

Addition/Change of Life Insured Form

PLEASE USE BLOCK CAPITALS

STEP 1	PERSONAL DETAILS OF NEW/ADDITIONAL LIFE INSURED	
Plan Number	<input type="text"/>	
Surname (Mr/Mrs/Miss/Ms/Dr/other)*	<input type="text"/>	
Forename(s) (in full)	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	
	Post Code	
Date of Birth	<input type="text"/>	
Country of Residence	<input type="text"/>	Nationality <input type="text"/>
If you are the spouse of the owner of this plan please tick this box	<input type="checkbox"/>	
Otherwise, please state the owner's insurable interest in your life	<input type="text"/>	
*Delete as appropriate		

STEP 2	DECLARATION (to be completed by the person being added to the	
I declare that the statements made on this form are correct.		
Name of person being added to the insurance	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/>

STEP 2 (continued)
the

DECLARATION (to be completed by the person being added to

I/We, the owner(s) of this plan, declare that the statements made in this form are correct and agree that this declaration and the associated statements made to a medical examiner or to another person acting for Scottish Mutual International shall be treated by Scottish Mutual International as if made by me and accordingly shall form part of the contract of insurance.

I/We declare that I am/we are as owners and/or life/lives assured (as appropriate to this form) are not resident(s) nor normally or ordinarily resident in the Republic of Ireland and that the bond is not being taken out for the benefit of anyone who is resident, ordinarily resident or normally resident in the Republic of Ireland. If this situation changes, then the plan will be surrendered automatically. The owner must keep us informed of any such changes. More information is contained in the Plan Terms and Conditions.

Name of Owner(s)

Signature

Date

Name of Owner(s)

Signature

Date

Name of Owner(s)

Signature

Date

Address for correspondence: Scottish Mutual International Limited, Styne House, Upper Hatch Street, Dublin 2, Ireland. Telephone number (+353-1) 804 4000. Telephone calls may be recorded. Fax (+353-1) 804 4005. Website address: www.smi.ie

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