

Lifetime Annuity Quote

25/03/2025 3:16 pm GMT

Create a Lifetime Annuity quote through the **Annuities** tab on the Homepage:

The screenshot shows the Webline homepage interface. At the top, there is a navigation bar with the Webline logo, a user profile, and a 'UAT' (User Acceptance Testing) banner. Below the navigation bar, there are several tabs: 'Quote', 'Track', 'Users', 'Settings', 'Admin', 'Sys Admin', and 'Info'. The main content area is titled 'Create a new quote' and features three tabs: 'Protection', 'Annuities', and 'General Insurance'. The 'Annuities' tab is currently selected and highlighted in blue. Under the 'Annuities' tab, there are three options: 'Lifetime', 'Fixed Term', and 'Purchased Life'. A 'Find Saved Form' link is also visible. To the right of the main content area, there is a 'Need help?' section with contact information for support, including a phone number (0800 164 5463) and an email address (support@synaptic.co.uk). Below the 'Need help?' section, there is a 'News' section with the text 'No current news items to display.' At the bottom of the page, there is a copyright notice: 'Copyright © 1995 - 2025 Synaptic Software Limited, part of Fintel. All rights reserved.'

Select Lifetime

This is a close-up screenshot of the 'Create a new quote' section from the previous image. The 'Annuities' tab is selected, and the 'Lifetime' option is highlighted with a mouse cursor. The other options, 'Fixed Term' and 'Purchased Life', are also visible. The 'Find Saved Form' link is present to the right of the options. A 'Product glossary' link is located at the bottom right of the section.

Complete details of the quote:

Detailed Quote Form

Client Details

Clients: Life A Include Life B

Title:

Forename:

Surname:

Gender: Male Female Male Female

Date of Birth:

Is a smoker: Yes No Yes No

Marital Status: *

Present Occupation: *

Full Time: * Full time Part time

Previous Occupation:

Date Ceased:

Currently living: *

Postcode: *

Does the client(s) give consent to provide information and answer questions that could determine their eligibility for an enhanced annuity?
 Yes No

Does the client(s) give consent to provide information and answer questions that could determine their eligibility for an enhanced annuity?

Single

Civil Partnership

Cohabiting

Dissolved Civil Partnership

Divorced

Intend To Form Civil Partnership

Intend To Marry

Married

Separated

Separated Civil Partnership

Surviving Civil Partnership

Widowed

Once complete, answer whether your client consents to their data being shared with providers, as well as sharing details to determine their eligibility for an enhanced annuity.

If they do not consent, you will not answer details relating to the clients medical history and you can submit the quote.

Product Details: > Client Questions

> **10** [Product Information](#)

Client A:

Client B:

Forename	<input type="text" value="Test"/>	<input type="text"/>
Surname	<input type="text" value="Client"/>	<input type="text"/>
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Date of Birth	<input type="text" value="01/01/1955"/>	<input type="text" value="dd/mm/yyyy"/>
Is a smoker	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Marital Status	<input type="text" value="Single"/>	<input type="text" value="Please choose"/>
Present Occupation	<input type="text" value="IT Analyst"/>	<input type="text"/>
Full Time	<input checked="" type="radio"/> Full time <input type="radio"/> Part time	<input type="radio"/> Full time <input type="radio"/> Part time
Previous Occupation	<input type="text"/>	<input type="text"/>
Date Ceased	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
Currently living	<input type="text" value="In Own Home Alone"/>	<input type="text" value="Please choose"/>
Postcode	<input type="text" value="HD1 6NA"/>	<input type="text"/>

Does the client(s) give consent to their data being shared with annuity providers for the purpose of producing a whole of market comparison?

Yes No

Does the client(s) give consent to provide information and answer questions that could determine their eligibility for an enhanced annuity?

Yes No

[Client Details](#)

If answering Yes, the Medical Assessment area will open below.

Selecting Metric or Imperial will open the Height, Weight & Waist Measurement fields.

Does the client(s) give consent to their data being shared with annuity providers for the purpose of producing a whole of market comparison?

Yes No

Does the client(s) give consent to provide information and answer questions that could determine their eligibility for an enhanced annuity?

Yes No

⊖ Medical Assessment

Life A Test Client	Life B
Metric or imperial? <input type="radio"/> Metric <input type="radio"/> Imperial *	<input type="radio"/> Metric <input type="radio"/> Imperial
Height	
Weight	
Waist Measurement	
Do you currently smoke? <input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If yes, please advise date started <input type="text" value="mm/yyyy"/>	<input type="text" value="mm/yyyy"/>
Have you been a regular smoker for the last 10 years? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
If you are a regular smoker, please indicate the average daily level	
Manufactured Cigarettes <input type="text"/>	<input type="text"/>
Cigars <input type="text"/>	<input type="text"/>
If you are a regular smoker, please indicate the average weekly level	
Rolling Tobacco	
Pipe Tobacco	
Were you previously a smoker? <input type="radio"/> Yes <input type="radio"/> No *	<input type="radio"/> Yes <input type="radio"/> No

If your client is currently or was previously a smoker, complete the details:

Product Details: > **11** Client Questions

> **10** [Product Information](#)

Client A:

Client B:

<p>Do you currently smoke? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, please advise date started <input type="text" value="mm/yyyy"/></p> <p>Have you been a regular smoker for the last 10 years? <input type="radio"/> Yes <input type="radio"/> No</p> <p>If you are a regular smoker, please indicate the average daily level</p> <p>Manufactured Cigarettes <input type="text"/></p> <p>Cigars <input type="text"/></p> <p>If you are a regular smoker, please indicate the average weekly level</p> <p>Rolling Tobacco <input type="text"/></p> <p>Pipe Tobacco <input type="text"/></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text" value="mm/yyyy"/></p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>Were you previously a smoker? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If you previously smoked, please advise of the years you started and stopped</p> <p>Started <input type="text" value="mm/yyyy"/></p> <p>Stopped <input type="text" value="mm/yyyy"/></p> <p>How much did you smoke per day?</p> <p>Manufactured Cigarettes <input type="text"/></p> <p>Cigars <input type="text"/></p> <p>How much did you smoke per week?</p> <p>Rolling Tobacco <input type="text"/></p> <p>Pipe Tobacco <input type="text"/></p>	<p><input type="radio"/> Yes <input type="radio"/> No</p> <p><input type="text" value="mm/yyyy"/></p> <p><input type="text" value="mm/yyyy"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
<p>How many units of alcohol do you drink weekly? <input type="text" value=""/> Units</p> <p><small>A unit of alcohol is equivalent to half a pint of normal strength beer, lager or cider, one standard glass of wine or a single measure of spirit.</small></p>	<p><input type="text" value=""/> Units</p>

Enter how many units of alcohol they consume per week:

<p>How many units of alcohol do you drink weekly? <input type="text" value="4"/> Units</p> <p><small>A unit of alcohol is equivalent to half a pint of normal strength beer, lager or cider, one standard glass of wine or a single measure of spirit.</small></p>	<p><input type="text" value=""/> Units</p>
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Tick **Yes** or **No** to the following **Medical Conditions** and select **Next**:

Medical Conditions for client: Test Client

Hypertension (high blood pressure)	<input checked="" type="radio"/> Yes <input type="radio"/> No
High Cholesterol	<input type="radio"/> Yes <input checked="" type="radio"/> No
Heart condition	<input type="radio"/> Yes <input checked="" type="radio"/> No
Diabetes	<input type="radio"/> Yes <input checked="" type="radio"/> No
Cancer, leukaemia, Hodgkin's disease, Lymphoma, growth or tumour	<input type="radio"/> Yes <input checked="" type="radio"/> No
Stroke	<input type="radio"/> Yes <input checked="" type="radio"/> No
Respiratory Lung disease	<input type="radio"/> Yes <input checked="" type="radio"/> No
Multiple sclerosis	<input type="radio"/> Yes <input checked="" type="radio"/> No
Neurological disease	<input type="radio"/> Yes <input checked="" type="radio"/> No
Other condition	<input type="radio"/> Yes <input checked="" type="radio"/> No

Back **Next**

Submit

Save Form

This will take you to the **Product Selection** screen. Complete details and **Submit**

Detailed Quote Form

Product Selection

Product Type

Pension Type	<input type="text" value="Individual Personal Pension"/>
OMO or Pension Transfer	<input type="text" value="Pension Transfer"/>
Quote Basis	<input checked="" type="radio"/> Pension Fund <input type="radio"/> Income
Total Pension Fund Amount	<input type="text" value="200000"/>

Breakdown

Tax Free Cash	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Benefit Details

Tax Free Cash	<input type="text"/>
Escalation Type	<input type="text" value="Level"/>

Tax Free Allowance

If the client is entitled to more than 25% tax free cash from an annuity provider, please provide details below:

Are you entitled to more than 25% Tax free Cash with your current provider	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Guaranteed Annuity Rate (GAR)

If the client is entitled to a Guaranteed Annuity Rate (GAR) from an annuity provider, please provide details below:

Is the Client entitled to a GAR?	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Guaranteed Minimum Pension (GMP)

If the client is entitled to a Guaranteed Minimum Pension (GMP) and/or Section 9(2B) rights, please provide details below:

Client is Entitled to GMP	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Section 9(2B) Rights

Client is Entitled to Section 9 (2B) Rights	<input type="radio"/> Yes <input checked="" type="radio"/> No
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First Life Benefit

Pre 1988:

Post 1988:

Protection Basis

Protection Basis

Guaranteed Element

Guaranteed For Years:

Value Protection

Value Protection Percentage

Payment Details

Payment Start Date

Payment Frequency

Payment Type

IFA Details

IFA Reference

⊖ Charging

Advice basis

Advised Sale please select type of advice given

Non-Advised Sale please select sale category

Type of Remuneration

Commission

Adviser charging

Commission will be taken based on your system settings

Confirm you have read the section:

Payment Details

Payment Start Date

Payment Frequency

Payment Type

IFA Det

IFA Refer

C

Advice

Adv

Non

Type of

Commission

Adviser charging

Commission will be taken based on your system settings

Important Notes

Please disclose as much information about your health as possible before signing this form. An annuity may commence on the basis of the medical information supplied. Failure to disclose material facts about your health may result in any annuity enhancement being reduced or removed in full. Material facts are those that an insurer would regard as likely to influence the assessment and acceptance of a proposal. If you are unsure whether certain facts for your case are material, they should be disclosed.

Please enclose copies of any available hospital letters and a copy of your latest repeat prescription form, if possible.

Please confirm below that you have read this section.