

Health questions (continued)

Country City

Dates (dd/mm/yyyy) From: To:

Country City

Dates (dd/mm/yyyy) From: To:

6. In the next three months, do you have a definite intention (e.g. flight booked) to travel outside of your country of residence? * Yes No

Country City

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Country City

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Country City

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7. Have you received the COVID-19 vaccination? If YES, which vaccine have you had and how many doses? Yes No
NB: Please provide a copy of your vaccination certificate.

If Yes, please provide full details

* Please note that if you have travelled in the last 30 days, we may need to see a copy of the negative PCR test done on your return to your country of residence.

Data Protection

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit www.fpinternational.com/legal/privacy-and-cookies to view the full policy or this can be provided on request from our Data Protection Officer.

Declaration

I hereby declare that the foregoing statements and answers are true and that no fact has been withheld. I agree that they shall constitute part of my application for life insurance. I understand and accept that failure to disclose a fact or the giving of false information may invalidate the contract.

I understand that if there is any change in my health or circumstances before Friends Provident International starts the policy, I MUST let you know immediately.

Please ensure you sign/date the form.

Signature

Name of Life Assured

Date (dd/mm/yyyy) I give explicit consent to capture and process my medical/lifestyle data.

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