

Protection Flexibility Declaration of Health

Important – telling Irish Life about relevant information.

Please remember that you are obliged to answer the health questions in this form and this Declaration of Health, honestly and with reasonable care.

If your answers are not true and complete, we may be entitled to void the policy without return of premiums, refuse a claim, treat the policy as if it have been entered into on different terms or limits the amount on foot of the contract of insurance. You must tell us all relevant information when answering the questions asked. If you are not sure whether something is relevant to the questions asked, you should tell us anyway.

On receipt of the Declaration of Health Form we will advise you if we are in a position to alter your benefits.

FOR USE ON EXISTING PLAN FOR REINSTATEMENT PURPOSES ONLY

Plan Number

Life 1

Life 2

If your health has changed since your cover started and you are unable to satisfy the declaration of health below, this form cannot be used and a full new application form will have to be completed. This can be obtained from your Financial Adviser.

Please read the questions carefully before answering them

Since the Date of your Original Application Form:

- | | Life 1 | | Life 2 |
|---|---------------------------|--------------------------|---------------------------|
| 1. Have you done any of the following: | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> |
| • Increased your alcohol consumption above 35 units per week or been advised to reduce your alcohol intake | | | No <input type="radio"/> |
| • Had an increase or decrease in weight of more than 14lbs / 6kgs, for reasons other than stopping smoking, pregnancy or dieting | | | |
| 2. Have you had or been advised to have any investigation, consultation, tests, or treatments by a specialist, clinic, hospital or doctor in relation to a medical disorder, or are you required to attend for follow up or review? | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> |
| | | | No <input type="radio"/> |
| 3. Are you currently receiving any treatment or have you required continuous medical treatment or prescribed medication for more than weeks?4 | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> |
| | | | No <input type="radio"/> |
| 4. Have you any current symptoms, or medical disorder or abnormality for which you have not sought medical advice but intend to? | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> |
| | | | No <input type="radio"/> |

If you have Specified Illness Cover:

- | | | | | |
|--|---------------------------|--------------------------|---------------------------|--------------------------|
| 1. Do you currently have, or have you sought or intended to seek medical advice for: | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| • Any lump, cyst, growth, mole or naevus of the skin that has bled, changed in appearance or become painful? | | | | |
| • Tingling or numbness of the limbs, recurrent double vision, or any other neurological abnormality or disorder? | | | | |

Please give full details to any questions answered “Yes” including names of doctors attended

Life 1:

Life 2:

Customer Declaration

This is my application to alter my benefits. I have read over the replies to all the questions in this form and declare that I have answered them all honestly and with reasonable care. I understand that if my answers are not true and complete, Irish Life may be entitled to void the policy without return of premium, repudiate liability, treat the policy as if it had been entered on different terms, or limit the amount paid on foot of the contract of insurance.

I understand that this declaration will form the basis for the contract of insurance

Please sign
and date

Signature of first person to be covered:

Signature of second person to be covered:

Date

Please be aware for all signatures typed herein, you are electronically certifying this document, just as if you were physically signing on paper.
