

Thyroid Questionnaire – Confidential

To be completed in English by the life assured.

Full name

Date of birth (dd/mm/yyyy)

We understand that you suffer from a thyroid condition and we would appreciate your answers to the following questions.

1. What is the name of the thyroid condition from which you suffer?

2. How long have you suffered from this condition?

3. Are you currently receiving any form of treatment? Yes No If Yes, please provide details below.

4. Please describe any current symptoms.

5. Are you awaiting an operation or have you ever undergone an operation? Yes No If Yes, what was it intended to achieve and was it successful?

6. Have you received any form of emergency treatment as a result of this condition? Yes No If Yes, please provide details below.

7. Has the condition caused any permanent damage to your state of health? Yes No If Yes, please provide details below.

Data Protection Act

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

Declaration

I declare that the above answers are true to the best of my knowledge and that I have not withheld any information that may influence the assessment or acceptance of this application.

I agree that any supplementary questionnaire will form part of my application to the company and that non-disclosure of any material fact known to me may invalidate the contract.

Signature of life assured

Date (dd/mm/yyyy)