

Adviser _____

SINGLE OR FIRST JOINT APPLICANT	SECOND APPLICANT (ONLY FOR BONUS BUILDER JOINT LIFE SAVINGS PLAN)																
Title (Mr/Mrs/Ms/Miss/Dr/Others) _____	Title (Mr/Mrs/Ms/Miss/Dr/Others) _____																
Surname _____	Surname _____																
Middle Name _____	Middle Name _____																
Forenames _____	Forenames _____																
Address _____ _____	Address _____ _____																
Postcode _____	Postcode _____																
Tel No. (Residence) _____	Tel No. (Residence) _____																
(Mobile) _____	(Mobile) _____																
Email id _____	Email id _____																
For your information please see Data Protection Notice overleaf	For your information please see Data Protection Notice overleaf																
Date of Birth <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>									Date of Birth <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>								
(you must be above of 18 years)	(you must be the age of 18 Years)																
<input type="checkbox"/> Male <input type="checkbox"/> Female (Please put ✓)	<input type="checkbox"/> Male <input type="checkbox"/> Female (Please put ✓)																
Marital Status _____	Marital Status _____																
Occupation _____	Occupation _____																
Do you already hold any policies with LIC?	Do you already hold any policies with LIC?																
<input type="checkbox"/> Yes <input type="checkbox"/> No (Please put ✓)	<input type="checkbox"/> Yes <input type="checkbox"/> No (Please put ✓)																
If yes, please state policy number(s) _____ _____	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 £ _____ (Min. £1,000 per fund)

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

Bond Managed Fund £ _____ (Min. £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 £ _____

(min £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

(Min 10 years, max 30 years and max age at maturity 75 years)

Contribution and Frequency

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

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

Term 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 (min £50) £ _____ (After 5 years) £ _____

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

Term of plan (please tick) 10 years 15 years 20 years 25 years

(Min 10 years, max 25 years and max age at maturity 74 years)

Option to reduce 1/2 (10 year term only) 1/3 1/4 1/5

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 (min £50) £ _____ (After 5 years) £ _____

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

(Minimum guaranteed cash amount £6,000)

Term of plan (please tick) 15 years 20 years 25 years

(Min 15 years, max 25 years and max age at maturity 74 years)

Please tick the box if you wish to include Accidental Death

WEALTHBUILDER SAVINGS PLAN

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

Contribution and frequency

Monthly (min £50) £ _____ Annual (min £600) £ _____

To be invested as follows:

Defensive Managed Fund £ _____ or _____ %

Balanced Managed Fund £ _____ or _____ %

Bond Fund £ _____ or _____ %

Term of plan _____

(Min 10 years, maximum 20 years and maximum age at maturity 69 year)

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 ever 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 anyone 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 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 ever 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 anyone 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, 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

1. Name of condition?

2. Date of first symptoms?

3. Description of symptoms?

4. Are the conditions or symptoms on going?

5. What medication are you taking (if any)?

6. What investigations have been carried out and what were the results?

2nd or Joint Life Assured

7. Name of condition?

8. Date of first symptoms?

9. Description of symptoms?

10. Are the conditions or symptoms on going?

11. What medication are you taking (if any)?

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 LIC for the above contract on my life and declare that all answers given are, to the best of my 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 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 LIC.

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

I/We* consent to LIC 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 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

SINGLE OR FIRST JOINT APPLICANT

I do not * wish to see the medical report before it is sent to LIC

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

SECOND APPLICANT (JOINT LIFE ONLY)

I do not * wish to see the medical report before it is sent to LIC

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

Signature
(1st Joint Applicant)

Date _____/_____/_____

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

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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

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
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Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Please select(✓)payment date of each month

7th 14th 21st Month End

Name and full postal address of your Bank or Building Society

To the Manager
Bank/Building Society

Address:

Post Code _____

Reference Number PLEASE LEAVE BLANK

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

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

Name(s) of Account Holder(s)

Signature(s)

Date ____/____/____

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

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.

Identity Verification Certificate (IVC)

Please complete both sides of the form

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, EPA's, settlers and third parties) where you have been required to undertake identification.

Name of Applicant*/Trustee*/Third Party* (in full)	*Delete as appropriate

Date of Birth

Current Address	Previous address if applicant has changed address in the last 3 months.

FACE TO FACE / NON FACE TO FACE APPLICATION * Delete as applicable

I/WE CERTIFY THAT (please tick the box beside either Section A or Section B

<p><u>Section A</u> I/We <u>have</u> verified the identity of the Applicant and, have;</p> <ul style="list-style-type: none"> a) seen the original documents; b) checked that any requiring a signature were pre signed; c) confirmed that any associated photograph of the applicant bore a good likeness to the applicant d) included the relevant reference information or certified documentary evidence on/with this certificate; e) ensured the full name of the funding account has been endorsed on the Building Society cheque or Bankers Draft where a payment is being made by non-personal cheque. 	<input style="width: 40px; height: 40px;" type="checkbox"/>
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<p><u>Section B</u> I/We <u>have not</u> verified the identity of the Applicant for the following reason(s);</p>	<input style="width: 40px; height: 40px;" type="checkbox"/>
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Name of Regulated Firm	Life Insurance Corporation of India {LICI}
Name of Regulator	The Financial Services Authority (FSA)
Regulator Reference Number	110379

Signed:*		<div style="border: 1px solid black; padding: 10px; min-height: 60px;">Company stamp:</div>
Name:		
Position:		
Date:		

*Note that this certificate must be signed by the Person who has seen the original documentary evidence.

Identity Verification Certificate (IVC)

Evidence of Name	Reference/account number				Certified copy attached? (2)
Current Full Signed Passport		Place of Birth	Date of Birth	Date of Expiry	
Resident Permit issued to EU nationals by Home Office				Date of Expiry	
Current UK/EU Photo Driving Licence (1)				Date of issue	
Current Full UK Driving Licence (old style) (1)				Date of Issue	
Firearms certificate		Issuing Authority		Date of Issue	
State Pension or Benefits Book/ notification letter (1)		Issuing Authority		Date of Issue	
Sub-contractors Certificate (3)		Issuing Authority		Date of Issue	
Inland Revenue tax notification		Document type (4):		Date of Issue	

Evidence of Address	Reference/account number				Certified copy attached? (2)
Home Visit			Premises Entered? Y/N	Date of Visit	
Solicitor letter confirming completion of house purchase or land registration (5) (6)				Date of letter	
Electoral roll check (5)				Date of Check	
Most Recent Mortgage Statement		Name of Lender	Address current? Y/N	Date of issue	
Current Local Authority Tax bill		Name of Authority	Address current? Y/N	Date of Issue	
Local Authority rent card or tenancy agreement		Name of Authority	Address current? Y/N	Date of Issue	
Bank/building society/credit union statement or passbook		Name of Issuer	Address current? Y/N	Date of Issue	
Utility Bill (not mobile phone)		Name of Utility	Address current? Y/N	Date of Issuer	
Current UK/EU Photo Driving Licence (1)			Address current? Y/N	Date of issue	
Current Full UK Driving Licence (old style) (1)			Address current? Y/N	Date of Issue	
State Pension or Benefits Book/ notification letter (1)		Issuing Authority	Address current? Y/N	Date of Issue	

Regulation 8	Account name (7)	Account No (7)	Sort code (7)
Applicant's cheque, payable to the provider, submitted with application			} Tick only } <u>one</u> of these } boxes
Payment is to be made from above account by direct debit/debit card etc - evidence of account ownership (eg. bank statement) seen			
Payment is being made from the intermediary's client bank account - applicants original cheque drawn on their own account (as above)			

Note:

- (1) These items may be used to evidence address or identity but not both.
- (2) If attaching certified copies of the evidence please also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate.
- (3) For self-employed persons in the construction industry – tax exemption certificate with photograph
- (4) eg. Notice of Coding
- (5) You must submit a certified copy of the search if you are relying on this as evidence
- (6) The previous address should also be verified
- (7) If the Regulation 8 concession is being applied, these boxes **must** be completed.

Other forms of evidence may be accepted by some providers; if in doubt please enquire.