

PRIORITY APPLICATION FORM FOR TERM ASSURANCE FROM SCOTTISH FRIENDLY



(Please refer to the Key Features before completion)

How to apply in 2 easy steps

1. Complete the sections below in black ink, ensuring you sign and date your Application Form.
2. Return this Priority Application Form to Scottish Friendly Assurance, FREEPOST, Glasgow G2 4BR.

Please note: by answering the health questions accurately, you can help us to reduce the time it takes to process your application, which means we can provide an even better service for you. Please answer all questions fully and disclose all relevant facts. If you are in any doubt about whether certain facts are relevant you should disclose them. Failure to do so may invalidate your application. You do not need to disclose the results of any genetic tests. When you have completed all sections please read and sign the Declaration and return this form to the FREEPOST address above. A copy of this completed application is available on request. A copy of the plan terms and conditions is available on request.

1. Your Term Assurance Plan

Please indicate the amount of protection you are looking for (the Sum Assured) and the length of time (in years) that you want to be protected for.

Sum Assured Years

The plan term should not exceed applicant's 75th birthday.

2. Personal Details

Title
 Forename
 Surname
 Address

 Postcode

Date of Birth Day Month Year

Marital Status
 Single Married Divorced
 Widowed Separated Living with Partner

Daytime Telephone Number
 Evening Telephone Number

E-mail address

Occupation*
 *Please state former occupation if you are retired or unemployed.

Name and address of your usual doctor (to whom reference may be made if necessary)

Dr

Address

Postcode Tel.

State your height and weight in ordinary indoor clothes without shoes

Height ft ins

Weight st lbs

Have you smoked any tobacco in the last 12 months or have you any intention of doing so in the future?* YES NO

* A simple medical test may be required to check the validity of the answer to this question.

If Yes, state daily consumption of:

Cigarettes Cigars Pipe Tobacco

How many units of alcohol do you consume each week?
 (A unit of alcohol = 1/2 pint of beer/1 glass of wine/1 measure of spirits)

How did you find the Scottish Friendly website?

Press advertisement (Quote reference or title)
 Leaflet in newspaper (Quote reference or title)
 Web advertisement (Quote name of website)
 Other

For office use only

Application continues on page 2.



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the form and send it to: Scottish Friendly Assurance, 16 Blythswood Square, Glasgow G2 4HJ



To: The Manager Bank/Building Society

Address

 Postcode

Name(s) of Account Holders

Branch Sort Code

Bank/Building Society account number

Originator's Identification Number

Reference Number (office use only)

Instruction to your Bank or Building Society

Please pay Scottish Friendly Assurance Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Scottish Friendly Assurance and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

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

3. Health and Activity Questionnaire

Important Notes

Information you supply may be used for the purposes of administration of the contract by any company within the Scottish Friendly Group, by reinsurers and third parties who provide services to Scottish Friendly. Any changes to the answers given before the plan comes into force must be notified to Scottish Friendly. We may need to share information we have obtained from any examination or screening with your usual doctor. In the event of a claim, the information you supply on this form, and the claim form, together with other information relating to the claim may, on request, be supplied to other insurers or to relevant registers or databases.

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| (a) Are you currently receiving any medical treatment or attention or are you awaiting any medical or surgical consultation, test or investigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Have you ever had any medical or surgical treatment, including investigations, tests (including blood tests), scans, operations or x-rays? | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|--|--------------------------|--------------------------|
| | YES | NO |
| (c) Have any of your parents, brothers or sisters ever suffered from diabetes, stroke, cancer, heart or kidney disease, or any other hereditary disorder before the age of 60? (Please remember to state the medical condition, the age it occurred and their relationship to you on a separate piece of paper). | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Have you ever tested positive for HIV/AIDS, or Hepatitis B or C, or any other sexually transmitted diseases, or are you awaiting the results of such a test? | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Do you take part in any form of motor sport, climbing, diving, caving, private aviation or any other hazardous sports or activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Have you lived or travelled outside the UK other than on holiday in the last 5 years or do you intend to do so? | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Has any application you have made for life, health or critical illness cover been declined, postponed or accepted on special terms, or have you ever withdrawn such an application? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered YES to any of questions a-g above, full details should be provided on a separate piece of paper.

4. Declaration and Consent

DATA PROTECTION We may use some of the information which is held on the Society's computer systems to advise you by post or e-mail of other products and services offered by the Scottish Friendly group of companies.

Please tick the box if you do not wish to receive this material.

Please read the declaration and consent carefully then sign below.

Declaration

To the best of my knowledge and belief all the statements made in this application and any attached or associated statements or questions are true and complete. These disclosures will form part of the contract of insurance, which is being proposed on my life. I understand that failure to disclose information that is relevant to Scottish Friendly's assessment and acceptance of the application may result in the contract being declared invalid and/or claims being rejected.

I agree:

- Scottish Friendly's liability will not commence before it has formally accepted the application in writing and received the first payment.
- I will inform Scottish Friendly of any change in my health, activities, occupation or residence that occurs after signing the application and before the commencement of the insurance. I understand that failure to do so may invalidate the contract.
- To Scottish Friendly seeking information from any doctor I have consulted about anything that affects my physical or mental health and I authorise the giving of such information. This consent shall remain valid throughout the duration of the insurance and after my death.
- To Scottish Friendly seeking information from any other insurers to whom I have applied or am currently applying and I authorise the giving of such information.
- To authorise those who are asked for such information to provide it on production of a copy of this consent.
- To any company within the Scottish Friendly Group, by reinsurers and third parties who provide services to Scottish Friendly using and holding on computer, paper file or other medium the information that I am giving for the processing of this application and the administration of the resulting plan including the processing of claims.

- I have read and understood the Declaration, Important Notes and the notes relating to my rights of access to medical reports and I do not* wish to see such reports before they are sent to Scottish Friendly.
* delete "not" if you do wish to see reports before they are sent by the doctor. Note, however, this is likely to delay the processing of your application.

Consent to obtain a medical report

To consider your application it may be necessary for us to obtain a medical report from your doctor and/or a medical examination from an independent doctor. If we feel it necessary to obtain a report from the doctor then under the Access to Medical Reports Act 1988, the Access to personal Files and Medical Reports (Northern Ireland) Order 1991, you have the right to see any medical report which we may ask from the doctor. We require your consent and this is given by signing the Declaration below. You can withhold your consent, but if you do so, we may be unable to proceed with your application. If you do not wish to see the report, we do not have to notify you if we apply for one. Should you change your mind, tell the doctor, and if it has not already been returned to us, you have 21 days during which to make the necessary arrangements to see it before it will be returned to us. If you wish to see the report, we will tell you if we apply for one. You have 21 days to make necessary arrangements to see it before it is returned to us. If you do not arrange to see your report your doctor will not return the report to us until 21 days have elapsed. If you disagree with the contents of the report or think it misleading you may ask for it to be amended. If the doctor refuses, you may add your own written comments. The doctor may withhold all or part of the report from you if it is in your interest, or to respect the interest of others. After you have seen the report, it will not be returned to us without your agreement. Please amend the Declaration above if you wish to see any report before it is returned to us. Whether or not you choose to see reports before they are sent to us, you still have six months from the date the report is completed in which to view the doctor's copy and, if you wish, obtain a copy. The doctor can charge you a fee for a copy of the report.

SIGNATURE	
DATE	/ /

Scottish Friendly Assurance Society Limited. Head Office: Scottish Friendly House,
16 Blythswood Square, Glasgow G2 4HJ. Telephone: 0141 275 5000. Fax: 0141 221 4864.
www.scottishfriendly.co.uk
Authorised and regulated by the Financial Services Authority. Member of ABI and AFM.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Scottish Friendly will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Scottish Friendly to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Scottish Friendly or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Scottish Friendly asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.