

DGP30HEALTH 0624

Who this form is for

Please select Underwriting Option

Fully Underwritten or No Underwriting

Please only complete the following pages if you wish your Discounted Gift Plan to be underwritten.

If Standard Life underwrites the Settlor, any Discount figure calculated by us is not guaranteed and may be revised by HM Revenue & Customs (HMRC).

Please note that Standard Life will not provide a Discount figure for Discounted Gift Plans that have not been underwritten – without medical evidence it is impossible for us to work out the Settlor's life expectancy. In this event, the investment will be treated as an undiscounted gift and we cannot provide information to the Settlor or, in the event of the Settlor's death, the Executors should they wish to negotiate with HMRC regarding any possible Discount.

The rest of this form is for Discounted Gift Plan underwriting cases only. If you are receiving advice from a financial adviser, remember that the adviser is acting on your behalf, not only by giving you advice, but also regarding how this form is filled in.

New Bonds

Before completing this form, please read the Key Features Document.

By filling in this Health Questionnaire, Trust and Bond Application you are applying to enter into a contract with Phoenix Life Limited, trading as Standard Life, if you are applying for a Tailored Investment Bond or an Onshore Bond for Wrap, and Standard Life International DAC if you are applying for an International Bond, or and International Portfolio Bond for Wrap. Each of the Bonds is made up of one or more separate policies. If we accept your offer, we will issue a policy schedule and policy provisions which together form the full terms and conditions of your contract.

Copies of the policy provisions of the Bond will be sent to you. If you wish a copy of the completed application you can request that from us.

Existing Capital Redemption Bonds being assigned into a Discounted Gift Plan

Please ensure you have read **Discounted Gift Plan (DGP) Questions & Answers** and the guide on assigning a **Capital Redemption Bond into a DGP** before completing this form. Once the DGP has been set up it cannot be cancelled. As this is not a new product, the 30 day cancellation period does not apply.

New Bonds and Existing Bonds being assigned

If there is any change to your circumstances between completing this questionnaire and the start date of the plan or assigning a CRB into a Discounted Gift Plan you must advise us of this change. For example, if you become at risk of exposure to Coronavirus, ill or attend a doctor, you must advise us.

Please use BLOCK CAPITALS to fill in this form. Do not use correction fluid if you make a mistake. If you need to correct a mistake, please initial any changes you make.

Part 1 – Investment details

Please complete this section if you are submitting this form separately from the application form.

Investment amount (For new bonds) £

or
 Bond number (for existing Capital Redemption Bonds)

Frequency of withdrawal payment (Cross the appropriate box to show how often during the year you want to make withdrawals)

Monthly
 Quarterly
 Six monthly
 Yearly

Income withdrawal percentage %

Cross the appropriate box to show the type of Bond

International Bond
 Tailored Investment Bond
 Wrap Onshore Bond
 International Portfolio Bond for Wrap

Part 2 – Settlor(s) details

Please complete this section if you are submitting this form separately from the Trust Deed and application form.

First settlor

Title (Mr/Mrs/Miss/Ms/ Other e.g. Dr/Rev) Male Female

Surname

First name(s) (in full)

Current address

House number Street

City/Town

County

Postcode Date of birth (DD/MM/YYYY)

Telephone – work

Telephone – home

Email

Second settlor

Title (Mr/Mrs/Miss/Ms/ Other e.g. Dr/Rev) Male Female

Surname

First name(s) (in full)

Current address

Are the details the same as for the first settlor? Yes No
If no please provide details below.

House number Street

City/Town

County

Postcode Date of birth (DD/MM/YYYY)

Telephone – work

Telephone – home

Email

Health Questionnaire

Part 3 – Personal underwriting details

First Settlor (PLEASE USE BLOCK LETTERS)

1. Current doctor's details

Name of current doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

2. Previous doctor's details

Name of previous doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

3. If your application is delayed because we need a medical examination, please advise if you would prefer the examination to be done by your own GP. Yes No

4. If no please specify below the town/area you would prefer to see a doctor in.

First choice

Second choice



Important notes: health details

You do not need to tell us about the result of any genetic test you have had. You must, however, tell us if you have symptoms or a family history of genetic disease. We will take account of a negative test if you choose to disclose this to us.



Handling of medical information

If you wish, you can complete any of the health questions in private. Please write details on a separate piece of paper and include your name and address, date of birth, your signature and the date of signing. It can then be forwarded in a sealed envelope marked 'Private and Confidential, for the attention of the Chief Medical Officer', and attached to the application.

Personal information regarding your health is defined as 'special category data' under data protection law. We will only collect and use your special category data where we have your explicit consent. For more information, please see the Data Protection Notice in this form.

Part 3 – Personal underwriting details (Continued)

Second Settlor (PLEASE USE BLOCK LETTERS)

1. Current doctor's details

Is your current doctor the same as for the first settlor? Yes No

If No, please provide details below.

Name of current doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

2. Previous doctor's details

Is your previous doctor the same as for the first settlor? Yes No

If No, please provide details below.

Name of previous doctor

Address

Building number Street

City/Town

County

Postcode

Telephone number (inc.STD code)

3. If your application is delayed because we need a medical examination, please advise if you would prefer the examination to be done by your own GP. Yes No

4. If no please specify below the town/area you would prefer to see a doctor in.

First choice

Second choice



Important notes: health details

You do not need to tell us about the result of any genetic test you have had. You must, however, tell us if you have symptoms or a family history of genetic disease. We will take account of a negative test if you choose to disclose this to us.



Handling of medical information

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Part 3 – Personal underwriting details (Continued)

	First Settlor	Second Settlor
1. Have you smoked in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Average daily amount	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. What is your average weekly consumption of alcohol in units?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> units	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> units
4. Have you ever been advised to reduce your alcohol consumption? If yes, please provide details overleaf.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. What is your height?	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> <input type="text"/> cms	<input type="text"/> ft <input type="text"/> ins or <input type="text"/> <input type="text"/> cms
6. What is your weight?	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> <input type="text"/> kgs	<input type="text"/> st <input type="text"/> lbs or <input type="text"/> <input type="text"/> kgs
7. Do you have an occupation that involves working in the fishing industry, oil or gas production industry, underwater, underground, with explosives, the Armed Forces, at heights over 50 feet (15.2 metres) or working outside the United Kingdom? If 'Yes', please provide details on a separate sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. Do you take part in any hazardous sport or recreation (such as motor sports, climbing, diving, private flying)? If 'Yes', please provide details on a separate sheet.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Have you ever had Covid 19/tested positive for Covid 19? if Yes: Have you any persisting symptoms/problems for which you have been referred to a Hospital Clinic/Specialist/Consultant for further assessment or treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>

Smoking = cigarettes, cigars, pipes or e-cigarettes.

1 unit = 1 measure of spirits or ½ pint of beer or 1 glass of wine.

Part 3 – Personal underwriting details (Continued)

	First Settlor	Second Settlor
10. Have you ever been diagnosed with any of the following:		
a) High blood pressure, angina, heart attack, stroke or other disease of the heart, arteries	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Cancer, leukaemia, Hodgkin’s Disease, lymphoma or any other tumour?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Any form of diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Colitis, Crohn’s disease, Hepatitis B or C?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Paralysis, multiple sclerosis, epilepsy, dementia or other disorder of the central nervous system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
f) Any mental illness that has required hospital or psychiatric treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. In the past 5 years have you had:		
a) Chest pain, irregular heart beat or raised cholesterol?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) Asthma, bronchitis, shortness of breath or other chest complaint?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) Blood disorder or anaemia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) Kidney or bladder disorder?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
e) Any investigation, treatment or operation at a hospital for any medical condition NOT already disclosed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12. Are you presently:		
f) Experiencing any symptom, condition or disability NOT previously mentioned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
g) Waiting to have any consultation, investigation, test or follow up for any condition NOT mentioned before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
h) Taking any medicines or receiving any other form of medical treatment for any condition NOT mentioned before?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have answered ‘Yes’ to any of the ‘underwriting questions’ (numbered 1 to 12) please provide full details overleaf.

Please now read the following notes before completing the 'Declaration and consent'

Data Protection Notice and Communication Preferences – Important, please read

Data Protection Notice – Using your Personal Information

We're committed to maintaining the trust and confidence of our customers. Our Privacy Policy explains how we use our customers' personal information. It explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how you can obtain details of the information we hold about you, and the choices you have about how we use that information. You can get a copy of our Privacy Policy on our website: www.standardlife.ie/privacy if you are taking out an International Bond. For all other products, go to <https://www.standardlife.co.uk/privacy>

Access to medical records

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 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; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

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:

FAO Data Protection Officer
The Phoenix Group
1 Wythall Green Way
Wythall
Birmingham
B47 6WG



*Only delete the word 'not' if you wish to see the report.

First Settlor – I do not* want to see the report before it is sent to the company.

Second Settlor – I do not* want to see the report before it is sent to the company.

Declaration and consent by the Settlor(s)

I/We declare to the best of my knowledge and belief that the answers I have given (whether in my handwriting or not) are true and complete.

For your own benefit you should read:

- the Data Protection Notice
- the “important notes” and
- the section headed “Filling in this form”.

If you do not understand any point please ask us or your financial adviser for further information.

I/We understand that any Discount figure calculated by Standard Life is not guaranteed and may be revised by HMRC.

I/We understand that if I have failed to give correct answers to any questions in this application then the Discount figure calculated by Standard Life is very likely to be incorrect resulting in HM Revenue and Customs challenging the Discount figure when the gift is reported to them or in the event of my death.

I/We consent to you asking any doctor I have consulted about my physical or mental health to provide medical information so you may assess my state of health. 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 Discounted Gift Plan, or after my death, to respond to enquiries about the value of my gift into a Discounted Gift Plan.

I/We have read this Declaration and consent section, the information in this application form, and in particular the Data Protection Notice and the information regarding the Access to Medial Reports Act.

I/We consent to the special category data as defined under data protection law and as provided in this form or otherwise to be collected and used by Standard Life for underwriting purposes as described in this form.

First Settlor	Second Settlor
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Yes No

Yes No

I/We agree that a copy of this application can be treated as the original for all purposes.

First Settlor Signature ▶	<input style="width: 100%;" type="text"/>
Date (DD/MM/YYYY)	<input style="width: 100%;" type="text"/>
Second Settlor Signature ▶	<input style="width: 100%;" type="text"/>
Date (DD/MM/YYYY)	<input style="width: 100%;" type="text"/>


First Settlor


Second Settlor

www.standardlife.co.uk

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