Lutine
Assurance Services Limited
Your life is our business.

Proposal Form

Lutine Assurance Services Limited,
PO Box 1189,
Doncaster, DN1 9RP
T: 0344 854 2074
E: lutineassurance@directgroup.co.uk
www.lutine.com

IMPORTANT NOTES REGARDING COMPLETION OF THE PROPOSAL FORM. READ CAREFULLY.

We will use the information you give on this Proposal Form to decide whether we are able to offer you cover, and if so at what terms, or if additional information is required.

You must answer the questions fully and truthfully to the best of your knowledge. If you do not do so, your insurance cover may not protect you in the event of a claim, and your insurance may be invalidated.

If you are in any doubt about whether to provide information when filling in the Proposal Form, please provide the information. If you are unsure about any medical information, you may wish to consult your doctor before completing the Proposal Form.

It remains your responsibility to complete the Proposal Form properly. You cannot assume that your doctor will provide the information we need. Consultations for "colds", "coughs" and "sprains" can be ignored.

You should keep a record of all information supplied with this Proposal Form (including copies of correspondence). A copy of this Proposal Form can be supplied upon request.

The Life/Lives Assured should fully complete the Proposal Form themselves. Where this is not possible, the Life/Lives Assured must read, agree, and amend any disclosures so that they are accurate and complete.

If the Life/Lives Assured wishes, they may return the whole form or specific information to us confidentially, marked 'Private & Confidential' for the attention of our Chief Medical Officer to the address stated above.

Disclosure of any changes since completion of this proposal for the following areas continues until Lutine Assurance has issued Acceptance Terms.

- **Personal health;**
- **Family history;**
- **Occupation;**
- **Travel or Residence;**
- **Hazardous pastimes;**
- **Alcohol consumption;**
- **Smoking habit**
- **Use of recreational drugs (e.g. cocaine, heroin)**

Personal Details Please complete in BLOCK CAPITALS

First Life to be Assured

Title (eg. Mr, Mrs)

Surname

Forename(s)
(In Full)

Date of Birth

No. of years resident in UK

Place of Birth

Address.....

.....

Postcode .....

Daytime Tel. No.....

Home Tel. No.....

Email Address.....

Occupation

What activities/ duties are involved?

Second Life to be Assured

Title (eg. Mr, Mrs)

Surname

Forename(s)
(In Full)

Date of Birth

No. of years resident in UK

Place of Birth

Address.....

.....

Postcode .....

Daytime Tel. No.....

Home Tel. No.....

Email Address.....

Occupation

What activities/ duties are involved?

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Proposed Cover

Please select the type of contract required

Level Term ☐

Renewal Level Term ☐

Gift Inter Vivos ☐

Cover up to 10 years (the overall term including any renewable option must not exceed 10 years).

Please State Sum Assured

Please State Term

If Joint Life please select cover type

Joint Life First Death ☐

Joint Life Second Death ☐

Reason for Cover

Personal		**Business**	
Dependants' Protection	☐	Keyman	☐
Loan	☐	Loan	☐
Lifetime Gift	☐	Management Buy Out	☐
		Partnership Protection	☐
Other (please specify)		Share Purchase	☐

Grantee Details

If the Proposer (Grantee) is not the life to be assured, please complete the following

Name & Address of Grantee.....
.....
.....
Insurable Interest.....

PLEASE REMEMBER TO SIGN THE DECLARATION ON THE SIXTH PAGE

Genetic Information Disclosure

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals £500,000 or less for life insurance. Above this limit, you may need to tell us about certain genetic test results when applying for insurance. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position. These details are also available from the ABI website at www.abi.org.uk/consumer2/disclosure.htm. However, you must tell us if you have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.

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Underwriting Questions

First Life to be Assured

1. Please give your usual doctor's name and address.
(If registered with this doctor for less than 1 year, please ALSO give your previous doctor's name and address in the additional information area.)

.....
.....
.....
Postcode ..... Tel. No. .....

2. Please give your height and weight.

Height ..... ft ..... ins Weight ..... st ..... lbs
OR in ..... Centimetres ..... Kgs
Please confirm your waist measurement ins/cms.....

3. Have you consumed any cigarettes, cigars, pipe tobacco product or used any nicotine replacement product (e.g. patches, chewing gum, electronic cigarettes) within the last 12 months? **Yes** ☐ **No** ☐

4. Have you ever been advised to reduce the amount you drink or have you ever received alcohol related counselling?
Yes ☐ **No** ☐

If yes, please provide the reason

5. Please give your average consumption of tobacco and alcohol

..... cigarettes/cigars/pipe tobacco per week
Delete as appropriate

Type and quantity of alcohol consumed per week
.....
(1 unit = 125ml glass of wine, 1 measure of spirit or 1/2 pint of beer/lager)

Second Life to be Assured

1. Please give your usual doctor's name and address.
(If registered with this doctor for less than 1 year, please ALSO give your previous doctor's name and address in the additional information area.)

.....
.....
.....
Postcode ..... Tel. No. .....

2. Please give your height and weight.

Height ..... ft ..... ins Weight ..... st ..... lbs
OR in ..... Centimetres ..... Kgs
Please confirm your waist measurement ins/cms.....

3. Have you consumed any cigarettes, cigars, pipe tobacco product or used any nicotine replacement product (e.g. patches, chewing gum, electronic cigarettes) within the last 12 months? **Yes** ☐ **No** ☐

4. Have you ever been advised to reduce the amount you drink or have you ever received alcohol related counselling?
Yes ☐ **No** ☐

If yes, please provide the reason

5. Please give your average consumption of tobacco and alcohol

..... cigarettes/cigars/pipe tobacco per week
Delete as appropriate

Type and quantity of alcohol consumed per week
.....
(1 unit = 125ml glass of wine, 1 measure of spirit or 1/2 pint of beer/lager)

If you answer 'Yes' to any question please give full details (including exact diagnosis and dates) under "Additional Information". You can also complete a Medical Conditions Questionnaire in respect of many of the conditions below.
Completion of this form (where relevant) will speed up the underwriting process. You can ask your financial advisor for this form.

First Life to be Assured Yes	First Life to be Assured No		Second Life to be Assured Yes	Second Life to be Assured No
		6. Have you ever had or been diagnosed with any of the following:		
☐	☐	a) Any cancer, leukaemia, Hodgkin's disease, lymphoma, brain or other tumour?	☐	☐
☐	☐	b) Any disorder of the heart or circulatory disorders such as heart attack, angina, heart murmur, heart defects from birth, heart surgery, heart valve defect or cardiomyopathy?	☐	☐
☐	☐	c) Any disorder of the brain such as stroke, brain haemorrhage, transient ischaemic attacks or permanent brain injury?	☐	☐
☐	☐	d) Any neurological disorder such as paralysis, multiple sclerosis, numbness, tingling of the limbs or face, optic neuritis or visual disturbance?	☐	☐
☐	☐	e) Any neurological disorder such as Parkinson's disease, epilepsy, Alzheimer's disease, dementia, cerebral palsy or muscular dystrophy ?	☐	☐
☐	☐	f) Any mental illness that has required hospital treatment or referral to a psychiatrist or other specialist?	☐	☐
☐	☐	g) Any disorder of the digestive system, liver, hepatitis, pancreas or stomach including gastric or duodenal ulcer?	☐	☐
☐	☐	h) Any bowel disorder such as colitis or Crohn's disease?	☐	☐
☐	☐	i) Any form of diabetes or sugar in the urine?	☐	☐

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Underwriting Questions Continued

First Life to be Assured Yes	First Life to be Assured No		Second Life to be Assured Yes	Second Life to be Assured No
		7. In the past 5 years have you had:		
☐	☐	a) Raised blood pressure?	☐	☐
☐	☐	b) Raised cholesterol?	☐	☐
☐	☐	c) Chest pain or irregular heart beat?	☐	☐
☐	☐	d) Any nervous disorders including depression, anxiety, stress, nervous breakdown or any eating disorder?	☐	☐
☐	☐	e) Any musculoskeletal disorders such as gout, rheumatism, any form of arthritis or back and neck problems?	☐	☐
☐	☐	f) Respiratory conditions such as asthma, bronchitis, shortness of breath or any other disorder of the lungs or respiratory system?	☐	☐
☐	☐	g) Any blood disorder or anaemia?	☐	☐
☐	☐	h) Any prostate, kidney or bladder disorder, including blood and/or protein in the urine?	☐	☐
☐	☐	i) Any disorder of the adrenal, pituitary or thyroid glands?	☐	☐
☐	☐	j) Any gynaecological disorder including abnormal smears?	☐	☐
☐	☐	k) Any lump or growth or a mole / freckle that has bled, become painful, increased in size or changed colour?	☐	☐
☐	☐	**8. In the past 5 years have you attended or been asked to attend, any hospital or clinic for medical investigation, x-ray, scan, check up or operation for any medical condition not already disclosed?**	☐	☐
		9. Are you presently:		
☐	☐	a) Suffering from any symptoms / conditions for which you have yet to seek medical advice for?	☐	☐
☐	☐	b) Waiting for any consultation, investigation, test, follow-up or treatment for any medical condition not already disclosed?	☐	☐
☐	☐	c) Taking any prescribed drugs, medicines, tablets or any other treatment / therapy?	☐	☐
		If "yes" please provide full details in the additional information section on the next page.		
		For reasons of confidentiality, you may prefer to send information in respect of questions 10, 11, 12 and 13 directly to the Chief Medical Officer, Lutine Assurance Services Limited, PO Box 1189, Doncaster, DN1 9RP. Ensuring your name and date of birth are given.		
☐	☐	**10**. Have you ever tested positive for HIV / Aids or Hepatitis B, C, or are you awaiting the result of such a test?	☐	☐
☐	☐	**11**. Within the last 5 years have you been exposed to the risk of HIV infection? (This can be caught through unsafe sex, intravenous drug abuse or blood transfusions or surgery undertaken outside the EU). If yes, please provide details in the additional information section, page 5.	☐	☐
☐	☐	**12**. Within the last 5 years have you tested positive or been treated for any disease, which is sexually transmitted?	☐	☐
☐	☐	**13**. Have you ever used recreational drugs or injected non-prescription drugs (e.g. heroin, cocaine, ecstasy, or cannabis)? If yes, please provide details in the additional information section, page 5. (Answering yes to this question will not automatically mean cover cannot be offered).	☐	☐
		14. Have any of your natural parents, brothers or sisters, before the age of 65, suffered from:		
☐	☐	a) Heart disease including angina, heart attack, raised blood pressure, cardiomyopathy?	☐	☐
☐	☐	b) Stroke?	☐	☐
☐	☐	c) Cancer (please confirm the type below)?	☐	☐
☐	☐	d) Diabetes?	☐	☐
☐	☐	e) Polycystic kidney disease?	☐	☐
☐	☐	f) Multiple sclerosis, Parkinson's disease or motor neurone disease?	☐	☐
☐	☐	g) Haemochromotosis?	☐	☐
☐	☐	h) Huntington's disease?	☐	☐
☐	☐	i) Familial adenomatous polyposis?	☐	☐
☐	☐	j) Any other hereditary disorder?	☐	☐
		If yes, please confirm their relationship to you and the age when they were first diagnosed in the additional information section, page 5.		

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Underwriting Questions Continued

First Life to be Assured Yes	First Life to be Assured No		Second Life to be Assured Yes	Second Life to be Assured No
☐	☐	**15.** Within the last 2 years have you resided or travelled outside the European Union, North America or Australasia?	☐	☐
☐	☐	**16.** In the next 12 months do you intend to live, work or travel outside of the European Union, North America or Australasia? **If you have answered yes please ask your financial advisor for a travel questionnaire to complete.**	☐	☐
☐	☐	**17.** Have you any intention of flying (other than as a passenger on recognised airlines) or do you engage in, or have you any intention of engaging in any hazardous sport such as diving, mountaineering or motor sports?	☐	☐
		18. Has any application for life, health, critical illness or medical insurance ever been:		
☐	☐	a) Declined?	☐	☐
☐	☐	b) Postponed?	☐	☐
☐	☐	c) Withdrawn?	☐	☐
☐	☐	d) Accepted on special terms? **If yes, please confirm name of company, type of policy, dates and decision in the additional information section, below.**	☐	☐
☐	☐	**19.** Have you effected, or applied for cover on your life within the last 2 years, or are you making a concurrent application to any other Office(s)? **If yes, please confirm company name, type of policy, the sum(s) assured and decision in the additional information section, below.**	☐	☐

Additional Information Please continue on a separate sheet if necessary

First Life

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Access to Medical Reports Act 1988

(Access to Medical Reports Act 1988/Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.)
We may need to apply for a medical report from your doctor but before doing so we need your consent. Before giving your consent, you should know that you have certain rights under the above Acts.
They are:
1. You can withhold your consent BUT we may not be able to proceed without it.
2. You have the right to see the report before it is returned by the doctor. Please indicate if you wish to do so.
3. If you indicate you wish to see the medical report and we decide that one is required we will inform you of our intention to obtain a report.
We will also notify the doctor that you wish to see the report. You will then have 21 days to make arrangements with the doctor to see the report.
The doctor can charge a reasonable fee for this service.
4If you indicate you do not wish to see the report, you can change your mind but you must inform the doctor immediately. You will then have 21 days to make arrangements to see it before the report is returned to Lutine.
5 You can also see the report up to six months after it has been provided to Lutine, even if you elected not to see it initially.
6If you consider the report (or any part of it) to be misleading you can add a statement of your own.
7 The doctor can withhold the report (or part of it) from you if he feels it is in your interests to do so.

Data Protection

The 1998 Data Protection Act places responsibilities on people and organisations who use personal information. The Act has particular regard to the right of the individual. It includes the right for individuals to have their information protected and imposes special conditions and rights if this information is classified as “sensitive”.
“Sensitive personal information” is defined by the Act as comprising information about racial or ethnic origin, health, religious beliefs, sexual life, convictions or sentences, and trade union membership. Our interest is restricted to the categories of health and sexual life for underwriting purposes. Any information collected from you by our Underwriters will be carefully protected and any details which could be defined as "sensitive” as above will receive extra protection. We may, however, pass on information to our reassurers, and other individuals or groups, for example, medical practitioners, who may be involved in the processing of this proposal for assurance.
“Sensitive” information relating to your proposal for assurance may not be processed without your explicit consent. Should your consent of the processing of sensitive information not be given, it may not be possible to underwrite your proposal. Therefore would you please indicate your consent to such processing by signing the declaration section. All information provided may be retained for up to seven years from the date of your proposal or when you cease to be a policyholder with us.

Declaration and Consent

A copy of the Certificate wording and completed proposal is available through your broker or financial adviser.

I/We, the Life/Lives to be Assured, and (if different) the Grantee, declare that the answers given in the Proposal Form are honest and to the best of my/our knowledge true and that I/we have not withheld any information which may influence the acceptance of my/our proposal. I/We agree that this Proposal Form will form part of my/our application for insurance and understand that the terms of the Certificate to be issued in respect of this proposal shall be dependent upon the answers given and statements made in this proposal and made by the Life/Lives to be Assured to any medical examiner appointed by Lutine Assurance. I/We undertake to inform Lutine Assurance of changes to these statements which occur after the proposal form has been completed and signed by me/us, up to the date it is accepted by Lutine Assurance. If Lutine Assurance require any further information from me/us, I/we undertake to inform Lutine Assurance of changes to these statements which occur until that additional information is received from me/us and accepted by Lutine Assurance. I/We understand that failure to do so may affect the validity of the contract. In respect of joint life cases this obligation continues until both lives assured have been accepted by Lutine Assurance.

I/We, the Life/Lives to be Assured consent to Lutine Assurance seeking medical information, including the result of any HIV test, from any Insurance Office to which a proposal has been made for assurance on my/our Life/Lives and I/we authorise the giving of such information.

I/We have been informed of my/our statutory rights under the Access to Medical Reports 1988/Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, as explained overleaf, and, in connection with the insurance currently applied for, hereby consent to Lutine Assurance Services Limited, seeking medical information from any doctor who at any time has attended me/us concerning anything which affects my/our physical or mental health, and I/we agree that a copy of consent shall have the validity of the original. I/We understand that this authority shall continue after my/our death.

If you do NOT wish requests for medical information to go via the sales intermediary please tick this box. ☐

First Life to be Assured
I do not* wish to see the report before it is sent to Lutine
* Please delete the word “not” if you wish to see the report

Signature of First Life to be Assured

Date:

Second Life to be Assured
I do not* wish to see the report before it is sent to Lutine
* Please delete the word “not” if you wish to see the report

Signature of Second Life to be Assured

Date:

Signatures of Grantee
(Person(s) effecting the Assurance if other than Life Assured)
Name and address should be under ‘Reason for Cover’ on page 2.

Date:

Premium Frequency

- ☐ Monthly
- ☐ Annually
- ☐ Single

Method of Payment

- ☐ Direct Debit
- ☐ Cheque
- ☐ Credit Card

Credit Card No. _____

Issue Date _____

Exp. Date _____

Please note we do not accept American Express

1. Single premiums should normally be paid by Credit Card for all terms less than 1 year.
2. Monthly premiums must be paid by Direct Debit and are only available if the life assured is not over age 77 at entry, or over age 69 at entry for Gift Inter Vivos contracts.

ENSURE YOU SIGN AND DATE THE DECLARATION SECTION (AND DIRECT DEBIT MANDATE IF APPROPRIATE)

This guarantee should be detached and retained by the Payer.

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 Lutine Assurance Services Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed.**
  If you request Lutine Assurance 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 Lutine Assurance 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 Lutine Assurance 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.

✂

Lutine Assurance Services Limited
Your life is our business.

Instructions to your Bank or Building Society to pay Direct Debits

Service User Number

9	4	0	7	4	9

Please fill in the whole form and send it to:

Lutine Assurance Services Limited, Quay Point, Lakeside Boulevard, Doncaster DN4 5PL

1. Name(s) of account holder(s) _____

2. Branch Sort code (from top right hand corner of your cheque) ☐☐ ☐☐ ☐☐

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

To: The Manager

Bank or Building Society

Address

Postcode

4. Bank or Building Society Account Number ☐☐☐☐☐☐☐☐

Lutine Assurances Services Limited Reference Number _____

For Head Office Use Only

Instruction to your Bank or Building Society

Please pay Lutine Assurance 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 Lutine Assurance Services Limited and, if so, details will be passed electronically to my bank/building society.

Signatures(s)

Date:

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

NO ACKNOWLEDGEMENT REQUIRED

Broker checklist to be completed to ensure the proposal is sent to us only when fully complete.
By sending an incomplete proposal form you will delay the placement of this risk and increase your and our administration costs:

1) Are all sections complete?	**YES/NO**
2) If any questions have been answered 'yes' have full details, as requested in the question, been given?	**YES/NO**
3) Have all appropriate questionnaires been obtained and completed fully?	**YES/NO**
4) Has the declaration been signed and dated?	**YES/NO**
5) Has any relevant medical evidence that the life assured holds been provided?	**YES/NO**
6) Has any financial evidence as stated in the quotation been provided?	**YES/NO**

AGENCY STAMP / DETAILS

Lutine
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Telephone: 0344 854 2074
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