

Data Capture Form for online submission

REAL LIFE



The quickest and most effective way to apply for Real Life is to login at www.the-exeter.com with your client either with you in person or over the phone.

This Data Capture Form cannot be used to apply for a policy – it is designed to capture the basic responses from your client, which will need to be submitted online using The Exeter's interactive application journey.

Real Life is only sold on an individual basis.

Applying for Real Life

We invest in state-of-the-art underwriting technology to ensure that not only are our products simple to advise on, but that they're complemented by a seamless service.

Our adviser platform is an online-only application process. The rules-based application journey uses dynamic questioning, designed to gather all of the information we need immediately.

The quickest and most effective way to apply for Real Life is to login at www.the-exeter.com with your client either with you in person or over the phone.

Alternatively, you can use this Data Capture Form to capture the basic responses from your client.

If you answer 'yes' to any of the questions in this form, the online application journey will ask dynamic questions based on their responses.

To help, the question sets on pages [8-14](#) will enable you to gather further information about your client's condition.



Delegated underwriting

Our delegated underwriting feature enables you to delegate application questions via email for your client to complete, benefiting you in the following ways:

- Provides a quick solution if you're stuck on a question
- Removes the risk of non-disclosure from an adviser perspective
- Saves you time on keying in applications.

► Important notes

Please make sure the information you enter on this form is complete & accurate as it is taken into account when deciding whether to accept your application and for calculating your premium. If you do not do so, it may also lead to us not only declining any claim you make, but also to cancelling your policy.

For the same reason if after submitting the application and before the policy starts there are any changes to your health or personal circumstances (this includes a change in occupation or take up of a hazardous hobby) you should notify us immediately.

We may need to send your application and relevant medical reports to our reinsurers, or any third parties 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.

Any information which you have provided or which has been provided by others on your behalf relating to your health or lifestyle is 'special category data' under the UK data protection legislation. The information will be held securely and access limited to those who

need to see it. This includes your GP, any other medical practitioner or health care professional acting on our behalf as well your financial adviser and any reinsurers or other insurers you have applied to and given consent to.

If you have had any predictive genetic tests to tell you whether you have inherited a disease or condition that your family suffers from, The Exeter will NOT ask your doctor and you do not need to tell us about them unless:

- You have had a test for Huntington's disease, and
- You are applying for life insurance of more than £500,000.

You must always tell us if you are having treatment for or experiencing symptoms of a genetic condition.

However, if you have had a genetic test and the results are favourable you can choose to tell us the results as we may be able to offer you better terms.

More details on the ABI Genetic Testing Code of Practice can be found on our website.

► Quote details

Real Life requires detailed health information to provide a quote. For some applicants, this will be an instant quote online and in some cases our underwriters will assess the information before returning a quote.

If you answer 'Yes' to the health questions on the next page you will be prompted to answer additional questions about that medical condition near the back of the form.

Title _____

First Name _____

Middle Name(s) _____

Last Name _____

Date of birth (You must be between the ages of 18 and 80 to apply) _____

Gender Male Female

Occupation _____

Address _____

Postcode _____

Telephone _____

Mobile Telephone _____

Email _____

Have you smoked or used nicotine replacement products in the last 12 months? yes no

Sum assured (benefit) £ _____

Level or decreasing benefit?

(A level benefit will remain the same for the length of the policy, while a decreasing benefit will reduce monthly in line with an 8% mortgage repayment schedule)

Level benefit Decreasing benefit

Policy term

(The policy term must be between 5 and 50 years and must be due to end before _____ years you reach 90 years old)

► Health

What is your height?

Please tell us your height without shoes

_____ feet _____ inches **or** _____ cm

What is your weight?

If you're uncertain of your current weight, please ensure you weigh yourself before answering. If you're currently pregnant, please tell us your weight immediately before your pregnancy

_____ stones _____ pounds **or** _____ kgs

Have you ever been diagnosed with type 1 or 2 diabetes?

yes no

Have you ever suffered from any type of stroke, cerebral vascular event or transient ischemic attack (TIA)?

yes no

Have you ever had any form of coronary artery disease, for example heart attack (myocardial infarction), ischaemic heart disease or angina?

yes no

► Lifestyle

How many of the following do you drink in a week?

Think back over the last 3 months and consider what you would normally drink in a week

Pints of beer or cider _____

Glasses of wine _____

Measures of spirits _____

Other alcoholic drinks _____

Have you ever been medically advised to reduce your alcohol consumption? *This includes being referred for specialist support such as to an alcohol addiction unit or Alcoholics Anonymous*

yes no

Have you ever taken drugs that were not prescribed by a doctor? (e.g. ecstasy, cocaine, heroin, cannabis, anabolic steroids etc)

yes no

► Residency/overseas travel

During the last 5 years, have you resided, worked or travelled outside of the UK (other than for holidays)?

yes no

Do you intend to reside, work or travel outside of the UK in the future (other than for holidays)?

yes no

► Sports, hobbies

In the last 5 years have you taken part in any of the following sports or hobbies, or do you intend to do so?

- | | | | | |
|--------------------------------------|--------------------------|-----|--------------------------|----|
| Scuba diving | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Outdoor rock climbing/mountaineering | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Motor sports | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Aviation of any kind | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

► Previous applications

Do you currently have cover with us or have you previously applied for cover with us?
By 'us' we mean *The Exeter, Exeter Family Friendly or Pioneer*

- | | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
|--------------------------|-----|--------------------------|----|

► Past medical history

Have you ever had any of the following?

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Any disorder of the heart, arteries or veins? Including but not limited to heart attack, angina, heart defects from birth or heart surgery | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any disease or disorder of the neurological system including but not limited to multiple sclerosis (MS), paralysis, Parkinson's disease, or epilepsy | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Brain injury | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Mental illness, addiction, eating disorders, severe fatigue or nervous breakdown | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any form of cancer or a brain or spinal tumour/cyst | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis or any form of neck, back, spine or joint surgery | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| HIV, hepatitis B, C or D, or are you awaiting the results of such a test | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

► Recent medical history - last 5 years

Apart from anything you have already told us about, in the last 5 years (regardless of whether you've seen a doctor, required treatment or had time off work) have you had any of the following?

- | | | | | |
|---|--------------------------|-----|--------------------------|----|
| Raised blood pressure (whether or not you needed treatment or follow up) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Raised cholesterol readings (whether or not you needed treatment or follow up) | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Chest pain or irregular heartbeat | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Numbness, pins and needles, balance problems, dizziness or difficulty with co-ordination or walking | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any disorder of the ears, including but not limited to impaired hearing, tinnitus, Meniere's disease or labyrinthitis | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

► Recent medical history - last 5 years continued

- Impaired vision, including but not limited to blurred or double vision
You do not need to tell us about impaired vision which is fully corrected with glasses or lenses yes no
- Asthma, bronchitis or any other lung or breathing problems
You do not need to tell us about: common colds or flu, or one-off chest infections that you have fully recovered from yes no
- Any stomach, digestive system or bowel disorder, including but not limited to Crohn's disease, ulcerative colitis, irritable bowel disease, hernia, and Barrett's oesophagus yes no
- An abnormal cervical smear or any other gynaecological disorder that has required regular follow up yes no
- Any lump, cyst, growth or polyp. Or, a mole or freckle that has bled or changed in appearance yes no
- Had, or been advised to have any medical investigations
(e.g. blood tests, MRI/CT/ultrasound scans, x-rays, ECG or other heart tests)
You do not need to tell us about tests in association with uncomplicated pregnancy yes no
- Attended a hospital or other clinic as an inpatient or outpatient, or awaiting such a referral? yes no

► Recent medical history - last 2 years

Apart from anything that you have already told us about, in the last 2 years have you:

- Been asked to attend a follow-up or regular reviews with a GP, hospital or clinic?
You do not need to tell us about uncomplicated pregnancy reviews or fertility treatment yes no
- Been prescribed any medication or treatment (including a course of counselling)?
You do not need to tell us about contraception, HRT or fertility treatment yes no
- Are you currently experiencing any symptoms that you have not yet seen a health professional about? yes no
- Tested positive for coronavirus (COVID-19)? yes no

► Family history

Have any of your natural parents, brothers or sisters been diagnosed with or died from any of the following conditions before the age of 65?

- Bowel cancer yes no
- Breast or ovarian cancer yes no
- Heart disease or stroke yes no
- Multiple sclerosis yes no
- Diabetes yes no

► Family history - continued

Cardiomyopathy	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Polycystic kidney disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Polyposis coli/familial adenomatous polyposis (FAP)	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Alzheimer's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Haemochromatosis	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Huntington's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Motor neurone disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Muscular dystrophy	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Parkinson's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Any other hereditary disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

► Client declaration

a. I understand that:

- This data capture form only includes the basic set of questions required when applying for Real Life by The Exeter.
- If I have answered 'yes' to any of the questions in this form, my financial adviser will require more information when submitting the application using The Exeter's online application.

b. I confirm that:

- The information given in this form has been provided truthfully and accurately.
- I have given my adviser permission to apply on my behalf using the information in this data capture form and any supplementary information required.

c. Once the application is submitted by my adviser, I confirm that:

- I will immediately inform you if there are any changes to any answers given on the application before the policy starts.
- I am aware that the information provided during

the application will form part of the legal relationship between us and if any of it is found to be incorrect it may mean that a claim is not paid or the policy(ies) is amended or cancelled.

- I agree to your sending my application and any other information which I have provided or which has been provided by others on my behalf relating to my health or lifestyle including any relevant medical reports to your reinsurers, or any third parties for their opinion or agreement of the terms offered, or subsequently for administrative or management purpose. Such third parties may include my GP, any other medical practitioner or health care professional acting on your behalf as well as my financial adviser and any reinsurers or other insurers I have applied to and given such consent to.

For your own benefit and protection you should read the policy terms and conditions before signing below and providing permission for your adviser to apply for Real Life from The Exeter on your behalf. If you do not understand any point please ask us for further information.

Signature

Date

Further Medical Information

▶ Diabetes Questions

Which type of diabetes have you been diagnosed with?

Type 1 (Insulin dependent diabetes)

Type 2 (Non insulin dependent diabetes)

How long ago was your last diabetic review with a medical professional (in months)? _____

How long ago was your diabetes diagnosed (in years)? _____

What was your HbA1c reading at your last diabetic review? _____

Have you ever had diabetic disease of the nerves (for example numbness in the feet)? yes no

Have you ever had diabetic kidney problems?
(examples include protein in the urine or reduced renal function) yes no

Have you ever had diabetic eye disease? yes no

Have you required any treatment
as a result of your diabetic eye disease? yes no not applicable

Have you ever had gangrene, perforating ulcer or an amputation due to your diabetes? yes no

If you have answered 'Yes' to any questions, please provide full details

► Stroke Questions

Which best describes the type of illness you suffered from?

Ischaemic stroke due to thrombosis, embolism (if yes, answer section A below)

yes no

Transient ischaemic attack (TIA) or mini stroke (if yes, answer section B on page 10)

yes no

Intracerebral or subarachnoid haemorrhage (if yes, answer section C on page 10)

yes no

A. Ischaemic stroke due to thrombosis, embolism

How many separate strokes have you suffered? _____

Which best describes the severity of your symptoms?

Severe (with severe central nervous system deficit impacting your activities of daily living and ability to live independently)

Moderate (with chronic residual symptoms lasting more than 6 months but with full mobility and living independently, without signs of coronary or peripheral artery disease).

Mild (with speech deficit, visual disturbance and sensory loss persisting for more than 24 hours but with full recovery within 6 months. Brain scans show no or only minimal cerebral infarction, without coronary or peripheral artery disease).

How long ago did you suffer your stroke (in months)? _____

How old were you when your stroke was diagnosed (in years)? _____

Are you aware of any complications? yes no

Complications may include:

- Raised blood pressure (with or without treatment)
- Raised cholesterol (with or without treatment)
- Abnormal heart rhythm (Atrial fibrillation, ventricular tachycardia)
- Congenital heart defect
- Heart valve defects
- Peripheral vascular disease

For severe symptoms or if you have answered 'Yes' to any questions, please provide full details including any complications, treatment or medical procedures. Please also provide all relevant dates (first and last symptoms, diagnosis, dates of any surgery or procedures).

B. Transient ischaemic attack (TIA) or mini stroke

How many separate transient ischaemic attacks have you suffered? _____

Which best describes the cause of your transient ischaemic attack?

Caused by migraine, without underlying cerebrovascular or neurological disease or without infarction on imaging, normotensive

Attributed to the use of an oral contraceptive pill (females only)

Cause unknown or undetermined (without CT, MRI, angiography, ultrasound, or doppler)

Have you fully recovered with no ongoing complications and fully discharged from all follow up? yes no

How long ago did you suffer your transient ischaemic attack, in months? _____

How old were you when your transient ischaemic attack was diagnosed (in years)? _____

How long ago did you suffer your most recent transient ischaemic attack (in months)? _____

Are you aware of any complications? yes no

Complications may include:

- Raised blood pressure (with or without treatment)
- Raised cholesterol (with or without treatment)
- Abnormal heart rhythm (Atrial fibrillation, ventricular tachycardia)
- Congenital heart defect
- Heart valve defects
- Peripheral vascular disease

For severe symptoms or if you have answered ‘Yes’ to any questions, please provide full details including any complications, treatment or medical procedures. Please also provide all relevant dates (first and last symptoms, diagnosis, dates of any surgery or procedures).

C. Intracerebral or subarachnoid haemorrhage

Please provide full details including any complications, treatment or medical procedures. Please also provide all relevant dates (first and last symptoms, diagnosis, dates of any surgery or procedures).

► Heart attack (myocardial infarction) or Angina Questions

Which condition have you suffered from?

Heart attack (myocardial infarction) (if yes, answer section A below)

yes no

Angina (if yes, answer section B on page 12)

yes no

Other (if yes, answer section C on page 13)

yes no

A. Heart attack (Myocardial infarction)

How long ago did you have your heart attack (in months)? If you have had more than one heart attack, please tell us about the most recent one

Are you waiting for an operation or any further investigations (other than routine follow up) as a result of your heart attack?

yes no

Have you suffered from more than one heart attack?

yes no

Are your blood pressure and cholesterol levels well controlled, with or without the use of medication?

yes no

Have you had any surgery as a result of your heart attack?

yes no

Which of the following best describes the type of surgery you had?

Not applicable

Coronary artery bypass surgery, also known as coronary artery bypass graft (CABG) or heart bypass

Stenting with or without balloon angioplasty, also known as percutaneous transluminal coronary angioplasty (PTCA)

A combination of bypass surgery and angioplasty / stenting

Don't know/other

Have you suffered from any heart related symptoms since your treatment?

yes no

Are you aware of any complications?

yes no

Complications may include:

- Impaired left ventricular function (ejection fraction of less than 45%)
- Abnormal heart rhythm (atrial fibrillation, ventricular tachycardia)
- Congenital heart defect
- Heart valve defects
- Congestive heart failure
- Ventricular aneurysm
- Implanted defibrillator device (ICD)
- Cardiac resynchronisation therapy (CRT)

If you have answered 'Yes' to any questions, please provide full details including any complications, treatment or medical procedures. Please also provide all relevant dates (first and last symptoms, diagnosis, dates of any surgery or procedures).

B. Angina

How long ago were you diagnosed with angina (in months)?

Is your angina considered stable?

 yes no

Typical characteristics of stable angina

- Pain / discomfort when too much physical exertion or emotional activity takes place.
Both cause the heart to work harder
- Usually the pain / discomfort is the same each time it happens. The pain is recognisable and consistent
- Stable angina can occur with an increase in stress or during stressful situations
- The pain will go away or subside when you stop the extra physical activity or calm down
- Stable angina can be relieved by rest as well as medications
- The pain or discomfort is usually felt in the chest, but it can also be felt in the arms, shoulders, neck or jaw

Are you waiting for an operation or any further investigations as a result of your angina (other than a routine follow up)?

 yes no

Are your blood pressure and cholesterol levels well controlled, with or without the use of medication?

 yes no

Have you had any surgery as a result of your angina?

 yes no

Which of the following best describes the type of surgery you had?

Not applicable

Coronary artery bypass surgery, also known as coronary artery bypass graft (CABG) or heart bypass

Stenting with or without balloon angioplasty, also known as percutaneous transluminal coronary angioplasty (PTCA)

A combination of bypass surgery and angioplasty/stenting

Don't know/other

Have you suffered from any heart related symptoms since your treatment?

yes no

Are you aware of any complications?

yes no

Complications may include:

- Impaired left ventricular function (ejection fraction of less than 45%)
- Abnormal heart rhythm (atrial fibrillation, ventricular tachycardia)
- Congenital heart defect
- Heart valve defects
- Congestive heart failure
- Ventricular aneurysm
- Implanted defibrillator device (ICD)
- Cardiac resynchronisation therapy (CRT)

If you have answered 'Yes' to any questions, please provide full details including any complications, treatment or medical procedures. Please also provide all relevant dates (first and last symptoms, diagnosis, dates of any surgery or procedures).

C. Other

Please provide full details including any complications, treatment or medical procedures. Please also provide all relevant dates (first and last symptoms, diagnosis, dates of any surgery or procedures).

► **Condition 1**

Name of condition _____ Date of diagnosis _____

Medication including dosage and frequency _____

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings

Describe your symptoms and their severity, e.g. mild, moderate, severe _____

Have you been admitted to hospital with this condition? If Yes please provide details and dates _____

Does your condition limit your ability to work or carry out our normal daily activities? If Yes please provide full details

Are you still under review and if so how frequently? _____

► **Condition 2**

Name of condition _____ Date of diagnosis _____

Medication including dosage and frequency _____

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings

Describe your symptoms and their severity, e.g. mild, moderate, severe _____

Have you been admitted to hospital with this condition? If Yes please provide details and dates _____

Does your condition limit your ability to work or carry out our normal daily activities? If Yes please provide full details

Are you still under review and if so how frequently? _____

Originator's Identification Number

930420

Reference Number (For Exeter official use only)

▶ Instruction to your bank or building society to pay by direct debit

Please fill in the whole form using a ball point pen and send it to:
The Exeter, Lakeside House, Emperor Way, Exeter, EX1 3FD

Name and full postal address of your bank/building society

Bank/Building Society Account Number

--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Your instruction to the Bank or Building Society

Please pay Exeter Friendly Society Ltd (EFS) Direct Debits from the account detailed on this instruction, subject to the safeguards assured by the Direct Debit Guarantee.

Name(s) of Account Holder(s)

I understand that this instruction may remain with EFS and, if so, details will be passed electronically to my Bank/Building Society.

Signature _____

Date _____ / _____ / _____

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

This guarantee should be detached and retained by the payer



▶ 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 Exeter Friendly Society Ltd (EFS) will notify you 12 working days in advance of your account being debited or as otherwise agreed. If you request EFS 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 EFS 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 EFS 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.

The friendly specialists in
income protection, life cover,
health insurance and cash plans.

Contact us

Members:

Enquiries: 0300 123 3201

Claims: 0300 123 3200

member@the-exeter.com

Financial Advisers:

Enquiries: 0300 123 3203

adviser@the-exeter.com

Opening times:

Monday to Friday 8am – 6pm

Calls may be recorded and monitored.

Postal address:

The Exeter, Lakeside House, Emperor Way, Exeter EX1 3FD

Website:

the-exeter.com

The legal blurb

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.