भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

UK Branch, York House, Empire Way, Wembley, Middlesex HA9 0PX

Phone: 08000 685712, 020 3372 6900 • Fax: 020 8902 5281 • Website: www.liciuk.com

Application Form

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Application Form

Adviser _____

SINGLE OR FIRST JOINT APPLICANT

Title: Mr/Mrs/Ms/Miss/Dr/Other

First Name

Middle Name

Last Names

Address

Post code ☐☐☐☐ ☐☐☐☐

Address Start Date:

Tel. No. (Residence)

(Mobile)

Email id:

For your information please see Data Protection Notice overleaf)

Date of Birth

☐☐ ☐☐ ☐☐☐☐

(you must be over 18 years of age.)

☐ Male ☐ Female (Please put ✓)

Martial Status

Occupation

Are you a UK resident? ☐ Yes ☐ No (Please put ✓)

If YES, your National Insurance No. _____

If NO, your country of residence: _____

Do you already hold any policies with LICI?

☐ Yes ☐ No (Please put ✓)

If yes, please state policy number(s)

SECOND APPLICANT
(Only for Bonus Builder Joint Life Savings Plan)

Title: Mr/Mrs/Ms/Miss/Dr/Other

First Name

Middle Name

Last Names

Address

Post code ☐☐☐☐ ☐☐☐☐

Address Start Date:

Tel. No. (Residence)

(Mobile)

Email id:

For your information please see Data Protection Notice overleaf)

Date of Birth

☐☐ ☐☐ ☐☐☐☐

(you must be over 18 years of age.)

☐ Male ☐ Female (Please put ✓)

☐ Male ☐ Female (Please put ✓)

Relationship: Start Date:

Occupation

Are you a UK resident? ☐ Yes ☐ No (Please put ✓)

If YES, your National Insurance No. _____

If NO, your country of residence: _____

Do you already hold any policies with LICI?

☐ Yes ☐ No (Please put ✓)

If yes, please state policy number(s)

CAPITAL INVESTMENT BOND **(You must be age 18 or above)**

Amount to be invested (minimum £5,000 or £2,000 if existing capital investment bondholder or if reinvestment)

Defensive Managed Fund £_____ (Minimum £1,000 per fund)

Balanced Managed Fund £_____ (Minimum £1,000 per fund)

Bond Managed Fund £_____ (Minimum £1,000 per fund)

Cheque enclosed £_____

Payable to "**LICI UK**" (For Capital Investment Bond application only go straight to page 8)

CAPITAL WITH PROFITS BOND

(You must be between the ages of 18 and 59)

Single Contribution £_____

(minimum £5,000 or £2,000 if you already hold an LICI bond or are reinvesting maturity monies)

Term of Plan (Please tick box) ☐ 5 years ☐ 10 years ☐ 15 years ☐ 20 years

(Maximum age at maturity 74 years)

BONUS BUILDER SAVINGS PLAN

(Minimum 10 years, maximum 30 years and maximum age at maturity 75 years)

Contribution and Frequency

Monthly (Minimum £50) £_____ Yearly (Minimum £600) £_____

Sum Assured (Minimum guaranteed cash amount £6000) £_____

Terms of the Policy_____

Please tick the box if you wish to include Accidental Death Benefit YES ☐ NO ☐

HIGH START BONUSBUILDER SAVINGS PLAN

(You must be between the ages of 18 and 59)

Initial Contribution and Frequency

Monthly (Minimum £50) £_____ (After 5 years) £_____

Annual (Minimum £600) £_____ (After 5 years) £_____

Term of Plan (Please tick (✔)) ☐ 10 years ☐ 15 years ☐ 20 years ☐ 25 years

(Minimum 10 years, Maximum 25 years and maximum age at maturity 74 years)

Option to reduce ☐ ½ (10 year term only) ☐ ⅓ ☐ ¼ ☐ ⅕

Contributions after 5 years of the initial basic contribution (please tick as applicable)

Please tick the box if you wish to include Accidental Death ☐

SPECIAL HIGH START BONUSBUILDER SAVINGS PLAN

(You must be between the ages of 18 and 59)

Initial Contribution and Frequency

Monthly (Minimum £50) £_____ (After 5 years) £_____

Annual (Minimum £600) £_____ (After 5 years) £_____

(Minimum guaranteed cash amount £6,000)

Term of Plan (Please tick(✔)) ☐ 15 years ☐ 20 years ☐ 25 years

(Minimum 15 years, Maximum 25 years and maximum age at maturity 74 years)

Please tick the box if you wish to include Accidental Death ☐

SINGLE OR FIRST JOINT APPLICANT

1. Are you receiving or waiting to receive any form of medical advice or treatment including tablets, diet, medicines, inhalers or injections, whether prescribed or not, for any medical or psychiatric condition. ☐ Yes ☐ No

2. Have you ever had any serious illness, injury, or any operation or is there a family history of prolonged or serious illness? ☐ Yes ☐ No

3. Have you tested positive for HIV/AIDS or hepatitis B or C, or have you been tested or treated for other sexually transmitted diseases or are you awaiting the results of such a test? ☐ Yes ☐ No

4. Do you belong to, or have you ever belonged to, or been a sexual partner of, any of the following currently recognised AIDS high risk groups: homosexual, bisexual, intravenous drug user, haemophiliac or recipient of blood or blood products outside of the UK or a sexual partner of any one who are or has been HIV positive? ☐ Yes ☐ No

   If you have answered yes to question 3 and / or 4, confidentially, details may be submitted in a sealed envelope addressed to **LICI UK, 10th Floor, York House, Empire Way, Wembley, HA9 OPX** and attached to this application.

5. Has any application for life insurance, critical illness or health insurance on your life ever been declined, postponed or accepted at an increased premium or on special terms? ☐ Yes ☐ No

6. Do you expect to live abroad or take part in private aviation or hazardous pursuits? ☐ Yes ☐ No

   If yes, please provide further details

   _____

   _____

7. Please state your height _____ your weight_____

8. Please give details of the doctor who holds your medical records

   Name Dr _____

   Address _____

   _____

   Postcode _____

   Telephone number _____

SECOND APPLICATION (JOINT PLANS ONLY)

1. Are you receiving or waiting to receive any form of medical advice or treatment including tablets, diet, medicines, inhalers or injections, whether prescribed or not, for any medical or psychiatric condition. ☐ Yes ☐ No

2. Have you had any serious illness, injury, or any operation or is there a family history of prolonged or serious illness? ☐ Yes ☐ No

3. Have you tested positive for HIV/AIDS or hepatitis B or C, or have you been tested or treated for other sexually transmitted diseases or are you awaiting the results of such a test? ☐ Yes ☐ No

4. Do you belong to, or have you ever belonged to, or been a sexual partner of, any of the following currently recognised AIDS high risk groups: homosexual, bisexual, intravenous drug user, haemophiliac or recipient of blood or blood products outside of the UK or a sexual partner of any one who are or has been HIV positive? ☐ Yes ☐ No

   If you have answered yes to question 3 and / or 4, confidentially, details may be submitted in a sealed envelope addressed to **LICI UK, 10th Floor, York House, Empire Way, Wembley, HA9 OPX** and attached to this application.

5. Has any application for life insurance, critical illness or health insurance on your life ever been declined, postponed or accepted at an increased premium or on special terms? ☐ Yes ☐ No

6. Do you expect to live abroad or take part in private aviation or hazardous pursuits? ☐ Yes ☐ No

   If yes, please provide further details

   _____

   _____

7. Please state your height _____ your weight_____

8. Please give details of the doctor who holds your medical records

   Name Dr _____

   Address _____

   _____

   Postcode _____

   Telephone number _____

SUPPLEMENTARY QUESTIONNAIRE

(NOT APPLICABLE TO THE CAPITAL INVESTMENT BOND)

If you have answers yes to any of the above questions please give further details by completing the form below. If there is insufficient room please use a blank sheet of paper for any further details, ensuring that you also add your full name and address.

1st or only Life Assured	2nd or Joint Life Assured
1. Name of condition	7. Name of condition
2. Date of first symptoms	8. Date of first symptoms
3. Description of symptoms	9. Description of symptoms
4. Are the conditions or symptoms on going?	10. Are the conditions or symptoms on going?
5. What medication are you takinig (if any)?	11. What medication are you takinig (if any)?
6. What investigations have been carried out and what were the results?	12. What investigations have been carried out and what were the results?

DECLARATION AND CONSENT

(NOT APPLICABLE TO THE CAPITAL INVESTMENT BOND)

IMPORTANT

Before signing the declaration please ensure that you have read and understood your rights regarding access to your medical records as explained overleaf and note that failure to disclose all material facts may influence the assessment and acceptance of your application or constitute grounds for the rejection of a claim. If in doubt, the facts should be disclosed.

I/We* hereby apply to LICI for the above contract on my life and declare that all answers given are, to the best of my/our knowledge and belief, true and complete, and that I/we have not withheld any material information that may influence the assessment or acceptance of this application. I/we understand that failure to do so may invalidate any future claim.

I/We* agree that all statements made by me in connection with this application shall form the basis of the contract between myself and LICI.

I/We* agree to inform LICI immediately if there is any change in my/our health or personal circumstances before commencement of the contract.

I/We* consent to LICI seeking medical information from any doctor who has at any time attended me concerning anything which affects my physical or mental health, or seeking medical information from any insurance company to which an application has been made on my/our life and I/we authorise the giving of such information.

I/We* have been informed of my statutory rights under The Access to Medical Reports Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, as explained overleaf, and I/we agree that a copy of this consent shall have the same validity as the original.

* Delete as necessary

Credit Reference Agencies
We may obtain information about you from agencies dealing with verification of identity and anti money laundering and fraud prevention processes.

Keeping you informed
We would like to keep you informed by letter or email or by phone about products, services and additional benefits that we believe may be of interest to you. If you do not want us to do this, please place a cross in this box. ☐

Giving your consent
By signing this application you are agreeing that we may use your information in the way described in this form (including the "Keeping you informed" section) and in the associated Terms and Conditions.

SINGLE OR FIRST – JOINT APPLICANT

I do not * wish to see the medical report before it is sent to LICI
(* If you wish to see your medical report before it is sent to LICI please delete the word 'not')

Signature - (1st Joint Applicant)

Date _____/_____/_____

SECOND APPLICANT – (JOINT LIFE ONLY)

I do not * wish to see the medical report before it is sent to LICI
(* If you wish to see your medical report before it is sent to LICI please delete the word 'not')

Signature 2nd Applicant(Joint Life only)

Date _____/_____/_____

A copy of the policy conditions and/or application form is available on request

AUTOMATIC WITHDRAWAL

(ONLY APPLICABLE TO THE CAPITAL INVESTMENT BOND - CIB)

Withdrawals of more than 5% of your initial investment in any one policy year give rise to a chargeable event and the amount withdrawn over 5% is a chargeable gain. Withdrawals within the first 5 years in excess of 5% of your investment are subject to a charge. Please refer to CIB Key Features document.

Please note that these automatic withdrawals are taken from the value of your Bond and are not income from the fund. It is not advisable to start making withdrawals until the Bond has achieved some initial growth.

Income of_____ % of initial investment or £_____ _____(minimum £50)

Please indicate frequency (please tick)

- ☐ **Annually** (Minimum initial investment £5,000 or £2,000 if existing capital investment bondholder or if reinvestment
- ☐ **Half Yearly** (Minimum initial investment £5,000 or £2,000 if existing capital investment bondholder or if reinvestment
- ☐ **Quarterly** (Minimum initial investment £5,000 or £4,000 if existing capital investment bondholder or if reinvestment)
- ☐ **Monthly** (Minimum initial investment £12,000)

Bank/Building Society to which income is to be credited

Name _____

Address _____

_____Postcode _____ _____

Account in name of _____

Account No. | | | | | | | | |

Bank Sort Code | | | | | | | |

If Building Society, please state Roll No. _____

DECLARATION AND CONSENT FOR CAPITAL INVESTMENT BOND

I hereby apply to LICI for the above bond on my life and declare that all answers given are, to the best of my knowledge and belief, true and complete.

I agree that all statements made by me in connection with this application shall form the basis of the contract between myself and LICI

_____ _____/_____/_____

Signature Date

A copy of the policy conditions and/or application form is available on request.

Access to Medical Reports Act 1988, Access to personal Files and Medical Reports (Northern Ireland) Order 1991

RIGHTS AND PROCEDURES

We need your consent before we can approach any doctor for a medical report about you. This is given by signing the declaration. Before you sign, you should read this section carefully. It details your rights under the Act.

You do not have to give your consent. If you do not give your consent we may be unable to proceed with your application.

You can request to see the report before it is sent to us. We will inform the doctor that you want to see the report before it is sent to us and confirm your request to you in writing. You will then have 21 days to arrange with the doctor to see the report.

If you haven't arranged to see the report within this period the doctor will send it to us. The doctor may charge you a reasonable fee if you ask to see a copy of the report.

If you indicate that you don't want to see the report, we don't have to tell you if we apply for one. You can, however, ask to see a copy of the report within 6 months of it being sent to us.

If you have seen the report before it is sent to us, the doctor will require your written consent to send it to us.You have the right to ask the doctor to change anything that you consider to be incorrect or misleading. The doctor can however refuse to make any alterations. If the doctor refuses to change the report you may attach a note giving your views.

The doctor can refuse to let you see all or part of the report if, in their opinion, it is likely to :

- Adversely affect your physical or mental health or that of others
- Indicate the doctor's intentions to you
- Reveal the identity of a third party who has given information about you unless they have consented to it's disclosure or it has been supplied by a health professional involved in caring for you.

In such cases the doctor must notify you. You will only be able to see the remaining part of the report. If the whole report is affected the doctor will advise you and not send it to us without your written consent. If you refuse to give your consent we may be unable to proceed with your application.

STATEMENT ON GENETICS

In accordance with the Association of British Insurer's (ABI) 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 to £500,000 or less.

Above this limit you may need to tell us about certain 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 either have a family history of, are experiencing symptoms of, or are having treatment for a medical condition including any genetically inherited condition. If you wish to disclose to us a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account in setting your premium, providing your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.

DATA PROTECTION NOTICE

The Life Insurance Corporation of India may use the information supplied on this form, or during any future communication, for the purpose of administering your policy, or holding, for research and analysis purposes and as part of our ongoing commitment to customer service. We may also contact you about further products or services that we think may be of interest to you. We may contact you by telephone, post, or electronic methods.

Any information you provide will be kept confidential and will only be disclosed if required for regulatory or legal purposes, or where you have given your consent, or to carefully selected third parties under contract to safeguard your confidentiality.

You can ask for a copy of the information we hold about you by writing to the Data Protection Officer, **LICI, York House, Empire Way Wembley, HA9 OPX,** subject to a fee.

If you would prefer not to receive information about our products and services, please tick(✓) here ☐

भारतीय जीवन बीमा निगम
LIFE INSURANCE CORPORATION OF INDIA

Direct Debit Instructions

Please fill in the whole form using a ball point pen:

Send to:

Life Insurance Corporation of India UK
York House
Empire Way
Wembley
Middlesex HA9 0PX

Originator's Identification Number

6	7	9	3	6	4

Bank/Building Society account number

Reference Number PLEASE LEAVE BLANK

Branch Sort Code

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

Please pay Life Insurance Corporation of India UK Direct Debit 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 Life Insurance Corporation of India UK and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To the Manager
Bank/Building Society

_____

Address _____

_____

Post Code: _____

Name(s) of Account Holder(s)

_____

_____

Signature(s)

_____

_____

Date: _____ / _____ / _____

Banks and Building Societies may not accept Direct Debit instructions for some type of account

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Direct Debit Guarantee

This guarantee should be detached and retained by the Payer

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debit.
- If there are any changes to the amount, date or frequency of your Direct Debit LICIUK will notify you 10 working days in advance of your account being debited or as otherwise agree. If you request LICIUK 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 LICIUK 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 LICIUK asks you to.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Written confirmation may be required. Please also notify us.

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