

This form can be used with Fastway, as a data capture form or as a stand-alone paper application form.

Flexible Protection Plan

Personal Cover

Application Form

Fastway

This application form is for new Flexible Protection Plans only.

If you already have a Flexible Protection Plan, and wish to add policies to it, or change the policies in it, please contact us for the appropriate application form.



Thank you for choosing LV=

We aim to process applications as quickly as possible. To help us do this please can you complete all sections using black ink, writing in block capitals.

Whilst LV= often accept applications based on the information you provide, sometimes LV= may need additional information to support your application. LV= will contact you if this happens to let you know what is needed.

If you are applying for this plan with someone else you will both become the policy owners of every policy in the plan even if you are not the person insured. Where there are two policy owners, all correspondence will be addressed to both of you and sent to the address shown for the first policy owner. Medical correspondence will always be sent to the relevant person insured.

A summary of how we use your personal information

Liverpool Victoria Financial Services Limited (LV=) is the data controller of your personal information. We'll keep you informed about how we use your personal information in the document 'How we use your personal information', which is available:

- online at [LV.com/dataprotectionlife](https://www.lv.com/dataprotectionlife)
- in print from Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or LifeCustomerSupport@LV.com

By completing this application I am aware that LV= may share my personal data (including special category data such as health information) with third parties, this includes any subsequent information we receive whilst processing your application, for the following purposes:

- My intermediary for the purposes of providing me with a quote, processing and administering my insurance contract and claims.
- Reinsurers, medical professionals and/or healthcare management companies chosen by LV= to enable LV= to process and service my insurance contracts and assess any claims.
- Regulatory bodies (for example, the Financial Conduct Authority and HM Revenue and Customs) to enable LV= to fulfil legal and regulatory obligations.

We may also process your personal information for legitimate interest purposes:

- To deliver information and guidance so you are aware of the options that will help you get the best outcome from your product or investment
- To process your information to better understand you and your needs so we can send you more relevant communications about the products you have with us
- To develop new products and services
- To conduct research and collate management information to manage the products and services we offer
- To allow us to provide reinsurance services.

You have a number of rights concerning your personal information. You can ask for a person to review an automated decision, and in certain circumstances to

- **access** the personal information we hold about you.
- **correct** personal information.
- have your personal information **deleted**.
- **restrict** us processing your personal information
- **receive** your personal information in a **portable** format, and
- **object** to us processing your personal information.

If you want to find out more or exercise these rights, contact Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or email us at LifeCustomerSupport@LV.com.

You can contact us about data protection at: Data Protection Officer, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth, BH1 2NF or dpo@LV.com

Please ensure that you advise anyone else whose personal details you are providing in this form where they can find this information. Please let us know if you'd like us to send you a copy, or have any questions.

What cover would you like?

Life insurance

Who is being insured?	1st person insured and/or single cover	2nd person insured and/or single cover	Joint life both people first event
-----------------------	---	---	---------------------------------------

Level amount of cover

How much would you like to be covered for?	£	£	£
How long would you like the cover for?	years	years	years
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Decreasing amount of cover

How much would you like to be covered for?	£	£	£
How long would you like the cover for?	years	years	years
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Increasing amount of cover

How much would you like to be covered for?	£	£	£
How long would you like the cover for?	years	years	years
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

What cover would you like?

Family Income Benefit

Who is being insured?	1st person insured and/or single cover	2nd person insured and/or single cover	Joint life both people first event
_____	_____	_____	_____
Level amount of cover			
How much would you like to be covered for?	£ _____ per year	£ _____ per year	£ _____ per year
_____	For _____ years	For _____ years	For _____ years
How long would you like the cover for?	or until age _____	or until age _____	or until age _____
_____	_____	_____	_____
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Increasing amount of cover

How much would you like to be covered for?	£ _____ per year	£ _____ per year	£ _____ per year
_____	For _____ years	For _____ years	For _____ years
How long would you like the cover for?	or until age _____	or until age _____	or until age _____
_____	_____	_____	_____
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

What cover would you like?

Life and Critical Illness

Who is being insured?	1st person insured and/or single cover	2nd person insured and/or single cover	Joint life both people first event
_____	_____	_____	_____
Level amount of cover			
How long would you like the cover for?	_____ years	_____ years	_____ years
_____	_____	_____	_____
Amount of life and critical illness cover	£ _____	£ _____	£ _____
_____	_____	_____	_____
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability?	Yes No	Yes No	Yes No
_____	_____	_____	_____

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Would you like to include Children's cover?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Children's Cover will provide protection for your children at an additional cost, and provide the person insured cover for pregnancy related conditions.

Decreasing amount of cover

How long would you like the cover for?	_____ years	_____ years	_____ years
_____	_____	_____	_____
Amount of life and critical illness cover	£ _____	£ _____	£ _____
_____	_____	_____	_____
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability?	Yes No	Yes No	Yes No
_____	_____	_____	_____

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Would you like to include Children's cover?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Children's Cover will provide protection for your children at an additional cost, and provide the person insured cover for pregnancy related conditions.

Increasing amount of cover

How long would you like the cover for?

_____	_____ years	_____ years	_____ years
-------	-------------	-------------	-------------

Amount of life and critical illness cover

_____	£ _____	£ _____	£ _____
-------	---------	---------	---------

Would you like to add Waiver of Premium?

_____	Yes No	Yes No	Yes No
-------	--------	--------	--------

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability?

_____	Yes No	Yes No	Yes No
-------	--------	--------	--------

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Would you like to include Children's cover?

_____	Yes No	Yes No	Yes No
-------	--------	--------	--------

Children's Cover will provide protection for your children at an additional cost, and provide the person insured cover for pregnancy related conditions.

What cover would you like?

Life and Enhanced Critical Illness

Who is being insured?	1st person insured and/or single cover	2nd person insured and/or single cover	Joint life both people first event
_____	_____	_____	_____
Level amount of cover			
How long would you like the cover for?	_____ years	_____ years	_____ years
_____	_____	_____	_____
Amount of life and enhanced critical illness cover	£ _____	£ _____	£ _____
_____	_____	_____	_____
Type of premium	Guaranteed	Guaranteed	Guaranteed
_____	_____	_____	_____
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability?	Yes No	Yes No	Yes No
_____	_____	_____	_____

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Select your children's cover critical illness basis	Standard Enhanced	Standard Enhanced	Standard Enhanced
_____	_____	_____	_____

Standard children's cover is included automatically within Life and Enhanced Critical Illness. For an additional cost you can choose to include Enhanced children's cover which provides additional cover for child specific and pregnancy related conditions. You can only select one type of children's cover.

Decreasing amount of cover

How long would you like the cover for?	_____ years	_____ years	_____ years
_____	_____	_____	_____
Amount of life and critical illness cover	£ _____	£ _____	£ _____
_____	_____	_____	_____
Type of premium	Guaranteed	Guaranteed	Guaranteed
_____	_____	_____	_____
Would you like to add Waiver of Premium?	Yes No	Yes No	Yes No
_____	_____	_____	_____

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability?	Yes No	Yes No	Yes No
_____	_____	_____	_____

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Select your children's cover critical illness basis	Standard Enhanced	Standard Enhanced	Standard Enhanced
_____	_____	_____	_____

Standard children's cover is included automatically within Life and Enhanced Critical Illness. For an additional cost you can choose to include Enhanced children's cover which provides additional cover for child specific and pregnancy related conditions. You can only select one type of children's cover.

Increasing amount of cover

How long would you like the cover for?

_____ years _____ years _____ years

Amount of life and enhanced critical illness cover

£ _____ £ _____ £ _____

Type of premium

Guaranteed _____ Guaranteed _____ Guaranteed _____

Would you like to add Waiver of Premium?

Yes No _____ Yes No _____ Yes No _____

Please be aware that Waiver of Premium will apply to the whole plan and will be applied to all policies you apply for.

If you choose to include Waiver of Premium we will assume a 6 month waiting period. If you have chosen to include Income Protection or Personal Sick Pay, the waiting period for Waiver of Premium will match the shortest waiting period for that cover, with a minimum waiting period of 1 month and up to a maximum of 6 months.

Would you like to include Total Permanent Disability?

Yes No _____ Yes No _____ Yes No _____

If you are applying for joint life cover and you want Total Permanent Disability cover, it has to be included for both people being insured.

Select your children's cover critical illness basis

Standard _____ Standard _____ Standard _____
Enhanced _____ Enhanced _____ Enhanced _____

Standard children's cover is included automatically within Life and Enhanced Critical Illness. For an additional cost you can choose to include Enhanced children's cover which provides additional cover for child specific and pregnancy related conditions. You can only select one type of children's cover.

What cover would you like?

Income protection

Income Protection is designed to pay a regular monthly income if you are unable to work because of sickness or accident. The payments from this policy are limited to 60% of income. When calculating this figure, all other sickness and accident insurances will be taken into account.

Important:

It is important to check that the amount of cover for this policy (and all other sickness and accident policies) doesn't exceed 60% of earned income.

To take out Income Protection you must be able to answer 'yes' to the following questions:

	1st person insured		2nd person insured (if applicable)	
Are you a resident in the UK and have been for the last two years?	Yes	No	Yes	No
Are you registered with a UK General Practitioner (Doctor) and have been for the last two years?	Yes	No	Yes	No

Depending on your circumstances you may need more than one Income Protection policy within your plan. If you'd like two policies running at the same time, just complete both columns for the person insured below.

Who is being insured?	1st person insured			2nd person insured		
	Full			Full		
	or Budget – 12 month claim period**			or Budget – 12 month claim period**		
	or Budget – 24 month claim period			or Budget – 24 month claim period		
Type of cover (i)*						
	Level			Level		
	or Increasing			or Increasing		
Type of cover (ii)*						
	Guaranteed			Guaranteed		
	or Reviewable			or Reviewable		
Type of Premium						
Age at which policy ends (The policy must run for a minimum of 5 years and must end before age 70)	years			years		
Amount of cover*** (a month)	£			£		
	1	2	3	1	2	3
Waiting period (months)	6	12		6	12	

If you choose to include Waiver of Premium the waiting period will match the shortest waiting period for your Income Protection or Personal Sick Pay, with a minimum waiting period of 1 month and up to a maximum of 6 months. If you have also chosen to include Life insurance, Family Income Benefit, Life and Critical Illness cover, or Life and Enhanced Critical Illness cover, then the waiting period for Waiver of Premium will automatically match the one you have chosen for your Income Protection or Personal Sick Pay cover.

* Please refer to your Policy Summary or Key Features document for a full explanation of types of cover

** Budget Income Protection with a 12 month claim period is available on guaranteed premiums only

*** The overall maximum amount of cover will be 60% of earned income

– LESS any payments from other sickness or accident insurance policies

– LESS 60% of any ill-health or retirement benefits

– LESS 60% of any continuing earnings from employment

What cover would you like?

Personal Sick Pay

This policy is designed to replace your income if you are unable to work due to sickness or accident. We have a guarantee in place to protect the amount we will pay you for the first 2 years of a claim. This is explained in our full terms and conditions.

Important:

The amount you choose to insure should normally be no more than 60% of your income.

To take out Personal Sick Pay, you must be able to answer 'yes' to the following questions:

	1st person insured		2nd person insured (if applicable)	
Are you a resident in the UK and have been for the last two years?	Yes	No	Yes	No
Are you registered with a UK General Practitioner (Doctor) and have been for the last two years?	Yes	No	Yes	No

Depending on your circumstances you may need more than one Personal Sick Pay policy within your plan. Should you wish to effect two policies at the same time, you can do this by completing both columns for the person insured below.

Who is being insured?	1st person insured		1st person insured		2nd person insured		2nd person insured	
Type of cover (i)*	or	Full Budget	or	Full Budget	or	Full Budget	or	Full Budget
Type of cover (ii)*	or	Level Increasing	or	Level Increasing	or	Level Increasing	or	Level Increasing
Type of Premium	or	Guaranteed Reviewable	or	Guaranteed Reviewable	or	Guaranteed Reviewable	or	Guaranteed Reviewable
Age at which policy ends (This must be from age 50 to 70 inclusive).		years		years		years		years

* Please refer to your Policy Summary or Key Features document for a full explanation of types of cover

	1st person insured		1st person insured		2nd person insured		2nd person insured	
Amount of cover** (a month)	£		£		£		£	
Waiting period (weeks)	Day one option		Day one option		Day one option		Day one option	
	1	4	1	4	1	4	1	4
	8	13	8	13	8	13	8	13
	26	52	26	52	26	52	26	52

If you choose to include Waiver of Premium the waiting period will match the shortest waiting period for your Income Protection or Personal Sick Pay, with a minimum waiting period of 1 month and up to a maximum of 6 months. If you have also chosen to include Life Insurance, Family Income Benefit, Life and Critical Illness cover, or Life and Enhanced Critical Illness cover, then the waiting period for Waiver of Premium will automatically match the one you have chosen for your Income Protection or Personal Sick Pay.

** The overall maximum amount of cover should not normally be more than 60% of current earned income.

Contact details

First Person insured

Address

Telephone number

(Please provide us with a mobile number as well as a landline number; it can help to speed up the application process if there's any extra information we need).

Mobile number

Landline number

Email

Marital status

Married Civil Partner Single
Widowed Divorced / dissolution
Separated

If you're insuring a second person

Address

Telephone number

(Please provide us with a mobile number as well as a landline number; it can help to speed up the application process if there's any extra information we need).

Mobile number

Landline number

Email

Marital status

Married Civil Partner Single
Widowed Divorced / dissolution
Separated

Pre-underwriting declarations

Honest and truthful disclosure

You must answer all questions truthfully and honestly even if this has been provided on a previous application to LV=.

If you don't provide complete, accurate and up-to-date information LV= may not be able to pay your claim. Your policy may be cancelled or changed to apply the correct policy terms or you may be asked to pay any additional premiums due.

Important:

If you don't provide complete, accurate and up-to-date information LV= may not be able to pay your claim. Your policy may be cancelled or changed to apply the correct policy terms or you may be asked to pay any additional premiums due.

Whilst LV= often accept applications based on the information you provide, sometimes LV= may need additional information to support your application. LV= will contact you if this happens to let you know what is needed.

LV= will also regularly select a sample of customers to check for false information.

Don't assume LV= will write to your doctor to get information. It's your responsibility to provide correct and accurate information.

If you'd like to find out more about our application process, and why we ask the questions we do, and how we then use that information, please visit [LV.com/fastway-application-process](https://www.lv.com/fastway-application-process)

Access to Medical Reports

Paper application form (completed by the applicant)

In order to assess applications for insurance or to check the information provided is accurate, we may need to request a report from your doctor. We will collect the following details during this application:

- Consent to request a medical report
- GP details

Data capture form (completed online by the financial adviser on behalf of the applicant)

If you are completing the application online on behalf of your client, you will be asked to confirm that you have read the consent to Access to Medical Report wording to your client and that they have agreed and provided their consent. We will collect the following details as part of the online application.

- Consent to request a medical report
- GP details

You and your client won't be able to complete the online application without providing this information.

Eligibility

You can only apply for LV= cover if you permanently live in the UK. The UK does not include the Channel Islands or the Isle of Man.

Genetic information

The only genetic test result which you will need to tell LV= about is one for Huntington's disease, and you will only need to tell us about this when the total life insurance you are buying is over £500,000.

In all cases you must tell LV= if you're experiencing symptoms or having treatment for a genetic condition.

If you have a genetic condition present in your immediate family and have been genetically tested for it, which has come back negative, it'll be worthwhile letting LV= know.

	1st person insured		2nd person insured (If applicable)	
Are you happy for LV= to send you a summary of the questions you've answered as part of your application by email?	Yes	No	Yes	No

Important:

Plan owners must permanently reside in the UK to qualify for a Flexible Protection Plan. This does not include Channel Islands or Isle of Man.

Please tell us about the plan owner

	1st person insured	2nd person insured (if applicable)
Do you want to be the owner of this policy?	Yes, I want to own this policy	Yes, I want to own this policy
Please note this does not cover putting the policy into trust. To put a policy in trust you will need to complete a trust form. Income Protection and Personal Sick Pay policies cannot be placed into trust.	No, I want someone else to own this policy	No, I want someone else to own this policy

If 'No' please provide details of the plan owner below. Otherwise please skip to page 17.

Please confirm that the plan owner(s) permanently reside in the UK.

Yes, the plan owner(s) permanently reside in the UK

Please enter the full name, UK address and postcode of the plan owner(s)

Please select what the insurable interest is between the insured(s) and the plan owner.

- Joint mortgage Spouse Civil partner
- Live-in partner Financial relationship Inheritance tax planning

Other insurable interest (please provide details of the reason for the cover)

Important:

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately.

Please tell us some things about yourself

Personal details of the person or people being insured (continued)

	1st person insured	2nd person insured (If applicable)
How tall are you? _____	ft ins or m	ft ins or m
How much do you weigh? If you're currently pregnant, please tell us your weight immediately before your pregnancy. _____	st lbs or kg	st lbs or kg
Which of the following best describes you? Please complete if you're a non-smoker. We may require a simple test to confirm this. _____	I've never smoked, vaped, used e-cigarettes or other nicotine replacement products I used to smoke but stopped over a year ago I've smoked in the last year but not every day I've vaped, used e-cigarettes or other nicotine replacement products in the last year I used to vape, use e-cigarettes or other nicotine replacement products but stopped over a year ago	I've never smoked, vaped, used e-cigarettes or other nicotine replacement products I used to smoke but stopped over a year ago I've smoked in the last year but not every day I've vaped, used e-cigarettes or other nicotine replacement products in the last year I used to vape, use e-cigarettes or other nicotine replacement products but stopped over a year ago
If you're an ex-smoker or ex-user of vapes, e-cigarettes or nicotine replacement products, when did you last smoke, vape, use e-cigarettes or other nicotine replacement products? _____	month year	month year
What is your average daily consumption of the following over the last year? Please complete if you smoke. Cigarettes (including roll ups) Cigars Other tobacco (in grams) _____	_____	_____
Do you have another job ? Other than what you've told us about on page 3. If yes, please provide more details. _____	Yes No	Yes No

1st person insured

2nd person insured (if applicable)

Important:

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately.

1st person insured**2nd person insured** (if applicable)

Are you currently **off work, working reduced hours** or have you **altered your duties due to sickness or injury?**

Yes

No

Yes

No

If yes, please provide more details.

1st person insured**2nd person insured** (if applicable)

Have your natural **parents, brothers or sisters** had any of the following **before the age of 60?**

Please complete all that apply

	1st person insured	2nd person insured	Relation	Age at onset	If you have selected yes, please provide us with more details
Heart attack, angina, heart by-pass, stent fitted, or stroke					
Cardiomyopathy					
Diabetes					
Bowel cancer or Bowel polyps					
Breast or Ovarian cancer (For females being insured)					
Muscular dystrophy, Huntington's disease or motor neurone disease					
Multiple sclerosis, Parkinson's disease or Alzheimer's disease					
Polycystic kidney disease					
Any other condition, which runs in your family that you've been investigated for					
No contact with family members / Don't know					
None of these					

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 29 to 32.

Important:

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

Have you ever had:

	1st person insured		2nd person insured (If applicable)	
<p>Cancer, carcinoma-in-situ or any other tumour? Including: Any lump, cyst or tumour in your brain or spine, Lymphoma, Hodgkin's or Non-Hodgkin's lymphoma, Leukaemia, cancer in situ.</p>	Yes	No	Yes	No
<p>Anything affecting your heart or arteries or surgery on your heart or arteries? Including: Angina or heart attack, angioplasty, stent or bypass, irregular heart beat or palpitations, heart murmur, heart valve or heart structure abnormalities, peripheral vascular disease, cardiomyopathy or heart enlargement.</p>	Yes	No	Yes	No
<p>A stroke, TIA, brain haemorrhage or damage or surgery to your brain? Including: Mini stroke or transient ischaemic attack (TIA), cerebral aneurysm.</p>	Yes	No	Yes	No
<p>Multiple sclerosis, epilepsy, Parkinson's disease or any other neurological symptoms or condition? Including: Alzheimer's, dementia, motor neurone disease, muscular dystrophy, cerebral palsy, paralysis.</p>	Yes	No	Yes	No
<p>A positive test for HIV/AIDS or hepatitis B or C, or are you waiting for the test results for one of these conditions? If you're waiting for a test result that turns out to be negative, this will not affect the decision to offer you cover.</p>	Yes	No	Yes	No

In connection with your mental health

	1st person insured	2nd person insured (If applicable)
<p>Have you ever: If you are under the care of the community mental health team then you will have a key worker or be under the care of a community psychiatric nurse.</p>	<p>Required hospital treatment or been advised to attend hospital</p> <p>Been seen by or advised to see a psychiatrist?</p> <p>Been referred to the community mental health team?</p> <p>None of these</p>	<p>Required hospital treatment or been advised to attend hospital</p> <p>Been seen by or advised to see a psychiatrist?</p> <p>Been referred to the community mental health team?</p> <p>None of these</p>
<p>In the last 5 years have you consulted a health professional, required treatment (including counselling) or have you required time off work for any of the following? If you are not working, have any of these stopped you doing your normal daily activities?</p>	<p>Depression or anxiety</p> <p>Stress</p> <p>Eating disorder</p> <p>Another mental health issue</p> <p>None of these</p>	<p>Depression or anxiety</p> <p>Stress</p> <p>Eating disorder</p> <p>Another mental health issue</p> <p>None of these</p>

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 29 to 32.

Important:

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

In the last 5 years, regardless of whether you've consulted a doctor, required treatment or had time off work, have you had:

	1st person insured		2nd person insured (if applicable)	
	Yes	No	Yes	No
Raised blood pressure or cholesterol, or chest pain?				
Diabetes, raised blood sugar levels or sugar in your urine?				
Anaemia, blood clot or any other blood disorder? Including: Thrombosis or blood clotting issues.				
A growth, lump, cyst or polyp? Including: A lesion, or a mole or freckle that has bled become painful or changed appearance.				
Asthma, bronchitis, sleep apnoea, or anything else affecting your lungs or breathing? Including: Chronic obstructive pulmonary disease (COPD), Emphysema You don't need to tell us about: Common colds or flu, one-off chest infections that you have fully recovered from.				
Crohn's, colitis, IBS, or anything else affecting your stomach, bowel or digestive system? Including: Irritable bowel syndrome (IBS), Barrett's oesophagus, ulcers or bleeding. The digestive system includes your gullet (oesophagus), stomach, duodenum and intestines.				
Only needed for males: Kidney stones, urinary infection or anything else affecting your kidneys, prostate, bladder or urine? Including: Polycystic kidney disease, blood or protein in your urine, raised PSA (prostate-specific antigen), bladder stones.				
Only needed for females: Kidney stones, urinary infection or anything else affecting your kidneys, bladder or urine? Including: Polycystic kidney disease, blood or protein in your urine, bladder stones.				
Only needed for females: An abnormal cervical smear , or any other gynaecological disorder that has required follow-up , or an abnormal mammogram? Including: Fibroids, Endometriosis, Polycystic ovarian syndrome.				

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 29 to 32.

Important:

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

	1st person insured		2nd person insured (If applicable)	
<p>Anything affecting your liver or pancreas? Including: Hepatitis, jaundice, an abnormal blood test or scan of your liver.</p>	Yes	No	Yes	No
<p>Back pain, sciatica, whiplash or anything else affecting your back or neck? Including: Trapped nerves or muscular back or neck ache.</p> <p>Please complete this question if you are applying for Income Protection, Personal Sick Pay or Total Permanent Disability cover (under Life and Critical Illness cover, or Life and Enhanced Critical Illness cover).</p>	Yes	No	Yes	No
<p>Joint or muscle pain, any type of arthritis, gout or anything else affecting your bones, joints, muscles or limbs? Including: Ligament, tendon and muscle injuries, carpal tunnel syndrome, repetitive strain injuries, fractures.</p> <p>Please complete this question if you are applying for Income Protection, Personal Sick Pay or Life and Critical Illness cover, or Life and Enhanced Critical Illness cover.</p>	Yes	No	Yes	No
<p>Numbness, pins and needles, muscle weakness, fainting, migraine, tremor or difficulty with coordination? Including: Tingling, facial pain, blackouts.</p>	Yes	No	Yes	No
<p>Tinnitus, labyrinthitis, or anything else affecting your ears, hearing or balance? Including: Deafness, Meniere's disease, balance problems or dizziness.</p>	Yes	No	Yes	No
<p>Impaired, blurred or double vision, optic neuritis or anything else affecting your eyes or vision? You don't need to tell us about: Impaired vision that is fully corrected with glasses, contact lenses or laser surgery</p>	Yes	No	Yes	No
<p>Chronic fatigue syndrome (CFS), myalgic encephalomyelitis (ME), fatigue, fibromyalgia, persistent tiredness or long COVID?</p>	Yes	No	Yes	No

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 29 to 32.

Important:

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

Other than things you've already told us about, in the last 3 years have you:

	1st person insured		2nd person insured (If applicable)	
	Yes	No	Yes	No
<p>Had medication or treatment for a period of four weeks or more, or been referred for (or requested) counselling or therapy?</p> <p>Including: For minor injuries or strains, prescriptions from a doctor, even if you didn't take them, counselling for any mental illness, anxiety or stress, treatment with a chiropractor, osteopath or physiotherapist.</p> <p>You don't need to tell us about: Antibiotics for one-off chest infections, contraception, fertility or dental treatment.</p>				
<p>Been asked to attend a follow-up or regular review with a doctor, hospital or clinic?</p> <p>Including: For minor injuries or strains, reviews or check-ups that you have been asked to attend even if you didn't.</p> <p>You don't need to tell us about routine reviews purely in relation to: Normal pregnancy or terminations, fertility treatment.</p>				
<p>Have you been referred to, or consulted a specialist or been treated at hospital as an in-patient?</p> <p>Including: For minor injuries or strains.</p> <p>You don't need to tell us about: Normal pregnancy, terminations or infertility, routine smear tests or mammograms not requiring further investigation, unless you are awaiting the results.</p>				
<p>Requested any, or been advised to have any medical investigations?</p> <p>Including: A blood test or biopsy, ultrasound, X-Ray, CT or MRI scan, ECG or other heart investigations.</p> <p>You don't need to tell us about: Normal pregnancy, terminations or infertility, routine smear tests or mammograms not requiring further investigation, unless you are awaiting the results.</p>				

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 29 to 32.

Important:

Please be aware that we may not pay a claim and could cancel your policies if you do not answer the following questions truthfully and accurately. We won't always write to your doctor, so make sure you answer these questions honestly and in full.

You only need to complete this question if you are applying for **Income Protection** or **Personal Sick Pay**.

In the last 2 years have you

	1st person insured		2nd person insured (If applicable)	
Been off work due to sickness or injury for a period of 5 or more days in a row?	Yes	No	Yes	No

Other than what you've already told us about, in the last 3 months have you:

	1st person insured		2nd person insured (If applicable)	
Had any of these symptoms, even if you haven't consulted a doctor?				
<ul style="list-style-type: none"> ■ A lump, growth, cyst or lesion ■ Hardening affecting either testicle (male lives only) ■ Hardening affecting either breast (female lives only) ■ Bleeding from the bowel or a change in bowel habit ■ A cough lasting more than 3 weeks ■ A fit or seizure ■ A mole or skin blemish which has changed in appearance ■ Any other symptom you are planning to consult a doctor, medical professional or therapist about ■ Any other symptoms for which you are planning to take time off work (for Income Protection and Personal Sick Pay). 	Yes	No	Yes	No

Please tell us some general things about your lifestyle:

	1st person insured		2nd person insured (If applicable)	
Do you currently or intend to take part in any physical hobby or sport? (for example; motor sport, mountaineering, diving, caving, potholing, combat sports, horse riding, mountain biking, aviation, rugby or football or extreme sports)	Yes	No	Yes	No
You don't need to tell us about: Flying only as a fare-paying passenger or cabin crew on scheduled or charter aircraft. 'Track' or 'experience' days if you participate in under 7 per year. A one-off parachute jump. A one-off scuba dive.				

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

	1st person insured		2nd person insured (If applicable)	
Do you ride a motorbike, scooter or moped on the road ?	Yes	No	Yes	No

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

In the last 5 years have you:

- Not been allowed to drive due to a **driving ban** or **disqualification**
- and / or been **convicted of dangerous** or **careless driving**?

You don't need to tell us about: Speeding offences that did not result in a ban, or any spent convictions.

_____	Yes	No	Yes	No
-------	-----	----	-----	----

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

In the last 3 years have you lived, worked or travelled outside of the UK or European Union?

_____	Yes, but never more than 30 days a year	Yes, but never more than 30 days a year
_____	Yes, more than 30 days in any year	Yes, more than 30 days in any year
_____	No	No

If you answered yes, please give full details of the countries, regions and cities you have visited, duration of stay, how many trips you made, and the reasons for the trip(s).

1st person insured

2nd person insured (if applicable)

1st person insured**2nd person insured**
(If applicable)

Do you intend to travel outside the UK or European Union?

Yes, but not more than 30 days a year

Yes, more than 30 days in any year

No

Yes, but not more than 30 days a year

Yes, more than 30 days in any year

No

If you answered yes, please give full details of the countries, regions and cities you plan to visit, duration of stay, how many trips you make, and the reasons for the trip(s).

1st person insured**2nd person insured** (if applicable)**1st person insured****2nd person insured** (If applicable)

Do you have an existing Life, Critical Illness or Income Protection plans or applications with LV=?

Yes

No

Yes

No

Including this application, will the total amount of cover on your life exceed £1,500,000 life cover or £750,000 critical illness cover?

Please complete this question if you are applying for **Life Insurance, Family Income Benefit, Life and Critical Illness cover, or Life and Enhanced Critical Illness cover.**

Yes

No

Yes

No

If you answered yes, please provide details in the table below.

Do you have any existing Income Protection plan or application with any other insurance company?

Please complete this question if you are applying for **Income Protection or Personal Sick Pay.**

Yes

No

Yes

No

If you answered yes, please provide details in the table below

1st or 2nd person insured	Name of company	Type of policy	Amount of cover/term	Reason for cover	Is this cover being cancelled and/or replaced

How many of the following do you typically drink in a week?

Think back over the last 3 months and consider what you would drink in a typical week. If you don't drink a particular type of alcohol, or don't drink any alcohol, put a zero in the relevant box or boxes, e.g. 0

	The amount (for example – 1 glass, 1 pint, 1 measure etc)	
	1st person insured	2nd person insured (if applicable)
Pints of beer or cider		
Glasses of wine		
Measures of spirits		
Other alcoholic drinks		

	1st person insured	2nd person insured (if applicable)
Have any of these applied to you? Please select all that apply.	<p>I've been advised by a medical professional to cut down or stop drinking alcohol</p> <p>I've attended or been referred for alcohol or drug specialist support such as Alcoholics Anonymous or counselling</p> <p>I've required treatment or medication to help me reduce or stop my alcohol consumption (even if not taken)</p> <p>None of these</p>	<p>I've been advised by a medical professional to cut down or stop drinking alcohol</p> <p>I've attended or been referred for alcohol or drug specialist support such as Alcoholics Anonymous or counselling</p> <p>I've required treatment or medication to help me reduce or stop my alcohol consumption (even if not taken)</p> <p>None of these</p>

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

Have you used recreational drugs in the last 10 years ? Including: Cannabis, ecstasy, cocaine, heroin, amphetamines and anabolic steroids.	1st person insured		2nd person insured (if applicable)	
	Yes	No	Yes	No

If you answered yes, please provide details.

1st person insured

2nd person insured (if applicable)

Please tell us more information about your occupation

Does your job involve any of the following duties or working environments?

(Please select all that apply).

1st person insured

- Working outside at heights above 12m (40ft) for more than 5 hours during a typical week
- Flying other than as a fare-paying passenger on commercial airlines
- General labouring or using heavy machinery
- Diving
- Fishing or merchant marine
- Oil or natural gas production
- Armed forces
- Armed forces Reserves
- Mining, tunnelling or quarrying
- None of the above

2nd person insured (If applicable)

- Working outside at heights above 12m (40ft) for more than 5 hours during a typical week
- Flying other than as a fare-paying passenger on commercial airlines
- General labouring or using heavy machinery
- Diving
- Fishing or merchant marine
- Oil or natural gas production
- Armed forces
- Armed forces Reserves
- Mining, tunnelling or quarrying
- None of the above

If you have selected anything other than 'None of the above', please provide details:

1st person insured

2nd person insured (if applicable)

Does your job involve any manual work?

Manual work includes carrying, lifting, working with machinery or tools, or working at heights or underground.

1st person insured

2nd person insured (If applicable)

Yes

No

Yes

No

If 'yes', please give full details relating to your occupation including a description of your duties and percentage of time spent on each activity:

1st person insured

2nd person insured (if applicable)

Please tell us more about your annual mileage

Approximately what is your annual business mileage?

1st person insured

2nd person insured (If applicable)

You don't need to tell us about commuting to and from work.

miles

miles

Thank you for completing the underwriting questions.

Important:

You must let us know if there are any changes to your health, occupation or lifestyle before your policy is started. Failure to do so may mean that your policy is cancelled, the terms are amended or LV= may not pay out in the event of a claim.

Please enter your doctor's details

Your doctor's name

1st person insured

2nd person insured (if applicable)

Your surgery's name and address

1st person insured

2nd person insured (if applicable)

The surgery's contact number

1st person insured

2nd person insured (if applicable)

When would you like your cover to start?

1st person insured

/ /

(DD/MM/YYYY)

2nd person insured (if applicable)

/ /

(DD/MM/YYYY)

To be advised

1st person insured

2nd person insured (if applicable)

Details of specific medical condition 1

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 19 to 23. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Important:

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst).

Who does the following information apply to?	1st person insured	2nd person insured
Which question do the following answers relate to on pages 19 to 23?		
What condition has been diagnosed?		
When did this condition first occur?	/ /	(DD/MM/YYYY)
When did you last have symptoms?	/ /	(DD/MM/YYYY)
Have symptoms been continuous?		Yes No
If 'no', how many episodes have you suffered?		
Please confirm what symptoms you are suffering or have suffered and the severity		
Have you been told that this condition is due to another medical condition?		Yes No
If 'yes', please provide full details.		
Are you currently having treatment, for example any medication or specialist appointments?		Yes No
If 'yes', please confirm the type of treatment being received and the frequency		
If you have had previous treatment, please confirm the type and the frequency		
Have you had any tests or investigations?		Yes No
If 'yes', what were they?		
What were the results?		
Have you been admitted to hospital with this condition?		Yes No
If 'yes', how many times? and when?		
Are you awaiting any investigations, operation or the results of tests or investigations?		Yes No
If 'yes', please provide details.		
How much time off work have you taken in relation to this condition and when was this?		
If you've had time off work, have you now fully returned to work?		Yes No
Are you fully recovered?		Yes No

Details of specific medical condition 2

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 19 to 23. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Important:

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst).

Who does the following information apply to?	1st person insured	2nd person insured
Which question do the following answers relate to on pages 19 to 23?		
What condition has been diagnosed?		
When did this condition first occur?	/ /	(DD/MM/YYYY)
When did you last have symptoms?	/ /	(DD/MM/YYYY)
Have symptoms been continuous?		Yes No
If 'no', how many episodes have you suffered?		
Please confirm what symptoms you are suffering or have suffered and the severity		
Have you been told that this condition is due to another medical condition?		Yes No
If 'yes', please provide full details.		
Are you currently having treatment, for example any medication or specialist appointments?		Yes No
If 'yes', please confirm the type of treatment being received and the frequency		
If you have had previous treatment, please confirm the type and the frequency		
Have you had any tests or investigations?		Yes No
If 'yes', what were they?		
What were the results?		
Have you been admitted to hospital with this condition?		Yes No
If 'yes', how many times? and when?		
Are you awaiting any investigations, operation or the results of tests or investigations?		Yes No
If 'yes', please provide details.		
How much time off work have you taken in relation to this condition and when was this?		
If you've had time off work, have you now fully returned to work?		Yes No
Are you fully recovered?		Yes No

Details of specific medical condition 3

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 19 to 23. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Important:

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst).

Who does the following information apply to?	1st person insured	2nd person insured
Which question do the following answers relate to on pages 19 to 23?		
What condition has been diagnosed?		
When did this condition first occur?	/ /	(DD/MM/YYYY)
When did you last have symptoms?	/ /	(DD/MM/YYYY)
Have symptoms been continuous?		Yes No
If 'no', how many episodes have you suffered?		
Please confirm what symptoms you are suffering or have suffered and the severity		
Have you been told that this condition is due to another medical condition?		Yes No
If 'yes', please provide full details.		
Are you currently having treatment, for example any medication or specialist appointments?		Yes No
If 'yes', please confirm the type of treatment being received and the frequency		
If you have had previous treatment, please confirm the type and the frequency		
Have you had any tests or investigations?		Yes No
If 'yes', what were they?		
What were the results?		
Have you been admitted to hospital with this condition?		Yes No
If 'yes', how many times? and when?		
Are you awaiting any investigations, operation or the results of tests or investigations?		Yes No
If 'yes', please provide details.		
How much time off work have you taken in relation to this condition and when was this?		
If you've had time off work, have you now fully returned to work?		Yes No
Are you fully recovered?		Yes No

Details of specific medical condition 4

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 19 to 23. Please complete a separate page for each medical condition, and continue on a blank sheet of paper if necessary. Detailed answers to these questions may help to speed up the processing of your application.

Important:

Please be aware that we may not pay a claim and could cancel the policy if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example: arthritis – right knee; breast cyst).

Who does the following information apply to?	1st person insured	2nd person insured
Which question do the following answers relate to on pages 19 to 23?		
What condition has been diagnosed?		
When did this condition first occur?	/ /	(DD/MM/YYYY)
When did you last have symptoms?	/ /	(DD/MM/YYYY)
Have symptoms been continuous?		Yes No
If 'no', how many episodes have you suffered?		
Please confirm what symptoms you are suffering or have suffered and the severity		
Have you been told that this condition is due to another medical condition?		Yes No
If 'yes', please provide full details.		
Are you currently having treatment, for example any medication or specialist appointments?		Yes No
If 'yes', please confirm the type of treatment being received and the frequency		
If you have had previous treatment, please confirm the type and the frequency		
Have you had any tests or investigations?		Yes No
If 'yes', what were they?		
What were the results?		
Have you been admitted to hospital with this condition?		Yes No
If 'yes', how many times? and when?		
Are you awaiting any investigations, operation or the results of tests or investigations?		Yes No
If 'yes', please provide details.		
How much time off work have you taken in relation to this condition and when was this?		
If you've had time off work, have you now fully returned to work?		Yes No
Are you fully recovered?		Yes No

Important notes and Access to Medical Reports consent

The plan will not start until we have assessed and accepted your application, and we have a valid payment method in place.

If you have a birthday while your application is being processed, the terms may differ from those originally quoted. In most instances your payments will be as originally quoted.

We may offer you revised terms, but occasionally we may not be able to offer any terms.

Access to medical records

Your permission for LV= to request a medical report:

In order to assess your application for insurance or to check the information provided, Liverpool Victoria Financial Services Limited (LV=) may need to request a report from your doctor. LV= needs your permission to request a medical report under the Access to Medical Reports Act (1988) or Access to Personal Files and Medical Reports Order 1991 (Northern Ireland only).

Things you need to know before you give consent

- LV= cannot request a medical report from your doctor without your consent. Whilst you don't have to give your consent, if you don't consent LV= won't be able to proceed with your application.
- You can ask your doctor to show you the medical report before it's returned to LV=. You'll have 21 days from when LV= request the report to make arrangements with your doctor to see the medical report.
- Your doctor is allowed to keep parts of the medical report from you if they feel that it would cause physical or mental harm to you or others.
- You can ask your doctor to show you a copy of the medical report within 6 months of them sending it to LV=.
- If you think that part of the medical report is incorrect or misleading, you can ask your doctor to change it or to include a statement describing which parts you feel are wrong.

What we'll ask

LV= will only ask your doctor to provide information from your medical records about your current and past health that is relevant to your application and / or claim.

LV= won't ask your doctor to reveal any 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 it is for Huntington's disease, and you have applied for life insurance cover of £500,000 or over, OR unless there is a favourable test result that shows that you have not inherited a condition your family suffers from.

Your Consent

- I agree to LV= asking any doctor I have consulted about my physical or mental health, to provide medical information so LV= can assess my application, check the information provided and for the ongoing servicing of my policy including any claim made.
- I authorise those asked to provide medical information on receipt of a copy of this consent.
- I agree this consent is valid from the date this application is completed and submitted to LV=.
- I agree this consent can continue as valid for a period of 12 months, unless I choose to withdraw this at any point by contacting LV=.

1st person insured full name

2nd person insured full name (if applicable)

1st person insured signature

2nd person insured signature (if applicable)

_____/_____/_____(DD/MM/YYYY) _____/_____/_____(DD/MM/YYYY)

If you have any questions about your legal rights or questions relating to the process of getting, assessing or storing medical information, please email us at LifeCustomerSupport@LV.com

Important:

Do you want to see a copy of the medical report before it's sent to LV= (if applicable)?

Please tick one box only.

No I do not want to see the report
before it is sent to LV=

1st person insured

2nd person insured (If applicable)

Yes I do want to see the report before it
is sent to LV=

1st person insured

2nd person insured (If applicable)

Important:

This section is only relevant if the form is being used as a data capture form by Financial Advisers and the information will be entered online by the financial adviser on behalf of the applicant.

If you are completing the application online on behalf of your client, you will be asked to confirm as part of the online application process that you have read the above consent to Access Medical Reports wording to your client, that they have agreed and provided their consent and that they have confirmed whether they wish to view the medical report before it is sent to LV=.

Customer declarations

Honest and truthful disclosure

By completing this application form, I confirm that;

- I have answered all questions truthfully and honestly even if this has been provided on a previous application to LV=.
- All information provided in connection with this application is honest and accurate.
- I will let LV= know if anything is incorrect or changes before my policy starts.

Important:

If you don't provide complete, accurate and up-to-date information LV= may not be able to pay your claim. Your policy may be cancelled or changed to apply the correct policy terms or you may be asked to pay any additional premiums due.

LV= will also regularly select a sample of customers to check for false information.

You must give LV= your doctor's details and your consent to obtain information from them if requested. If you don't then LV= will be unable to process your application for insurance, and if your policy has already started it will be cancelled.

If LV= cancel your policy you won't be entitled to any refund of premiums or payment from it.

If you'd like to find out more about our application process, and why we ask the questions we do, and how we then use that information, please visit [LV.com/fastway-application-process](https://www.lv.com/fastway-application-process)

Financial Crime

The personal information LV= have collected from you will be shared with crime prevention agencies who will use it to prevent financial crime and money-laundering and to verify your identity. If financial crime is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by LV= and these fraud prevention agencies, and your data protection rights, can be found by contacting us at GFC LV=, County Gates, Bournemouth, BH1 2NF.

If you or anyone representing you;

- provides LV= with misleading or incorrect information to any of the questions asked when applying for or amending this insurance;
- deliberately misleads LV= to obtain cover, gain a cheaper premium or more favourable terms;
- provides LV= with false documents;
- makes a fraudulent payment by bank account and/or card;

LV= may;

- reject your policy application.
- amend your policy to record the correct information, apply any relevant policy terms and conditions and collect any additional premium due including any administration charges.
- reject a claim or reduce the amount of payment we make.
- cancel or void your policy including all other policies which you have with LV= and apply a cancellation charge.
- recover from you any costs incurred and not return any premium paid by you.

LV= also have the right to stop processing your application, cancel your policy and pass details to crime prevention and law enforcement agencies if;

- LV= identify financial crime or any attempt to gain LV= an advantage, in connection with this application for insurance, to which you're not entitled.
- LV= identify your involvement or association with insurance fraud or financial crime.

Terrorist Financing

LV= use your information to make sure we comply with any financial sanctions that apply in the UK and overseas.

This includes;

- checking your information against sanctions lists.
- Sharing your information with HM Treasury and international regulators if required.

LV= will contact you if more information is needed to comply with any financial sanctions.

Member Consent

The product you are applying for is a member qualifying product and as part of the application we will look to grant membership to each applicant. By signing this application form, you acknowledge and confirm:

- That you will become a member of Liverpool Victoria Financial Services Limited ("LV="), a company limited by guarantee, registered in England and Wales with registered number 12383237;
- your membership will be governed by the Companies Act 2006 and LV='s articles of association which are available to view at LV.com/about-us/company-information/corporate-governance or in hardcopy on request;
- your membership shall commence from the date LV='s register of members is updated to include your details and shall terminate in accordance with LV='s articles of association;
- in the unlikely event LV= were to be wound up during your membership, or within one year after you cease to be a member, you undertake to contribute an amount to the assets of LV= not exceeding one penny. Such amount would not be required unless called for by a liquidator; and
- in the case of policies where the intended policyholder is less than 18 years of age as at the date of this application, you are either the parent, legal guardian or trustee of the policyholder or other person who has been nominated by the policyholder to become a member of LV= on their behalf.

A summary of how we use your personal information

Liverpool Victoria Financial Services Limited (LV=) is the data controller of your personal information. We'll keep you informed about how we use your personal information in the document 'How we use your personal information', which is available:

- online at LV.com/dataprotectionlife
- in print from Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or LifeCustomerSupport@LV.com

By completing this application I am aware that LV= may share my personal data (including special category data such as health information) with third parties, this includes any subsequent information we receive whilst processing your application, for the following purposes:

- My intermediary for the purposes of providing me with a quote, processing and administering my insurance contract and claims.
- Reinsurers, medical professionals and/or healthcare management companies chosen by LV= to enable LV= to process and service my insurance contracts and assess any claims.
- Regulatory bodies (for example, the Financial Conduct Authority and HM Revenue and Customs) to enable LV= to fulfil legal and regulatory obligations.

We may also process your personal information for legitimate interest purposes:

- To deliver information and guidance so you are aware of the options that will help you get the best outcome from your product or investment.
- To process your information to better understand you and your needs so we can send you more relevant communications about the products you have with us.
- To develop new products and services.
- To conduct research and collate management information to manage the products and services we offer.
- To allow us to provide reinsurance services.

1st person insured full name

2nd person insured full name (If applicable)

1st person insured signature

2nd person insured signature (If applicable)

/ / (DD/MM/YYYY)

/ / (DD/MM/YYYY)

1st plan owner full name if different from person insured

2nd plan owner full name

(if applicable) if different from person insured

1st plan owner signature if different from person insured

2nd plan owner signature

(if applicable) if different from person insured

_____/_____/_____(DD/MM/YYYY)

_____/_____/_____(DD/MM/YYYY)

You have a number of rights concerning your personal information. You can ask for a person to review an automated decision, and in certain circumstances to:

- **access** the personal information we hold about you
- **correct** personal information
- have your personal information **deleted**
- **restrict** us processing your personal information
- receive your personal information in a **portable** format, and
- **object** to us processing your personal information.

If you want to find out more or exercise these rights, contact Life Customer Support, LV=, County Gates, Bournemouth, BH1 2NF or email us at LifeCustomerSupport@LV.com.

You can contact us about data protection at: Data Protection Officer, Liverpool Victoria Financial Services Limited, County Gates, Bournemouth, BH1 2NF or dpo@LV.com.

This page is left intentionally blank.

Payment details



The Direct Debit Guarantee – To be retained by the applicant(s)

- 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 Liverpool Victoria Financial Services Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Liverpool Victoria Financial Services Limited 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 Liverpool Victoria Financial Services Limited 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 Liverpool Victoria Financial Services Limited 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.

Direct Debit is a simple method of payment and is required in all cases. The instruction conforms to the strict requirements of the clearing banks and you are fully protected by the safeguards under the Direct Debit Guarantee. We will give you advance notice of the payments and details of the guarantee when the risk has been accepted by the underwriter. The direct debit should be completed but not detached.

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



Please fill in the whole form and send it to: LV=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH. **Please ensure you complete all details**

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

To: The Manager
Bank or Building Society
Address
Postcode

Service user number

9	9	0	2	6	2
---	---	---	---	---	---

4. Bank or Building Society account No.

5. Reference (For completion by LV=)

6. Instruction to your Bank or Building Society

Please pay Liverpool Victoria Financial Services Limited 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 Liverpool Victoria Financial Services Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature **X**

--

Date **X**

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

--

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

- - -

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

For financial adviser use only

Please send completed applications to:

LV=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH.

Please tick the relevant boxes.

Was this an advised sale?

Have you provided your agency details?

Have the doctor's details been fully completed?

Have you attached the relevant illustration?

Has the declaration been signed?

Are all the relevant sections filled in?

Is a trust form included?

Commission options

(please tick your preferred option)

Commission Sacrifice or nil commission is not supported for Personal Sick Pay Insurance

Full initial commission indemnified non-indemnified) and renewal commission

Initial commission sacrifice of: % (indemnified non-indemnified)

Nil commission

Source code

Financial adviser stamp and/or agency no:

Adviser name

Adviser email address

For Fastway applications

Will you (the agent) be obtaining all necessary signatures from the customer(s)?

Yes

No

Is this application to be written in trust

Yes

No

If 'yes' once the application has been submitted please forward the trust document clearly marked with the application reference number to LV=, Emperor House, Grenadier Road, Exeter Business Park, Exeter EX1 3LH.

Was this an advised sale?

Yes

No

If you'd like us to send you this document or any future correspondence in another format, such as Braille or large print, please just let us know.

Liverpool Victoria Financial Services Limited: County Gates, Bournemouth BH1 2NF.

LV= and Liverpool Victoria are registered trademarks of Liverpool Victoria Financial Services Limited and LV= and LV= Liverpool Victoria are trading styles of the Liverpool Victoria group of companies. Liverpool Victoria Financial Services Limited, registered in England with registration number 12383237 is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, register number 110035. Registered address: County Gates, Bournemouth, BH1 2NF.

47593-2025 10/25

