Protection

Personal Menu plan

Data capture form for telephone application

Information for advisers – how to use our telephone application service

To apply for a Royal London Personal Menu Plan, simply go to **adviser.royallondon.com** and log in to quote and apply. You'll be given the option to apply by telephone application where you can enter the information you've captured from this form. Or, if your client is present, you can just enter the information we need directly. We'll then call your client and ask them questions about their lifestyle and health that are relevant to their application. If two people are applying then we'll have to speak to both of them – but we can do this with separate calls. We'll make appointments to speak to your client over the next 14 days, excluding Sundays and most public holidays.

The times we use to make appointments are as follows:
Monday – Thursday between 8.30am and 8.45pm, Friday between 8.30am and 6.45pm and Saturday between 8.30am and 3.45pm.

After the telephone call(s), we'll send your client a copy of the answers they've given us. We'll ask them to confirm that the information provided is accurate and complete by signing and returning a confirmation form within 60 days. Please make your client aware that you will also receive a copy of their answers which includes their health information.

Important information for each person covered

How we use your data

We need to make it clear how we will use your personal information, including information about your health.

We'll use your data to provide a quote and also for pricing and underwriting analytics. We may share your information with selected third parties for assessing and servicing your application. More details can be found online within our privacy notice: **royallondon.com/protectionprivacy**

ABI policy on genetic testing

- If you've had a predictive genetic test for Huntington's disease, you only have to tell us the results if these applications, when added together with any cover you have of the same type, is for more than £500,000 of Life Cover.
- If you've had a test and the results are in your favour, you can choose whether to tell us the results or not. However, you must tell us if you think you're having treatment for, or are experiencing symptoms of a genetic condition.

Obtaining medical reports

- We may request medical information as part of the application for up to six months after the plan has started to confirm the information you have given. Before we can do this we will ask for permission under the Access to Medical Reports Act 1988.
- If you don't give permission, or any statement is inaccurate and this affects our assessment of your application, we will then have the right to reconsider or withdraw terms and your plan may be cancelled.

Impact of misrepresentation

- Please answer all questions accurately and honestly and to the best of your knowledge and belief. If you're not sure about including any information, then you should include it.
- You must tell us if there is a change to **any** of the answers given to the questions in the application form (including in relation to your health, occupation or leisure activities) or any other information provided between the date the answer is given and the date we start the plan.

If you miss any information out, give us wrong, incomplete or misleading information, or don't tell us about changes it could mean we won't pay out if you have to make a claim. It could also delay the processing of your application or result in your plan being cancelled or amended should it affect the terms we would have offered.

If you have any questions on filling in this form, please contact us on 0345 6094 500.

Important information for the plan owner

How we use your data

We need to make it clear how we will use your personal information.

We'll use your data to provide a quote and also for pricing and underwriting analytics. We may share your information with selected third parties for assessing and servicing your application. More detail can be found online within our privacy notice: **royallondon.com/protectionprivacy**

Key Facts documentation

You should have received a copy of the Key Facts document from your adviser. This contains important information about your application with us.

Obtaining medical reports

- We may request medical information as part of the application for up to six months after the plan has started to confirm the information given. Before we can do this we will ask for permission under the Access to Medical Reports Act 1988.
- If any of the people covered don't give permission, or any statement is inaccurate and this affects our assessment of the application, we will then have the right to reconsider or withdraw terms and your plan may be cancelled.

Impact of misrepresentation

- Please answer all questions accurately and honestly and to the best of your knowledge and belief. If you're not sure about including any information, then you should include it.
- You must inform us if there is a change to **any** of the answers that you or the person covered have given to the questions in the application form (including in relation to the person covered's health, occupation or leisure activities) or any other information provided between the date the answer is given and the date we start the plan.

If you miss any information out, give us wrong, incomplete or misleading information, or don't tell us about changes it could mean we won't pay out if you have to make a claim. It could also delay the processing of your application or result in your plan being cancelled or amended should it affect the terms we would have offered.

Further help and support

If you need any help with filling in this form, please contact us on **0345 6094 500**.

You can visit our Health and wellbeing directory at **royallondon.com/healthandwellbeing** which includes a list of organisations providing help and advice to support your mental and physical health.

For financial advisers

Quote number	
Adviser name	
Account number	
Special commission instructions	
Your unique reference	

1 Other applicant details

If someone other than a person covered is to own one or more of the covers under this application, please enter their details here. Otherwise, please go to section 2.

You can only add one other person as an applicant using this application form. If more than one person wants to apply for cover on the life of the same person covered, each person must have their own quote and complete a separate application form.

If you choose Employer in the following section please make sure you complete the company payment details in section 6.

Title

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other (please give details)

First name(s)
If the other applicant is an Employer or Company, please give the registered name of the company.

Surname

Date of birth

D D M M Y Y Y Y

What is the other applicant's relationship to the person or people covered?
If you choose Employer, you must complete section 7.

Wife ☐
Husband ☐
Partner/Co-habitant ☐
Common Law Spouse ☐
Business Partner ☐
Employer ☐
Other ☐

If Other, please give details

If the other applicant's relationship to the plan owner is 'Employer', please tell us the nature of the business.

In which country is the other applicant permanently resident?

UK ☐ Jersey ☐
Guernsey ☐ Isle of Man ☐
Other ☐

If Other, please give details

In the next six months, will the other applicant be moving from the country in which they're permanently resident?
If Yes, please give full details.

Yes ☐ No ☐

What is the other applicant's address?

Postcode

1 Other applicant details continued

Email	
Phone number	

Important information before you begin

Our underwriting process

When you apply for a protection product, we ask questions about the areas we know are relevant to determine whether you're eligible for cover and the premium you should pay for it. This process is known as underwriting. It's important you answer these questions honestly and to the best of your knowledge and belief. If we don't receive correct or complete information in your application form, it could mean that we won't be able to pay out if you need to make a claim.

To help us make a decision on your application, we'll ask you the following:

- height and weight
- smoking status, alcohol consumption and lifestyle
- occupation and travel
- past and present medical history
- family history

2 About the people covered

Please remind your clients how important it is to answer all the questions on this form honestly and in full.

	Person 1	Person 2
Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)
First name(s)		
Surname		
Date of birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Gender Your gender doesn't affect the premium.	Male ☐ Female ☐	Male ☐ Female ☐
Marital status	Married ☐ Living together as partners ☐ Divorced ☐ Widowed ☐ Single ☐ Separated ☐ Civil partnership ☐ Surviving civil partner ☐	Married ☐ Living together as partners ☐ Divorced ☐ Widowed ☐ Single ☐ Separated ☐ Civil partnership ☐ Surviving civil partner ☐

2 About the people covered continued

	Person 1	Person 2
What is your relationship to person 1?		Wife ☐ Husband ☐ Civil partner ☐ Partner/co-habitant ☐ Common law spouse ☐ Business partner ☐ Company ☐ Employer ☐ Other ☐ If Other, please give details
If the relationship to person 1 is 'company' please tell us what type of business this is.		
Your home address		
Postcode		

If you move house while we're processing your application, please contact us once you've moved to your new address.

	Person 1	Person 2
In which country are you permanently resident?	UK ☐ Jersey ☐ Guernsey ☐ Isle of Man ☐ Other ☐ If Other, please give details	UK ☐ Jersey ☐ Guernsey ☐ Isle of Man ☐ Other ☐ If Other, please give details
In the next six months, will you be moving from the country in which you're permanently resident? If Yes, please give full details.	Yes ☐ No ☐	Yes ☐ No ☐
Email		
Phone number	Daytime Evening	Daytime Evening

3 Plan options

Will any cover which is "single own life" have nominated beneficiaries instead of a trust? You can only nominate beneficiaries on any Life Cover or Life or Critical Illness Cover. If Yes, give details of who you want to have any money payable after your death. The nominated beneficiary section is below on page 8.	Yes ☐ No ☐
Will any plan from this application be written under trust? If Yes, don't nominate beneficiaries below. Instead, please send us a copy of the completed trust form as soon as possible.	Yes ☐ No ☐

Please tell us who will own each cover and when that cover is to start.

You can choose a different plan owner and start date for each cover, meaning we'll split the application into more than one plan. We'll also split the application into more than one plan if there are two people covered and the application includes covers that could pay out on the death of each of them at different times.

If we're able to offer an immediate decision on some of the covers, we'll give you the option of starting them straight away, or at a time that suits you.

If we split the application for any reason, the total premium for all the covers under your application, will remain the same.

Please use the cover number shown on the quote to identify each cover that's part of this application.

Cover 1 Insert the name of the cover you're applying for.	
Who will own Cover 1? (Please tick one only)	Person 1 ☐ Person 2 ☐ Person 1 & 2 ☐ Other applicant ☐
Start date:	a) The plan is to start on the date shown D D M M Y Y Y Y b) The plan is to start as soon as we accept it ☐ c) To be advised ☐
Cover 2 Insert the name of the cover you're applying for.	
Who will own Cover 2? (Please tick one only)	Person 1 ☐ Person 2 ☐ Person 1 & 2 ☐ Other applicant ☐
Start date:	a) The plan is to start on the date shown D D M M Y Y Y Y b) The plan is to start as soon as we accept it ☐ c) To be advised ☐

3 Plan options continued

Cover 3

Insert the name of the cover you're applying for.

Who will own Cover 3?

(Please tick one only)

Person 1 ☐ Person 2 ☐

Person 1 & 2 ☐ Other applicant ☐

Start date:

a) The plan is to start on the date shown D D M M Y Y Y Y

b) The plan is to start as soon as we accept it ☐

c) To be advised ☐

Cover 4

Insert the name of the cover you're applying for.

Who will own Cover 4?

(Please tick one only)

Person 1 ☐ Person 2 ☐

Person 1 & 2 ☐ Other applicant ☐

Start date:

a) The plan is to start on the date shown D D M M Y Y Y Y

b) The plan is to start as soon as we accept it ☐

c) To be advised ☐

If the quote includes more covers, please use the additional information section on page 9.

If someone other than a person covered will own any of the covers, please complete their details on page 3.

Beneficiary nomination - only for Life Cover and Life or Critical Illness Cover not under trust which is single own life

Giving us details of who the cover is for means claims can be paid to them quickly. You'll own the plan the cover is under, but not the money payable after death.

Your nomination won't affect who we'll pay any cover to for claims paid during your lifetime – this will still be you.

Your cover summary will include the beneficiaries you nominate as part of your application. You can update them anytime by calling us. You won't be able to choose the option to nominate beneficiaries after the application has been sent to us. You can set up a Trust, which overrides your nomination, at any time in the future.

3 Plan options continued

Please provide the following details about the nominated beneficiaries:

Please enter the Cover number shown on your quote	

	Nominated beneficiary 1	Nominated beneficiary 2
First name(s)		
Surname		
Date of birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Home address		
Postcode		
Email		
Phone number		
Relationship to plan owner For example, please enter: Wife, Husband, Civil partner, Cohabitant/ partner or Child		
Percentage Please ensure that the Percentage boxes are completed, and that they total 100% across **all** the beneficiaries, so that we know how to distribute the benefit to each beneficiary.		

	Nominated beneficiary 3	Nominated beneficiary 4
First name(s)		
Surname		
Date of birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Home address		
Postcode		
Email		
Phone number		
Relationship to plan owner For example, please enter: Wife, Husband, Civil partner, Cohabitant/ partner or Child		
Percentage Please ensure that the Percentage boxes are completed, and that they total 100% across **all** the beneficiaries, so that we know how to distribute the benefit to each beneficiary.		

If you want to appoint another beneficiary or want to appoint beneficiaries on other covers, please use the additional information section on the following page.

4 Additional information

5 GP details

We may request medical reports if we need more information to underwrite your plan, if your plan is selected for sample checks (within 6 months of the start of the plan), or if there is a future claim.

	Person 1	Person 2
Name of doctor or practice		
Address		
Postcode		
Phone number		

If you've changed GP in the last six months, please give the details of your previous GP in the additional information section on page 9.

6 Premium payment details

If this is not the plan owner or the life assured, we'll only use this data to validate their identity and to take payments.

Is the person paying for the plan a plan owner? If Yes, please go to payment frequency question.	Yes ☐ No ☐
Account name	
Is the person paying for the plan a plan owner? If you tell us the relationship is employer, you must complete section 7.	Wife ☐ Husband ☐ Partner / Co-habitant ☐ Common Law Spouse ☐ Parent ☐ Child ☐ Grandchild ☐ Grandparent ☐ Brother ☐ Sister ☐ Step Parent ☐ Business Partner ☐ Employer ☐ Other

6 Premium payment details continued

If the payer is an 'employer', please tell us the nature of the business. If the payer is a company we'll need you to send us a certified copy of the bank statement dated within the last 3 months.	
First name(s)	
Surname	

We may need to verify the identity of the person paying for this plan. So we can do this, please give us their home address and date of birth.

Address	
Postcode	
Date of birth	D D M M Y Y Y Y
Payment frequency	Monthly ☐ Yearly ☐
Payment day Which day would you prefer us to collect your premiums? Please choose between 1st - 28th of each month.	
Sort Code	☐☐☐☐☐☐
Account number	

7 Company or employer additional role details

You must complete this section if:

- **you've told us in section 1 that the plan owner is a company or employer, or**
- **you've told us in section 6 or 11 that the payer is a company or employer.**

As you have told us that the plan owner / payer on this application is a company we need you to provide the details of all Beneficial Owners and Persons of Significant Control (if not a Beneficial Owner) or key decision makers (if there are no beneficial owners or persons of significant control).

We require this information because we need to identify the individual(s) who is the ultimate beneficial owner of a corporate structure.

A Beneficial Owner is an individual who directly or indirectly owns a 25% or more share of the business.

If a beneficial owner is another company, we also require details of the individual beneficial owners of the owning company.

A Person of Significant Control is an individual who:

- **directly or indirectly controls 25% or more of the voting rights,**
- **directly or indirectly has the right to appoint or remove the majority of directors, or**
- **has the right to otherwise exercise or actually exercises significant influence or control within the business.**

A key decision maker is an individual who

- **has the right to make strategic decisions on how the company is run,**
- **is permitted to operate the company bank account and or finances.**

7 Company or employer additional role details continued

To protect our customers we may have to verify the identity of certain individuals connected to a policy. We do this electronically to make things easier for you. If these individuals would prefer us not to do this electronically please call us on 0345 6094 500 so we can talk through what needs to be sent to us.

Additional Role 1

Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)
First name(s)	
Surname	
Date of birth	D D M M Y Y Y Y
Address	

Additional Role 2

Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)
First name(s)	
Surname	
Date of birth	D D M M Y Y Y Y
Address	

Additional Role 3

Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)
First name(s)	
Surname	
Date of birth	D D M M Y Y Y Y
Address	

7 Company or employer additional role details continued

	Additional Role 4
Title	Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (please give details)
First name(s)	
Surname	
Date of birth	D D M M Y Y Y Y
Address	

8 Plan Owner Declaration

We're keen to tell you about our latest products, services and great offers – we think they're worth hearing about and we don't want you to miss out. From time to time, we may contact you by post, email or SMS – either directly or through an approved financial adviser – with further offers and information about our products and services that may be of interest to you.

Please let us know if you **do not** want to receive these communications.

I do not want to receive these communications:

Other applicant ☐ **Person 1** ☐ **Person 2** ☐

Did you receive financial advice from an adviser about buying this plan? Yes ☐ No ☐

9 Access to medical reports

We may need to obtain a medical report from your current GP or specialist, or from a doctor you've seen in the past. You have specific rights in relation to medical reports, which are covered in the Access to Medical Reports Act 1988 (also the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Access to Health Records and Reports Act 1993 (Isle of Man)). Before we ask for such a report, we need your consent, which you can give by signing the declaration in section 10. You can choose not to give your consent, but then we may not be able to continue with your application. This doesn't prevent you from applying to other insurance companies for insurance. We'll let you know if we ask for a report. Under the above Acts, you can choose to see your medical report before it is sent to us. You'll then have 21 days to make arrangements with your doctor to see it.

You should indicate below whether you want to see your report. If you don't want to see the report now, you can still contact your doctor later and tell them that you do in fact want to see it. As long as it hasn't already been sent to us, you'll still have 21 days from the time you contact your doctor to make arrangements to see it.

If the report has already been sent to us, you're entitled to see a copy of the report at any time during the six months following the date the report was sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date. If you say that you do want to see the report, then it won't be sent to us until:

either you've seen the report

or

21 days have passed since we requested the report and the doctor hasn't heard from you. If you see the report, you can withdraw your consent for the doctor showing it to us, or you can ask the doctor to change it if you disagree with it. If the doctor refuses to change it, you can insist that they attach a statement of your views to the report. A doctor may refuse to let you see your report if they feel that seeing it will cause physical or mental harm to you or others.

Note: Your doctor is entitled to charge you for supplying you with a copy of the report.

The medical report your doctor fills in asks about the following:

- Your current health
  – any care, medication or treatment you're currently receiving
- – the results of referrals or tests you're waiting for.
- Any time off work in the last three years
- Your past health
  – details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultation with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  – malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases
  – musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
  – anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
  – suicidal thoughts or attempts at suicide, or
  – conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations
- Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you've told your doctor about.

We have asked your doctor not to reveal information about:

- Negative tests for Human Immunodeficiency Virus (HIV), Hepatitis B or C
- Any sexually-transmitted diseases unless there could be long-term effects on your health, **or**
- Predictive genetic test results unless there is a favourable test result which shows that you've not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- Setting premiums at standard rates
- Increasing premiums above standard rates, **or**
- Being unable to provide Insurance.

If you have any questions about your rights or questions relating to the process of getting, assessing or storing medical information, **please write to us at Royal London, 22 Haymarket Yards, Edinburgh, EH12 5BH.**

10 Declaration

Access to medical reports declaration

Person 1 and Person 2 should always complete these boxes.

	Person 1	Person 2
Name		
Postcode		
	I've read the statement in section 9 notifying me of my rights under the Access to Medical Reports (AMRA) legislation, and consent to my doctor providing medical reports to Royal London so that they can deal with my application for a protection plan.	I've read the statement in section 9 notifying me of my rights under the Access to Medical Reports (AMRA) legislation, and consent to my doctor providing medical reports to Royal London so that they can deal with my application for a protection plan.
Please only tick this box if you DO want to see your medical report before it's sent to Royal London.	Yes ☐ I **DO** want to see my medical report. I understand that it won't be sent to Royal London until I've seen it, and that they won't be able to make a decision on my application until then.	Yes ☐ I **DO** want to see my medical report. I understand that it won't be sent to Royal London until I've seen it, and that they won't be able to make a decision on my application until then.
Enter plan number here if your financial adviser is sending this page to Royal London as an AMRA declaration for an application submitted online.		

Client declaration

	Person 1	Person 2
Signature		
Date	D D M M Y Y Y Y	D D M M Y Y Y Y

11 Direct Debit details

Please complete and return this form to: Royal London, 22 Haymarket Yards, Edinburgh, EH12 5BH.

You must complete this form if:	• The person, or people, paying for the plan are not the applicant(s). • More than one signature is required to authorise payments for the plan.

So that we can identify the plan when you return this form, please give us the full name of the person or people covered.

	Person 1	**Person 2**
Name		
Postcode		
Date of birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Application number		

What is the plan payer's relationship to the plan owner(s)?

If you tell us the relationship is employer, you must complete section 7.

- Wife ☐
- Husband ☐
- Partner / Co-habitant ☐
- Common Law Spouse ☐
- Parent ☐
- Child ☐
- Grandchild ☐
- Grandparent ☐
- Brother ☐
- Sister ☐
- Step Parent ☐
- Business Partner ☐
- Employer ☐
- Other ☐

If the payer is an 'employer', please tell us the nature of the business.

The Royal London Mutual Insurance Society Limited

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

DIRECT Debit

Please complete all of this form.

Service user number

6	7	1	7	5	2

Reference (internal use only)

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Instruction to your bank or building society
Please pay The Royal London Mutual Insurance Society 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 The Royal London Mutual Insurance Society 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.

This Guarantee should be detached and retained by the payer.

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 The Royal London Mutual Insurance Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Royal London Mutual Insurance Society Limited 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 The Royal London Mutual Insurance Society 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 The Royal London Mutual Insurance Society 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.

Verifying your identity and preventing fraud

To protect our customers we may have to verify the identity of certain individuals connected to a policy. We do this electronically to make things easier for you. If these individuals would prefer us not to do this electronically please call us on **0345 6094 500** so we can talk through what needs to be sent to us.

Royal London
royallondon.com

We're happy to provide your documents in a different format, such as braille, large print or audio, just ask us when you get in touch.

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