Nucleus Onshore Bond Discounted Trust

Medical questionnaire

Nucleus client relations, PO BOX 26968, Glasgow G2 9DY.

This form should only be completed for the full underwriting option. If you need help completing this form please contact your adviser or call us on 0131 226 9535.

Please fully complete all sections in BLOCK CAPITALS using black ink. Please complete and sign before sending to us at the above address or by attaching to a Jira. If any party signs but fails to date a signature, the date that we receive this form will be deemed to be the date that the signing party signed this agreement.

For the purposes of this form the "Company" means CASLP Ltd "CASLP", provider of the Nucleus Onshore Bond.

The Company's underwriters when estimating the value of discount will place reliance on your answers to the following questions together with any further details provided in helping them calculate the estimated value.

For the underwriting, an initial consultation fee of £150 is charged upfront and covers the time spent in underwriting and establishing the level of discount available (joint donors each pay a fee of £150). This fee is non-refundable if the application for a discount is declined.
Please submit a cheque made payable to CASFS Ltd or make an electronic payment as follows;

CA Bought Ledger
Account: 20632775
Sort Code: 20-13-42
Bank: Barclays
Payment reference to use - Client name

Please answer all questions fully and truthfully. If you are unsure whether some details are relevant please disclose them. Information which is incorrect, misleading or omitted could lead to recalculation of any discount applied.

If prior to us formally notifying you of the discounted value of the gift you are making for Inheritance Tax purposes, the answers you have provided us with in relation to your health or pastimes would be different from those given or you change your occupation, you must immediately notify us of such change.

Please ensure that you answer all these questions fully.

1. Your personal details

Title

First name(s)

Last name

Sex

Date of birth

Residential address

Post code

2. Your own doctor

Please state the name and address of your usual doctor, and of your previous doctor if you have been registered with your own doctor for less than six months.

Usual doctor

Address

Postcode

Previous doctor

Address

Postcode

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3. Your personal details

a) Please give full details of your occupation

b) i. Have you travelled or resided abroad other than for normal holidays?

☐ Yes ☐ No

ii. Do you intend to do so in the future?

☐ Yes ☐ No

If 'yes' to i. or ii. please name the country, dates, duration of stay, and purpose of visit.

c) Do you, or do you intend to, take part in any sport, hobby or pastime which could be regarded as hazardous, for example private flying?

☐ Yes ☐ No

If 'yes' please name the sport, hobby or pastime and how often you participate. We may need to ask you for further details.

4. Your health details

a) Please state your height

and weight

b) Are you currently:

i. suffering from any physical or mental illness or disability?

☐ Yes ☐ No

ii. receiving any form of medical treatment or advice?

☐ Yes ☐ No

If 'yes' to i. or ii. please give details.

c) Have you ever:

i. suffered from any illness which lasted longer than a week or for which regular treatment or advice was prescribed?

☐ Yes ☐ No

ii. suffered from depression, anxiety attacks, neurosis or any mental or nervous disorder?

☐ Yes ☐ No

If 'yes' to i. or ii. please give details and dates.

d) Have you ever:

i. undergone any medical investigations such as blood tests, ECGs, X-rays etc?

☐ Yes ☐ No

ii. attended, or been advised to attend, any hospital or clinic for treatment, surgery or specialist advice?

☐ Yes ☐ No

If 'yes' to i. or ii. please give details and dates.

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e) Have you ever tested positive for HIV/AIDS or hepatitis B or C or are you awaiting the result of such a test? Note: If the result is negative, the fact of having an HIV test will not, of itself, have any affect on your acceptance terms for insurance in the future.

Yes No

If 'yes' please give details – for confidentiality you may send this information directly to the chief medical officer at CASLP Ltd head office.

f) Within the last five years have you tested positive or been treated for any disease, which was transmitted sexually?

Yes No

If 'yes' please give details – for confidentiality you may send this information directly to the chief medical officer at CASLP Ltd head office.

g) Within the last five years have you been exposed to the risk of HIV infection? (this can be through unsafe sex, intravenous drug abuse or blood transfusions or surgery undertaken outside of the EU).

Yes No

If 'yes' please give details – for confidentiality you may send this information directly to the chief medical officer at CASLP Ltd head office.

h) Have you ever taken drugs other than for medicinal purposes? (i.e. exclude items purchased at a chemist or prescribed by a medical practitioner).

Yes No

If 'yes' please state type, dates and how often.

i) Have you smoked more than five cigarettes or cigars in the last 12 months?

Yes No

j) How much do you smoke daily?

k) How much alcohol do you drink daily?

l) Has your consumption of tobacco or alcohol ever been higher?

Yes No

If 'yes' please state maximum consumption and dates.

5. Other insurances

Has any application for life assurance on your life been declined, postponed or accepted on special terms?

Yes No

If 'yes' please give dates, name of company, amount of cover and policy number if known.

6. Medical examination

If a medical examination should be necessary, please state your preferred location.

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7. Your declaration

Countrywide Assured and CASFS are each data controllers in their own right in respect of the personal data which you provide which means we are responsible for deciding how we hold and use your personal data.

We take the security of your personal data very seriously and as data controllers we will only use your personal data in accordance with applicable data protection laws. Our Countrywide Assured Privacy Statement explains how we use your personal data and can be obtained via our website at: countrywideassured.co.uk, or by email at: enq@countrywide-assured.co.uk or by telephone on 03330 155 600, Monday to Friday between 9am and 5pm (excluding bank holidays).

By completing and submitting this form you acknowledge you have received and read the Countrywide Assured Privacy Statement.

☐ I consent to Countrywide Assured using my sensitive or 'special' personal data (being health and medical information and, if applicable, information regarding any criminal offences or proceedings) that I have provided in this form for the purposes of estimating the discounted value of the gift into trust and to administer the same accordingly, in accordance with its legal, regulatory and contractual obligations.

☐ I consent to Countrywide Assured requesting and obtaining any information from any life assurance company about my medical history and current state of health, for the purposes of estimating the discounted value of the gift into trust and to administer the same accordingly, in accordance with its legal, regulatory and contractual obligations. I authorise any life assurance company to give any information they hold about my medical history and current state of health to Countrywide Assured.

☐ I consent to Countrywide Assured sharing my sensitive or 'special' personal data with doctors I have named as my own or as having treated me, or who are named in any report received as having treated me, Countrywide Assured's reassurers, underwriters and any qualified medical practitioner or health specialist instructed by Countrywide Assured, to assist Countrywide Assured to estimate the discounted value of the gift into trust and to administer the same accordingly, in accordance with its legal, regulatory and contractual obligations.

You do not have to provide such consent, and you can withdraw consent, however this is likely to prevent Countrywide Assured from being able to make an assessment.

I confirm I have read this medical questionnaire through and confirm that the answers and information given are true and complete to the best of my knowledge, with no information withheld.

Client Signature (must be a handwritten signature)

Date

8. Access to Medical Reports Act 1988

Prior to estimating the discount we may need to obtain information about your state of health. Such a request may be made by us or by our agents for underwriting purposes. Accordingly wherever we refer to 'we' or 'CASLP Ltd' in this section this includes our underwriting agents.

We may need to apply for a medical report from each of the doctors named in this medical questionnaire as having been your own doctor, or as having treated you for any reason. We may also apply to any other doctor who is named in any of these reports as having treated you.

You have the right to refuse to consent to our applying for any or all of these reports, though if you do we may be unable to provide an estimate of the discount.

You also have the right to notify us if you wish to see any report before it is sent to us. You will have 21 days in which to see it if you want to do so. You may also have access to a report by notifying the doctor preparing it. If they have not already sent the report to us you will then have 21 days in which to see it.

If you exercise your right to see a report before it is sent to us you may then instruct the doctor to withhold that report from us. You may also ask them to amend it if you disagree with its contents.

A doctor may decline to let you see all or part of a report to which you have requested access if they consider that this would be inappropriate. In these circumstances you would be asked for your consent before the doctor can release it to us.

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You will appreciate that the estimated level of discount cannot be calculated until we have received and assessed all the medical reports we need.

Each doctor must keep a copy of the report he prepares for six months, during which time you may ask to see it.

I have been advised of my rights under the Access to Medical Reports Act 1988. I acknowledge that CASLP Ltd proposes to apply for medical reports from my own doctor, the doctors named on this medical questionnaire as having treated me in the past and any further doctors named by those doctors as having treated me. I consent to any and all of those doctors complying with these applications. A copy of this consent shall have the same effect as the original.

☐ I do not wish to see any such report before it is sent to CASLP

☐ I wish to see any such report before it is sent to CASLP

Client signature (must be a handwritten signature)

Date

A copy of this form is available on request.

For literature in alternative formats, such as Braille, large print, audio or E-text, please call us on 0131 226 9535, or via the Relay UK service on 18001 0131 226 9535.

0131 226 9535 client.relations@nucleusfinancial.com nucleusfinancial.com

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