

RETIREMENT ACCOUNT

ILL HEALTH MEDICAL EVIDENCE FORM

1 ACCOUNT HOLDER DETAILS

Name _____

Account Number _____

2 DECLARATION – TO BE COMPLETED BY THE MEDICAL PRACTITIONER

How long have you been the Account Holders Medical Practitioner? _____ Years _____ Months

What is the Account Holders Occupation? _____

Please answer the following statement as either True or False.

The Account Holder is, and will continue to be, medically incapacitated (either physically or mentally) as result of injury, sickness, disease or disability of continuing their current occupation or a similar occupation for which they are trained. True False

I certify that in my opinion, the information I have provided on this form is accurate and complete.

Signature  _____

Name (Block capitals) _____

Qualifications _____

Name of practice _____

Address of practice: _____

Postcode _____

Date: | D | D | M | M | Y | Y | Y | Y |


Practice stamp.
Without a stamp we will be unable to process the claim.

3 ACCOUNT HOLDERS DECLARATION

I confirm that I am medically incapable, through infirmity of body and / or mind, from carrying out my usual occupation or any similar occupation for which I am trained.

I authorise Sterling ISA Managers Limited trading as Embark, to obtain further medical records from any doctor I have consulted.

Print full name

Signature 

Date: | D | D | M | M | Y | Y | Y | Y |

Keeping in touch


Please tell your adviser if you change your postal address, telephone number or email address.


If you no longer have an adviser, please contact us direct to ensure Embark holds your up-to-date contact details.


It's especially important that we are able to send you information by email.

Digital communication is fast, secure, environmentally friendly and costs less than print.

Please let your adviser or us know if you have any problem receiving or reading digital communications like email or on-screen literature.

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 embarkadvance.co.uk

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