

QUESTIONNAIRE FOR GAR RELATED MIS-SELLING CLAIMS

Customer Reference Number XXXXXXXXXX

Please complete the following in block capitals:

Full Name:

The policy number(s) for which you are registering a claim: *(Please ensure that this information is entered)*

Did we mail you correctly? If either the addressee or the address was wrong, please give the correct details here:

In order for your claim to be assessed, we require that you provide responses to the following questions and that you sign and date the declaration at the end of this document. The Society reserves the right to verify the answers to your questions, and to contact you for further information.

1. Before you purchased your policy, what information did you have regarding the potential financial liabilities faced by the Society in connection with the sale of with-profits policies containing Guaranteed Annuity Rate Options (“GARs”)?

Before you purchased your policy, if you had (i) no information on the above issue, or (ii) understood that any potential GAR related liabilities of the Society were not material, please answer question 2.

2. Would you have purchased your policy with the Society if you had known there was a risk that the liabilities of the Society relating to GARs could be material?

Please attach any evidence you have regarding your answers to questions 1 and 2.

Thank you. If there is anything else you would like to say in connection with your responses above, please set it out briefly in the space provided below :

DECLARATION

I confirm that the statements made in this questionnaire are true. I understand that the answers will be used by the Society in considering my claim and that the Society reserves the right to verify my answers and to seek further information from me.

Signed

Dated

Document ID XXXXXXXXXX