

DATA CAPTURE FORM



- **THIS IS NOT AN APPLICATION FORM.**

You should use it only to capture information from your client before you complete and submit an online application on their behalf. During the online application, we may ask you for more information or ask questions not included in this form.

Please make sure your client's aware that you may need to go back to them for further information. You're entering your client's personal and sensitive data in this application. Your terms of business states you have consent from your client to give us their data. Please make sure your client understands we'll handle their data in line with our customer privacy policy. You can refer them to our customer privacy policy on our website.

For more than one person, you'll need to capture details of the second person on a separate form.

We'll give your client a copy of the application form answers you provide, in their welcome pack when the policy goes in force. Please make sure they review this carefully, if anything is wrong they need to let us know within 30 days or they may not be covered.

Please take care when answering the following questions to make sure they're accurate, true and complete. If not, you risk your client's cover being cancelled or when we assess a claim, you risk us paying a reduced amount or nothing at all.

Your client doesn't need to tell us the results of predictive genetic tests unless their existing life cover and application(s) total more than £500,000. Above that limit, your client only needs to tell us the result of genetic tests for Huntington's disease. They can choose to tell us about any negative genetic test result which might enable us to offer better terms.

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CLIENT DETAILS

Who needs cover:

Gender: Male Female

Date of birth:

What best describes your use of tobacco or nicotine replacement products:

None in the last 5 years

None in the last 12 months

I have used tobacco or replacement products in the last 12 months.

Tobacco products include cigarettes, cigars and pipes. Nicotine replacement products include patches, electronic cigarettes, chewing gum, lozenges, inhalers and sprays.

Height without shoes: m or ft

Weight in normal indoor clothing: kg or st

Waist size (males only): cm or inches

UK dress size (females only):

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CORE COVERS**Life Protection**Cover type: Level Increasing Decreasing Family income Amount of cover/
Monthly cover amount: Term: years or until age: **Life Protection**Cover type: Level Increasing Decreasing Family income Amount of cover/
Monthly cover amount: Term: years or until age: **Life Essentials**Cover type: Level Increasing Decreasing Amount of cover: Term: years or until age: **Life Essentials**Cover type: Level Increasing Decreasing Amount of cover: Term: years or until age: **Critical Illness Protection**Cover type: Level Increasing Decreasing Family income Amount of cover/
Monthly cover amount: Term: years or until age:

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Critical Illness Protection

Cover type: Level Increasing Decreasing Family income

Amount of cover/
Monthly cover amount:

Term: years or until age:

Combined Life and Critical Illness Protection

Cover type: Level Increasing Decreasing

Amount of cover:

Term: years or until age:

Combined Life and Critical Illness Protection

Cover type: Level Increasing Decreasing

Amount of cover:

Term: years or until age:

Income Protection

Cover type: Level Increasing

Monthly cover amount:

Term: years or until age:

Deferred period: 4 weeks 8 weeks 13 weeks
26 weeks 52 weeks

Payment period: full-term 2-year

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Income Protection

Cover type: Level Increasing

Monthly cover amount:

Term: years or until age:

Deferred period: 4 weeks 8 weeks 13 weeks
26 weeks 52 weeks

Payment period: full-term 2-year

OPTIONAL COVERS – CAN ONLY BE TAKEN OUT WITH A CORE COVER

Children's Critical Illness Protection

Amount of cover: term

Children will stop being covered when they reach their 23rd birthday, or the term ends.

CONTACT DETAILS

Email:

We'll use this email address to set up an online account for your client to access their policy details.

Telephone/mobile:

Address including postcode:

Mortgage cover

Is any of the cover in this application associated to a new or existing mortgage? Yes No

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Children's details for Children's Critical Illness Protection

We need all children's names and dates of birth so we can advise when children are no longer covered.

Please complete your children's details, or if you are only looking to cover unborn children, please choose 'Cover unborn children only' below.

Child's name:

Date of birth:

Child's name:

Date of birth:

Child's name:

Date of birth:

Child's name:

Date of birth:

Cover unborn children only Yes

PERSONAL DETAILS

What best describes your use of tobacco or nicotine replacement products?

None in the last 5 years

None in the last 12 months

I've used tobacco or replacement products in the last 12 months

If selected 'I have used tobacco or replacement products in the last 12 months': Have you given up smoking or do you only use nicotine replacement products?

Yes No

(For current smokers only)

How much do you smoke a day on average? If you use tobacco occasionally or are a social smoker who doesn't smoke every day, please enter 0.

Cigarettes, small cigars or cigarillos Number per day

Cigars Number per day

Pipes Number per day

Tobacco products include cigarettes, cigars and pipes. Nicotine replacement products include patches, electronic cigarettes, chewing gum, lozenges, inhalers and sprays.

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JOB

What is your job?

This needs to be your main job - in other words, the one you spend most time doing. If you can't find your exact job, try describing your job differently, or pick the closest match.

What are your annual earnings?

 (Income Protection only)

This is your personal taxable earnings before you pay any income tax, minus any expenses which are allowable against income tax. If you're employed, you'll find this on your P60. If you are self-employed and registered with HM Revenue and Customs, you'll find this on your tax return..

Are you self-employed?

 Yes No (Income Protection only)

This means you run your own business and are not paid through PAYE.

If Yes to the question above:
Have you been self-employed for less than one year?

 Yes No (Income Protection only)

Are you a member of the armed forces or territorial army or reservist?

 Yes No

If Yes to the question above:
Which are you a member of:

 Full-time armed forces member
 Territorial army or reservist

Please tell us more about your job.
Do any of the following apply to you or your unit?

 Yes No

- Currently deployed outside the UK
- Under orders or on notice to move
- Have a state of readiness to deploy within the next 12 months

If you answered Yes to any of these questions then please provide full details here:

Do you have another job?

 Yes No (Income Protection only)

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If Yes to the above:
What is your other job?

(Income Protection only)

How many hours a week do you
work on your second job?

(Income Protection only)

EXISTING COVER

Do you have any existing cover
or previous applications with
Guardian, or are you in the process
of applying (other than this
application)?

Yes No

Answering this question incorrectly may mean we ask for medical
evidence, such as a nurse screening, or reducing your cover
amount after the policy goes in force.

If Yes to the above question:

Will this new application replace
all existing cover you currently
have with Guardian?

Yes No

We won't automatically cancel any existing cover when this policy
goes in force. You, or your Financial Adviser, will need to contact
us to cancel it. If you've told us the existing cover will be replaced
but you don't cancel it, this may impact the amount we pay if you
make a claim.

If No to the above question:

What is the total amount of life
cover you'll have with Guardian
once this application is in force?

What is the total amount of critical
illness you'll have with Guardian
once this application is in force?

What is the total annual income
protection you'll have with
Guardian once this application
is in force?

Please include the cover amount applied for in this application
along with any existing cover with Guardian that won't be replaced.
For Family Income Benefit please multiply the annual cover
amount by the length of the term to calculate the total cover
amount.

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You only need to answer the following question if you're applying for life cover in excess of £500,000 or critical illness cover in excess of £250,000.

Together with any existing or concurrent applications will you have more than £1,000,000 critical illness cover in total?

Yes No

If there is already critical illness cover in place which you are planning to cancel, you don't need to include it. Please include concurrent applications, and any existing critical illness policies that will remain in force.

Together with any existing or concurrent applications will you have more than £5,000,000 life cover in total?

Yes No

If there is already life cover in place which you are planning to cancel, you don't need to include it. Please include concurrent applications, and any existing life policies that will remain in force.

FAMILY HISTORY

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

Please select all that apply:

Heart attack, angina or stroke (you don't need to tell us about a family history of transient ischaemic attack / TIA):

Yes No/don't know

Cancer of the breast or ovary (Females only):

Yes No/don't know

Cancer of the bowel or colon, or polyps of the bowel or colon:

Yes No/don't know

Diabetes:

Yes No/don't know

Multiple sclerosis, Parkinson's disease or Alzheimer's disease:

Yes No/don't know

Muscular dystrophy, myotonic dystrophy, Huntington's disease or motor neurone disease:

Yes No/don't know

Cardiomyopathy:

Yes No/don't know

Polycystic kidney disease:

Yes No/don't know

Any other condition that runs in your family that you've been tested for, are under surveillance for or for which you're having regular follow-up:

Yes No/don't know

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If Yes to the above question:

Please select all the conditions that apply to your relatives:

Haemochromatosis

Any other cancer

Retinitis pigmentosa

Another disorder

Friedreich's ataxia

If you don't know all your family history, please tell us what you do know. For any question you can't answer because you're adopted, no longer in touch or don't know, please answer 'No / Don't know'.

If they answered Yes to any of these questions then please provide full details here:

MENTAL HEALTH

Have you ever had any mental health condition or illness where hospital treatment or referral to a mental health specialist of any profession has been advised?

Please select all that apply.

Eating disorder:

Yes

No

Bipolar disorder:

Yes

No

Manic depression:

Yes

No

Schizophrenia:

Yes

No

Psychosis:

Yes

No

Borderline personality disorder:

Yes

No

Any other mental health condition or illness:

Yes

No

None of the above:

Yes

No

A mental health specialist includes a psychiatrist, psychologist or hospital clinic.

If they answered Yes to any of these questions then please provide full details here:

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In the last 5 years, have you had?

Please select all that apply.

Depression: Yes No

Anxiety: Yes No

Stress: Yes No

Eating disorder: Yes No

Any other mental health condition
or illness: Yes No

None of the above: Yes No

Please include any condition or illness that involved time off work or treatment, counselling or consultation with a health professional.

If they answered Yes to any
of these questions then
please provide full details here:

Have you ever?

Please select all that apply.

Tried to take your own life: Yes No

Had thoughts about taking your
own life: Yes No

None of the above: Yes No

If they answered Yes to any
of these questions then
please provide full details here:

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Have you ever?

Please select all that apply.

Intentionally harmed yourself: Yes No

Had thoughts about harming yourself: Yes No

None of the above: Yes No

If they answered Yes to any of these questions then please provide full details here:

PHYSICAL HEALTH

Have you ever had any of the following?

Please select all that apply.

Cancer, Hodgkin's lymphoma, non-Hodgkin's lymphoma or leukaemia: Yes No

Heart attack, heart disorder, angina, heart valve or structural abnormalities, or cardiomyopathy: Yes No

Stroke or transient ischaemic attack (TIA), brain injury, brain haemorrhage, any form of bleeding into your brain or any surgery to your brain: Yes No

Diabetes, borderline diabetes, pre-diabetes, impaired glucose tolerance or sugar in the urine: Yes No

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If Yes to the above question, which of the following do you have?

- Type 1 or insulin dependent diabetes
- Type 2 or non-insulin dependent diabetes
- Gestational diabetes
- Borderline diabetes or pre-diabetes
- Impaired glucose tolerance
- Sugar in the urine
- Diabetes insipidus
- None of these / Don't know

Type 1 diabetes is sometimes also called insulin dependent or juvenile onset diabetes. Type 2 diabetes is sometimes also called non-insulin dependent, adult or maturity onset diabetes. Gestational diabetes is also known as pregnancy related diabetes.

A positive test for HIV or hepatitis B or C, or are you waiting for the results of such a test:

- Yes No

If Yes to the above question, please select all that apply:

- Have had a positive test for HIV

The maximum policy term we can consider for a client with HIV is:

- Life cover – 30-year term or up to age 80 at expiry
- Income Protection – 30-year term or up to age 65 at expiry

- Have had hepatitis B or C

- Awaiting results of tests

Epilepsy, multiple sclerosis, muscular dystrophy, cerebral palsy, Parkinson's disease, Alzheimer's disease or dementia:

- Yes No

None of the above:

- Yes No

If they answered Yes to any of these questions then please provide full details here:

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In the last 5 years have you had any of the following?

Please select all that apply.

Raised blood pressure or cholesterol, chest pain, or irregular heart beat: Yes No

If Yes to the above question, what condition(s) have you had? Raised blood pressure Chest pain
 Raised cholesterol Irregular heartbeat

Abnormality or disease of the kidneys, bladder, liver or pancreas: Yes No

Anaemia, haemophilia, or other blood disorder: Yes No

Paralysis, seizures, tremor, loss of balance, loss of feeling, numbness, persistent and/or recurrent tingling or pins and needles: Yes No

Crohn's, colitis, IBS, or anything else affecting your stomach, bowel, oesophagus or digestive system: Yes No

Asthma, sleep apnoea or anything else affecting your lungs or breathing: Yes No

A growth, lump or cyst: Yes No

An abnormal cervical smear, abnormal mammogram or other gynaecological condition that has needed more than one consultation (Females only): Yes No

Tinnitus, labyrinthitis, or anything else affecting your ears, hearing or balance (Critical Illness Protection and Income Protection only) Yes No

Impaired, blurred or double vision, optic neuritis or anything else affecting your eyes (Critical Illness Protection and Income Protection only) Yes No

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Back pain, slipped disc, sciatica, whiplash or anything else affecting your back, neck or shoulders (Critical Illness Protection and Income Protection only)

Yes No

Joint pains, arthritis, or any other symptoms affecting the knees, hips, ankles, feet, elbows, wrists or hands (Critical Illness Protection and Income Protection only)

Yes No

None of the above:

Yes No

If they answered Yes to any of these questions then please provide full details here:

GENERAL HEALTH

In the last 5 years have you had?

Continuous, non-specific or recurrent pain:

Yes No

Chronic fatigue syndrome, or recurrent fatigue or tiredness:

Yes No

Fibromyalgia:

Yes No

None of the above:

Yes No

If they answer Yes to any of these questions then please provide full details here:

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Apart from what you've already told us, in the last 3 years have you?

Please select all that apply.

Taken or been prescribed treatment or medication lasting more than 1 month: Yes No

Been advised to see a specialist: Yes No

Had any tests, including blood tests, scans or investigations: Yes No

None of the above: Yes No

You don't need to tell us about antibiotics for one-off chest infections, infertility treatment, pregnancy and terminations.

If they answered Yes to any of these questions then please provide full details here:

CURRENT HEALTH

In the last 3 months have you noticed or become aware of any of the following?

Please select all that apply.

A lump, cyst or swelling, or a mole that's changed in appearance: Yes No

Other breast or testicular changes, or skin changes anywhere, including any firmness, hardening or dimpling: Yes No

Unexplained bleeding or weight loss: Yes No

A cough that has lasted for more than 3 weeks: Yes No

A fit or seizure: Yes No

None of the above: Yes No

If they answered Yes to any of these questions then please provide full details here:

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Apart from what you've already told us, are you currently?

Please select all that apply.

Having or waiting for medical investigations or tests: Yes No

Waiting for any form of treatment to start: Yes No

Experiencing any new symptoms you're planning to see a medical professional or your GP about: Yes No

None of the above: Yes No

If they answered Yes to any of these questions then please provide full details here:

COVID-19

Have you ever?

Please select all that apply.

Been treated at hospital for coronavirus? Yes No

Been told you have Long Covid? Yes No

The term Long Covid refers to symptoms or effects from coronavirus that last more than 12 weeks.

None of the above: Yes No

If they answered Yes to any of these questions then please provide full details here:

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LIFESTYLE

How much alcohol do you drink in a typical week? You may need to think back over the last few months to consider what you would normally drink in a week. Please fill in every box.

Pints of beer, lager or cider Number per week

Standard (175 ml) glasses of wine Number per week

Large (250ml) glasses of wine Number per week

Single measures of spirits
(25ml pub measure) Number per week

HABITS

Have you ever?

Please select all that apply

Received advice, treatment or counselling for the use of alcohol, drugs or non-prescribed medication: Yes No

Had a blood test as a result of drinking alcohol: Yes No

Used recreational drugs other than cannabis: Yes No

None of the above: Yes No

Examples of recreational drugs are cocaine, ecstasy, heroin and methadone or anabolic steroids that were not prescribed by a doctor.

RESIDENCE AND TRAVEL

Are you a UK resident who has lived in the UK for the last 2 years?

Yes No

If you answer 'no' to this question, we won't be able to proceed with your application.

A UK resident is someone who fulfils the following requirements:

- Their permanent home must be in the UK
- They have a UK bank account
- They have a UK address (not a 'care of' address)

How long have you been registered with a UK doctor?

The last 2 years or more

Less than the last 2 years

I'm not registered with a UK doctor

If you haven't been registered for the last 2 years, we won't be able to proceed with your application. If you're not sure, please check the date you registered with a doctor before answering.

In the last 2 years have you visited, are you currently visiting, or do you intend to visit any doctor outside the UK for medical treatment, investigations or advice?

Yes No

Have you lived in Africa, Thailand, Russia, Ukraine or the Caribbean for more than 3 months during the last 2 years?

Yes No

In the next 2 years, are you planning to travel, live or work, outside the European Union (EU), Isle of Man, Channel Islands, Australia or New Zealand?

Yes No

You don't need to tell us about any holidays of less than 30 days in a year.

SPORTS AND PAST TIMES

Do you currently, or do you intend to, take part in any of the following?

Please select all that apply.

Mountaineering: Yes No

Scuba or deep sea diving: Yes No

Sailing other than inland: Yes No

Flying (other than as a fare-paying passenger): Yes No

Motor sports: Yes No

Extreme sports (including, but not limited to, bungee or base jumping, canyoning, caving/potholing, white water rafting, extreme mountain biking, martial arts or combat sports): Yes No

Professional or semi-professional sport (including, but not limited to, rugby league, rugby union, football): Yes No

None of the above: Yes No

ACCESS TO MEDICAL REPORTS FROM YOUR CLIENT'S DOCTOR

We may need to ask your client's doctor for medical information about them. This may be to underwrite their application, or to review the answers they gave on their application after the policy has started. When you apply online, we'll ask for their consent under The Access to Medical Reports Act 1988 or The Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, whichever is appropriate. If they don't give us consent, you won't be able to proceed with the application.

DOCTOR'S DETAILS

Doctor's name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Surgery name	<input type="text"/>		
Address 1	<input type="text"/>		
Address 2 (optional)	<input type="text"/>		
Address 3 (optional)	<input type="text"/>		
Town/city	<input type="text"/>		
County (optional)	<input type="text"/>		
Postcode	<input type="text"/>		
Surgery email (optional)	<input type="text"/>		
Surgery phone number	<input type="text"/>		

DATA CAPTURE FORM

SET-UP

Payout Planner – nominate death beneficiaries

- Giving us beneficiary details means we can pay death benefits quickly after a claim.
- Your client's **cover summary** will include the beneficiaries they nominate today.
- They can update them anytime by calling us.
- They won't be able to choose Payout Planner once you've passed the Payout Planner section in the online application journey.
- You can set up a trust, which overrides Payout Planner, at any time in the future.

Life Protection

Please provide beneficiary details

First name:	Last name:	Date of birth:	Percentage:
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

- By selecting no, I confirm my client doesn't want to use Payout Planner for Life Protection. They understand without Payout Planner, a trust or any other legal alternative, any life payout may be delayed while waiting for probate to be granted.

Life Protection

Please provide beneficiary details

First name:	Last name:	Date of birth:	Percentage:
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

- By ticking this box, I confirm my client doesn't want to use Payout Planner for Life Protection. They understand without Payout Planner, a trust or any other legal alternative, any life payout may be delayed while waiting for probate to be granted.

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Life Essentials

Please provide beneficiary details

First name:	Last name:	Date of birth:			Percentage:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By selecting no, I confirm my client doesn't want to use Payout Planner for Life Essentials. They understand without Payout Planner, a trust or any other legal alternative, any life payout may be delayed while waiting for probate to be granted.

Life Essentials

Please provide beneficiary details

First name:	Last name:	Date of birth:			Percentage:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By ticking this box, I confirm my client doesn't want to use Payout Planner for Life Essentials. They understand without Payout Planner, a trust or any other legal alternative, any life payout may be delayed while waiting for probate to be granted.

DATA CAPTURE FORM

Combined Life and Critical Illness Protection

Please provide beneficiary details for the life element of this cover. (They can't nominate beneficiaries for the critical illness element of this cover.)

First name:	Last name:	Date of birth:			Percentage:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By ticking this box, I confirm my client doesn't want to use Payout Planner for the life element of Combined Life and Critical Illness Protection. They understand without Payout Planner, a trust or any other legal alternative, their payout could be delayed.

Combined Life and Critical Illness Protection

Please provide beneficiary details for the life element of this cover. (They can't nominate beneficiaries for the critical illness element of this cover.)

First name:	Last name:	Date of birth:			Percentage:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

By ticking this box, I confirm my client doesn't want to use Payout Planner for the life element of Combined Life and Critical Illness Protection. They understand without Payout Planner, a trust or any other legal alternative, their payout could be delayed.

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Bank details

Name on personal bank account:

Account number:

Sort code:

 - -

Address including postcode:

Payment details

Preferred collection day:

of the month

Start date of the policy:

I confirm the following statements are true

- I have permission from the client to capture their bank details
- The client is the account holder and they are the only person required to authorise debits on the account.
- I have explained to the client that these bank details will be provided and used to set up the direct debit, and for the required credit fraud and financial crime checks.

ADVICE

Did you give advice on this policy?

Yes

No

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MORE INFORMATION

Guardian Financial Services Limited is an appointed representative of Scottish Friendly Assurance Society Limited. All products are provided by Scottish Friendly.