

Enhanced Annuity Investigation Form

Lifestyle, smoking habits and medical conditions both past and present can all affect your normal life expectancy and in some cases lead to better than normal annuity payments. By completing the following section you will enable us to forward that information on to the insurers. Those insurers will assess whether or not you are entitled to improved annuity rates. It is important to note that any entitlement to an improved annuity rate will be based on a possible reduction in your life expectancy and not your quality of life. Every case will be assessed on an individual basis.

Lifestyle

You Height: <input type="checkbox"/> feet/metre <input type="checkbox"/> inches/cm Weight: <input type="checkbox"/> stone/kg <input type="checkbox"/> pounds/grams Occupation: <input style="width: 100%;" type="text"/>	Dependant Height: <input type="checkbox"/> feet/metre <input type="checkbox"/> inches/cm Weight: <input type="checkbox"/> stone/kg <input type="checkbox"/> pounds/grams Occupation: <input style="width: 100%;" type="text"/>
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Are you a smoker who is currently smoking an average of 10 or more cigarettes a day and who has been a regular smoker for at least ten years?

You <input type="checkbox"/> Yes <input type="checkbox"/> No Type and amount: <input type="checkbox"/> Cigarettes..... number per day: <input type="checkbox"/> <input type="checkbox"/> Rolling Tobacco... Oz/g per day: <input type="checkbox"/> <input type="checkbox"/> Pipe number per day: <input type="checkbox"/> <input type="checkbox"/> Cigar number per day: <input type="checkbox"/>	Dependant <input type="checkbox"/> Yes <input type="checkbox"/> No Type and amount: <input type="checkbox"/> Cigarettes..... number per day: <input type="checkbox"/> <input type="checkbox"/> Rolling Tobacco... Oz/g per day: <input type="checkbox"/> <input type="checkbox"/> Pipe number per day: <input type="checkbox"/> <input type="checkbox"/> Cigar number per day: <input type="checkbox"/>
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Health

Have you ever been diagnosed or suffered from an illness or condition which you think could affect your normal life expectancy? (e.g. diabetes, high blood pressure, high cholesterol, etc).

You <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, would you please provide us with brief details of the illness as well as any medication you may have been prescribed (please continue on a separate page if necessary): <input style="width: 100%; height: 80px;" type="text"/>	Dependant <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer is yes, would you please provide us with brief details of the illness as well as any medication you may have been prescribed (please continue on a separate page if necessary): <input style="width: 100%; height: 80px;" type="text"/>
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I agree that the information contained in this form may be processed for the purposes of providing an annuity quotation. I consent to this information being disclosed to potential annuity providers and our appointed advisers and administrators.

You Signed: <input style="width: 100%;" type="text"/> Dated: <input style="width: 100%;" type="text"/>	Dependant Signed: <input style="width: 100%;" type="text"/> Dated: <input style="width: 100%;" type="text"/>
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