



FRIENDS PROVIDENT

Supplementary Questionnaire

In common with other life assurance companies, we have to ask some questions which you may find intrusive or embarrassing. We ask you to understand that it is our duty to safeguard the funds of our policyholders by assessing the level of risk of new applicants. We appreciate your co-operation.

Name in full

Application number
or reference

Please answer each of the following questions ticking boxes where appropriate. Your answers will be treated confidentially.

If the answer to any question is 'Yes' please give full details disclosing all material facts, as they can influence the assessment and acceptance of this application. If you are in any doubt as to whether any fact is material, you should disclose it, as failure to do so may invalidate a future claim.

Please read carefully the Declaration on the reverse of this form.

1 In which of the following sexual groups would you place yourself?

Heterosexual	<input type="checkbox"/>
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Homosexual	<input type="checkbox"/>
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Bisexual	<input type="checkbox"/>
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2 Have you ever belonged to either of the other groups indicated in question 1?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please state which

3 a Are you now or have you ever injected drugs or taken drugs, other than medication prescribed by a doctor?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give details

b Do you or have you ever suffered from a blood clotting disorder (eg haemophilia)?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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4 a Have you ever had a surgical operation or had a blood transfusion or received blood products outside the United Kingdom?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give full details including countries, dates and duration of stay

b Do you now or have you ever lived outside the UK, or have you travelled abroad except on holiday?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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5 Are you now, or have you ever been a sexual partner of a

homosexual?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give full details.

bisexual?

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
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If 'Yes', please give full details.

haemophiliac?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give full details.

or a person who injected drugs?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give full details.

Do you have or have you had a sexual partner whose normal place of residence is, or was outside the UK?

The question does not apply to applicants who are foreign nationals living outside the UK but please state in the box provided the nationality of any sexual partners.

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give full details.

Do you have or have you had a sexual partner who has had a positive HIV test?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give full details.

6 a Have you ever had a positive test for HIV/AIDS or are you awaiting the result of such a test?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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If 'Yes', please give full details, including date(s) and test results.

b Have you ever been tested or treated for any other sexually transmitted diseases or hepatitis B or C, or do you intend to have a test or treatment for one of these?

Declaration

I declare that the answers I have given are, to the best of my knowledge and belief, true and that I have not withheld any material fact that may influence the assessment or acceptance of this application.

I agree that this form will constitute part of my proposal for insurance to Friends Provident and that failure to disclose any material fact known to me may invalidate the contract.

Signed

	Date
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FRIENDS PROVIDENT

Friends Provident Life and Pensions Limited is a member of the Friends Provident Marketing Group and is regulated by the Financial Services Authority

Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA. Telephone 0870 608 3678

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Website www.friendsprovident.com