

DECLARATION OF HEALTH

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

IMPORTANT INFORMATION

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

HOW TO COMPLETE THIS FORM

This form should be **completed by the Life Assured** using **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Our preference is to receive documentation scanned and emailed. Please return the completed form(s) and supporting suitably certified documentation to Info@UTMOST.ie.

If you are unable to send documentation electronically, it can be posted to Utmost PanEurope dac, Bishop's Square, Redmond's Hill, Dublin 2, Ireland.

HOW WE USE YOUR INFORMATION

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy at www.utmostinternational.com/privacy-statements or you can request a copy from our Client Relations Team.


USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

A APPLICANT DETAILS

This Medical Questionnaire needs to be completed only if life assurance or widow(er)'s pension benefits are to be provided on death in service before Normal Retiring Date. All questions should be answered and a distinct answer given when required. If you are in doubt as to whether something is material, you should disclose it.

Title (Mr, Mrs, Miss or Other)	<input type="text"/>
Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Occupation (If more than one give details of all).	<input type="text"/> <input type="text"/>
Marital Status	<input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place of Birth	<input type="text"/>

Give details of the exact nature of your occupation(s). 

B MEDICAL INFORMATION

1 What is the name and address of your usual doctor?

Postcode

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If you have changed your doctor within the last 12 months, also provide the details of your previous doctor.

Postcode

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If any of the following questions are answered "Yes", please give full details in the space provided. 

2 Have you in the last 12 months applied to another life office for insurance on your life or are you currently intending to do so? Yes No

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3 Has any proposal on your life made to this or any other life office been accepted on special terms, declined or deferred? Yes No

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4 Have you any prospect or intention of going abroad? (other than for short holidays) Yes No

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5 Do you or do you intend to engage in any hazardous activities in the course of your leisure pursuits? (e.g. private aviation, motor racing) Yes No

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If any of the following questions are answered "Yes", please give full details in the space provided.



6 In relation to your physical and mental health, have you in the last 5 years consulted any doctor or attended a hospital, or had any treatment or tests, or been advised to do so?

Yes No

7 Are you at present receiving medical treatment or taking any medicine or drugs or are you aware of any impending medical or surgical treatment?

Yes No

8 Have you ever had treatment or a blood test in connection with AIDS, hepatitis B or any sexually transmitted disease, or been advised to do so?

Yes No

9 Have you smoked any tobacco product in the last 12 months?

Yes No

If yes, state average current consumption

daily / weekly

If no, is it your resolve not to do so in the future?

Yes No

10 State the average quantity of alcohol consumed (social/occasional not acceptable)

daily / weekly

11 State your current height and weight:

Height (without shoes) Height ft ins cm


Weight (in indoor clothes) Weight st lbs kgs

12 Has either parent, or any brother or any sister suffered from high blood pressure, heart disease, stroke, diabetes or cancer?

Yes No

If **yes**, confirm the relationship, conditions and age when suffered

You must ensure that you have obtained agreement from the family member to include this information prior to submitting.

If your proposal for insurance is declined or if you are offered insurance on special terms then this fact will be noted  on a central registry, administered by the Irish Insurance Federation, and may be shared with other insurance companies as a protection against non-disclosure of material facts.

C DECLARATION

I hereby consent to Utmost PanEurope dac seeking and processing medical information at any time from any doctor who has 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.

I give consent I do not give consent*

*If explicit consent is not given, Utmost PanEurope dac will be unable to process your claim.

I **confirm** that I have read over any answers not filled in by me in my own handwriting and that all the answers and statements are true and complete.

I **confirm** that I have obtained family member agreement to include their information provided in section B, question 12, of this form.

I **agree** that this application will form the basis of the contract with Utmost PanEurope dac and that non-disclosure or misrepresentation in the application or in other information furnished in connection with the application including any answers given to a medical examiner acting for Utmost PanEurope dac may constitute grounds for rejection of a claim.

SIGNATURE

Print full name

Date

d	d	m	m	y	y	y	y
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A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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