

**Enhanced Annuity Investigation Form**

Lifestyle, smoking habits and medical conditions (both past and present) can, in some cases, increase the amount of income offered by an annuity provider. It is very important to complete this form accurately and return it. If you answer 'yes' to any of the indicators in the Health section, we will contact you to gather some additional information.

Lifestyle & Health**You**

Height: feet/metres inches/cms
 Weight: stone/kg pounds/grammes
 Waist measurement: inches/cms
 Occupation:

Dependant

Height: feet/metres inches/cms
 Weight: stone/kg pounds/grammes
 Waist measurement: inches/cms
 Occupation:

Do you currently smoke?
 Yes No *

Type and amount:	Per day	How many years?
<input type="checkbox"/> Cigarettes.....	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rolling Tobacco	<input type="text"/> Oz\g	<input type="text"/>
<input type="checkbox"/> Pipe Tobacco....	<input type="text"/> Oz\g	<input type="text"/>
<input type="checkbox"/> Cigar.....	<input type="text"/>	<input type="text"/>

* If 'No' and you used to smoke, please indicate the type and amount along with start and stop dates

Started: Stopped:

Alcohol consumption (units per week)

Do you currently smoke?
 Yes No *

Type and amount:	Per day	How many years?
<input type="checkbox"/> Cigarettes.....	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Rolling Tobacco	<input type="text"/> Oz\g	<input type="text"/>
<input type="checkbox"/> Pipe Tobacco....	<input type="text"/> Oz\g	<input type="text"/>
<input type="checkbox"/> Cigar.....	<input type="text"/>	<input type="text"/>

* If 'No' and you used to smoke, please indicate the type and amount along with start and stop dates

Started: Stopped:

Alcohol consumption (units per week)

Have you ever been diagnosed or suffered from one or more of the following conditions / illnesses?**You**

High Cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hypertension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cancer (of any form)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Respiratory disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multiple Sclerosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurological disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other illness/condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dependant

High Cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Multiple Sclerosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neurological disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other illness/condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I consent to this information being used for the purposes of obtaining enhanced annuity offers from a range of annuity providers.

You

Signed
 Date

Dependant

Signed
 Date

If we need to ask for extra information, please indicate your preferred method of contact.

Phone Post Web Site No Preference