

III health questionnaire

Pensions

| For office use only | PIHQ V04 0319 |
|---|---------------|
| Type of policy Our reference number | |
| Patient details | L |
| Title First names (in full) Surname | |
| Occupation - please provide exact nature of duties | |
| | |
| Date of birth (DD/MM/YYYY) | |
| Filling in this form | |
| This patient has applied to Standard Life to take their pension benefits early due to serious ill health or terminal illness. | |
| Certain Revenue requirements must be met For company pensions: the patient must be suffering from (a) a physical or mental deterioration that is bad enough to prevent them from following their normal occupation or which very seriously impairs their earning capacity or (b) a terminal illness (where the expectation of life is months rather than years). We are required to report terminal illness cases to the Revenue. | |
| For personal pensions and PRSAs: the patient must be suffering from a physical or mental deterioration that is bad enough to permanently prevent them from following their occupation . | |
| Please do not disclose your patient's genetic test results. We will ignore genetic test results that we receive. We collect, process and maintain patient personal information and apply safeguards to ensure that it is protected and used in accordance with data protection law. To read our Privacy Policy, visit www.standardlife.ie/privacy | |
| If you charge a fee for completing this report, please bill your patient. Standard Life will not pay for this report. | |
| Health questions | - |
| 1. What is the nature of the patient's illness or condition? | |
| | |
| | |
| 2. What disabilities does this cause? | |

| Health questions (continued) |
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| 3. Do you consider the patient able to carry out any of their normal occupational duties? Please provide rationale for your opinion. |
| |
| |
| 4. Do you consider it likely that the patient will ever recover sufficiently to be able to work again? |
| Please provide rationale for your opinion. If appropriate, when in your opinion would you expect the patient to return to work? |
| |
| |
| 5. Please provide any further information you consider relevant |
| |
| |
| 6. What is the patient's life expectancy in months? |
| |
| Doctor's declaration |

| I declare that the info and belief. Doctor's signature | ormati | on giv | en in t | his for | m is t | rue an | d com | plete | , to t | he be | st of | my k | nowl | edge | |
|---|---------|--------|---------|---------|---------|---------|--------|-------|--------|-------|-------|-------|-------|-------------|--|
| Date (DD/MM/YYYY) | | | | | | | | | | | | | | | |
| Doctor's name | | | | | | | | | | | | | | | |
| Doctor's address | | | | | | | | | | | | | | | |
| Practice stamp | | | | | | | | | | | | | | | |
| Once this questionna | aire ha | as bee | n com | pleted | l, plea | se reti | urn it | using | j the | pre-p | aid e | envel | ope 1 | : o: | |
| The Chief Medical Of Standard Life 90 St Stephen's Gree Dublin 2 | | | | | | | | | | | | | | | |

Only complete question 6 if your patient has a company pension and asked that they should be considered terminally ill.

Signature

Calls may be monitored and/ or recorded to protect both you and us and help with our training. Call charges will vary.

(01) 639 7000 www.standardlife.ie customerservice@standardlife.ie

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