

Annuity Quotation Request

Tel: 01603 869988

Fax: 0871 263 9242

Please complete all questions as fully as possible. If you are not sure, please call us

A) Personal Details:

Details about You

About your dependant

Name:

Address:

Date of Birth (DD/MM/YY):*

Are you Male or Female: *

Height (ft/ins or cms):*

	cms	Ft	Ins
--	-----	----	-----

	cms	Ft	Ins
--	-----	----	-----

Weight (st/lbs or kgs):*

	Kg	St	Lbs
--	----	----	-----

	Kg	St	Lbs
--	----	----	-----

What was your main occupation during your working life?*

Your Medical Details

(If this questionnaire is not completed we can't try to get you an enhanced annuity rate)

The amount of pension paid from a pension annuity policy can be increased for individuals who have certain medical or lifestyle conditions. The following sections should be completed by you and your spouse (if a dependant's pension is to be provided) and should take only a few minutes to complete, to determine whether an enhanced annuity is available. Information marked with an asterisk (*) must be completed.

B) Lifestyle Conditions

You

Your spouse

1. Are you currently a smoker and have been for the last 10 years?*

Yes No

Yes No

2. Please advise the average number of:*

a) Manufactured cigarettes you smoke per day

b) Cigars OR ounces/grams of pipe tobacco you smoke per day

c) Ounces/grams of cigarette tobacco you smoke per day

3. If you suffer from high blood pressure please advise:

a) BP readings POST medication (systolic/diastolic) if known

b) Names of prescribed medications taken for high blood pressure per day

4. If you suffer from high Cholesterol please advise:

a) Cholesterol level POST medication (mmol/l) if known

b) Names of prescribed medications taken for high

Please list the names of all current medications:

If you have suffered any other medical condition (e.g. diabetes, cancer, heart disease) please complete section C)

C) Medical History

Please give full name of medical conditions and answer all applicable questions 1 – 9.

	Details About You	About your dependant
Condition 1	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Condition 2	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
Condition 3	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>

	Condition 1	Condition 2	Condition 3	Condition 1	Condition 2	Condition 3
1. When did you last suffer symptoms or receive treatment for this condition?						
a) 0-6 months ago	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) 7-24 months ago	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) 25-60 months ago	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
d) More than 60 months ago	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
2. How long have you suffered from this condition?						
a) 0-12 months	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) 13-60 months	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) 61-120 months	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
d) More than 120 months	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
3. When were you last hospitalised for this condition?						
a) Never	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) 0-12 months ago	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) 13-60 months ago	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
d) More than 60 months ago	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
4. What treatment have you received in the last 2 years for this condition?						
a) Nothing	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) 1 - 2 prescribed medications daily	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) 3 + prescribed medications daily	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
d) Special treatment e.g. Surgery Radiotherapy, Chemotherapy or Renal Dialysis	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
5. Concerning your mobility, in respect of this condition are you?						
a) Fully independent	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) Able to walk only with assistance, e.g. stick, frame	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) Permanently and irreversibly Wheelchair bound	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
d) Permanently and irreversibly in need of daily nursing care	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
e) Permanently and irreversibly bedridden	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>

D) If you have diabetes, please also answer the following questions

6. What type of diabetes do you have?		
a) Controlled by diet only	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) Non insulin dependent diabetes	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) Insulin dependent diabetes	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
7. Do you have any of the following related conditions due to your diabetes?		
a) Kidney disease	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) Eye disease	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) Heart disease	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
d) Poor circulation	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
8. If you have insulin dependent diabetes, how many times do you take insulin per day?		
a) One	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
b) Two	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>
c) Three	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>	<div style="border: 1px solid black; width: 30px; height: 15px;"></div>

d) Four or more

9. When were you first diagnosed with diabetes? (Please give date)

E) Declaration – PLEASE ENSURE THIS SECTION IS COMPLETED

If you look like you may qualify for an enhanced annuity, the annuity provider may obtain a general practitioner's report from the doctor detailed by each of you to confirm the details given in this application. The annuity will commence on the basis of the information that each of you have provided. If our medical investigations show that the details that make either of you eligible for an enhanced annuity are incorrect, we may cancel the policies under this application or reduce the annuity in payment. Any over-payment will be recovered from future payments.

Your rights under the Access to Medical Reports Act 1988 are detailed below and we would ask that each of you having read your rights to then independently indicate your wishes below:

Before a provider may obtain a report from your doctor we are required to inform you of your rights under the Access to Medical Reports Act 1988, under which you may exercise your rights as follows;

- (a) you have the right to see the general practitioner's report before it is sent, or during the six months after that;
- (b) you have the right to withhold your consent to your doctor sending a general practitioner's report to the provider, and;
- (c) you have the right to ask your doctor to change any parts of the general practitioner's report you consider to be inaccurate or misleading (if your doctor is not in agreement with the changes you may add your own comments to the general practitioner's report).

You should be aware that your doctor can withhold the general practitioner's report or part of it from you if he believes you would be harmed by seeing it.

I have been advised of my rights under the Access to Medical Reports Act 1988 and consent to an annuity provider selected by Asset Investment Management Ltd seeking medical information concerning my physical or mental health from any doctor who has attended me at any time. I consent to the release of this information to the selected provider. I agree that a copy of this consent shall have the validity of the original.

I/We confirm that to the best of my/our knowledge and belief the above details are true and complete and this questionnaire shall form part of my application for a pension annuity. I confirm that all facts that might be important in assessing the policies under this application have been provided. I understand that if I have failed to give all relevant facts, the annuity provider may cancel the policies under this application. If I have any doubts as to whether a fact is relevant I will disclose it.

DATA PROTECTION ACT 1998

I understand that any information provided in this application, including medical details, will be held by the annuity provider and used to set up and administer the policy.

Details About You

Doctor's Name:

Doctor's Address:

Postcode:

Doctor's Telephone Number:

I do not wish to see the general practitioner's report before it is sent to the annuity provider (I am aware that I may approach my doctor with a request to see a copy of the general practitioner's report within 6 months of it's completion).

I wish to see the general practitioner's report before it is sent to the annuity provider

Print Name:

Signature Annuitant:

Date:

About your dependant

Doctor's Name:

Doctor's Address:

Postcode:

Doctor's Telephone Number:

I do not wish to see the general practitioner's report before it is sent to the annuity provider (I am aware that I may approach my doctor with a request to see a copy of the general practitioner's report within 6 months of it's completion).

I wish to see the general practitioner's report before it is sent to the annuity provider

Print Name:

Signature Dependant:

Date:

Now please return this to us at

Freepost RRKY-SLJR-EJZK
Asset Investment Management Ltd
Drayton Old Lodge
Drayton High Road
Drayton
Norwich
NR8 6AN

This will be held confidentially and details will only be disclosed to enhanced annuity providers for the purposes of underwriting