

Intermediary: L.A.R.C No.: Agent/Agency No.:
Office Use Only: Contract Type: Policy/Contract No.: Client No.:

Please read each question carefully and ensure you fully understand the question before answering. Please use BLOCK CAPITALS throughout. We may require a full medical proposal form in certain circumstances. You will be advised if this is necessary.

SECTION A. PERSONAL DETAILS

<p>Mr./Mrs./Ms. Surname: <input type="text"/></p> <p>First Name(s): <input type="text"/></p> <p>Home Address: <input type="text"/></p> <p>Work Address (if different from above): <input type="text"/></p>	<p>Gender: Male: <input type="checkbox"/> Female: <input type="checkbox"/></p> <p>Date of Birth: <input type="text"/> DD / <input type="text"/> MM / <input type="text"/> YY</p> <p>PPS Number: <input type="text"/></p> <p>Mobile Number: <input type="text"/></p> <p>Work Telephone Number: <input type="text"/></p> <p>Email Address: <input type="text"/></p> <p>Current Annual Benefit: € <input type="text"/></p> <p>Additional Annual Benefit: € <input type="text"/></p> <p>Total Annual Benefit: € <input type="text"/></p> <p>Do you require Pension Premium Protection: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Amount of Pension Premium Protection: € <input type="text"/></p>
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SECTION B. DIRECT DEBIT MANDATE

Please complete parts 1-4 to instruct your bank/building society to make payments directly from your account. Then return the form to Friends First, Friends First House, Cherrywood Business Park, Loughlinstown, Dublin 18.

Originator's identification number: 9 9 0 4 5 7
Originator's reference:
(maximum 18 characters)

1. Bank Details:

Name:
Address:

2. Sort code:

Account number:

3. Account Holder Details:

Surname:
Forename:

Banks/Building Societies may decline to accept instructions to pay direct debits from some types of accounts.

4. Your instruction to the bank/building society:

- I instruct you to pay Direct Debits from my account at the request of Friends First Life Assurance Company Ltd
- I confirm that the amounts to be debited are variable and may be debited on various dates
- I shall duly notify the Bank in writing if I wish to cancel this instruction
- I shall also notify Friends First of such cancellation.

The Direct Debit Guarantee:

- This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.
- If you authorise payment by Direct Debit, then:
 - Your Direct Debit originator will notify you in advance of the amounts to be debited to your account
 - Your Bank will accept and pay such debits, provided that your account has sufficient available funds
 - If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged
 - You can cancel the Direct Debit Instruction in good time by writing to your Bank

Sign here

(if joint a/c)

Date: DD / MM / YY



SECTION C.**MEDICAL DETAILS**

DISCLOSURE OF MATERIAL FACTS: Please note carefully; Failure to disclose all material facts could render your contract void. A material fact is one which an insurer would regard as likely to influence the assessment and acceptance of the proposal for insurance. If you are in doubt as to whether certain facts are material, these facts should be disclosed. Any information not fully dealt with in the answers to the questions should be inserted in the section headed "Further Medical Evidence".

(1) Are you currently under medication or have you seen a doctor other than for minor ailments in the last 24 months? Yes: No:

(2) Have you been absent from work for more than 10 consecutive working days in the last 24 months as a result of illness or injury? Yes: No:

(3) Do you participate in any dangerous sports or pastimes? Yes: No:

If you have answered 'No' to all of the above three questions, and

1 are under age 50 and applying for aggregate benefits up to €60,000.

or

2 are aged 50 or over and applying for aggregate benefits up to €20,000.

and you have been previously accepted at normal rates (or have not applied before) please sign the declaration in Section D. However, if you have answered 'yes' to any of the questions or are applying for benefit in excess of the limits above please complete a separate medical questionnaire form (available from Law Library Financial Services).

SECTION D.**DECLARATIONS**

I declare that I am actively at work today, or capable of being actively at work today. I also declare that the above statements (including any statements written down at my dictation) are TRUE and COMPLETE. I understand that failure to disclose a material fact may constitute grounds for rejection of a claim.

I consent to Friends First Life Assurance Co. Ltd. seeking information from any doctor who has at any time attended me concerning anything which affects my physical or mental health, or seeking information from any insurance office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

I agree that this declaration and any other declaration made in connection with this proposal including statements made to a medical examiner acting on behalf of Friends First Life Assurance Co. Ltd. shall be the basis of the contract of assurance and/or insurance between Friends First Life Assurance Co. Ltd. and myself.

I understand that Friends First Life Assurance Co. Ltd. must be notified of any other changes in my health and/or circumstances prior to the assumption of risk. I understand that the assurance shall not commence until the application has been accepted by Friends First Life Assurance Co. Ltd.

If your proposal for insurance is declined or accepted on special terms then that will be noted on a registry administered by the Irish Insurance Federation, and may be shared with other companies as a protection against non disclosure of material facts.

I understand that payments made under this Plan will take account of any similar policies I hold.

Applicant's Signature:

Sign here X

Date: DD / MM / YY



Metropolitan House
James Joyce Street
Dublin 1



Friends First
Part of the EUREKO Group

Looking forward to your future