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 the UK.
- 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.

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

Aviva
PO Box 3838
NORWICH
NR1 3SQ

Purpose of this form

When you complete this form, 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 HM 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

You do not need to tell us about any predictive genetic test results unless this application, together with any existing cover, will total over £500,000 of life insurance. If your cover is over this limit, we only need to know about predictive genetic tests for Huntington's disease. You can tell us about any negative predictive genetic tests results, because it may help your application.

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**

Sharing Medical Information

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 first person whose life is to be underwritten (that is, Settlor 1)

Mr/Mrs/Miss/Ms | Name

Date of Birth (D D M M Y Y Y Y) | Occupation

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

Settlor 2

Name of the second person whose life is to be underwritten (that is, Settlor 2)

Mr/Mrs/Miss/Ms | Name

Date of Birth (D D M M Y Y Y Y) | Occupation

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

Section A - Lifestyle

	Settlor 1	Settlor 2
1. Have you consumed any tobacco within the last 12 months?	Yes ☐ No ☐	Yes ☐ No ☐
If **"Yes"** please state type and quantity per day, e.g. cigarettes, cigars, grams of pipe tobacco.		
2. What is your usual consumption of alcohol in units per day or week? (A unit of alcohol =1/2 pint of beer/ 1 glass of wine/1 measure of spirits)	... units per day/week	... units per day/week
3. Have you ever attended, or been advised to attend, a support service or had therapy, treatment or counselling with the aim of reducing your alcohol intake?	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, please provide details of what occurred, when the advice, treatment or support was last given and details of any blood tests or scans you have had due to your alcohol consumption.	Settlor 1	Settlor 2
4. Has a doctor, or other health or social worker, been concerned about your drinking or suggested that you cut down? There is no need to tell us about standard advice to reduce your alcohol intake because of pregnancy only.	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, please advise who told you to reduce your alcohol consumption and when this was, the reason for the advice and what your alcohol consumption was at that time.	Settlor 1	Settlor 2
5. What is your height?	ft ins/ m	ft ins/ m
6. What is your weight?	st lbs/ Kg	st lbs/ Kg

Section B – Personal medical history

For all to answer

	Settlor 1	Settlor 2
1. **Have you ever had:**		
1a. Any disease or disorder of the heart, aorta or arteries?	☐ Yes ☐ No	☐ Yes ☐ No
1b. Stroke, transient ischaemic attack, brain haemorrhage, brain aneurysm or brain damage?	☐ Yes ☐ No	☐ Yes ☐ No
1c. Diabetes, pre-diabetes, impaired glucose tolerance (IGT) or raised blood sugar?	☐ Yes ☐ No	☐ Yes ☐ No
1d. Any neurological condition, for example multiple sclerosis, optic neuritis, paralysis, cerebral palsy, Parkinson's disease or any form of dementia?	☐ Yes ☐ No	☐ Yes ☐ No
1e. Cancer, Hodgkin's disease, lymphoma, leukaemia, melanoma, or a cyst or tumour of the brain or spine?	☐ Yes ☐ No	☐ Yes ☐ No
1f. A positive test for HIV, hepatitis B or hepatitis C?	☐ Yes ☐ No	☐ Yes ☐ No

For all to answer

2. **Within the last ten years have you:**		
2a. Required hospital treatment for a mental health condition, been referred to or seen by a psychiatrist, or have you attempted suicide or self-harmed?	☐ Yes ☐ No	☐ Yes ☐ No
2b. Been prescribed medication or required surgery or monitoring for ulcerative colitis, Crohn's disease or Barrett's oesophagus?	☐ Yes ☐ No	☐ Yes ☐ No
2c. Had any of these symptoms? • Blurred or double vision • Numbness, persistent pins and needles or loss of muscle power • Balance problems or dizziness • Tremor • Facial pain	☐ Yes ☐ No	☐ Yes ☐ No

3. **Within the last four years** have you had any of the following or required treatment for any of the following:

For all to answer

3a. Any mental health condition including anxiety, stress, depression, insomnia or an eating disorder?	☐ Yes ☐ No	☐ Yes ☐ No
3b. Asthma, chronic obstructive pulmonary disease (COPD), or any other condition affecting your lungs or breathing?	☐ Yes ☐ No	☐ Yes ☐ No

You don't need to tell us about hay fever or symptoms related to Coronavirus (COVID-19) unless the symptoms have not fully resolved.

	Settlor 1	Settlor 2
If you have asthma:		
3c. In the last five years, have you been admitted to hospital for more than 24 hours because of asthma?	☐ Yes ☐ No	☐ Yes ☐ No
3d. How many days have you taken oral steroid tablets in the last two years?	____ days	____ days
3e. How many days have you taken off work because of asthma in the last two years?	____ days	____ days

Section B – Personal medical history continued

For all to answer

	Settlor 1	Settlor 2
3f. Raised blood pressure or raised cholesterol?	☐ Yes ☐ No	☐ Yes ☐ No

You don't need to tell us about fully resolved pregnancy related high blood pressure.

3g. A lump, growth, polyp or tumour?	☐ Yes ☐ No	☐ Yes ☐ No
3h. Chest pain, or an ECG or any other heart investigations?	☐ Yes ☐ No	☐ Yes ☐ No

4. Apart from anything you've already told us about, **within the last two years have you:**

4a. Been prescribed any medication or treatment for a continuous period of four weeks or more, or had any counselling?	☐ Yes ☐ No	☐ Yes ☐ No

You don't need to tell us about the oral contraceptive pill, medication or treatment for pregnancy, marriage or couples counselling, or minor accidents or injuries providing they have not prevented you from performing your daily activities or kept you off work for two weeks or more).

4b. Been referred to a medical professional or specialist? (Regardless of whether you attended)	☐ Yes ☐ No	☐ Yes ☐ No
4c. Had, or been advised to have any tests, investigations or follow-up appointments with a medical professional? (Regardless of whether you attended)	☐ Yes ☐ No	☐ Yes ☐ No

5. **Apart from anything you've already told us about:**

5a. Are you waiting for the results of any test or investigation?	☐ Yes ☐ No	☐ Yes ☐ No

You don't need to tell us about routine well man/woman clinic appointments, employment medicals, private health medicals or routine fertility or pregnancy monitoring.

5b. **In the last three months** have you had any of these symptoms, even if you have not consulted a doctor?

- Unexplained weight loss
- A lump, growth or cyst
- Bleeding from the bowels or change in bowel habit
- Blood in your urine
- Persistent tiredness or fatigue
- A persistent cough lasting more than three weeks
- A mole or skin blemish which has changed

☐ Yes ☐ No ☐ Yes ☐ No

5c. **In the last month** have you experienced any symptoms for which you have not yet sought medical advice?	☐ Yes ☐ No	☐ Yes ☐ No

You don't need to tell us about routine pregnancy or fertility appointments.

Section C – Additional health questionnaire

Fill in section C only if you have answered yes to any question in section B other than questions for asthma. Please complete section C for each separate condition, printing extra copies if necessary.

You only need to provide details of any condition once, even if it relates to more than one question in section B.

	Settlor 1	Settlor 2
1. In section B, which question(s) did you answer Yes to? For example 1a, 2b etc		
2. Condition		
3. Are you currently taking or have you been advised to take any medication for this condition?	☐ Yes ☐ No If Yes, please provide details of the medication:	☐ Yes ☐ No If Yes, please provide details of the medication:
4. Does this condition restrict you from carrying out any routine daily activities?	☐ Yes ☐ No If Yes, please provide details of the restrictions:	☐ Yes ☐ No If Yes, please provide details of the restrictions:
5. When did you last take any time off due to this condition?		
Currently off work	☐	☐
Within the last three months	☐	☐
Between three months and a year ago	☐	☐
More than a year ago	☐	☐
No time off work	☐	☐
6. If you have taken time off, how many days have you taken off work because of this condition in the last two years?	☐ days	☐ days

Section C – Additional health questionnaire continued

	Settlor 1	Settlor 2
7. When did you last experience any symptoms of this condition?		
Currently experiencing symptoms	☐	☐
Within the last six months	☐	☐
More than six months ago, but within the last year	☐	☐
More than one year ago	☐	☐
Never experienced symptoms	☐	☐
8. If you have experienced symptoms, please give details of the symptoms.		
9. When were you diagnosed with this condition?		
No diagnosis made	☐	☐
Within the last three months	☐	☐
Between three months and a year ago	☐	☐
More than a year ago	☐	☐
10. Are you under any form of follow up or awaiting investigations or referral for this condition?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, please provide full details including when and where you were first seen or will be seen, and if applicable, when and where you were last seen, how often you are followed up and the type of investigations awaited:		
11. Is there any further information you would like to provide regarding this condition?	☐ Yes ☐ No	☐ Yes ☐ No
If Yes, please provide the further information here:		

Section D – Family history

If you are aged 50 or over please skip section D, and move straight to section E.

	Settlor 1	Settlor 2
1. Have any of your natural parents, brothers or sisters been diagnosed with, or died from, any of the following before age 60?		
For all to answer		
Heart attack, angina or stroke	☐ Yes ☐ No	☐ Yes ☐ No
Colon or bowel cancer	☐ Yes ☐ No	☐ Yes ☐ No
Motor neurone disease	☐ Yes ☐ No	☐ Yes ☐ No
Alzheimer's disease	☐ Yes ☐ No	☐ Yes ☐ No
Muscular dystrophy	☐ Yes ☐ No	☐ Yes ☐ No
Huntington's disease	☐ Yes ☐ No	☐ Yes ☐ No
Polycystic kidney disease	☐ Yes ☐ No	☐ Yes ☐ No
Cardiomyopathy	☐ Yes ☐ No	☐ Yes ☐ No
Answer only if you are female		
Breast or ovarian cancer	☐ Yes ☐ No	☐ Yes ☐ No
For all under-fifties to answer		
Don't know as I have no further contact with family members or don't know as I am adopted	☐ Yes ☐ No	☐ Yes ☐ No
2. **Apart from anything you've already told us about:**		
For all under-fifties to answer		
Have you had or been offered screening for any condition that runs in your family (even if you didn't attend or haven't attended yet)?	☐ Yes ☐ No	☐ Yes ☐ No

Please confirm the condition that runs in your family and provide details of your screening programme, including the results to date.

Section E – Additional family history

Only fill in this section if you've answered yes to any question in section D.

	Settlor 1	Settlor 2
1. Condition		
2. Number of family members affected with this condition		
3. Please provide the relationship of the relative(s) affected and their age at diagnosis		

If you are unsure of the exact age at diagnosis, please give the approximate age to the best of your knowledge.
If there are more than two family members, please continue on a separate sheet.

If there are any further types of family history from Section D, please disclose them on a separate sheet.

For all to answer

4. If you have answered Yes to **'colon or bowel cancer,'** are you under any form of follow up or screening programme regarding your family history?

☐ Yes ☐ No ☐ Yes ☐ No

If Yes, please give full details including the result of any investigations and dates:

Answer only if you are female

5(a). If you have answered yes to **'breast and ovarian cancer'**, are you under any form of follow-up or screening programme regarding your family history?

☐ Yes ☐ No ☐ Yes ☐ No

If Yes, please give full details including the result of any investigations and dates:

5(b). If you have a family history of **breast cancer**, have you ever undergone investigations, had treatment for, or been diagnosed with any form of breast lump?

☐ Yes ☐ No ☐ Yes ☐ No

Please provide full details about this history, including when this was diagnosed, type of lump (if known), details of any treatment, whether the breast lump(s) is present and whether you are under any review or follow-up.

5(c). If you have a family history of **breast cancer**, have any of your grandparents or aunts been diagnosed with breast cancer before the age of 60?

☐ Yes ☐ No ☐ Yes ☐ No

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, Privacy Notice**, and **Sharing Medical 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.	☐	☐
I/We **do** want to see the report before it is sent to the Company.	☐	☐

Signature to Declaration and Consent

Signature Settlor 1

Date D D M M Y Y Y Y

Signature Settlor 2

Date D D M M Y Y Y Y

Insurance | Wealth | Retirement

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Registered in England No. 3253947. Aviva, Wellington Row, York, YO90 1WR.
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