Trident). If so, please provide details.	No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes please provide details below including policy no(s), if known)	No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes please provide details below including policy no(s), if known)
3. Does the amount of total cover (life and critical illness) that you already hold, including any cover that is currently being proposed or contemplated, exceed an amount of £10 million? Types of cover include, but are not limited to, any personal cover, mortgage cover (commercial or personal), business cover and death in service cover.  If yes please give full details of existing, pending and contemplated cover. Any cover under this application will be subject to Lincoln Financial Group obtaining cover in the reinsurance market.	No <input type="checkbox"/> Yes <input type="checkbox"/> (please give full details)	No <input type="checkbox"/> Yes <input type="checkbox"/> (please give full details)
4. Reason for cover? (tick one only)	Personal <input type="checkbox"/> Business <input type="checkbox"/>	Personal <input type="checkbox"/> Business <input type="checkbox"/>

**PART THREE**

**Ownership declaration**

**Only to be completed if the policy is to be owned, or premiums paid, by someone other than the proposed life/lives insured**

5. a) Name of life/lives insured	<input style="width: 95%;" type="text"/>
b) Name of proposed owner	<input style="width: 95%;" type="text"/>
c) Other names (if applicable)	<input style="width: 95%;" type="text"/>
d) Address and postcode	Postcode
e) Relationship to, and the nature of financial interest in, the proposed life/lives insured	
f) Is the owner of this policy an individual or a business? (Please tick one box)	Individual <input type="checkbox"/> (Please complete declaration of ownership and the section overleaf entitled 'Individual') OR Business <input type="checkbox"/> (Please complete declaration of ownership and the section overleaf entitled 'Business')

## Declaration of ownership

Please delete any statements which do not apply

I/We agree that any declaration made by the proposed life/lives insured or myself/ourselves in connection with this application shall be the basis of the contract between me/us and the Company. A copy of the Terms and Conditions and a copy of the completed application form is available upon request.

Note: Businesses who will be paying premiums relating to this application must write to Lincoln Financial Group on business headed paper to confirm that the business will be responsible for paying the premiums.

### Individual

Date of birth

Signature of proposed owner

Date

(Please complete declaration of ownership above)

### Business

Name of business

Signature of proposed owner

Signature of authorised signatory(ies)

Capacity in which signed

Date

(Please complete declaration of ownership above)

## PART FOUR

## About your application

You do not need to complete Part Four if you are attaching an illustration.  
If you are attaching an illustration go straight to Part Five 'Your Fund Selection'

### General

6. a) Amount of premium (if known)

b) Payment of premium

Monthly  Annually  Single  Combination

c) Premium basis - Please tick one box

• **Minimum (also known as maximum cover)** - this is the lowest cost premium you can pay to guarantee that cover lasts until the first review date. It is likely that premiums will need to increase at a later date to maintain the selected level of cover, and will normally continue to rise as your age increases

• **Standard (also known as balanced cover)** - this is the premium payable that should allow you to enjoy the benefits selected for the period required. Excess payments in early years will be invested and built up to subsidise payments in later years. We cannot guarantee however, that no future increases will apply

• **Other** - you may have agreed another premium basis with your adviser. If so, please show premium

Please state  Premium per

d) Benefit indexation options

Please tick one box

• **Level sum assured** - benefits remain at the same amount for the duration of your policy (although premium may rise) **OR**

• **Increasing sum assured** - both benefits and premiums increase each year in line with inflation (RPI). Note: if RPI is zero or negative, then no increase or decrease will apply.

Go to part e) 'Premium indexation options' overleaf

Go to 'Life cover' section

**e) Premium only indexation options**

This should only be completed if you have chosen level sum assured benefits.

**By what percentage increase would you like your premiums to increase?**

- Increase by a fixed percentage between 1% and 20% per year

Please state  %

- For how long do you wish these increases to apply?

Limited To the first  years

Unlimited

**Life cover**

**7. Basis of cover - please tick one box**

- **Single life**
- **Joint life, first death** - policy pays out on the earliest death of the lives insured
- **Joint life, second death** - the policy pays out only on second death (not available if one or more of the prepayment critical health options below is chosen)

**Amount of life cover** - (minimum £5,000)

£  lump sum

**If you are applying for life cover only, after completing this section, go to Part Five 'Your Fund Selection'**

**Important notes**

If the life cover (including existing policies in force with Lincoln) exceeds £750,000 then a Financial Questionnaire will need to be completed. For financial advisers this questionnaire is available at [www.lincoln-ifa.co.uk/ff](http://www.lincoln-ifa.co.uk/ff) or if you do not have a financial adviser and are a direct customer please call us on 0845 605 2323. Please note that Lincoln may request a Financial Questionnaire for amounts below £750,000.

**Waiver of premium cover**

Automatically included if income protection cover is chosen

**8. Would you like us to pay your premiums if you are incapacitated as a result of illness or an accident?**

First life	Second life
No <input type="checkbox"/> Yes <input type="checkbox"/>	No <input type="checkbox"/> Yes <input type="checkbox"/>

**Please note this benefit will not start until you have been incapacitated for more than six months** (if income protection cover is required, the deferred period may be different depending on when you would like your policy to start paying out)

**Critical health cover - prepayment (also known as accelerated)**

i.e. the life cover will reduce by the amount of any prepayment critical health claim paid

**If selected, this cover will be set up on the same basis as chosen on life cover**

**9. a) Amount of prepayment critical health cover** (minimum £5,000. This amount cannot exceed the amount of life cover selected)

£ <input type="text"/> lump sum	£ <input type="text"/> lump sum
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**b) Prepayment critical health options –** please tick all those that you would like to include on your policy. For full product details please refer to the Key Features document and Critical Health Options booklet

- |                               |                          |                          |
|-------------------------------|--------------------------|--------------------------|
| • <b>Critical illness</b>     | <input type="checkbox"/> | <input type="checkbox"/> |
| • <b>Permanent disability</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| • <b>Elderly care benefit</b> | <input type="checkbox"/> | <input type="checkbox"/> |

**Important notes**

If the critical health cover (including existing policies in force with Lincoln) exceeds £500,000 then a Financial Questionnaire will need to be completed. For financial advisers this questionnaire is available at [www.lincoln-ifa.co.uk/ff](http://www.lincoln-ifa.co.uk/ff) or if you do not have a financial adviser and are a direct customer, please call us on 0845 605 2323. Please note that Lincoln may request a Financial Questionnaire for amounts below £500,000.

### Critical health cover - standalone

(i.e. any life cover will remain in place in the event of any standalone critical health claim paid)

This can be taken in addition to life cover and critical health prepayment cover

10. a) Amount of standalone critical health cover (minimum £5,000)

First life
£ <input type="text"/> lump sum

Second life
£ <input type="text"/> lump sum

b) Standalone Critical Health Options – please tick all those that you would like to include on your policy. For full details please refer to the Key Features document and Critical Health Options booklet

- Critical illness
- Permanent disability
- Elderly care benefit

  
  


### Income protection cover

Please note that any benefit will only continue to be paid until the first of the following events:

- You have recovered and are fit to work or;
- The benefit expiry age or;
- Death

11. Houseperson's benefit - please tick here if you are applying for this benefit. For full details of the Houseperson's benefit refer to the Key Features document

First life
<input type="checkbox"/>

Second life
<input type="checkbox"/>

12. Amount of income protection cover (minimum £250 per month. Maximum depends on current earnings and employment status. Maximum for houseperson's benefit is £750 per month)

£ <input type="text"/> per month
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£ <input type="text"/> per month
----------------------------------

13. Deferred period - After you have stopped working, would you like your policy to start paying out after:

- Three months
- Six months
- Twelve months

(tick one box only)

  
  


(tick one box only)

  
  


(If houseperson's benefit is required, the deferred period will be six months)

NOTE: Please be advised that you will need to continue paying premiums during this deferred period. Waiver of premium will automatically be added and start at the same time as we pay your benefits

14. a) Stepped benefits - If you would like the amount of income protection cover to increase after a specified period of time, please indicate this here (not available for houseperson's benefit. Minimum salary for stepped benefits is £40,000 a year)



b) Final amount of income protection cover (must be greater than initial amount chosen in 12 above)

£ <input type="text"/> per month
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£ <input type="text"/> per month
----------------------------------

c) Final deferred period (must be greater than initial deferred period chosen in 13 above)

- Six months (e.g. stepping up after three months)
- Twelve months (e.g. stepping up after three or six months)

  


#### Important notes

If the income protection cover (including existing policies in force with Lincoln) exceeds £3,750 per month then a Financial Questionnaire will need to be completed. For financial advisers this questionnaire is available at [www.lincoln-ifa.co.uk/ff](http://www.lincoln-ifa.co.uk/ff) or if you do not have a financial adviser and are a direct customer please call us on 0845 605 2323. We may also require sight of P60's or Reports and Accounts. Please note that Lincoln may request a Financial Questionnaire to be completed for amounts below £3,750 per month.

e) **Benefit expiry age** - Please choose the age, at which you wish the income protection cover to end

(tick one box only)

50  55

60  65

(Where applicable, this must not exceed your current contracted retirement age. If houseperson's benefit is required, benefit will cease at age 60)

(tick one box only)

50  55

60  65

## PART FIVE

### Your fund selection\*

15. If you know which fund or funds you want to invest in (maximum of four), please note them in the space provided together with the percentage of how much you want invested in that fund

Name of fund(s)

1  %

2  %

3  %

4  %

Total 100%

\* If you do not make any selection we will automatically invest your contributions into the Lincoln Balanced Managed Fund. There can be no assurance that this fund will be suitable for you. It is important that you decide what fund or funds may be appropriate for your purposes and that you obtain financial advice if necessary

## OR

16. Please indicate your attitude towards investment risk/reward and we will invest your contributions in the Lincoln Managed Fund appropriate to your attitude to investment. There can be no assurance that this fund will be suitable for you. It is important that you decide what fund or funds may be appropriate for your purposes and that you obtain financial advice if necessary

Secure   
(invests in the Lincoln Money Fund)

Balanced Equities   
(invests in the Lincoln UK Equity Growth Fund)

Cautious   
(invests in the Lincoln Cautious Managed Fund)

Balanced   
(invests in the Lincoln Balanced Managed Fund)

## PART SIX

### Your occupation

17. a) Name of employer (or state 'None' if you are self employed, house person, retired, or are unemployed)

b) Please state your job title and duties

#### Important notes

If your occupation falls into one of the following categories: Armed Forces, fishing industry, merchant marine & oil & natural gas, you will be required to complete an additional questionnaire. For financial advisers these questionnaires are available at [www.lincoln-ifa.co.uk/ff](http://www.lincoln-ifa.co.uk/ff) or if you do not have a financial adviser and are a direct customer please call us on 0845 605 2323.

#### First life

Title
Duties

#### Second life

Title
Duties

c) What are your current annual gross earnings if employed or net profit if self employed?

£  per annum

£  per annum

## Income protection cover only

18. a) Do you have any existing income protection cover in place or going through the application process?

### First life

No  Yes  (if yes please provide details including amounts, deferred periods and benefit expiry age)

### Second life

No  Yes  (if yes please provide details including amounts, deferred periods and benefit expiry age)

b) Do you intend to continue this/these policies when this contract is in place?

No  Yes

No  Yes

c) If you are self-employed and have a website, please confirm the address

## PART SEVEN

### Your doctor's details

#### Important notes

Supplying your doctor's name and address does not mean that we will automatically ask your doctor for a report from your medical records.

Please state:

19. a) Your doctor's name

### First life

### Second life

b) Your doctor's address and postcode

  
  

c) Your doctor's telephone number

If you have been registered with this doctor for less than six months, give your previous doctor's details as well

d) Previous doctor's name

e) Previous doctor's address

  
  

f) Previous doctor's telephone number

20. Have you smoked (or used tobacco products or tobacco substitutes\*) in the last 12 months?

No  Yes

No  Yes

If you answer 'No', we may request a test to verify that you do not smoke.

\*This includes cigarettes, cigars, tobacco and nicotine replacement products.

## Declaration and contents



### Data Protection Using your Personal Information

The information given on this form and the telephone interview report will be used by Lincoln to assess your application and, if successful, set up and administer your policy.

Of the information we may request of you in order to process your application for certain products, the 1998 Data Protection Act ("the Act") classifies information about your health as sensitive and requires that we obtain your consent to use it. When you provide such information to us, we will not use it for any purpose other than to determine your eligibility for the cover for which you applied. This means we may pass on such information to reinsurers and other individuals or groups who are involved in the processing of your application, including specifically Capita Life and Pensions Services Limited. They must treat your information confidentially and also must abide by the Act. We regret that if you do not consent, we will be unable to process your application.

Telephone calls may be monitored and recorded to help staff training, customer service and for the purposes of security and fraud prevention.

By supplying your address, telephone number, fax or email address, you are giving your consent for us to contact you in any of these ways in order to process your application or administer any subsequent policy.

We would also like to tell you by letter or phone about our products and services which we believe would be of interest to you. If you do not want us to do this please tick this box.  If you would like us to inform you by email about Lincoln Financial Group products and services please tick this box.

We may also contact you with details of appropriate products or services offered by carefully selected companies we think may be of interest to you. If you do wish to receive such information please tick this box.

We may ask you to contact your doctor if we are waiting for reports which we have asked for. If we ask you to go to a medical examination, we will need to share the application information with other companies we have authorised. They will make the arrangements for the examination to take place.

We may need to send your application and relevant medical reports to our reinsurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reinsurance principles and details of any company we use to assess your application, from our head office (see page 16 for contact details).

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.

#### Your cancellation rights

After we accept your proposal we will send you a notice of your right to cancel. You will then have 30 days in which you can cancel the policy. If you do this, we will refund any premiums you have paid.

The plan cannot start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.

You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

#### Money Laundering

Under Money Laundering regulations we are required, in certain circumstances, to obtain independent documentary evidence of the identity and permanent address of persons seeking to invest with us. Until we receive the documentation, we may be required to delay processing your instructions and/or withhold any payments due to you from us in respect of your investment.

We may check your details with credit reference agencies, who may add details of our search to your record, and with fraud prevention agencies, who may record details of any false or inaccurate information provided by you where we suspect fraud. We may also disclose details of your conduct in relation to your application, account or policy to these agencies. We or other organisations may use and search these records to help make decisions about applications, accounts, claims and other services for you and members of your household and to prevent fraud and money laundering. We cannot accept responsibility for the accuracy of information provided by these agencies nor can we accept any liability for the consequences of our undertaking these checks or declining to accept your application. Please contact us if you would like details of these agencies and how they may use your information.

**Important notes**

You should not assume that we will automatically request a report from your doctor.

**Access to medical reports**

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

**Your rights under the Access to Medical Reports Act 1988 (Access to Personal Files and Medical Reports (Northern Ireland) Order 1991)**

- You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date. Note - your doctor is likely to charge you for a copy of the report.
- If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

**The medical report your doctor fills in 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 GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
  - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
  - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
  - suicidal thoughts or attempts at suicide; or
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- details of any biopsies, blood tests, electrocardiograms (heart 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 about which you have told your doctor.

**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 a member of your family suffers.

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

- refusing to provide insurance
- increasing premiums above normal rates or
- setting premiums at normal rates.

(tick one box only) (tick one box only)

**First life** **Second life**

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

I do want to see the report before it is sent to the company

**Important notes**

Please tick one of the boxes.

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 Lincoln Financial Group, Barnett Way, Barnwood, Gloucester GL4 3RZ.

## PART NINE Declaration

Please delete any statements which do not apply

### Important notes

You should not assume that we will automatically request a report from your doctor.

### By signing this form:

- I declare that I the proposed life insured am in good health and that all statements and information provided in the application(s), during the tele-interviewing process and to any medical examiner appointed by the Company, whether in my handwriting or not, are to the best of my knowledge and belief true and complete.
- I understand that I should inform the Company of any change in my physical or mental health or occupation between the date of signing the application(s) and the date of receiving a copy of this application form and telephone interview report that I can confirm are correct and complete. I understand that if any information is not correct or complete, the Company may be entitled to make the policy void or reject any claims.
- I consent to you arranging and conducting a telephone interview with me and understand that the information provided forms part of your contract with me. A copy of the Terms and Conditions and completed application form are available upon request.
- I consent to the Company seeking medical information now or after the policy is issued including after my death from any doctor who at any time has attended me concerning anything which affects or may affect my physical or mental health or seeking information from an employer in respect of employment medical examination or from any insurance company to which an application has been made for insurance of my life and authorise the giving of such information and agree that this authority will remain in force after my death. I agree that such information may be shared with a reinsurance company should reinsurance be required on this policy and other individuals or groups who may be involved in the processing of this application.
- I agree to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my application. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.
- I understand that this information can also be used to maintain management information for business analysis.
- I allow you to process my application using the information I have given. You may also use this information to administer my policy and process any claim made on the policy.
- I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.
- I have received and read the Key Features of Lincoln's Financial Foundations, including an illustration. A copy of the policy Terms and Conditions and this completed application form are available on request.
- I have received and read the Data Protection notice. I agree that my personal information (including any sensitive information) may be used for the purposes described above.

Please note, joint life applications will require both lives to have been accepted before any one of you are insured.

### First life

Name

Postcode

Date of birth

Signature

Date

### Second life

Name

Postcode

Date of birth

Signature

Date

Office use

Please complete in BLOCK CAPITALS and send it to:  
Lincoln Financial Group, Barnett Way, Barnwood, Gloucester GL4 3RZ

## Direct Debit Mandate

Name and full postal address of your  
Bank or Building Society branch

To: The Manager Bank/Building Society

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Name(s) of account holder(s) \_\_\_\_\_

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

Bank or Building Society account number

Reference number  
(for office use only) \_\_\_\_\_



Originators identification number

9  9  3  0  0  3

**For Lincoln official use only**  
This is not part of your instruction to  
your bank or building society

Policy number(s)

Banks and Building Societies may not accept direct debit instructions for some types of account

### Instruction to your Bank or Building Society

- Please pay Lincoln Assurance Limited direct debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee
- I understand that this instruction may remain with Lincoln Assurance Limited and if so, details will be passed electronically to my Bank/Building Society
- I have included an up-to-date copy of my bank statement

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_



### The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme
- If the amounts to be paid or the payment dates change Lincoln Assurance Limited will notify you within 14 working days in advance of your account being debited or as otherwise agreed
- If an error is made by Lincoln Assurance Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us at Lincoln Financial Group, Barnett Way, Barnwood, Gloucester GL4 3RZ



## PART TEN Checklist

To help us process your application quickly please check that you have:

For financial advisers only:

- Fully completed and enclosed client verification certificate form
- Attached an illustration or fully completed Part Four
- Fully completed your details in Part One including your Lincoln agency number
- Ensured your client has read and understood Part Eight and ticked the relevant boxes
- Ensured your client has read and understood Part Nine and signed the declaration and Direct Debit Mandate (if applicable)
- Attached any additional sheets of paper, signed by the client and dated
- Advised your client of the telephone interview process

If you do not have a financial adviser and are a direct client, please check that you have:

- Filled in all relevant sections and attached an illustration (if you have one)
- Read and understood Part Eight and ticked the relevant boxes
- Read and understood Part Nine and signed the declaration
- Signed, dated and attached any additional sheets of paper
- Provided an up-to-date copy of your bank statement if you have chosen to pay by Direct Debit
- Kept your Direct Debit guarantee

If you do not have a financial adviser, and are a direct client:

You need to provide proof of your identity, which can be done in two ways by following either of the following options:

### Option 1

You can provide a certified copy \* of any one of the following photo ID documents

- Valid UK Passport
- Photocard driving licence (full or provisional)
- Valid Firearms certificate
- Valid Shotgun licence
- Northern Ireland electoral office card
- EU member state identity card

**IMPORTANT: FOR SECURITY REASONS PLEASE DO NOT SEND ORIGINALS OF THE ABOVE DOCUMENTS THROUGH THE POST**

### Option 2

Alternatively, if you do not have any of the above documents, then you must provide a certified copy or original of one item listed in each section below. Please remember you cannot use the same document to verify name and address. We will return originals.

To verify name:

- Driving licence (certified copy only)
- Benefit book
- HM Revenue & Customs Tax Notification
- Tax credit
- Housing benefit
- Notification of pension entitlement
- Educational or other grant

To verify address:

- Bank statement (less than 3 months old)
- Credit card statement (less than 3 months old)
- Current council tax bill
- Recent utility bill (not ones printed from the internet)
- Benefit book
- Council rent card

\*Original documents can be certified as copies by any of the following individuals: Solicitors, Accountants, Independent Financial Adviser, JPs (Justice of the Peace), Police Officers, and Doctors. The certifier must certify that the photo ID is a true likeness and that they have seen the original. They must also stamp the form with an official stamp detailing name and contact details



Lincoln Financial Group  
Barnett Way, Barnwood, Gloucester GL4 3RZ  
Telephone 01452 374500 Fax 01452 634300

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