

Armed Forces Questionnaire

1. Your details

Full Name (Mr/Mrs/Miss/Ms/other)

Date of birth (DD MM YYYY)

Policy Number

2. Your activity details

Please confirm your role within the Armed Forces.

Please confirm if you are full time, regular armed forces, territorial army or reservist.

Do you take part in any of the following?

Fast jets:

☐

Pilot, other flight crew including trainee

☐

Aerobatics, display (including Red Arrows) pilot

☐

Instructor

Helicopters:

☐

Pilot, other flight crew including trainee

☐

Search and rescue

☐

Instructor

☐

Front-line, offensive:

☐

Non front-line, offensive:

☐

Diving

☐

Bomb disposal

Are you a member of the special forces?

☐

Yes

☐

No

Are you currently serving in, or are you due to go on a tour of duty to an active theatre of operations within the next 12 months?

☐

Yes

☐

No

Please confirm reason of this cover.

3. Declaration

- I declare that the above information is true and complete to the best of my knowledge and belief.
- I understand that this shall form part of my application with my Scottish Widows plan as stated in section 1 above.

Signature

Date (DD MM YYYY)



Scottish Widows Limited. Registered in England and Wales No. 3196171. Registered office in the United Kingdom at 25 Gresham Street, London EC2V 7HN.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
Financial Services Register number 181655.