

Supplementary questionnaire

(by insured life)

Policy number

Member number*

Group number* (*Fill in for FundsAtWork)

1: Details of insured life

Name of insured life

Permanent identity/passport number

Date of birth

D

D

M

M

Y

Y

Y

Y

Financial adviser's name

Broker house code

Permanent identity number

Yes

No

Telephone

Financial adviser code

Telephone

2: General questions

1. General questions regarding (specify condition)

2. On what date did the symptoms first occur?

M

M

Y

Y

Y

Y

3. What symptoms did you have and what caused them?

4. How long did the symptoms last and how severe were they?

5. How frequently did they occur?

Daily

Weekly

Monthly

Other

If "other", provide full details:

6. What examinations were conducted?

7. What was the diagnosis?

8. What treatment was advised or given and was there any after-effects?

9. When last did you have the symptoms?

10. Did you have any functional impairment?

Yes

No

If "yes", provide full details:

11. Details of doctors you have consulted:

Name

Postal address

Postal code

Name

Postal address

Postal code

UNDERW0340622E | Supplementary questionnaire (by insured life)

1 / 2

3: Declaration by insured life

I declare that all the statements that I have made and details that I have supplied in this form (whether in my own handwriting or not), are complete and true. I also understand and agree that the information that I have supplied, together with the application for life insurance and any other relevant documents, will form the basis of any insurance contract that may come into existence as a result of such application.

Signed at

Signature of insured life

Date

D

D

M

M

Y

Y

Y

Y

No payment for the completion of this form.