



Private and Confidential

Mr AJ Robinson
36 Yeadon Court
Newcastle Upon Tyne
Tyne & Wear
NE3 2XE

ENC: PPD-BBR

Your Ref: 94264153
Our Ref: NBS

3 May 2017

Dear Mr Robinson

Product Type:	VitalityLife Essentials Plan
Application Number:	94264153
On the Life/Lives of:	Mr Alexander James Robinson

Thank you for applying for a VitalityLife Essentials Plan.

Your plan has been set up using the details shown on the attached Confirmation Schedule in Section 1. This reflects the information sent to us electronically by your financial adviser.

This Confirmation Schedule forms part of the basis of the agreement between you and VitalityLife for the provision of the VitalityLife Essentials Plan, so you must check this document for accuracy and completeness.

What you need to do now

If you are happy that the information in the Confirmation Schedule is complete and correct you do not need to do anything further.

If you received this letter via email, you can return any amendments to us for free using an envelope marked **FREEPOST VITALITYLIFE**.

Please be aware that this Confirmation Schedule is not your plan documentation or your Plan Schedule. If you have not already received these, you should receive them in the post soon.

Your statutory cancellation rights will not be affected by the contents of this letter

If you need help or have any questions about your VitalityLife Essentials Plan, please consult your financial adviser.

How to contact us

If you need to speak with a member of our team, please call us on 0345 601 0072. Lines are open Monday to Thursday 8:30am to 6:00pm and Friday 8:30am to 5:00pm. Calls may be recorded/monitored to help us improve our customer service. You can also email us at lifecustomerservices@vitality.co.uk or fax us on 0870 240 0937 (please note that this is not a secure messaging system).

Yours sincerely

A handwritten signature in black ink, appearing to read 'Jaco Brand'.

Jaco Brand
Chief Operating Officer
VitalityLife

VitalityLife Essentials Plan Confirmation Schedule

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 Applicant Name(s): Mr AJ Robinson
 Date: 3 May 2017

SECTION 1 - CONFIRMATION SCHEDULE

These are your application details, please check them carefully

1 - About You - The First or Only Life Assured

The First (or Only) Life Assured	
Full Name:	Mr Alexander James Robinson
Gender:	Male
Smoker Status:	Never smoked
Occupation:	Unemployed
Date of Birth:	05/08/1978
Marital Status:	Married
Employment Status:	Unemployed
Primary residence outside the UK?	No

2 - Your Plan - The First or Only Life Assured

Is this plan to be used in connection to a mortgage?

No

Is this plan to be used for Business Protection

No

Total gross annual earnings:

£

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3 - Health and Occupation Details - The First or Only Life Assured

Name address and telephone number of your usual doctor:

Doctors Name:	Any Any
Address:	THE PARK MEDICAL GROUP KINGSTON PARK AVENUE NEWCASTLE UPON TYNE TYNE & WEAR NE3 2HB
Telephone Number:	01912860022
How long has he/she been your doctor?	
If less than six months, please provide previous doctor's details:	
Doctor's Name:	
Address:	
Telephone Number:	
Height:	173 cm
Weight:	76 kg

Please confirm your smoker status (includes cigarettes, cigars, pipe, loose tobacco, herbal cigarettes, any nicotine replacement therapy and electronic cigarettes.) We will carry out random tests to confirm non-smoker status.

Never smoked

ABOUT YOU
"Other/existing cover"

Do you already have any Life Cover, Critical Illness / Serious Illness or Income Protection Cover with VitalityLife (formerly known as PruProtect)? No

Within the last 12 months have you applied for any other cover with VitalityLife, regardless of whether a policy has been issued or not? No

Including this application, will the total amount of Life cover you have for all purposes exceed £1.5 million? (Ignore cover that will be cancelled and applications that are for comparative purposes only, but include any further cover you intend applying for in the next 6 months) No

Including this application, will the total amount of Serious Illness / Critical Illness cover you have for all purposes exceed £500,000? (Ignore cover that will be cancelled and applications that are for comparative purposes only, but include any further cover you intend applying for in the next 6 months) No

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"Occupation"

What is your main occupation? Please enter an occupation with the closest match. This will help us process your application as quickly as possible.

Do you work in or with the armed forces or are you a member of the territorial army or a reservist?

Apart from commuting between your home and a fixed place of work, does your job involve driving more than 25,000 miles per annum?

Do you work less than 16 hours per week? If you are unemployed, a student, a houseperson, retired or a pensioner then answer "No" to this question.

"Travel/Residency"

During the next 12 months do you intend spending longer than 3 months in total outside the UK (England, Scotland, Wales or Northern Ireland)?

In the last 5 years have you spent more than 3 consecutive months in Africa, India, Thailand or the Caribbean (Includes Antigua, Bahamas, Barbados, Bermuda, Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Trinidad and Tobago)?

"Hazardous Pursuits/Hobbies"

Do you take part in or intend to start within the next 12 months any hazardous pastimes? (e.g. water sports, diving, mountaineering, aviation sports including parachuting, motor sports, extreme sports etc). You can ignore one off experiences.

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PERSONAL
"Lifestyle"

Have you ever been advised to reduce your alcohol intake because you were drinking too heavily?

In the last 10 years have you ever taken recreational drugs such as cannabis, ecstasy, cocaine, methadone, heroin, anabolic steroids or similar substances?

Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test? (Note: if the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance).

"Family History"

Before the age of 60, have any members of your immediate family (natural parents, brothers or sisters) had any of the following medical conditions: Breast, Ovarian, Colon or Bowel Cancer, Heart Attack, Angina, Cardiomyopathy, Stroke or Diabetes, Multiple Sclerosis, Muscular Dystrophy, Parkinson's, Dementia / Alzheimer's Disease, Huntington's, Motor Neurone Disease or Polycystic Kidney Disease

"Your Health"
Have you ever had or do you currently have any of the following:

Cancer, Leukaemia, Hodgkin's disease, Lymphoma, brain or spinal tumour?

Heart disease or disorder, including Heart attack, angina, cardiomyopathy, heart murmur, heart valve defect or heart surgery or procedure?

Stroke, transient ischaemic attack (TIA), brain haemorrhage or permanent brain injury through an accident?

Multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, parkinson's disease, dementia or alzheimer's disease, cerebral palsy, motor neurone disease or any disorders of the brain or nerves?

Disease or disorder of the blood vessels including Deep Vein Thrombosis and disorders of the aorta or arteries of the leg or neck?

Diabetes, sugar in the urine, raised blood sugar, low blood sugar, glucose intolerance or thyroid problems?

Schizophrenia, bipolar disorder / manic depression, psychosis, paranoia or have you ever required hospital treatment as an inpatient for any mental illness?

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"Your health in the last 5 years"

Apart from any condition you have already told us about, have you had any of the following in the last 5 years:

- | | |
|--|---------------------------------|
| Lump, cyst, growth or skin lesion of any kind? | <input type="text" value="No"/> |
| Mole or freckle that has bled, become painful, itchy, changed colour, increased size or that you have been advised to monitor (including photographic surveillance)? | <input type="text" value="No"/> |
| Raised blood pressure or raised cholesterol, chest pain, palpitations or irregular heart beat? | <input type="text" value="No"/> |
| Numbness, tremor, tingling, pins and needles, dizziness, facial pain or visual disturbance including blurred or double vision? | <input type="text" value="No"/> |
| Seizures, fits, fainting, blackouts or memory loss? | <input type="text" value="No"/> |
| Any disorder of the digestive system, liver, stomach, oesophagus, pancreas, colon or bowel, including Gastric ulcer, Hepatitis, Pancreatitis, Colitis or Crohn's disease? Ignore minor indigestion, heartburn, appendicitis (operated and fully recovered) or irritable bowel syndrome (IBS) that only cause occasional mild discomfort and for which you have not required investigation or hospital referral and none are planned. | <input type="text" value="No"/> |
| Any disorder of the kidneys, bladder or prostate, including blood or protein in the urine or urinary tract infection? | <input type="text" value="No"/> |
| Any mental disorder, including stress, anxiety, panic attacks, depression, nervous breakdowns or eating disorders? | <input type="text" value="No"/> |
| Any respiratory or lung disorder, including asthma, bronchitis, COPD (COAD), emphysema, bronchiectasis or sleep apnoea? | <input type="text" value="No"/> |
| Anaemia or blood disorder? | <input type="text" value="No"/> |

"Your health in the last 5 years"

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Apart from any condition you have already told us about, within the last 5 years have you:

Suffered from continuous fatigue, tiredness or fibromyalgia?

☐ No

Had any pain or other problems relating to your back, neck, joints, bones or muscles including arthritis, ankylosing spondylitis, slipped disc, rheumatism or gout? (ignore simple muscle strains, sprains or limb fractures if you have fully recovered)

☐ Yes

1. Are you awaiting hospital referral, tests, investigations, results or surgery for your condition? (You do not need to tell us about physiotherapy or treatment by an osteopath or chiropractor)

No

2. Over the last 3 years, for how many days have your usual daily activities been restricted as a result of this condition?

0

3. When did you last experience symptoms of this condition? Please give your answer in months and if current / ongoing, enter 0:

3

4. Have you experienced more than one distinct episode of this condition i.e. multiple episodes?

Yes

Had any disorder of the eyes including blindness or problems with your sight? (conjunctivitis, sight problems fully corrected by glasses, contact lenses or laser eye treatment for short/long sight or cosmetic reasons can be ignored)

☐ No

Had any disorder of the ears including deafness or difficulty hearing? (Ear syringing can be ignored and please ignore simple earache and ear infections that have resolved leaving no continuing hearing loss).

☐ Yes

1. Do you have any other medical condition associated with this?

Yes

2. Have details of the condition already been disclosed?

Yes

Had any disease of the skin, including psoriasis or dermatitis?

☐ No

Required more than 2 weeks off work for any medical condition, illness or injury not already mentioned? (Please ignore flu or colds from which you've fully recovered and pregnancy where no complications were present).

☐ No

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"Recent and Current Health"

For the remaining questions please see the list of minor conditions and treatments that can be ignored.

In the last 6 months have you experienced any unintentional or unexplained weight loss? ☐ No

Apart from anything you have already told us about in this form, within the last 2 years have you had any medical condition, illness or injury that you have received treatment for, over a continuous period of 2 weeks or more? ☐ No

Apart from anything you have already told us about in this form, within the last 2 years have you undergone any investigation such as blood tests, scans or biopsies? If so, for what condition (or suspected condition)? ☐ No

Apart from anything you have already told us about in this form, do you have any impairment or medical complaints that you intend seeking medical advice for, or are you currently awaiting the results of any investigations? ☐ No

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Duty of Disclosure Declaration

I/We the applicant(s) declare that, to the best of my/our knowledge and belief, the information on this form is true and complete and agree that the terms of this application and declaration and any statements made by the life or lives to be assured to VitalityLife's (or specialist third-party provider's) nurse or medical examiner together with VitalityLife's letter of acceptance will be deemed to form part of any resultant contracts.

I/We will inform you immediately of any changes that occur and that would affect my answers before the application is accepted (an application is accepted when we have provided a final underwriting decision).

I/We understand that failure to do so may result in the contract being declared void, and that a claim for the proceeds may not be paid.

I/We authorise my/our financial adviser to act on my/our behalf in relation to the matters indicated in this form and to provide information to VitalityLife. I/We request VitalityLife to act on any such information and, where appropriate, confirm that my/our financial adviser is able to act on my/our instructions to provide the information on this form, to apply for a plan and to agree the commencement date of the plan with VitalityLife.

I/We consent to VitalityLife seeking details of the mortgage from the lender.

I/We am/are aware that the income benefits I/we receive could affect the amount of any income support/income based Jobseekers Allowance, should I/we be eligible for state help.

General information

By submitting this information to us, you consent to our processing sensitive personal data about you where this is necessary.

I consent to VitalityLife processing my personal data and sensitive personal information for the purposes of providing me with a quote and/or policy.

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Please complete & return to VitalityLife if there are any errors or omissions in your Confirmation Schedule

SECTION 2 - CLIENT VERIFICATION FOR LIFE ASSURED

The information shown in this Confirmation Schedule was provided to us by yourself directly, or on your behalf by your financial adviser.

If the details are not a true reflection of the information you supplied to your financial adviser or to us, please tell us what changes are required in the space below. If you are happy that the information in the Confirmation Schedule is complete and correct you are not required to take any action.

Amendments to information contained in Confirmation Schedule

The following corrections and/or additions are required to the information contained in my Confirmation Schedule.

Please be aware that this Confirmation Schedule is not your policy documentation or your Plan Schedule.

Please make the following amendments to my Confirmation Schedule

Please continue on a separate sheet or overleaf if necessary

SIGNATURE OF LIFE ASSURED

Signature

Date

Returning documentation to us

If any amendments are required, please return Section 2 to **FREEPOST VITALITYLIFE.**

Documents can be returned by fax on 0870 240 0937, or emailed to lifecustomerservices@vitality.co.uk.