

## QUESTIONNAIRE FOR PERSONAL CHANGES – CHANGE OF JOB

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Please complete this questionnaire if you're paying an increased premium due to your job and you've now changed job and would like us to consider whether we can reduce your premium.

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

Your name:

Policy number(s)

Cover reference(s)

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### Please answer the following questions

1. What is your current job title?

2. Please briefly describe your current occupational duties.

3. When did you start your current job?

4. What industry do you work in?

5. In future, do you intend to return to the job type that you were doing when you applied for this policy?

 Yes  No

**You only need to answer questions 6 to 8 if your policy includes Income Protection.**

6. During your typical working day:

A: What percentage of your duties are administrative?

B: What percentage of your duties are supervisory?

C: What percentage of your duties are light manual work? (This includes physical mobility, lifting or carrying objects less than 10kg)

D: What percentage of your duties are heavy manual work? (This includes lifting or carrying objects greater than 10kgs, working with heavy machinery or digging).

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7. Does your current job involve any of the following:

A: Regular driving exceeding 20,000 business miles a year?  Yes  No

B: How many business flights do you take each year that last no more than 4 hours?

C: How many business flights do you take each year that last longer than 4 hours?

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8. Do you have a second job? If yes, answer A, B and C  Yes  No

A: What is this job?

B: Please provide a brief description of your duties in this role

C: How many hours a week do you participate in this job?

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**For Income Protection policyholders**

If you're unsure if this Income Protection policy still meets your needs following your job change, please speak to your Financial Adviser.

By providing this information, we'll reassess your occupational risk and this may result in a reduction to your premium. We won't increase your premium because of the change in your job.

If you would rather we didn't reassess your occupation, there is no need to complete this form and your policy will remain on the current terms and premium.

**Declaration**

I confirm that the answers I've given are accurate to the best of my knowledge and belief and I understand that if they're not:

- You may reduce the amount you pay on any claim or not make any payout at all.
- You may amend the terms of my cover.
- You may cancel my policy completely.
- Where you cancel my policy, you may not refund the premiums I've paid.

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Signature:

signature

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Date: