unilife®

International Life Assurance
Application Form

GUARDRISK
TAILORED RISK SOLUTIONS
A subsidiary of MMI Holdings

unisure®
A **Unisure Group** Company

International Life Assurance
Application Form

Thank you for choosing Unilife, a leading provider of international life assurance solutions.

Important Information

The information provided in this document is based on the understanding of Guardrisk Life International Limited and Unilife Limited of current Mauritius law as at November 2018, which may change in the future. No liability can be accepted for any personal taxation consequence of this insurance scheme or for the effect of future changes to tax, insurance or other applicable legislation.

PRIVATE AND CONFIDENTIAL
All information provided in this application form and any other information you provide for the assessment of your application will be treated as strictly Private and Confidential.

Guardrisk Life International Limited and Unilife Limited will use the information you give (as well as information about you relating to any existing Policy you may have with Guardrisk Life International Limited) for administration, underwriting, claims, research and statistical purposes.

Guardrisk Life International Limited and Unilife Limited may pass this information, and any medical information provided, to medical examiners and practitioners, underwriters, claims investigation companies, life insurance or reinsurance companies, data processors, and to any company or agency appointed for these purposes. (These companies or agencies may be located in countries that do not have laws to protect your information. Guardrisk Life International Limited and Unilife Limited will remain responsible for making sure that the information is held securely.)

Guardrisk Life International Limited and Unilife Limited may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

Complaints which we cannot settle can be referred to:

The Chief Executive
Financial Services Commission, FSC House, 54 Cybercity Ebene, Mauritius
Email: fscmauritius@intnet.mu | Telephone: +230 403 7000 | Fax: +230 467 7172

The Unilife Term Assurance and T100 contracts are governed by the laws of Mauritius and all disputes relating to this Policy shall be subject to the jurisdiction of the courts of Mauritius, except as otherwise expressly agreed by the parties in writing.

Intermediary Details (to be completed by the intermediary)

Intermediary Company Name and Address (or stamp)		
	Unilife Number	U N L
	Adviser Name	
	Email Address	
	Telephone	

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

GUARDRISK TAILORED RISK SOLUTIONS
A subsidiary of MMI Holdings

Part 1 - Introduction

Your Application
Before you complete this form, we recommend that you read all product literature including Policy Terms and Conditions, Policy Guide and your quotation, fully and carefully, and seek guidance from your financial adviser or insurance broker regarding the suitability of the Policy to your own particular circumstances.

Once your Policy has started, you will receive an electronic copy of your application form and your Policy schedule, which you should also read fully and carefully during the cooling off period. You are entitled to ask for a copy of any document related to your Policy at any time. You should keep all correspondence and documents related to your Policy in a safe place for future reference.

Completing this Form
Every question we ask is relevant and important. If any question or section is not applicable to you, please write "N/A" as your answer. If your application is incomplete or does not address each question, this will result in delays.

☐ Please tick here if additional sheets are attached.

Please complete the form in English. If you are completing it by hand, please use blue or black ink, and write clearly in BLOCK CAPITAL letters. If you make an error, please cross it out, write the new information clearly, and initial each corrected error. Do not use correcting fluid or other methods of removing incorrect information.

Full and Complete Disclosure
You must complete all sections accurately and completely to the best of your knowledge. We have the legal right to cancel any Policy issued, or not pay a claim, where the application form contains false or incomplete information.

Medical Evidence
We will pay for any medical assessment or test listed in the Underwriting Requirements section of your quotation, which represent the standard requirements for the sum assured you are requesting. We may need to request additional reports or tests following our assessment of your application and/or your medical evidence. We may agree to pay for these depending on the circumstances of your application. We will inform your financial adviser or insurance broker whether we agree to pay for any or all additional requirements at the time these are requested.

Please note that we will not pay for any medical assessment or test which we have not requested, and we will not pay for any Personal Medical Attendant's Report which is requested to provide further details on a condition you have previously been treated for, or a procedure you have previously undergone.

Part 2 - Start Date

PLEASE DO NOT WRITE A START DATE BELOW UNLESS YOU REQUIRE YOUR POLICY TO START ON A SPECIFIC DATE

A specific Start Date would normally be a future date and would only be required if you wish to align the start of your Policy with the start of a loan, a new job or the date you take up residence in a new country. Otherwise, the Start Date will be the date we receive your first premium after your application has been approved.

I require my Policy to Start Date to be | D | D | M | M | Y | Y | Y | Y | *(please leave blank unless you require a specific Start Date)*

IMPORTANT - CHANGES IN HEALTH OR CIRCUMSTANCES BEFORE THE START DATE

You must inform us of any changes in your health or circumstances which occur between the date of this application and the Start Date of your Policy, which would have resulted in you providing different answers in this application.

Such changes would include developing a symptom of any type which is asked about in this application, or having or expecting to have doctor, hospital or clinic consultation, treatment as an in-patient or out-patient, or a blood test for any reason.

They would also include any changes to your family history; as well as planned changes to your lifestyle such as taking up any hazardous sport or pastime, or intending to do so; in addition to any changes or planned changes to your occupation, country of residence, or travel obligations.

To inform us of any such changes, please email **administration@unihealthandlife.com** and we will confirm in writing whether any non-standard terms are proposed for your Policy.

Failure to inform us of any such change may result in non-payment of a claim, or cancellation of your Policy.

Part 3 - Life Assured Details

A Life Assured is the person or persons on whose death the Death Benefit becomes payable. Please complete each section in full, in BLOCK CAPITALS. If any section is Not Applicable, please mark "N/A".

	Life Assured 1	Life Assured 2
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other
Given Name/s		
Family Name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Passport/ID Number		
If 2 applicants, state relationship between the lives to be assured		
Current Residential Address (including street name, town, area code and country)		
Correspondence Address (if different)		
Telephone Number (including country code)		
Email		

Please provide the best telephone number and an email address for us to contact you.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 4 - Policy Details

Please provide the reference number of the quotation you are applying for and the exact details of that quotation.

Quotation Number

Currency of Quote ☐ USD ☐ GBP ☐ EUR

Type of Policy Required ☐ Single Life ☐ Joint Life First Death ☐ Joint Life Second Death

Death Benefit Sum Assured Value

Desired Premium Payment Frequency ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Monthly premiums can only be paid by Credit Card or Direct Debit

Premium Quoted for Desired Frequency

Product Selected ☐ T100 ☐ Term Assurance ☐ Decreasing Term Assurance

If Term Assurance or Decreasing Term Assurance, state term length in years

If T100, did you select the Accelerated Premium Option? ☐ Yes ☐ No

If Yes, which Accelerated Premium Term length did you select? ☐ 10 Years ☐ 20 Years ☐ To age 65

Do you require Waiver of Premium Benefit? ☐ Yes ☐ No ***Waiver of Premium Benefit is only available on Single Life Policies***

Do you require Accidental Death Benefit? ☐ Yes ☐ No ***Accidental Death Benefit is only available on Single Life Policies***

Part 4 A - Critical Illness Benefit Policy Details

Are you applying for Critical Illness Benefit? ☐ Yes ☐ No ***Critical Illness Benefit is only available on Single Life Policies***

Critical Illness Benefit Quotation Number

Currency of Quote ☐ USD ☐ GBP ☐ EUR

Critical Illness Benefit Sum Assured Value

Desired Premium Payment Frequency ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual

Monthly premiums can only be paid by Credit Card or Direct Debit

Premium Quoted for Desired Frequency

Product Selected ☐ T100 ☐ Term Assurance

If Term Assurance, term length in years

Do you require Waiver of Premium Benefit? ☐ Yes ☐ No ***Waiver of Premium Benefit is only available on Single Life Policies***

Do you require Accidental Death Benefit? ☐ Yes ☐ No ***Accidental Death Benefit is only available on Single Life Policies***

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 5 - Policyholder Details

THIS SECTION SHOULD ONLY BE COMPLETED IF THE POLICYHOLDER IS DIFFERENT TO THE LIFE ASSURED
Every life assurance Policy has a Policyholder who owns the Policy. Every life assurance Policy also has a Life Assured who is/are the person/s on whose death the Death Benefit becomes payable. Often the Policyholder and the Life Assured are the same person, but occasionally the Policyholder is a third party who owns a Policy on the life of another. In these cases, the Policyholder may be a Trust, a Company, or another person such as a family member.

Part 5 A - If Policyholder(s) is/are a Company or an Existing Trust

Only complete this section if the Policy will be owned by a Company or by an existing Trust.

	Policyholder 1	Policyholder 2
Company/Trust Name		
Current Residential Address (including street name, town, area code and country)		
Correspondence Address (if different)		
Telephone Number (including country code)		
Email		

Part 5 B - If Policyholder(s) is/are Individual(s)

Only complete this section if the Policy will be owned by a person who is not the Life Assured.

	Policyholder 1	Policyholder 2
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐ Other
Given Name/s		
Family Name		
Gender	☐ Male ☐ Female	☐ Male ☐ Female
Date of Birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Passport/ID Number		

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 5 B - If Policyholder(s) is/are Individual(s) (continued)

	Policyholder 1	Policyholder 2
Current Residential Address (including street name, town, area code and country)		
Telephone Number (including country code)		
Email		

Part 5 C - Unilife Trust Deed

☐ Do you require the Policy to be assigned to a Unilife Trust Deed? If Yes, please complete a Unilife Trust Deed Application Form.

Part 6 - Occupation Details

Please answer each question in full, providing as much detail as is relevant. The more detailed the information you provide, the more likely we can avoid requesting clarification, or additional evidence, and the delays involved with such requests.

	Life Assured 1	Life Assured 2
1. What is your occupation? If you have more than one, please provide details of each.		
2. How many years have you practised your occupation(s)?		
3. Name and Address of Employer If you have more than one, please provide details of each.		
4. Nature of Business of Employer(s) e.g. Oil & Gas, Engineering, Financial Services, etc.		
5. How long have you worked for your current employer(s)?		

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 6 - Occupation Details (continued)

	Life Assured 1		Life Assured 2	
6. Do you work underground, underwater, at heights of more than 3 metres, offshore, and/or are there any hazardous aspects to your occupation?	☐ Yes	☐ No	☐ Yes	☐ No

If the answer to any of these is "Yes", using the space provided below, please provide full details, including the estimated percentage of your working time spent underground, underwater, at heights, or engaging in hazardous activities. If you work at heights, please state average and maximum heights at which you work.

7. Has your occupation involved travel outside your current country of residence in the last two years?	☐ Yes	☐ No	☐ Yes	☐ No
8. Do you expect your occupation to involve travel outside your current country of residence in the future?	☐ Yes	☐ No	☐ Yes	☐ No

If you have answered "Yes" to questions 7 and/or 8, using the space provided below, please provide details, including specific countries visited, dates of visits, and duration of each stay. If you travel extensively, please provide a list of countries visited each year, how often you typically visit each country per year, and the average length of stay in each country. For future travel, please provide details listing those countries you expect to visit, how many times per year, and how long you expect each visit to be.

9. Do you intend to change your occupation in the next six months?	☐ Yes	☐ No	☐ Yes	☐ No

If you have answered "Yes", please provide details of your new occupation, using the space provided below.

Question Reference Number	*If you have answered "Yes" to any of the questions in this section, please provide additional details here. Please be sure to note the Question Number for which you are providing additional information.*

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 6 - Occupation Details (continued)

Question Reference Number	*If you have answered "Yes" to any of the questions in this section, please provide additional details here. Please be sure to note the Question Number for which you are providing additional information.*

If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 7 - Education and Income Details

Our quotation engine requires information about a person's age, gender, nationality, residence and smoking status to produce a basic quotation. We also ask for information about education and income at the quotation stage as a means of determining the fairest pricing for every applicant, as higher levels of education and income may result in a discount to a person's nationality or residence pricing. (Note that this will never result in a higher premium)

If your education and income information has not been considered at the quotation stage, and your premium reduces by taking this into account, we will adjust the premium level accordingly before the Start Date and inform your financial adviser.

Part 7 A - Education

Please select ONE of the following education levels, and provide further details in the space below.

Life Assured 1	Life Assured 2	
☐	☐	Incomplete primary and secondary school education.
☐	☐	Completed primary and secondary school education.
☐	☐	Completed all school education and attended at least 2 years' tertiary education at a college or university.
☐	☐	Completed all school education and attended at least 4 years' tertiary education at a college or university.
☐	☐	Completed all school education and attended at least 6 years' tertiary education at a college or university, or is recognised by a professional or education body as a Doctor or Professor.

If you have attended 2 or more years' tertiary education at a college or university, please provide details of
- *each college or university or other education institution attended,*
- *the name of the degree or course you studied, and*
- *the duration of the degree or course (please state year enrolled and year completed).*

You may also use this space to provide any further details you may think are relevant.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 7 B - Income

Please state your annual income from employment (in the same currency as this application) for this year and last year.

Life Assured 1

This Year		
Last Year		

Life Assured 2

This Year		
Last Year		

Please state your **annual income** from any other sources (in the same currency as this application) for the last two years, and provide further detail in the space provided below.

For the purposes of socio-economic scoring, we consider annual average household income from all sources. This could therefore include:

- your spouse's income from employment
- rental income from property investments
- income from other investments
- other regular income earned each year

Life Assured 1

This Year		
Last Year		

Life Assured 2

This Year		
Last Year		

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 8 - Nationality and Residence Details

Please answer each question in full, providing as much detail as is relevant. The more detailed the information you provide, the more likely we can avoid requesting clarification, or additional evidence, and the delays involved with such requests.

	Life Assured 1	Life Assured 2
1. Country of Birth		
2. Nationality		
3. Do you hold citizenship for any other country?	☐ Yes ☐ No	☐ Yes ☐ No

If you have answered "Yes", please provide details of any additional countries of which you are a citizen, using the space provided on page 13.

	Life Assured 1	Life Assured 2
4. What is the legal basis for stay in your country of residence? e.g. Citizen, work permit, etc.		
5. How long have you lived in your current country of residence?		
6. How long do you intend to continue living there?		
7. In which country do you intend to live next? If unknown, please state "Unknown".		
8. Please list all the countries in which you have lived, and how long you lived in each country.		

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 9 - Lifestyle Details

Please answer each question in full, providing as much detail as is relevant. The more detailed the information you provide, the more likely we can avoid requesting clarification, or additional evidence, and the delays involved with such requests.

To be considered a non-smoker, you must not have used any form of tobacco or any nicotine-based products within the last 12 months.

	Life Assured 1		Life Assured 2	
1. Do you smoke?	☐ Yes	☐ No	☐ Yes	☐ No
If you have smoked, or used any form of tobacco or nicotine -based products in the last 12 months, please state in which form, and how frequently.				
2. If you have stopped, when did you last use tobacco, in what form, and how frequently did you use it?				
3. Do you drink alcohol?	☐ Yes	☐ No	☐ Yes	☐ No
4. Please state how many units of alcohol you drink per week.				

Tobacco/nicotine-based products include cigarettes, cigars, pipe tobacco, shisha, chewing tobacco, nicotine patches, nicotine gum, and electronic cigarettes.

1 unit = 1 measure of spirits,1 glass of wine, or ½ pint of beer

5. Have you ever been advised by a doctor, or any other medical practitioner, to reduce or stop your alcohol consumption on medical grounds; or have you ever taken part in counselling, therapy, or a programme with the aim of reducing or stopping your alcohol consumption?

	☐ Yes	☐ No	☐ Yes	☐ No

If you have answered "Yes", please provide further details, using the space provided on page 13.

6. In the last 7 years, have you taken any non-prescription drugs?	☐ Yes	☐ No	☐ Yes	☐ No

e.g. LSD, ecstasy, cocaine, heroin, cannabis, anabolic steroids If you have answered "Yes", please provide further details, using the space provided on page 13.

7. Do you engage in any hazardous sport or pastime, or do you intend to start?	☐ Yes	☐ No	☐ Yes	☐ No

e.g. mountaineering, motorsport, sub-aqua diving and private flying, but you should include any activity considered hazardous. You do not need to include details of sports such as horse riding, skiing, football, rugby, hockey, cricket, or racquet sports. If you have answered "Yes", please provide further details, using the space provided on page 13.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 9 - Lifestyle Details (continued)

Question Reference Number	*If you have answered "Yes" to any of the questions in Sections 8 or 9, please provide additional details here. Please be sure to note the Section and Question Number for which you are providing additional information.*

If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 10 - Insurance and Financial Details

Please answer each question in full, providing as much detail as is relevant.

Part 10 A - Insurance Details

1. Please provide full details of any existing insurance policies on your life, or tick 'None'.

Life Assured 1

☐ None

Name of Insurer	Sum Assured (State Currency)	Start Date and Length of Term	Reason for Policy

Life Assured 2

☐ None

Name of Insurer	Sum Assured (State Currency)	Start Date and Length of Term	Reason for Policy

2. Once this application has been issued, will you cancel any of the policies listed above?

Life Assured 1 ☐ Yes ☐ No ☐ N/A **Life Assured 2** ☐ Yes ☐ No ☐ N/A

Company and Policy Details	Company and Policy Details

3. With the exception of any policies listed above, have you applied to any other insurance company for life insurance in the last 12 months, or do you intend to do so?

Life Assured 1 ☐ Yes ☐ No		**Life Assured 2** ☐ Yes ☐ No	
Company		Company	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y
Sum Assured		Sum Assured	
Reason for Policy		Reason for Policy	

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 10 A - Insurance Details (continued)

4. Have you ever applied for life, critical illness, income protection or disability insurance and been asked to pay a higher premium, had special terms imposed, or had your application declined?

Life Assured 1	☐ Yes ☐ No	Life Assured 2	☐ Yes ☐ No
Company		Company	
Date	D D M M Y Y Y Y	Date	D D M M Y Y Y Y
Sum Applied for		Sum Applied for	
Reason for Adverse Decision		Reason for Adverse Decision	

Part 10 B - Financial Details

What is the purpose of applying for this insurance?

From the options below, please select any of the Personal Protection options which apply OR select Business Protection, then complete the details requested for those section(s) you have selected. For sums assured in excess of USD 3 million (or currency equivalent) a Financial Questionnaire must be completed and attached to this application form. Please note, we reserve the right to request evidence.

☐ Personal - Family Protection
Complete section B1 - Family Protection

☐ Personal - Loan Protection
Complete section B2 - Loan Protection

☐ Personal - Estate Planning
Complete section B3 - Estate Planning

☐ Business Protection
Examples include key person insurance, partnership or shareholder protection or protection for a loan taken out on behalf of a business. Complete section B4 - Business Protection

Part 10 B1 - Family Protection (You should only complete this section if you have ticked 'Family Protection' above)

1. Please list your dependants, detailing their ages and their relationship to you.

Name	Age	Relationship

2. Please outline the basis on which the Sum Assured was calculated for this application.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 10 B1 - Family Protection (continued)

As a guide, for family protection, the total insurance provided by any existing policies and the Sum Assured of this application should generally not exceed these levels.

Age Next Birthday	Life insurance as a multiple of income
18 - 30	20 times
31 - 50	30 times
51 - 60	20 times
61 - 65	10 times
Over 65	5 times

Part 10 B2 - Loan Protection (You should only complete this section if you have ticked 'Loan Protection' above)

1. Who is the Lender?

2. What is the reason for the loan? If for a mortgage, will this be for your main residence or for an investment property?

3. What is the amount and the duration of the loan?

4. Is the loan conditional on the issue of this Policy? ☐ Yes ☐ No

5. If the Sum Assured exceeds USD 500 000 (or equivalent), please attach a copy of the loan offer letter, loan agreement, or other evidence of the loan. ☐ Yes ☐ No

Part 10 B3 - Estate Planning (You should only complete this section if you have ticked 'Estate Planning' above)

1. What is the value of your Estate Duty liability?

2. Please detail how, and by whom, this was calculated?

Part 10 B4 - Business Protection (You should only complete this section if you have ticked 'Business Protection' above)

1. What is the reason for the cover?

2. Please outline the basis on which the Sum Assured was calculated.

Part 11 - Family and Medical History

All the questions we ask are relevant and important. You must complete all sections accurately and completely to the best of your knowledge. We have the legal right to cancel any Policy issued, or not pay a claim, where the application form contains false or incomplete information. If you answer "Yes" to any question in this section, please provide full details, including all facts, as they can influence the assessment and acceptance of your application.

1. Has any member of your immediate family (mother, father, siblings or children) died, or suffered from heart disease, cancer, multiple sclerosis, diabetes or from any other familial/hereditary disorder before the age of 60? If "Yes", please provide details of which family members have been affected, as well as the cause of death, or the conditions they suffer from.

	Life Assured 1		Life Assured 2	
	☐ Yes	☐ No	☐ Yes	☐ No
Relationship				
Condition				
Age at onset of condition				
	Age now ☐ or Age at death ☐		Age now ☐ or Age at death ☐	

2. Body Mass Index

	Life Assured 1		Life Assured 2	
2a. What is your height? In centimetres or feet and inches				
2b. What is your weight? In kilograms or pounds				
2c. Apart from as a result of intentional weight loss, or pregnancy, have you lost more than 6 kilograms in the last six months?	☐ Yes	☐ No	☐ Yes	☐ No

3. Do you currently have, or have you ever had, any of the following:

	Life Assured 1		Life Assured 2	
a. Cancer, leukaemia, Hodgkin's disease, lymphoma or a brain or spinal tumour?	☐ Yes	☐ No	☐ Yes	☐ No
b. Heart disease, angina, a heart attack, heart abnormality or defect, heart valve disorder or an irregular heartbeat?	☐ Yes	☐ No	☐ Yes	☐ No
c. A stroke, mini-stroke, transient ischaemic attack (TIA) or a brain or subarachnoid haemorrhage?	☐ Yes	☐ No	☐ Yes	☐ No
d. Multiple sclerosis, Parkinson's disease, Alzheimer's disease, paralysis or paraplegia?	☐ Yes	☐ No	☐ Yes	☐ No
e. Visual disturbance, blurred or double vision, optic or retrobulbar neuritis?	☐ Yes	☐ No	☐ Yes	☐ No
f. Tingling, pins and needles, numbness, a tremor or any loss of feeling, balance or coordination, for which you consulted a doctor or hospital?	☐ Yes	☐ No	☐ Yes	☐ No
g. Have you ever tested positive for HIV, Hepatitis B or C, or are you awaiting the results of such a test?	☐ Yes	☐ No	☐ Yes	☐ No

If the result was negative, having had an HIV test will not, in itself, have any effect on the assessment of this application.

If you have answered "Yes" to any of these questions, please provide additional details in the space provided on page 19.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 11 - Family and Medical History (continued)

4. In the last five years, have you had any of the following:

	Life Assured 1		Life Assured 2	
a. Any lump that has appeared or grown in size, or a mole or freckle that has bled, caused pain or changed in appearance?	☐ Yes	☐ No	☐ Yes	☐ No
b. Raised blood pressure or raised cholesterol for which treatment, further readings or a change in diet were advised?	☐ Yes	☐ No	☐ Yes	☐ No
c. Asthma, bronchitis, tuberculosis, coughing with blood or any chest, lung or breathing disorder?	☐ Yes	☐ No	☐ Yes	☐ No
d. Any epilepsy, seizure, fit or blackout, and any recurrent headache for which you have consulted a doctor?	☐ Yes	☐ No	☐ Yes	☐ No
e. Any impairment of vision or hearing or any disorder of the eyes or ears? *You may ignore sight problems corrected by glasses or contact lenses but you must tell us about all hearing problems, even if corrected by hearing aids.*	☐ Yes	☐ No	☐ Yes	☐ No
f. Diabetes, Crohn's disease or colitis?	☐ Yes	☐ No	☐ Yes	☐ No
g. Any disorder of the kidneys?	☐ Yes	☐ No	☐ Yes	☐ No
h. Treatment or a positive test for any disease which was transmitted sexually?	☐ Yes	☐ No	☐ Yes	☐ No
i(i). Any mental illness or eating disorder or have you attempted self-harm or taken an overdose?	☐ Yes	☐ No	☐ Yes	☐ No
i(ii). Any feelings of depression, anxiety, stress or fatigue that you have reported to a doctor, hospital, nurse, psychologist or psychiatrist or any other type of medical practitioner?	☐ Yes	☐ No	☐ Yes	☐ No
j. Within the last 5 years, have you been exposed to the risk of HIV infection? HIV can be transmitted through unsafe sex, intravenous drug use, and blood transfusions.	☐ Yes	☐ No	☐ Yes	☐ No
k. Any skin problems such as psoriasis, dermatitis or sun damaged skin?	☐ Yes	☐ No	☐ Yes	☐ No
l. Any problems with the spine, joints, bones or muscles, such as arthritis, rheumatism, back pain or back surgery, slipped disc, fractured bones or joint problems?	☐ Yes	☐ No	☐ Yes	☐ No

5. In the last two years, if not already mentioned:

a. Have you consulted any medical practitioner or attended a hospital or clinic as an inpatient or outpatient? You do not need to give details of occasional consultations with your regular doctor for colds, flu, or consultations for oral contraceptive pills, smear tests, or for well man/woman check-ups where the results are known and were normal.	☐ Yes	☐ No	☐ Yes	☐ No
b. Have you had, or been advised to have, any medical investigation, x-ray, scan or test?	☐ Yes	☐ No	☐ Yes	☐ No
6. In the last twelve months, have you been prescribed any drug or medicine, or had any other form of medical treatment? e.g. physiotherapy, psychotherapy	☐ Yes	☐ No	☐ Yes	☐ No
7. In the last six months, have you had any medical symptom, change in your physical or mental health or change in your physical or mental ability for which you have not consulted a doctor, hospital or medical practitioner? You do not need to give details of colds and flu which have lasted less than 2 weeks in total.	☐ Yes	☐ No	☐ Yes	☐ No
8. In the next twelve months, are you due to have any consultation or check-up in connection with any medical symptom or condition, or are you waiting for the result of any medical investigation?	☐ Yes	☐ No	☐ Yes	☐ No

If you have answered "Yes" to any of these questions, please provide additional details in the space provided on page 19.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 11 - Family and Medical History (continued)

Please provide Name, Address and Telephone Numbers of the Doctor, Clinic or Hospital most familiar with your Medical History:

	Life Assured 1	Life Assured 2
Name		
Address		
Telephone Number		

If you have answered "Yes" to any of the questions on page 18, please provide additional details in the space provided below

Question Reference Number	*If you have answered "Yes" to any of the questions in this section, please provide additional details here. Please be sure to note the Question Number for which you are providing additional information.*

If there is insufficient space, please continue on a separate piece of paper, ensuring that you sign and date any additional pages.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 12 - Access to Existing Medical Records

We might not contact your Doctor. Even if we do, you must still disclose all facts and information when completing this application form.

We may need medical reports to support your application. Before we can ask any doctor you have consulted to fill in a report, we need your permission. Before you give permission, you should read the Medical Examination Report the doctor will complete to understand which questions are asked. You do not need to give your permission, but if you do not, we may not be able to proceed. This will not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us; in which case, you must instruct the doctor not to release the report until you have arranged to see it, and given them permission to send it, but this will delay your application. If you choose not to see the report at this stage, you may ask the doctor or us for a copy at any time.

If you think that any part of the report is not factually correct or is misleading, you may ask the doctor to amend it. If the doctor refuses to make the amendments, you may ask them to attach a statement outlining your views, which will then accompany the report. Your doctor can withhold access to the report from you if they feel it would cause physical or mental harm to you or others.

We do not ask your doctor to reveal information about negative tests for HIV, Hepatitis B or C, or any sexually transmitted diseases unless there could be long-term effects on your health; or predictive genetic tests unless there is a favourable test result showing you have not inherited a genetic disorder your family suffers from.

The information you and your doctor provide about your health may result in us refusing to provide insurance; offering you cover at a higher than standard premium; applying an exclusion to the cover; or accepting your application at standard rates.

Part 13 - Declaration

This declaration must be signed by each Life Assured and each Policyholder (where applicable).

1. This application is my official request to enter into a contract with Guardrisk Life International Limited providing the foregoing Policy. I understand and accept that the contract will be on Guardrisk Life International Limited's standard Terms and Conditions for Unilife Term Assurance and T100 policies (as applicable to my application).

   I understand and accept that Guardrisk Life International Limited is subject to the supervisory arrangements and laws of Mauritius; and that the Unilife Term Assurance and T100 contracts are governed by the laws of Mauritius; and that all disputes relating to this Policy shall be subject to the jurisdiction of the courts of Mauritius; except as otherwise expressly agreed by the parties in writing.
   I understand and accept that this application can only be accepted by employees of Guardrisk Life International Limited or Unilife Limited and that no other parties have the necessary authority to create a binding contract.

2. I/We acknowledge that, in the event of any premium tax or withholding tax being levied in my/our country of residence, it will be my/our responsibility to settle such tax liabilities directly with the relevant tax authorities; or where there are any statutory reporting requirements by any authority in my/our country of residence related to any premiums paid or insurance contracts owned, it will be my/our responsibility to make such reports as may be required directly to the relevant authorities.

3. Where I am a Life Assured, but not a Policyholder, I consent for this application to proceed for insurance on my life.

4. Where I am a Policyholder, I confirm that I have not been subject to a sequestration order, declared insolvent, or unfit to enter into contracts. I also confirm that I have contracting capacity in respect of this Policy.

5. I understand and accept Guardrisk Life International Limited (as insurer) and Unilife Limited (as Policy administrator) may require sight of my medical records to consider a claim. I authorise any doctor, physician, practitioner, hospital, clinic, insurance or reinsurance company, employer, other individual organisation or government office that has any records or knowledge of me or my health to disclose to Guardrisk Life International Limited, or Unilife Limited, any information for the purpose of considering a claim. This authorisation shall irrevocably bind my successors and assignees and remain valid, notwithstanding my death or incapacity, and a copy of this authorisation shall be as effective and valid as the original.

6. I understand that information given to Guardrisk Life International Limited, and Unilife Limited, in connection with this application may be used by them in their consideration of any claim in future and may be shared with a third party, e.g. a medical examiner, to help in the assessment of a claim against this Policy.

7. I understand that the Terms and Conditions and a copy of this completed application are available on request.

8. I understand and accept that where I am applying on the advice of a Financial Adviser or Insurance Broker, that Financial Adviser or Insurance Broker is acting on my behalf and not as an agent of Guardrisk Life International Limited or Unilife Limited.

9. I have read all the information contained in Section 1 of this application, and checked my answers to the questions in this application and declare that, to the best of my knowledge and belief, all the information I have given is true and that no fact has been withheld.
   I understand I must ensure that all facts I have disclosed to my Financial Adviser or Insurance Broker in answer to the questions in this application are accurately recorded in this application.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 13 - Declaration (continued)

I understand and accept that failure to disclose a fact or the giving of false information may give Guardrisk Life International Limited the right to cancel from inception any Policy issued as a result of this application and may invalidate any future claim.
I understand that I must inform Guardrisk Life International Limited and Unilife Limited without delay of any changes in my health or circumstances which occur between the date of this application and the Start Date of the Policy, which would have resulted in me providing different answers to the questions in this application.

10. I accept that if I am required to undergo a medical examination, the replies to the medical examiner's questions will form part of this application. I understand and agree that Guardrisk Life International Limited will use the information I give (as well as information about me relating to any existing Policy I may have with Guardrisk Life International Limited) for administration, underwriting, claims, research and statistical purposes.

    I authorise Guardrisk Life International Limited and Unilife Limited to pass information, including medical information, to medical examiners and practitioners, underwriters, claims investigation companies, life insurance or reinsurance companies, data processors, and to any company or agency appointed for these purposes. (These companies or agencies may be located in countries that do not have laws to protect your information. Guardrisk Life International Limited and Unilife Limited will remain responsible for making sure that the information is held securely.)

    I also agree that Guardrisk Life International Limited and Unilife Limited may pass the information to third parties for the prevention of crime or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

11. I agree to Guardrisk Life International Limited and Unilife Limited asking any doctor I have consulted about my physical or mental health to provide medical information so they may assess this application. I agree they may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance on my life for which I have applied. I authorise those asked to provide medical and Policy information when presented with a copy of this consent form.

12. I have read and understood Section 12 relating to Access to Existing Medical Reports. I understand this does not apply to any medical examination and tests I may be required to undergo in respect of this application.

13. I have read, understood, and accept the Terms and Conditions for this Policy.

	Life Assured 1	Life Assured 2
As Life Assured, I **DO** want to see the medical report before it is released.	☐	☐
As Life Assured, I **DO NOT** want to see the medical report before it is released.	☐	☐

You must indicate your preference by selecting one of the options above. We will not process your application if you have not selected one of these options.

Life Assured 1

(who will also be Policyholder 1 if Section 5 is not completed)

Signature

Date D D M M Y Y Y Y

Life Assured 2

(who will also be Policyholder 1 if Section 5 is not completed)

Signature

Date D D M M Y Y Y Y

Policyholder 1

(only to be signed if Policyholder 1 is different to Life Assured 1)

Signature

Date D D M M Y Y Y Y

Policyholder 2

(who will also be Policyholder 2 if Section 5 is not completed)

Signature

Date D D M M Y Y Y Y

If signing on behalf of a company or trust, please state in what capacity you are signing (e.g. Company Secretary or Trustee)

Capacity

Capacity

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 14 - Beneficiary Appointment

Using this form may not be an effective solution if your objective is to reduce the inheritance tax/estate duties payable by your estate following your death. You should obtain legal advice before completing this section.

Complete this section to appoint a beneficiary, or beneficiaries, to receive the amount payable on death. You may only elect a primary class of beneficiary or beneficiaries. We advise you make use of a family trust or establish a will if you wish to make provision for contingent beneficiaries or a second class of beneficiaries.

Subject to any future revocation or appointment of beneficiaries, I/we* hereby appoint the following person/persons* as beneficiary in the share/ shares* indicated below. **This appointment does not apply to any payment of benefits made under the terms of the Terminal Illness Benefit.** (*Delete as applicable)

If you need to appoint more beneficiaries, please print a copy of this page.

Beneficiaries

If you are nominating each other as primary beneficiary, the percentage share must be 100% each.

Full Name	
Date of Birth	D D M M Y Y Y Y
Relationship to Life Assured	
Address (including street name, town, area code and country)	

Share of Benefit

Please ensure total =100%

If you are nominating each other as primary beneficiary, the percentage share must be 100% each.

Full Name	
Date of Birth	D D M M Y Y Y Y
Relationship to Life Assured	
Address (including street name, town, area code and country)	

Please ensure total =100%

If you are nominating each other as primary beneficiary, the percentage share must be 100% each.

Full Name	
Date of Birth	D D M M Y Y Y Y
Relationship to Life Assured	
Address (including street name, town, area code and country)	

Please ensure total =100%

Certified identification and verification of residential address will be required for each beneficiary at the time of a claim.

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 14 - Beneficiary Appointment (continued)

If at the time of any payment, you are unable to contact a beneficiary, you should make enquiries with the following person/persons* for the purposes of locating the beneficiary.

If no contact name is provided, this will not affect the validity of this appointment. Names and details of other contact persons can be provided on separate sheets, which you should sign and date.

Full Name	
Address (including street name, town, area code and country)	
Telephone	

☐ I/We* confirm that I/we* have taken legal advice before signing this beneficiary appointment instruction.

☐ I/We* have elected not to take legal advice before signing this beneficiary appointment instruction.

I understand that this beneficiary appointment shall be revoked by any assignment or disposal of the Policy. I also understand that it shall be revoked by my death if, at my death, I am survived by other persons named as Life Assured on the Policy.
(*Delete as applicable)

This instruction shall form part of the Policy and any appointments made, are made in accordance with the relevant provision of the Policy Terms and Conditions.

All signatories to Section 13 must sign here in the same capacity.

Life Assured 1

Signature

Date D D M M Y Y Y Y

Life Assured 2

Signature

Date D D M M Y Y Y Y

Policyholder 1

Signature

Date D D M M Y Y Y Y

Policyholder 2

Signature

Date D D M M Y Y Y Y

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Part 15 - Payment Details

Premiums can be paid Monthly, Quarterly, Semi-Annually or Annually, by Banker's Standing Order, Telegraphic Transfer, or Credit Card. Please note that monthly premium payments must be made by Credit Card.

Please select your preferred method of premium payment.

☐ Credit Card ☐ Direct Debit ☐ Standing Order ☐ Telegraphic Transfer

Credit Card Payments

If your premium frequency is monthly, you must pay by Credit Card.

Our Credit Card payments are managed by Worldpay, and we can accept Credit Card payments by Visa, Visa Electron, Mastercard, JCB and American Express.

If you have elected to pay by Credit Card, once we have confirmed your application is approved, and the premium amount, we will send you a secure link for your Policy to the Payments section of the Unilife website. You will then need to enter your Credit Card details and approve the ongoing Credit Card authority. Once you have completed this, and your first Credit Card payment is approved, your Policy will be issued.

Direct Debit

Direct Debit is available as a payment option but only for banks in the UK clearing system (BACS).

Banker's Standing Order

Most banks insist on completion of their own standing order form or provide a facility for their customers to set up standing orders online. After we have confirmed that your application has been approved, and confirmed the premium amount, please make arrangements with your bank to set up your standing order using the bank details overleaf.

When setting up your standing order, please ensure you stipulate that all premiums will be paid net of charges to ensure the full premium amount is received by us. As payment reference, please state your Family Name and the Quote Number (e.g. UNIxxxxxx) entered on your application form.

If you set up the standing order at your bank, please forward us a copy of the standing order form with the official bank stamp. If you set up your standing order online, please print the confirmation page once complete, and forward us a copy.

Telegraphic Transfer/Online Payment

If you elect to make payment by Telegraphic Transfer, please ensure that all premiums are paid net of charges to ensure the full premium amount is received by us. As payment reference, please use your Family Name and the Quote Number (e.g. UNIxxxxxx) entered on your application form.

	US Dollar	GB Pound	Euro
Account Name	Unilifeglobal Limited	Unilifeglobal Limited	Unilifeglobal Limited
Bank	HSBC Bank PLC International Branch 60 Fenchurch Street London EC3M 4BA United Kingdom	HSBC Bank PLC 1 High St Harpenden Hertfordshire AL5 2RS United Kingdom	HSBC Bank PLC International Branch 60 Fenchurch Street London EC3M 4BA United Kingdom
BIC/SWIFT	HBUKGB4B	HBUKGB4B	HBUKGB4B
IBAN	GB28HBUK40127674758774	GB88HBUK40231141661655	GB74HBUK40127674758334
Account No.	7475 8774	4166 1655	7475 8334
Sort Code	40 12 76	40 23 11	40 12 76

FAILURE TO PROVIDE ACCURATE INFORMATION AND COMPLETE ANSWERS MAY RESULT IN NON-PAYMENT OF A CLAIM

Please complete this form and upload securely, or return to:

GC re Unilife
Bourbon Court, Nightingales Corner, Amersham,
HP7 9QS

Instruction to your bank or building society to pay by Direct Debit

Name(s) of account holder(s)

Email Address of account holder

Bank/Building Society account number

Branch sort code

Name and full postal address of your Bank/Building Society

Service User Number

1	6	0	6	3	2

Reference

Instruction to your Bank or Building Society
Please pay GC re Unilife 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 GC re Unilife and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

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 GC re Unilife will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request GC re Unilife 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 GC re Unilife 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 GC re Unilife 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.

Application Processing Contact Information

Russia & Asia
admin@unilifeasia.com

Rest of World
administration@unihealthandlife.com

Policy Issuer

Guardrisk Life International Ltd | Ground Floor | Tower A | 1 CyberCity Ebene | Mauritius
Telephone +230 454 0030
Direct Fax +230 468 1733
www.guardrisk.co.za

Guardrisk Life International Limited is authorised and regulated by the Mauritius Financial Services Commission

Policy Management

Unilife Limited | 18-20 Le Pollet | St Peter Port | Guernsey | GY1 1WH | Channel Islands
Telephone +44 203 196 7346

Premium Management and Administration Services

Unilifeglobal Limited | Bourbon Court | Nightingales Corner | Little Chalfont | Buckinghamshire | HP7 9QS | United Kingdom
Telephone +44 203 196 7346

Unilifeglobal Limited is registered in England and Wales with registration number 09111373, and is authorised and regulated by the United Kingdom Financial Conduct Authority, with authorisation number 719400