

## Declaration of Continued Good Health

(N.B. for Joint Life Policies – each life assured must complete a separate form)

Name (of Life Assured):	<input style="width: 100%;" type="text"/>						
Address:	<input style="width: 100%;" type="text"/>						
Date of Birth:	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
	D	D	M	M	Y	Y	Y
Policy number(s) if known:	<input style="width: 100%;" type="text"/>						
Name and address of your usual doctor:	<input style="width: 100%;" type="text"/>						
Please state the nature of your occupation:	<input style="width: 100%;" type="text"/>						
Please state your current height and weight: Height (without shoes)	Height	<input style="width: 50px;" type="text"/>	ft.	<input style="width: 50px;" type="text"/>	ins.	<input style="width: 50px;" type="text"/>	cms.
	Weight: (in indoor clothes)	Weight	<input style="width: 50px;" type="text"/>	st.	<input style="width: 50px;" type="text"/>	lbs.	<input style="width: 50px;" type="text"/>
<p><b>If any of the following questions are answered "Yes", Please give full details in the space provided.</b></p> <p>1: Are you suffering from any illness, impairment or disability, or taking any medication or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>2: Have you, since the date of your original application, consulted any doctor or been advised to have an operation, x-ray checkup or investigation at a hospital or elsewhere? If so please give details, dates and results of any tests together with the doctor's address, if different from the above. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>3: Have you, since the date of original application, tested positive for HIV/AIDS or Hepatitis B or C or have you been treated / tested for any other disease which can be sexually transmitted or are you awaiting the result of such test? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>4: Since the date of your original application, have any of your parents, brothers or sisters died or suffered from heart or circulatory disease, cancer, diabetes, kidney disease, any hereditary disorder or any other serious illness before age 60? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>5: Since the date of your original application, has any proposal on your life been Declined, Deferred or accepted at Special Terms? If yes, give details of the name of the office, the date of the decision in each case. Yes <input type="checkbox"/> No <input type="checkbox"/></p>							
<p><b>Special Note:</b> The answers to the questions on this form will be considered by the Company in re-instatement of your policy. All answers must therefore be carefully considered. Material facts (i.e. those facts likely to influence the Company's assessment) must be disclosed, as not disclosing them may result in rejection of any claim. If there is any doubt as to whether a fact is material then it should be disclosed.</p>							
<p><b>Declaration:</b> I hereby declare that to the best of my knowledge and belief, the above statements are true and complete.</p>							
Signed:	<input style="width: 100%; text-align: center;" type="text" value="X"/>					Date	<input style="width: 100%;" type="text"/>

Phoenix Ireland is the trading name used by Scottish Mutual International Limited and Phoenix Life Limited. Scottish Mutual International Limited is authorised and regulated by the Central Bank of Ireland and is registered in Ireland (Company No. 242244). The company's registered office is 25-28 North Wall Quay Dublin 1, Ireland. An up-to-date list of its directors, containing the particulars required by paragraphs (a), (b) and (c) of section 196(1) of the Companies Act 1963, is available upon request from the company's registered office.

Phoenix Life Limited is authorised and regulated in the United Kingdom by the Financial Services Authority. Phoenix Life Limited is incorporated in England (Company No. 1016269) and has a registered branch in Ireland (Branch No. 906073). The company's registered office is 1 Wythall Green Way, Wythall, Birmingham B47 6WG United Kingdom. Its directors are A B Davidson (UK), J P Evans (UK), M J Merrick (UK), A Moss (UK), M D Ross (UK), J C Park (UK), W R Treen (UK), M N Urmston (UK) and J Yates (UK).  
(UK). **PI\_DOH\_LIFE/0910**