



**STERLING**  
*Looking after tomorrow*

**INDIVIDUAL APPLICATION FORM  
LIFE COVER  
45PLUS**



STERLING LIFE LIMITED IS AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY  
STERLING LIFE LIMITED APPEARS IN THE FINANCIAL SERVICES AUTHORITY'S (FSA) REGISTER AND THE REGISTRATION NUMBER IS 202178  
STERLING LIFE LIMITED IS A PRIVATE COMPANY LIMITED BY SHARES INCORPORATED IN ENGLAND UNDER REGISTERED NUMBER 911235 ;

IT IS A WHOLLY OWNED SUBSIDIARY OF STERLING INSURANCE GROUP LIMITED.

THE REGISTERED OFFICE OF STERLING LIFE LIMITED IS:

AMBASSADOR HOUSE, PARADISE ROAD, RICHMOND UPON THAMES, SURREY TW9 1SQ.

TEL: 0208 334 1557

[WWW.SERVICELIFEINSURANCE.CO.UK](http://WWW.SERVICELIFEINSURANCE.CO.UK)

KH3550 05.11

**PLEASE READ THIS NOTICE BEFORE COMPLETING THIS APPLICATION FORM**

- It is important that all questions are answered truthfully and accurately. Please disclose all relevant facts that could influence or affect the assessment and/or acceptance of the application for insurance, including the amount of premium payable.
- If a policy is issued without all relevant information having been provided, Sterling Life Limited may avoid payment of a claim under the policy. If you are in any doubt as to whether certain information is relevant you should disclose it. If you consider that the response to any of the questions in the application form requires any expert or third party knowledge that you do not have, please indicate this in your answer.
- Sterling Life Limited must be notified, in writing, of any changes to the details provided on the application form, including those relating to health, occupation, pastimes, travel or country of residence that occur before the policy is issued.
- Sterling Life Limited is not liable for the payment of any benefit under the policy until the start date of the policy has been reached and confirmed by Sterling Life Limited, your original Application Form has been received, underwriting has been completed and the first premium has been paid.
- On occasion, the faxing of medical reports may help to ensure a speedier assessment of your application. We only accept faxed information direct to a fax machine in a secure area of our building to ensure that we maintain strict confidentiality. If you do not agree to allow the faxing of information, please indicate this by ticking the box in the relevant section of the Declaration.
- Sterling Life Limited has a confidentiality policy in place, which means that medical information is held securely and access is limited to authorised individuals who need to see it for the purpose of processing your application.
- If a 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.
- A copy of the policy provisions and once completed, the application form is available on request.

**Life and Terminal Illness cover**

Please complete this application form for Sterling to provide you with a Life and Terminal illness quotation. As each quotation will be individually underwritten, we cannot guarantee to accept you for cover.

**Accidental Death, War and Terrorism cover**

Whilst we are assessing your application for life and terminal illness cover, you can apply for Accidental Death, War and Terrorism cover. This cover is guaranteed and you will have immediate acceptance. Please refer to the rating table attached to calculate your monthly premium for Accidental Death, War and Terrorism cover.

**Policy Summary**

Please refer to the attached policy summary details which provides a summary of the key features.

**PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM**

Your Chosen Sum Insured:  Monthly Premium for accidental death, war & terrorism, plus £1.50 Policy Fee:  Chosen Term (up to 19 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 Number	
Rank	
Title (Mr/Mrs/Miss/etc)	
Surname	
First Name(s)	
Date of Birth	
Full Address	Postcode
Contact Telephone Number	Daytime
	Mobile
Email Address	
Nationality	
Country of Residence	
Branch of Armed Forces	
Unit & Location	
Occupation (Reservist only)	
Doctor’s Name	
Doctor’s Address	Postcode
Doctor’s telephone number	
Date registered with doctor	

If all medical records are not available from your current GP please provide contact details of where these can be obtained: \_\_\_\_\_

## B Lifestyle Details

1. What is your average consumption of alcohol units per week?

- Standard (175ml) glass of wine - 2 units
- Large (250ml) glass of wine - 3 units
- Pint of standard lager - 2.3 units
- Pint of premium lager - 2.8 units
- Pint of strong cider - 4.7 units

2. Have you smoked or used any nicotine products in the last 12 months?  Yes  No  
 If "yes" please state cigarettes, cigars, pipe or any nicotine products in the last 12 months  per day

**Note: Random tests may be carried out to verify non-smoker status**

## C Medical Details

- In accordance with the Association of British Insurers' policy on Genetics and Insurance, you do not need to tell us about any predictive genetic test result you have had if this application is for Life insurance and, taken together with any other insurance policies you already have, totals £500,000 or less.
- We will only be interested in genetic test results where the Government's Genetic and Insurance Committee have approved them
- for insurers to use. If you think this may apply to you, please ask us for details of the current position.
- You must tell us if you either have a family history of, or are experiencing symptoms of, or are having treatment for a medical condition including any genetically inherited condition.
- We will rely on what you tell us and you must not assume that we will clarify or confirm any information that you have provided (with your GP).

What is your height?  ft  inch or  m  cm

What is your weight?  st  lb or  kg

The following questions require "yes/no" answers. If you answer "Yes" to any of the questions, please provide full details in Section E.

	Yes	No
1. Have you ever tested positive for HIV/AIDS, or Hepatitis B or C?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you awaiting the result for any such test? If you have answered "yes" please specify Tested positive for HIV <input type="checkbox"/> <input type="checkbox"/> Awaiting an HIV test <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Note: If the result is negative, the fact of having an HIV test will not, of itself, have any effect on your acceptance terms for insurance.</b>		
3. Are you currently taking prescribed drugs, medicines, tablets or any other treatment?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever injected or taken any non-prescription drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you due to have any check-up in the next 12 months in connection with any medical condition, or are you waiting for the result of any medical investigation?	<input type="checkbox"/>	<input type="checkbox"/>
6. Within the last five years have you tested positive or been treated for any disease, which was transmitted sexually?	<input type="checkbox"/>	<input type="checkbox"/>

**Do you currently have or have you ever had any of the following:**

7. Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?	<input type="checkbox"/>	<input type="checkbox"/>
8. Heart attack, angina, heart defects from birth or heart surgery?	<input type="checkbox"/>	<input type="checkbox"/>
9. Stroke, circulatory problems, brain haemorrhage or permanent brain injury?	<input type="checkbox"/>	<input type="checkbox"/>
10. Multiple sclerosis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia, or cerebral palsy?	<input type="checkbox"/>	<input type="checkbox"/>
11. any other disorder of the central nervous system (the brain, spinal cord and nerves), not already mentioned?	<input type="checkbox"/>	<input type="checkbox"/>
12. any disease or disorder of the arteries (including disease in the legs or of the aorta)?	<input type="checkbox"/>	<input type="checkbox"/>
13. Diabetes or sugar in the urine?	<input type="checkbox"/>	<input type="checkbox"/>
14. Mental Illness that has required hospital treatment or referral to a psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>
15. Asthma, Bronchitis or any other type of lung or respiratory disease or disorder?	<input type="checkbox"/>	<input type="checkbox"/>

## C Medical Details (continued)

### In the last 5 years have you:

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 16. Had a lump, growth of any kind; or any mole or freckle that has bled, become painful, changed colour or increased in size?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Had a kidney, bladder or any other disorder of the genito-urinary system (including blood or protein in the urine and urinary tract infections)?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Had any chest pain, irregular heart beat, raised blood pressure or raised cholesterol?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Had any numbness, dizziness or any disease or disorder affecting your balance or your eyes or vision (not corrected by spectacles or lenses)?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Had any kind of medical attention for depression, anxiety, stress or a nervous breakdown?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Had any disorder of the digestive system, kidney, liver, stomach, pancreas or bowel (including bladder disease, gastric or duodenal ulcer, hepatitis, colitis or Crohn's disease)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Consulted any doctor, received or have been advised to have any investigations, scans or blood tests in connection with any medical condition?                                     | <input type="checkbox"/> | <input type="checkbox"/> |

The following questions require "yes/no" answers. If you answer **"Yes"** to any of the questions, please provide full details in Section E.

### Excluding those mentioned above, have you:

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 23. Had any other illness or medical condition lasting or requiring treatment for more than 14 days?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Ever attended any hospital or clinic or had any specialist tests or examinations including those of a routine or minor nature?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Are you currently receiving medical care or treatment for any medical or psychiatric condition (e.g. medicine, injections, counselling, diet or advice)?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Has any member of your immediate family (parent, brother or sister), been diagnosed with or died from heart disease, stroke, cancer, raised blood pressure, diabetes, multiple sclerosis or kidney disease before the age of 65 or suffered from any hereditary illness? | <input type="checkbox"/> | <input type="checkbox"/> |

If **"yes"** to question 26 please state the diagnosis or cause of death (if cancer, please also state the type or site), the age at diagnosis or the age at death if applicable, for each relative.

Relatives Details	
Relationship (i.e. mother, father, brother or sister)	
Diagnosis or cause of death of the relative(s)	
Age of relative at the time when they were diagnosed as having the medical condition	
Age of relative now (if applicable)	
Age of relative's death (if applicable)	
Relatives Details	
Relationship (i.e. mother, father, brother or sister)	
Diagnosis or cause of death of the relative(s)	
Age of relative at the time when they were diagnosed as having the medical condition	
Age of relative now (if applicable)	
Age of relative's death (if applicable)	

## D Insurance Details

The following questions require "yes/no" answers. If you answer **"Yes"** to any of the questions, please provide full details in Section G.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1. Have you any existing life insurance cover?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have an application for life insurance cover pending or awaiting acceptance? | <input type="checkbox"/> | <input type="checkbox"/> |

## E Additional Medical Questions

Please answer these questions for every **"Yes"** box you ticked in answer to questions 1 - 26 in section C.

Details	
Please confirm which question you are giving more details for. e.g. 3, 4 etc.	
What is the exact diagnosis of the medical condition?	
When did the symptoms of this condition first occur?	Month: Year:
When did you last have symptoms?	Month: Year:
If symptoms are ongoing, please state how many episodes or attacks of symptoms you have had since onset of the condition.	
Please describe the nature and severity of the symptoms.	
Do they restrict you in any way?	
Have you seen a specialist for the condition? If so, please give their name and hospital.	
What medical investigations have been performed?	
What were the results if known?	
Have all investigations now been completed?	
Are you waiting for any follow-ups or reviews?	
When did you last see your GP with this condition?	Month: Year:
How many times have you been admitted to hospital for this condition and when was the last time?	Number of admissions:  Month: Year:

## E Additional Medical Questions (continued)

When was the last time you went to hospital as an outpatient for investigations or check-up for this condition?	Month: Year:
What treatment has been prescribed?	Name of treatment/therapy  Date treatment/therapy started  Date treatment/therapy ceased
How much time off work have you had to take and when was this?	
Is any operation planned or being considered? If so, when.	
Is your condition completely resolved?	

## F Additional Lifestyle Questions

Please answer the relevant questions for every "yes" box you ticked in sections B, C and D.

	Details
Section D (Q1) Please state details of sum assured, term and reason for cover	
Section D (Q2) Please state details of the sum assured, term and reason for cover	

## G Additional Information

Please use this page if you need more space to complete your answers. Please ensure that you include the relevant question number to which this additional information relates. Please continue on a separate sheet if necessary.


Continuation Sheet

Yes

No

Number of Continuation Sheets

**FAILURE TO DISCLOSE RELEVANT INFORMATION MAY RESULT IN NON PAYMENT OF A CLAIM AND ALL COVER UNDER THIS POLICY BEING CANCELLED.**

# H Warnings and Declarations

The following sections and declarations are written as if one person is making an application.

## Important Notes

- The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.
- In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.
- We may ask you to contact your doctor if we are waiting for reports which we have asked for.
- If we ask you to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.
- We may need to send your application and relevant medical reports to our reinsurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reinsurance principles and details of any company we use to assess your application, from our head office.
- We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.
- You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

## Access to medical reports

- We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the act are as follows.
- You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.
- If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected he must not send it to us unless you give your consent.
- We may gather relevant information from other insurers about any other applications for life insurance that you have applied for.
- We may gather medical reports within six months of the start of the plan, or after your death, to support any claim made on the proceeds.
- This information can also be used to maintain management information for business analysis.

## The medical report your doctor fills in asks about the following:

- Your current health.
- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.

I have read the Declaration, Important Notes and information relating to my rights under the Access to Medical Reports Act.

Please tick one box only

I wish to see the medical report before it is sent to the Company

I do not wish to see the report before it is sent to the Company

Signature

X

Date

- Your past health.
- Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - Malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
  - Musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
  - Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
  - Suicidal thoughts or attempts at suicide; or
  - Conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

## We have asked your doctor not to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually-transmitted diseases unless there could be long-term effects on your health; or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

## The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance;
- Increasing premiums above standard rates; or
- Setting premiums at standard rates.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to: The Compliance Officer, Sterling Life Limited, Ambassador House, Richmond upon Thames, Surrey TW9 1SQ.

## Declaration

In accordance with the Data Protection Act 1998 I understand and give my explicit consent that the personal data I provide, including sensitive personal data, may be used for the purposes of my insurance by Sterling Life Limited and their connected companies, agents, subcontractors, and other insurers as appropriate for the purposes of my insurance. Also, I irrevocably authorise any medical practitioner who I have consulted to provide any medical information requested by Sterling Life Limited and their connected companies in relation to a claim made by my personal representatives. I understand that I am entitled to a copy of my personal data held by Sterling Life Limited and their connected companies upon payment of a fee.

From time to time we may wish to send you details of services and products. If you do **not** wish to receive such information then please tick the box

I do not agree to allow the faxing of medical information.

By signing this declaration I am allowing you to process my application using the information that I have given. You may also use this information to process any claim made on this policy.

**WARNING: YOU CANNOT ASSUME THAT YOUR DOCTOR WILL PROVIDE THE INFORMATION WE NEED. It remains your responsibility to complete the application form properly. You must notify us in writing of any changes to details provided in connection with health, occupation, pastimes, travel or country of residence that occur before the policy is issued.**

# METHOD OF PAYMENT - PLEASE COMPLETE SECTION I

## I. THE DIRECT DEBIT 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

9	4	0	1	4	6
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Branch sort code (from the top right hand corner of your cheque)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### 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(s)
Date



A monthly policy fee of £1.50 will be added to your monthly insurance premium throughout your chosen term. For example, the monthly insurance premium for £100,000 of cover over a 5 year term is £15.78 per month. With the policy fee added you will pay a total of £17.28 per month.

**NON-SMOKER RATES** 

**MONTHLY PREMIUMS SHOWN ARE BASED ON  
£100,000 SUM INSURED**

**N.B. These monthly premiums DO NOT include the £1.50 monthly policy fee.  
Please add £1.50 to the amounts shown below.**

Age next birthday	Term (years)																			
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20				
46	15.78	15.90	16.97	18.01	19.05	20.12	21.25	22.41	23.64	24.96	26.35	27.85	29.47	31.19	33.06					
47	16.84	17.07	18.29	19.47	20.65	21.87	23.12	24.44	25.85	27.33	28.92	30.62	32.43	34.39						
48	17.89	18.42	19.78	21.12	22.45	23.82	25.25	26.75	28.34	30.02	31.83	33.76	35.82							
49	19.08	19.92	21.46	22.97	24.49	26.04	27.66	29.36	31.17	33.08	35.13	37.31								
50	20.40	21.60	23.35	25.06	26.79	28.55	30.40	32.32	34.38	36.55	38.85									
51	22.18	23.50	25.49	27.43	29.39	31.39	33.49	35.68	38.00	40.46										
52	24.25	25.60	27.88	30.09	32.32	34.61	36.99	39.47	42.12											
53	27.29	28.01	30.58	33.10	35.63	38.24	40.94	43.77												
54	30.15	30.69	33.63	36.51	39.39	42.35	45.44													
55	31.75	33.71	37.06	40.35	43.64	47.03														
56	34.77	37.11	40.94	44.69	48.45															
57	37.64	40.93	45.32	49.61																
58	41.31	45.25	50.29																	
59	44.98	50.12																		
60	48.26																			



A monthly policy fee of £1.50 will be added to your monthly insurance premium throughout your chosen term. For example, the monthly insurance premium for £100,000 of cover over a 5 year term is £28.63 per month. With the policy fee added you will pay a total of £30.13 per month.

## SMOKER RATES

### MONTHLY PREMIUMS SHOWN ARE BASED ON £100,000 SUM INSURED

**N.B. These monthly premiums DO NOT include the £1.50 monthly policy fee.  
Please add £1.50 to the amounts shown below.**

Age next birthday	Term (years)															
	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
46	28.63	31.19	34.02	36.83	39.73	42.72	45.86	49.19	52.71	56.46	60.45	64.69	69.20	74.00	79.06	
47	31.96	34.62	37.85	41.09	44.39	47.82	51.40	55.18	59.18	63.43	67.94	72.70	77.76	83.10		
48	36.01	38.54	42.26	45.96	49.72	53.62	57.70	61.99	66.52	71.32	76.39	81.74	87.39			
49	40.70	42.98	47.22	51.46	55.76	60.21	64.85	69.71	74.84	80.23	85.91	91.90				
50	45.40	48.02	52.88	57.72	62.63	67.68	72.94	78.43	84.21	90.27	96.64					
51	49.74	53.71	59.29	64.81	70.38	76.12	82.07	88.28	94.78	101.56						
52	54.56	60.13	66.50	72.80	79.15	85.65	92.37	99.35	106.63							
53	60.78	67.36	74.64	81.80	89.03	96.37	103.95	111.78								
54	66.99	75.46	83.79	91.95	100.12	108.42	116.94									
55	74.15	84.56	94.05	103.32	112.56	121.90										
56	82.06	94.73	105.56	116.05	126.48											
57	91.24	106.06	118.38	130.26												
58	101.96	118.70	132.68													
59	113.85	132.73														
60	127.01															

# Policy Summary

keyfacts®

**This policy summary does not contain the full terms and conditions of your monthly premium accidental death, war and terrorism insurance cover.**

**The full terms and conditions can be found in the policy document which will be provided to you once your application has been confirmed.**

## WHO IS THE INSURER?

Your insurance is underwritten and provided by Sterling Life Limited.

## WHAT COVER DOES THIS POLICY PROVIDE?

It provides a lump sum benefit if, during the term of the policy, you suffer an accidental death, or you die as a direct or indirect result of war or an act of terrorism. It does not have a surrender value at any time.

## AM I ELIGIBLE TO TAKE OUT THIS POLICY?

On the date your policy starts (the 'start date' – see the policy Schedule) you must:

- be over 45 but under 60; and
- under 65 when the term you have chosen for your policy ends; and
- be a Regular or a Reserve in the British Armed Forces.

## HOW LONG DOES THE POLICY LAST?

Your cover under the policy will end when one of the following happens:

- you die; or
- the term you have chosen for your policy comes to an end (the 'end date' – see the policy Schedule); or
- you cease to pay your premium; or
- the policy is cancelled.

You should review your cover from time to time to ensure that it remains adequate for your needs.

## WHAT ARE THE SIGNIFICANT EXCLUSIONS OF THE SLI POLICY?

We will not pay the benefit if:

- your death occurs within 12 months of your policy start date as a direct or indirect result of suicide or intentionally self-inflicted injury whether you were sane or insane;
- your accidental death, or your death as a direct or indirect result of war or an act of terrorism occurs outside the UK and is as a direct or indirect result of your involvement or participation in any conflict, conflict zone, hostilities, military-style operation or war unless you were acting under the orders of, or were on official deployment by, the British Armed Forces;
- Your death is as a direct or indirect result of an act of terrorism, unless at the time the act of terrorism occurred, you were acting under the orders of, or were on official deployment by, the British Armed Forces.

Please refer to the exclusions in section 3 of the policy for full details.

## HOW TO MAKE A CLAIM

Your personal representatives should contact us to make a claim.

Our address is: Sterling Life Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX; telephone number 020 8334 1557.

## ARE THERE ANY LIMITATIONS?

The maximum benefit we will pay on your death is shown in the Schedule to your policy.

## HOW DO I MAKE A COMPLAINT?

Any complaint you may have regarding this policy should be made to:

Customer Services Manager, Sterling Life Limited, 50 Kings Hill Avenue, Kings Hill, West Malling, Kent ME19 4JX; telephone number 020 8334 1557.

If you remain dissatisfied with our final decision on your complaint, you may refer it to the Financial Ombudsman Service, South Quay Plaza, 183 Marsh Wall London E14 9SR, telephone number 0845 080 1800. Please note that the Financial Ombudsman Service will normally only consider a complaint once we have issued a final decision. This will not affect your legal rights.

## WHAT HAPPENS IF I CHANGE MY MIND?

You may cancel your policy within 30 days of the start date or the date you receive your policy documents if this is later, and receive a full refund of any premium paid.

After this period you may cancel your policy at any time but you will not be entitled to a refund of premium – see the 'YOUR RIGHT TO CHANGE YOUR MIND' section of your policy.

#### WHAT WOULD HAPPEN IF STERLING LIFE LIMITED WAS UNABLE TO MEET ITS LIABILITIES?

In the unlikely event that Sterling Life Limited is unable to meet its liabilities, you may be entitled to compensation from the Financial Services Compensation Scheme (FSCS). Further information can be obtained from the FSCS at 7th Floor, Lloyds Chambers, Portsoken Street, London E1 8BN or from their website [www.fscs.org.uk](http://www.fscs.org.uk).

#### OTHER IMPORTANT INFORMATION

A copy of our complaints handling procedure is available on request from the Customer Services Manager at the address and telephone number above. Any questions or enquiries you have about your policy should also be directed to the Customer Services Manager.

Sterling Life Limited is a private company limited by shares incorporated in England and Wales under registered number 911235.

It underwrites long term insurance business.

The head and registered office is at:

**Ambassador House, Paradise Road, Richmond-upon-Thames, Surrey, TW9 1SQ.**

Sterling Life Limited is authorised and regulated by the Financial Services Authority. It appears on the Financial Services Authority's (FSA) Register. The FSA Register number for Sterling Life Limited is: 202178.