

Aviva Discounted Gift Trust

Assessment of life expectancy – underwriting form



Important Notes

Eligibility

- The bond investment must be £50,000 or more.

Please specify the expected investment amount

- The settlor(s) must be resident in either the UK, Isle of Man or Channel Islands.
- The Settlor(s) must be aged 79 or less.

Application Process

The trust deed (bare or discretionary) and the appropriate application form must be dated and submitted to Aviva after we inform you of the underwriting decision. Do not submit undated trust deeds and application forms with this underwriting form.

Sending the application

You can either email this form to **bondsuk@aviva.com** or post it to

Aviva
PO Box 520
Norwich
NR1 3NG

Purpose of this form

When you complete this questionnaire, it will enable Aviva to make an estimate of the possible reduction in Inheritance Tax payable in respect of the gift you make by effecting your Discounted Gift Trust (Discretionary or Bare). This estimate is not guaranteed and is subject to the agreement of Her Majesty's Revenue & Customs in consultation with your personal representatives after your death. Therefore, it is important to answer every question as fully as you can. If you are not sure of the answer to a particular question, simply state as much as you know and say that you are not sure. All sections of the questionnaire must be completed.

The information that you give

Will be used by our underwriters to make a judgement that you would be classed as in normal health and, consequently, likely to have the typical lifespan of a person with similar personal circumstances, or that you would be expected to have a somewhat shorter span because of certain aspects of your current or previous medical history. This, of course, is similar to the process for underwriting applications for ordinary life insurance.

Any information that you give will be used only for making the assessment described above. It will not be used for any other purpose unless we have your express written consent, and it will be kept securely and in accordance with Data Protection Law.

Genetic test results

In accordance with the Association of British Insurers' policy on genetics and insurance, you do not need to tell us about any genetic test results you have had. However, you must answer the individual application form questions fully and accurately giving details, where appropriate, of any family history, current symptoms or treatment being received in respect of any medical conditions including any genetically inherited condition.

Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

We collect and use Personal Information about you in relation to our retirement and investments products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases. Where you are a member of an occupational or workplace pension scheme, or if you join a savings product through your employer, we may obtain information from, and share information with, the employer who set up your pension or savings product, the trustees of the pension and any third parties who are providing services to you or them.

This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at aviva.co.uk/privacypolicy or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better (e.g. what kind of content or products would be of most interest) and to predict the likelihood of certain events arising (e.g. to assess risk or the likelihood of fraud).

We may sometimes make decisions using automated decision making. More information about this, including your right to request that certain automated decisions we make have human involvement, can be found in the 'Automated Decision Making' section of our full privacy policy.

We may use Personal Information we hold about you across the Aviva group for marketing purposes, including sending marketing communications in accordance with your preferences. If you wish to amend your marketing preferences please contact us at contactus@aviva.com or by writing to us at: Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD. More information about this can be found in the 'Marketing' section of our full privacy policy.

Your Personal Information may be shared with other Aviva group companies and third parties (including service providers and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the 'Data Rights' section of our full privacy policy or by contacting us at dataprt@aviva.com

The Aviva group and its agents would like to contact you from time to time to provide you with updates and offers for Aviva's products and services tailored to you by direct marketing by post, phone, e-mail or text.

Tell us if you do not want to hear from us

How we keep you informed

You can tell us below if you would prefer not to hear about Aviva products, services, and promotions. You can always tell us if you change your mind.

Post

Email

Telephone

SMS/Text

Sharing Medical Information

If we ask you to have a medical examination or screening we will need to share the relevant information from your application with another company we have authorised to arrange such examinations or screenings.

We may need to share with your usual doctor any information we have obtained from a medical examination or screening.

Consent to obtain a medical report

We may need to get medical reports to support your assessment. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. **Your rights under the act are as follows:**

- You do not need to give your permission, but if you do not, we may not be able to go ahead with your assessment. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being 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 think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following

- Your current health including any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health including details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations 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 or
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We will ask your doctor not to reveal information about

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health.
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to: Head of Underwriting, Aviva, Wellington Row, York, YO90 1WR.

Settlor 1

Name of the person whose life is to be underwritten (i.e the trust settlor)

Mr/Mrs/Miss/Ms Surname

Forenames

Occupation

Date of Birth / /

Address

 Post Code

Telephone No. (Day) (Evening)

May we contact you by telephone if we need to clarify any of the information in this form? YES NO

Your Doctor's details

Name

Telephone No. (Day) (Evening)

Address

 Post Code

Smoking

Have you consumed any tobacco within the last 12 months? YES NO

If "yes" please state type and quantity per day, e.g. cigarettes, cigars, grams of pipe tobacco.

Alcohol Consumption

What is your usual consumption of alcohol in units per day or week? ... units per day/week

If it has been higher please state the higher amounts and for how long. ... units per day/week until...

(A unit of alcohol = 1/2 pint of beer/1 glass of wine/
1 measure of spirits)

What is your Height? ft. ins./ M

What is your Weight? St. lbs./ Kg.

1. Are you awaiting or currently receiving treatment (tablets, injections, inhalations, radio- or chemotherapy, surgery) for any medical condition? If so, please give details. YES NO

2. In the last 5 years have you undergone treatment, surgery or investigations? YES NO
If so, please give details of the condition(s), the treatment, surgery or investigations and dates.

3. Do you have, or have you ever undergone treatment, investigations or operations for, the following illnesses or conditions? If so, please state the condition(s) and give details of the treatment, etc. and the dates: YES NO

(a) Heart attack, angina, coronary artery bypass grafting?

(b) High blood pressure, stroke, transient ischaemic attack, raised cholesterol or other lipid disorder?

(c) Heart valve disease or surgery/replacement, heart rhythm disorder, palpitations?

(d) Any disorder of the oesophagus, stomach or intestines, ulcerative colitis or Crohn's disease?

(e) Cancer or other growth? Please specify the site(s), the stage and dates when treatment was completed.

(f) Bladder, kidney or other genito-urinary complaints?

(g) Fainting, giddiness, epilepsy or paralysis?

(h) Numbness, blurred vision, multiple sclerosis or other neurological conditions?

(i) Diabetes?

(j) Hepatitis or other liver complaints or disorders?

(k) Asthma, bronchitis, bronchiectasis, emphysema or other respiratory condition or disease?

(l) Any disorder or disease of the skin, tissue, bones, joints or muscles?

(m) Blood disorder?

(n) Any condition, disease or disorder of a disabling nature?

(o) Have any members of your immediate family (parents, brothers or sisters) had or died from, cancer of the bowel or breast, polycystic kidney disease, Huntington's Disease or any other hereditary disease or condition?

(p) Depression, anxiety or other nervous or mental disorder?

Settlor 2

Name of the person whose life is to be underwritten (i.e the trust settlor)

Mr/Mrs/Miss/Ms Surname

Forenames

Occupation

Date of Birth / /

Address

 Post Code

Telephone No. (Day) (Evening)

May we contact you by telephone if we need to clarify any of the information in this form? YES NO

Your Doctor's details

Name

Telephone No. (Day) (Evening)

Address

 Post Code

Smoking

Have you consumed any tobacco within the last 12 months? YES NO

If "yes" please state type and quantity per day, e.g. cigarettes, cigars, grams of pipe tobacco.

Alcohol Consumption

What is your usual consumption of alcohol in units per day or week? ... units per day/week

If it has been higher please state the higher amounts and for how long. ... units per day/week until...

(A unit of alcohol = 1/2 pint of beer/1 glass of wine/
1 measure of spirits)

What is your Height? ft. ins./ M

What is your Weight? St. lbs./ Kg.

1. Are you awaiting or currently receiving treatment (tablets, injections, inhalations, radio- or chemotherapy, surgery) for any medical condition? If so, please give details. YES NO

2. In the last 5 years have you undergone treatment, surgery or investigations? If so, please give details of the condition(s), the treatment, surgery or investigations and dates. YES NO

3. Do you have, or have you ever undergone treatment, investigations or operations for, the following illnesses or conditions? If so, please state the condition(s) and give details of the treatment, etc. YES NO
and the dates:

(a) Heart attack, angina, coronary artery bypass grafting?

(b) High blood pressure, stroke, transient ischaemic attack, raised cholesterol or other lipid disorder?

(c) Heart valve disease or surgery/replacement, heart rhythm disorder, palpitations?

(d) Any disorder of the oesophagus, stomach or intestines, ulcerative colitis or Crohn's disease?

(e) Cancer or other growth? Please specify the site(s), the stage and dates when treatment was completed.

(f) Bladder, kidney or other genito-urinary complaints?

(g) Fainting, giddiness, epilepsy or paralysis?

(h) Numbness, blurred vision, multiple sclerosis or other neurological conditions?

(i) Diabetes?

(j) Hepatitis or other liver complaints or disorders?

(k) Asthma, bronchitis, bronchiectasis, emphysema or other respiratory condition or disease?

(l) Any disorder or disease of the skin, tissue, bones, joints or muscles?

(m) Blood disorder?

(n) Any condition, disease or disorder of a disabling nature?

(o) Have any members of your immediate family (parents, brothers or sisters) had or died from, cancer of the bowel or breast, polycystic kidney disease, Huntington's Disease or any other hereditary disease or condition?

(p) Depression, anxiety or other nervous or mental disorder?

Declaration

All the information provided and questions answered in this form and any attached or associated statements or questionnaires are truthful, accurate and complete.

I/We agree:

- To Aviva seeking information, including medical reports, from any doctor I have consulted about anything that affects my physical or mental health and I authorise the giving of such information.
- To authorise those who are asked for such information to provide it on production of a copy of this consent.
- To Aviva processing all information associated with this assessment and the associated plan as set out in the Important Notes section of this application under Use of personal information.

I have read the Declaration and Important Notes. I have read the notes relating to my rights of access to medical reports:

	Settlor 1	Settlor 2
I/We do not want to see the report before it is sent to the Company.	<input type="checkbox"/>	<input type="checkbox"/>
I/We do want to see the report before it is sent to the Company.	<input type="checkbox"/>	<input type="checkbox"/>

Signature to Declaration and Consent

Signature Settlor 1

Date

Signature Settlor 2

Date

For Office Use Only

Aviva Bare Discounted Gift Trust reference

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