ReAssure

# PROTECT
# FIRST TIME COVER
# APPLICATION FORM

HOW TO USE THIS FORM

This form can be used to apply for a Protect critical illness policy using the First Time Cover option.

When completing this form please:

- use BLOCK CAPITALS only
- use blue or black ink
- tick boxes as appropriate
- ensure the life covered and policy owners sign the form as appropriate.

If any relevant sections are incomplete, we will write to you and ask you for the missing information, which may delay the application.

Please initial any changes or corrections made to the answers given on the form.

Your application should be sent to:

ReAssure
Old Mutual House
Portland Terrace
Southampton
SO14 7AY

## FOR ADVISERS (ONLY IF YOU HAVE CHOSEN TO APPLY THROUGH A FINANCIAL ADVISER)

Is this an advised sale? ◯ Yes ◯ No

Agency name

Adviser name

Address

Postcode

ReAssure broker number *(if known)*

Adviser reference *(you can add your own reference here)*

Contact name

Telephone number

Email

## COMMISSION (ONLY IF YOU HAVE CHOSEN TO APPLY THROUGH A FINANCIAL ADVISER)

Do you want to waive commission? (3) ◯ Yes ◯ No

Percentage to waive ____ %

## QUOTE DETAILS

Quote reference

You'll find this in the bottom right hand corner of the "key features illustration".

Quote date

Please attach a copy of the quote if you have one.

Are you enclosing a cheque with this application? ◯ Yes ◯ No

**IMPORTANT INFORMATION**

If someone else completes the form for you, for example your financial adviser, please check that all the details are correct.

Please answer all the questions in this form honestly and in full. If you miss any information out, or give us misleading information, we may not be able to pay a claim, and it could result in cancellation of all the cover under your policy. It could also cause a delay in starting your cover. If you are not sure whether a particular fact is relevant, you should include it. Your Key Features Document explains how Protect works and contains explanations of any terms that may be unfamiliar.

You must tell us in writing if either of the following changes before the policy starts:

- your occupation
- where you live.

## DETAILS OF THE PARENT'S POLICY OR POLICIES

Policy number/s

| | LIFE 1 | LIFE 2 |
|---|---|---|
| Title | | |
| Full forename | | |
| Surname | | |

### 1. LIFE COVERED (THE PERSON ELIGIBLE FOR FIRST TIME COVER)

◯ Mr ◯ Mrs ◯ Miss ◯ Other

First name(s)

Surname

Gender (3) ◯ Male ◯ Female

Date of birth

Smoker ◯ Yes ◯ No

Occupation

Administrative duties ____ % Manual duties ____ %

**IMPORTANT INFORMATION**

We class you as a smoker if you have used any of the following in the last 12 months:

- Cigarettes
- Cigars
- Other tobacco (such as a pipe)
- E cigarettes
- Other nicotine replacement products

(continued)

## 1. LIFE COVERED (THE PERSON ELIGIBLE FOR FIRST TIME COVER) (continued)

Marital status (3)
- ○ Single
- ○ Married
- ○ Civil Partner
- ○ Widowed
- ○ Divorced
- ○ Separated

Email address

Home telephone number

Work telephone number

Mobile telephone number

Address

Country

Postcode

**IMPORTANT:** PLEASE PROVIDE A COPY OF YOUR BIRTH CERTIFICATE.
YOU NEED TO APPLY WITHIN SIX MONTHS OF YOUR 22ND BIRTHDAY.

## 2. POLICIES REQUIRED

Policy type (3)
- ○ Critical illness with life cover
- ○ Critical illness only

Policy term (3)
- ○ Fixed — years
- ○ Rolling

Amount of cover
*(The maximum cover is £25,000 if one parent has cover or £50,000 if both parents have cover.)*
£

Premium
£

Premium frequency
- ○ Monthly
- ○ Yearly

Collection date
You can choose a collection date between the 1st and 28th of the month
*(If no date is specified, collection will be made on 1st of the month)*

## 3. OPTIONAL BENEFITS – EXTRA COST (If you do not complete this section we will assume the answers are 'no')

Premium protection benefit (3)
- ○ Yes
- ○ No

Total permanent disability benefit (3)
- ○ Yes
- ○ No

Cover reinstatement option (3)
- ○ Yes
- ○ No

## 4. OPTIONAL BENEFITS – NO COST (If you do not complete this section we will assume the answers are 'no')

Automatic inflation option (3)
- ○ Yes
- ○ No

Instalment option (3)
- ○ Yes
- ○ No

## 5. POLICY OWNER

**Only complete this section if the policy owner is someone else. (Policy owners must be at least 18 years of age)**

| | OWNER 1 | OWNER 2 |
|---|---|---|
| Relationship to the life assured ('insurable interest'). (3) | ◯ Spouse<br>◯ Civil partner<br>◯ Co-habitant – mortgage/loan<br>◯ Co-habitant – dependent child<br>◯ Ex-spouse – maintenance<br>◯ Parent | ◯ Spouse<br>◯ Civil partner<br>◯ Co-habitant – mortgage/loan<br>◯ Co-habitant – dependent child<br>◯ Ex-spouse – maintenance<br>◯ Parent |
| Title (3) | ◯ Mr ◯ Mrs ◯ Miss<br>◯ Other | ◯ Mr ◯ Mrs ◯ Miss<br>◯ Other |
| First name(s) | | |
| Surname | | |
| Address | <br><br><br>Country<br>Postcode | <br><br><br>Country<br>Postcode |
| Email address | | |

## 6. START DATE AND TRUST INFORMATION

**Please choose one of the following three options:**

1. Start the cover on the following date: | | | | | | | | |
2. Start the cover as soon as it is accepted ◯
3. I'll tell you the start date later ◯

Are you putting your plan into a trust? ◯ Yes ◯ No

If 'Yes', do you want us to delay starting the cover until you send us the trust form? ◯ Yes ◯ No

## 7. DECLARATION AND APPLICATION

Any omission or misstatement in this application form could affect the payment of benefits under the policy/policies.

You must inform us in writing of any changes occurring before the policy starts; such as a change of address or an actual or intended change of occupation.

If you are uncertain whether a fact is relevant, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

**Declaration – by the person insured/each person insured**

a) I declare that to the best of my knowledge and belief the statements made in this application and any related documents are true and complete.

b) I understand that if any statement is inaccurate, and this affects your assessment of the insurance risk, my plan may be declared void.

c) I undertake to inform you in writing of any changes occurring before the cover starts, and I understand that failure to do so may result in a proposed policy being rendered void so that no sum assured or other benefits will be payable.

**Application – by the person or people who will own the plan**

I apply for Protect policy/policies securing the benefits shown in sections two to four and request that the policy be issued in my name as policy owner and legal owner (jointly with the other policy owner, if any).

**To: ReAssure Life Limited**

I/We agree that you may use my personal data including any sensitive personal data ('my data') to process my application and to service my plan.

I/We confirm if each person insured has not signed this application, that I/we have obtained the consent of each person insured to this personal data statement and are signing the application as his/her agent as well as applicant.

I understand that:

- You may provide my data, by electronic or other means, to:
  - other companies within ReAssure group of companies if you regard this as necessary to service my plan
  - my adviser
  - a third party to verify my identity in line with money laundering or other requirements which may involve carrying out checks with credit reference databases
  - third parties who perform tasks for you to help you service my plan. These third parties may be based in countries outside the EEA. I understand that these countries may not have laws to protect my data equivalent to those of the UK. However, I understand that you will ensure that any such third parties agree to treat my data with the same level of protection as if you were dealing with it.
- To prevent and detect fraud you may:
  - share my data with other organisations, including the police
  - check and/or file my data with fraud prevention agencies and databases, and if I give you false or inaccurate information and you suspect fraud, you will record this.
- You and other companies within the ReAssure group of companies may use my data for assessment and statistical analysis purposes.
- My data may be made available to third parties where required by law, court order or regulation.
- On payment of a small fee, I am entitled to receive a copy of my data which is subject to the Data Protection Act 1998.
- I also have the right to require you to correct any inaccuracies in my data. In such circumstances I can contact you at ReAssure Life Limited, Old Mutual House, Portland Terrace, Southampton, SO14 7AY.

**Signatures**

Signature of the life covered _____ Date _____

Signature of the first policy owner *(if different)* _____ Date _____

Signature of the second policy owner *(if different)* _____ Date _____

If the application was NOT signed in the UK, in which country was it signed?

_____

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DIRECT Debit

# DIRECT DEBIT INSTRUCTION

Please complete and return this form to authorise us to collect Direct Debits for your policy.

NOTE

- Direct Debit collections will show on your bank statement as ReAssure Life Limited.
- Please complete the details below in BLOCK CAPITALS with blue or black ink.
- We will insert the 'Reference' on the Direct Debit instruction; please leave this blank.
- Send the completed form to us at the address shown below; do not send it direct to your bank.

## Policy details

Name(s) of the policy owner

Policy number

## Third party payer details

This section must be completed with details of any third party paying for your direct debit investment.
The data may be made available to a third party for the purpose of verifying the identity in accordance with Money Laundering Regulations.
In some circumstances the policy owner may be the only person permitted to pay premiums. Please contact ReAssure If you have any queries about this.

Full name(s)/Company name

Permanent UK residential/ registered office address

Date of birth (dd/mm/yyyy)

Company registration number (UK companies only)

Contact number ▶ in case of query

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## Instruction to your bank or building society to pay by Direct Debit

**Please complete the form and send to:**
ReAssure, Old Mutual House, Portland Terrace, Southampton SO14 7AY.

Name and full postal address of bank or building society

To: The Manager bank/building society

Address

Postcode

Name(s) of account holder(s)

Bank or building society account number

Branch sort code - -

Service user number

| 7 | 6 | 8 | 2 | 4 | 2 |
|---|---|---|---|---|---|

Reference number

**Instruction to your bank or building society**

Please pay ReAssure Life 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 ReAssure Life Limited and, if so, details will be passed electronically to my bank/ building society.

Signature(s) Date

/ /

/ /

Banks and building societies may not accept Direct Debit Instructions for some types of account.

### The Direct Debit Guarantee.

DIRECT Debit

- 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, ReAssure Life Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request ReAssure Life Limited to collect a payment, confirmation of the amount and the 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 ReAssure Life 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 ReAssure Life 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.
- This Guarantee should be detached and retained by the payer.

**ReAssure**
PO Box 37
Old Mutual House
Portland Terrace
Southampton
SO14 7AY
**T**: 0808 171 2600

**www.reassure.co.uk**

ReAssure Life Limited, Registered Office: Windsor House, Telford Centre, Telford, Shropshire, TF3 4NB.

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Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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