

Regular Premium Questionnaire

This form must be completed for all 'Contractual' Regular Savings contracts that exceed a 10 years term to maturity.

In relation to my / our proposal for a:

- Name of Insurer and Product _____
- The contribution term of the above Plan is _____ years
- The initial Commitment Period is _____ months
- The premium frequency is _____

Your understanding:

- Do you understand what happens to your Plan if you stop paying contributions before:

The end of the Commitment Period (*please tick*) Yes No

The end of the Commitment Term (*please tick*) Yes No

- How do you intend to fund contributions? (*please tick appropriate box*)

Income Savings Lump Other

If lump sum or other please give details: _____

- What is your purpose for investing in this type of policy?

Saving Retirement Education Fees Financial Protection Other

If other, please give details: _____

- Is the completed application from in accordance with your investment instruction?

Yes No

I confirm that I have read ALL the product literature and that I fully understand the nature of this contract.

Signature of policyholder

Date (dd/mm/yyyy)

Signature of second policyholder

Date (dd/mm/yyyy)