

SLI Application

PLEASE READ THESE IMPORTANT NOTES BEFORE COMPLETING THIS APPLICATION FORM

You must notify Sterling Life Limited when you leave Regular military service. You must also advise Sterling Life Limited if you remain as a Reserve, and if you subsequently cease to be a Reserve.

- It is important that all questions are answered truthfully and accurately. Please disclose all relevant facts that could influence or affect the acceptance of your application for insurance.
- If a policy is issued without all relevant information having been provided, Sterling Life Limited may not be liable to pay a claim under the policy.
- Sterling Life Limited has a confidentiality policy in place, which means that information is held securely and access is limited to authorised individuals who need to see it for the purpose of processing your application.
- If your birthday occurs while the application is being processed, the terms may differ from those originally quoted.
- Appointed Representatives, Brokers and Independent Financial Advisers submitting application forms to Sterling Life Limited do not have the authority to conclude contracts on Sterling Life Limited's behalf.
- Unless specifically agreed to the contrary, this insurance shall be subject to English law and the exclusive jurisdiction of the English courts.
- Copies of the policy documents and this application form when completed are available on request.
- Payments can be made by either JPA payroll deduction or direct debit mandate.

Your Chosen Sum Insured:

Monthly Insurance Premium: £
Plus Policy Fee £1.50
Total Monthly Payment: £

Chosen Term (select 5-25 yrs):

N.B. To calculate the total cost payable for the duration of your policy, multiply the monthly insurance premium plus the monthly policy fee by 12 and then by the number of years of the term you have chosen - e.g. £10 + £1.50 = £11.50 x 12 = £138 x 10 years = £1,380 total cost.

A. PERSONAL DETAILS

National Insurance No: (if known) _____ Service No: _____
 Mr/Mrs/Ms: _____ Rank: _____
 Surname: _____
 First Name(s): _____ Date of Birth: _____
 Address: _____
 _____ Postcode: _____
Contact telephone numbers:
 Daytime: _____ Mobile: _____
 Email: _____
 Branch of Armed Forces: _____ Unit: _____
 Occupation (Civilian or Reserve only): _____

B. LIFESTYLE DETAILS

Have you in the last 12 months smoked either cigarettes, cigars or a pipe?..... Yes No

C. AUTHORISATION

The person named below has my full authority and consent to deal with all matters concerning my SLI policy and to whom Sterling Life Limited has my authority to disclose any information that he/she may require regarding my policy.

Name of Nominee: _____ Date of Birth of Nominee: _____

Address of Nominee: _____

Postcode: _____ Nominee's Phone Number: _____

DECLARATION AND DATA PROTECTION ACT 1998

DATA PROTECTION ACT 1998

By submitting the Application, you understand and agree that the personal information you provide may be used by Sterling Life Limited, their connected companies, re-insurers, agents and sub-contractors for the purpose of your insurance. We may share this information with the Ministry of Defence or their authorised scheme manager. If you have provided information about another person, you are confirming that you have their permission to do so.

You are also giving irrevocable permission for any medical practitioner that you have consulted to provide Sterling Life Limited with any medical information they may request in relation to a claim made after your death by your personal representatives.

A copy of your personal information can be obtained on payment of a fee.

DECLARATION

By submitting this Application Form, I confirm that:-

- I wish to apply for Life and Terminal Illness insurance
- The information I have supplied is true and complete
- I have read the policy summary

Sterling Life Limited is authorised and regulated by the FSA.

Registered office; Ambassador House, Paradise Road, Richmond upon Thames, Surrey, TW9 1SQ. Registered in England & Wales under 911235.

**I would like my policy
Start Date to be:**

N.B. No later than 30 days after the application

Name of sales representative :

Date:

HOW WOULD YOU LIKE TO PAY YOUR MONTHLY PREMIUM AND POLICY FEE?

Please tick EITHER: JPA Payroll Deduction - complete Section D below (Not available for Reserves)
OR: Direct Debit - complete Section E below

D. JPA PAYROLL DEDUCTION INSTRUCTIONS

Name:

Service No:

I hereby authorise JPA :

to deduct from my pay my monthly premium plus monthly policy fee of £ each month in favour of Sterling Life Limited.

PLEASE NOTE

1. THE ABOVE AMOUNT WILL BE DEDUCTED FROM YOUR PAY STARTING **ON THE SECOND PAY DAY** AFTER YOUR POLICY START DATE AND CONTINUING EACH MONTH UNTIL YOUR POLICY ENDS.

2. IF THERE ARE NOT ENOUGH FUNDS IN YOUR PAY ACCOUNT YOUR MONTHLY PREMIUM MAY NOT BE PAID, WHICH MAY RESULT IN YOUR POLICY BEING CANCELLED.

E. DIRECT DEBIT INSTRUCTIONS AND GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Sterling Life Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Sterling Life Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

- If an error is made in the payment of your Direct Debit, by Sterling Life Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when Sterling Life Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Instruction to your Bank or Building Society to pay Sterling Life Limited by Direct Debit

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.



**Name(s) of
account holder(s)**

Reference Number

To be completed by originator

Bank or Building Society account number

Originator's Identification Number

Branch sort code (from the top right hand corner of your cheque)

Instruction to your Bank or Building Society

Please pay Sterling Life Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Sterling Life Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager

Bank or Building Society

Address

Postcode

Signature

Date