

# OLP Connect

## Simplified Application Form

- > Family Protection
- > Mortgage Protection

**For adviser use only**

Full name of firm	
Principal FSA Firm Reg. No.	Appointed Representative FSA Firm Reg. No. (if applicable)
FSA Individual Reg. No.	Legal & General Agency No.
Name of Representative	
Signature / Date	
Your reference	

Please remind your client of the importance of answering questions truthfully and accurately



## Notes to help you with your application

This form is for your Financial Adviser to gather the details required to generate a quote for a Legal & General Protection policy, using our online application system.

### Tips for completing this application form

#### Please be aware of the following:

- You must use black ink and write in block capitals throughout.
- Both columns must be completed **for joint life plans**, unless instructed otherwise, but each Client must complete their own details.
- Look out for the **!** symbol, which highlights **important guidance notes or instructions** throughout the form.
- **If your Financial Adviser is going to complete this form on your behalf** using the information you have provided, you must read all of the questions and answers carefully before signing the Client Declaration at the end. Your Financial Adviser is acting on your behalf in this respect.
- Following the return of this form you will be called in order to collect the further information required to complete the application process.
- We may record and monitor calls.

Please be aware of the following points before proceeding with this application:

### Why it's important that you give us the right information

**You must tell Legal & General everything they ask for** as all material facts are taken into account when assessing acceptance of the application and in calculating the premium. **Please remember that if you do not answer the following questions truthfully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled. If you are not sure if any information is relevant, please disclose it anyway.** If you have provided the information in the past please disclose it again.

Legal & General will try to rely on the information that you tell them and you must not assume that they will always clarify that information with your doctor (GP). However, Legal & General may, as part of their administrative procedures, request a report from your doctor (GP) to check medical disclosures.

If any of your answers change **AFTER** you have completed the questions in this application form or over the telephone, but **BEFORE** your policy starts (see section overleaf) you must tell Legal & General immediately. This is just as important as giving full, accurate and truthful answers in the first place.

### How we safeguard the information you give us

#### Confidentiality

Legal & General follow a strict confidentiality code about all medical information you give them, or which they get from any additional medical report. This means that your medical information is held securely and access is limited to authorised individuals who need to see it.

A copy of the confidentiality policy is available on request.

#### The information you give Legal & General

They will only use the information given in this form and over the telephone, or in any additional medical report, for the purposes of underwriting, processing and administering the policy or policies requested, or any subsequent policy(ies) and for statistical analysis. Legal & General will keep the information for the duration of any policy issued and for a period after the policy has ceased. They may also use the information in processing any claim under the policy or policies. If the application does not go ahead, the information will only be held for a limited period of time from the date of cancellation.

#### Your personal and medical information

Legal & General will not pass any personal or medical information to a third party without your consent. This will only be necessary in the following circumstances:

- If Legal & General ask you to attend a medical screening or they need to get a report from your doctor.

- If Legal & General need to send your personal and medical information to their reinsurer for its opinion or agreement on the acceptance terms to be offered, and/or, at a later stage, for the purpose of administering your policy. This will only be in accordance with Legal & General's reinsurance business principles, details of which are available on request.
- If you ask Legal & General to send your medical information to another insurance provider to whom you are applying, or that provider asks Legal & General for your medical information.
- If Legal & General need to share information, at the time of a claim, with other insurance companies to prevent fraudulent claims. This would be via a Register of Claims and a list of participants is available on request.

If you would prefer, **you may complete the medical questions in private** and return the answers in a sealed envelope directly to the Chief Medical Officer at Legal & General Assurance Society Limited, Brunel House, 2 Fitzalan Road, Cardiff CF24 0EB.

#### Confirming your identity

To protect the client and Legal & General from financial crime, Legal & General may need to confirm the client's identity. Legal & General may do this using reference agencies to search sources of information about the client (an identity search). This will not affect the client's credit rating. If this identity search fails, Legal & General may need to ask the client for documents to confirm the client's identity.

### Please be aware of the following information

#### When your policy starts

The benefits provided by the policy or policies will not start until Legal & General have assessed and accepted your application, you have agreed to any revised premium or revised policy conditions, the chosen start date has been reached and the first premium has been paid.

#### Genetic Testing

Under the Association of British Insurers' (ABI) policy on genetics and insurance, you do not need to tell Legal & General about any genetic test result you have had if this application for insurance, taken together with any other insurance policies you already have for this type of insurance, totals to: £500,000 or less for life insurance and/or £300,000 or less for other types of insurance. Above these limits, you may need to tell Legal & General about certain genetic test results when applying for insurance.

Legal & General will only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you, please go to the ABI website at [www.abi.org.uk/public/consumer/codes/disclosure.asp](http://www.abi.org.uk/public/consumer/codes/disclosure.asp) for details of the current position.

However, you must tell Legal & General if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell them of any family history of a medical condition as asked for in the relevant question in the application. If you wish to tell Legal & General about a negative genetic test result they will be willing to consider this when setting your premium. A copy of the Association of British Insurers' Code of Practice on Genetic Testing is available from Legal & General on request.

#### Complaints procedure

Legal & General have a formal complaints procedure and details will be given to you when you receive your policy documentation.

#### Checking your details

Legal & General will post a **Checking Your Details pack** to each life assured reiterating the application details submitted to them, and asking for any errors or omissions to be notified to them. For joint life applications, each life assured will only be sent the medical details applicable to him or her. **Failure to notify Legal & General of any errors or omissions may mean that a claim under the policy or policies may not be paid.**

**The Contract will be governed by the law of England and Wales.**

## Client and occupation details

Initial Client details																				
	Client one	Client two																		
a. Full name and title <i>Please ensure you give all of your middle names</i>	<table border="1"> <tr> <td>Mr, Mrs, Miss, Ms, Dr, Rev, Other</td> </tr> <tr> <td>Forename(s) and middle name(s) in full</td> </tr> <tr> <td>Surname</td> </tr> </table>	Mr, Mrs, Miss, Ms, Dr, Rev, Other	Forename(s) and middle name(s) in full	Surname	<table border="1"> <tr> <td>Mr, Mrs, Miss, Ms, Dr, Rev, Other</td> </tr> <tr> <td>Forename(s) and middle name(s) in full</td> </tr> <tr> <td>Surname</td> </tr> </table>	Mr, Mrs, Miss, Ms, Dr, Rev, Other	Forename(s) and middle name(s) in full	Surname												
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b. Gender	<table border="1"> <tr> <td>Male</td> <td>Female</td> </tr> </table>	Male	Female	<table border="1"> <tr> <td>Male</td> <td>Female</td> </tr> </table>	Male	Female														
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c. Date of birth <i>In dd/mm/yyyy format</i>	<table border="1"> <tr> <td>d d</td> <td>m m</td> <td>y y y y</td> </tr> </table>	d d	m m	y y y y	<table border="1"> <tr> <td>d d</td> <td>m m</td> <td>y y y y</td> </tr> </table>	d d	m m	y y y y												
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d. Have you used cigarettes, cigars, pipes, or nicotine replacements in the last 12 months – including occasional use?	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No	<table border="1"> <tr> <td>Yes</td> <td>No</td> </tr> </table>	Yes	No														
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<i>A simple medical test may be required to check the validity of the answer to this question</i>																				
e. Employment status	<table border="1"> <tr> <td>Full time employee</td> <td>Part time employee</td> <td>Contract worker</td> </tr> <tr> <td>Self employed</td> <td>Retired</td> <td>Student</td> </tr> <tr> <td>Unemployed</td> <td>Houseperson</td> <td></td> </tr> </table>	Full time employee	Part time employee	Contract worker	Self employed	Retired	Student	Unemployed	Houseperson		<table border="1"> <tr> <td>Full time employee</td> <td>Part time employee</td> <td>Contract worker</td> </tr> <tr> <td>Self employed</td> <td>Retired</td> <td>Student</td> </tr> <tr> <td>Unemployed</td> <td>Houseperson</td> <td></td> </tr> </table>	Full time employee	Part time employee	Contract worker	Self employed	Retired	Student	Unemployed	Houseperson	
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Occupation details														
<b>! Only applicable for Income Protection Benefit or for products that include Critical Illness Cover.</b> <i>You don't need to answer this question if you are a Houseperson, retired, a student or unemployed</i>														
	Client one	Client two												
a. Please indicate your occupation type, for your main occupation, from the categories listed opposite. <i>If your occupation doesn't fit into one of these categories, tick 'Another category'</i> <b>Where examples are shown, they are not intended to be a complete list</b>	<table border="1"> <tr> <td>Working in an office-type environment for at least 75% of your typical working day</td> </tr> <tr> <td>Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)</td> </tr> <tr> <td>Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff</td> </tr> <tr> <td>Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker</td> </tr> <tr> <td>Healthcare – for example, nursing, medical, surgical, carer</td> </tr> <tr> <td>Another category (including market traders)</td> </tr> </table>	Working in an office-type environment for at least 75% of your typical working day	Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)	Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff	Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker	Healthcare – for example, nursing, medical, surgical, carer	Another category (including market traders)	<table border="1"> <tr> <td>Working in an office-type environment for at least 75% of your typical working day</td> </tr> <tr> <td>Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)</td> </tr> <tr> <td>Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff</td> </tr> <tr> <td>Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker</td> </tr> <tr> <td>Healthcare – for example, nursing, medical, surgical, carer</td> </tr> <tr> <td>Another category (including market traders)</td> </tr> </table>	Working in an office-type environment for at least 75% of your typical working day	Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)	Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff	Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker	Healthcare – for example, nursing, medical, surgical, carer	Another category (including market traders)
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<p><i>The occupation class is to be completed by your financial adviser.</i></p>														
<p><i>* If more than one job, please complete for main job only</i></p>														

## Client and product details

Protection products																											
Please indicate which Protection product(s)* are required – if you require more than one of any product and need more space, please photocopy this page before completing it. You can apply for up to 40 different product variations.																											
	<b>Term Assurance</b> <i>with optional CIC*</i>	<b>Family and Personal Income Plan</b>	<b>Mortgage Term Assurance</b> <i>with optional CIC*</i>																								
Client(s) Select one option only (per column)	<table border="1"> <tr><td>Client 1 (single life)</td><td></td></tr> <tr><td>Client 2 (single life)</td><td></td></tr> <tr><td>Joint life</td><td></td></tr> </table>	Client 1 (single life)		Client 2 (single life)		Joint life		<table border="1"> <tr><td>Client 1 (single life)</td><td></td></tr> <tr><td>Client 2 (single life)</td><td></td></tr> <tr><td>Joint life</td><td></td></tr> </table>	Client 1 (single life)		Client 2 (single life)		Joint life		<table border="1"> <tr><td>Client 1 (single life)</td><td></td></tr> <tr><td>Client 2 (single life)</td><td></td></tr> <tr><td>Joint life</td><td></td></tr> </table>	Client 1 (single life)		Client 2 (single life)		Joint life							
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Policy interest rate <i>Only applicable if decreasing cover is selected</i>	N/A	N/A	<input type="text"/> %																								
Indexation option <i>Not available if you require 'Term Assurance with CIC', 'decreasing' cover or conversion option.</i>	<table border="1"> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> </table>	Yes		No		<table border="1"> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> </table>	Yes		No		<table border="1"> <tr><td>Yes</td><td></td><td>No</td><td></td></tr> </table>	Yes		No													
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Waiver of premium benefit	<table border="1"> <tr><td>None</td><td></td></tr> <tr><td>Client 1 only</td><td></td></tr> <tr><td>Client 2 only</td><td></td></tr> <tr><td>Joint</td><td></td></tr> </table>	None		Client 1 only		Client 2 only		Joint		<table border="1"> <tr><td>None</td><td></td></tr> <tr><td>Client 1 only</td><td></td></tr> <tr><td>Client 2 only</td><td></td></tr> <tr><td>Joint</td><td></td></tr> </table>	None		Client 1 only		Client 2 only		Joint		<table border="1"> <tr><td>None</td><td></td></tr> <tr><td>Client 1 only</td><td></td></tr> <tr><td>Client 2 only</td><td></td></tr> <tr><td>Joint</td><td></td></tr> </table>	None		Client 1 only		Client 2 only		Joint	
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Plan type Select one option only (per column)	<table border="1"> <tr><td>Term Assurance only</td><td></td></tr> <tr><td>Term Assurance with CIC</td><td></td></tr> </table>	Term Assurance only		Term Assurance with CIC		<table border="1"> <tr><td>Term Assurance only</td><td></td></tr> <tr><td>Term Assurance with CIC</td><td></td></tr> <tr><td>Critical Illness Cover</td><td></td></tr> </table>	Term Assurance only		Term Assurance with CIC		Critical Illness Cover		<table border="1"> <tr><td>Term Assurance only</td><td></td></tr> <tr><td>Term Assurance with CIC</td><td></td></tr> </table>	Term Assurance only		Term Assurance with CIC											
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Total and Permanent Disability (TPD) definition <i>Only applicable if selected plan includes CIC</i>	<table border="1"> <tr><td>Own occupation</td><td></td></tr> <tr><td>Functional Assessment Tests</td><td></td></tr> </table>	Own occupation		Functional Assessment Tests		<table border="1"> <tr><td>Own occupation</td><td></td></tr> <tr><td>Functional Assessment Tests</td><td></td></tr> </table>	Own occupation		Functional Assessment Tests		<table border="1"> <tr><td>Own occupation</td><td></td></tr> <tr><td>Functional Assessment Tests</td><td></td></tr> </table>	Own occupation		Functional Assessment Tests													
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Guaranteed or Reviewable Premiums <i>A choice is only available if 'Term Assurance with CIC' is selected</i>	<table border="1"> <tr><td>Guaranteed Premiums</td><td></td></tr> <tr><td>Reviewable Premiums</td><td></td></tr> </table>	Guaranteed Premiums		Reviewable Premiums		<table border="1"> <tr><td>Guaranteed Premiums</td><td></td></tr> <tr><td>Reviewable Premiums</td><td></td></tr> </table>	Guaranteed Premiums		Reviewable Premiums		<table border="1"> <tr><td>Guaranteed Premiums</td><td></td></tr> <tr><td>Reviewable Premiums</td><td></td></tr> </table>	Guaranteed Premiums		Reviewable Premiums													
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Plan start date Give full date in dd/mm/yyyy if known, otherwise tick 'Unknown'	<table border="1"> <tr><td><input type="text"/> dd <input type="text"/> mm <input type="text"/> yyyy</td><td></td></tr> <tr><td>Unknown</td><td></td></tr> </table>	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yyyy		Unknown		<table border="1"> <tr><td><input type="text"/> dd <input type="text"/> mm <input type="text"/> yyyy</td><td></td></tr> <tr><td>Unknown</td><td></td></tr> </table>	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yyyy		Unknown		<table border="1"> <tr><td><input type="text"/> dd <input type="text"/> mm <input type="text"/> yyyy</td><td></td></tr> <tr><td>Unknown</td><td></td></tr> </table>	<input type="text"/> dd <input type="text"/> mm <input type="text"/> yyyy		Unknown													
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**\* Please note:**

- **Term Assurance** is Legal & General's product name for Life Cover.
- **CIC** stands for Critical Illness Cover throughout this application.
- **Start date.** If this plan replaces another, please consider the collection date of your existing plan, to reduce the possibility of double cover

## Client and product details

Protection products												
Please indicate which Protection product(s)* are required – if you require more than one of any product and need more space, please photocopy this page before completing it. You can apply for up to 40 different product variations.												
Client(s) Select one option only (per column)	Income Protection Benefit						Income Protection Benefit					
	Client 1						Client 2					
What is the cover for?	Mortgage protection			Family protection			Mortgage protection			Family protection		
Premium frequency	Monthly			Annually			Monthly			Annually		
Premium	£						£					
Annual earnings. Earnings are defined as your annual pre tax earnings for PAYE assessment purposes and can include your P11d benefits. Please refer to your key features document for full information.	£						£					
Do you work more than 16 hours per week? If 'No', your occupation will be classed as a 'Houseperson'.	Yes			No			Yes			No		
<b>Options</b> Type of cover	Standard			Low cost			Standard			Low cost		
Do you require stepped benefits?	Yes			No			Yes			No		
If 'Yes', please complete the stage 1 and stage 2 monthly benefit and deferred period questions. The stage 2 deferred period must be later than the stage 1 deferred period  If 'No', please complete the stage 1 monthly benefit and deferred period questions only.	Stage 1 monthly benefit						Stage 1 monthly benefit					
	£						£					
	4 weeks <input type="checkbox"/>			13 weeks <input type="checkbox"/>			4 weeks <input type="checkbox"/>			13 weeks <input type="checkbox"/>		
	26 weeks <input type="checkbox"/>			52 weeks <input type="checkbox"/>			26 weeks <input type="checkbox"/>			52 weeks <input type="checkbox"/>		
Stage 2 monthly benefit						Stage 2 monthly benefit						
£						£						
Stage 2 deferred period 13 weeks <input type="checkbox"/>			26 weeks <input type="checkbox"/>			Stage 2 deferred period 13 weeks <input type="checkbox"/>			26 weeks <input type="checkbox"/>			
4 weeks <input type="checkbox"/>			13 weeks <input type="checkbox"/>			4 weeks <input type="checkbox"/>			13 weeks <input type="checkbox"/>			
26 weeks <input type="checkbox"/>			52 weeks <input type="checkbox"/>			26 weeks <input type="checkbox"/>			52 weeks <input type="checkbox"/>			
Age at expiry												
Permanent and Total Incapacity benefit	Yes			No			Yes			No		
Indexation	Yes			No			Yes			No		
Start date. Give full date in dd/mm/yyyy if known, other tick 'Unknown'.	d d m m y y y y						d d m m y y y y					
	Unknown						Unknown					

**\* Please note:**

- Start date. If this plan replaces another, please consider the collection date of your existing plan, to reduce the possibility of double cover

## About you

### 1 Marital status

Please choose one option only.

If you are single, divorced or separated, but living with your fiancé(e) or partner, please select 'Co-habiting'

#### Client one

Single		Married		Co-habiting*	
Separated		Divorced		Widowed	
Registered Civil Partner				Surviving Registered Civil Partner	
Dissolved Registered Civil Partner					

#### Client two

Single		Married		Co-habiting*	
Separated		Divorced		Widowed	
Registered Civil Partner				Surviving Registered Civil Partner	
Dissolved Registered Civil Partner					

\* If you are sharing a property with someone whose only relationship to you is as a business or mortgage partner, then do not select 'Co-habiting', but select one of the other options

### 2 What is your contact address, including postcode?

Please check that you have filled in your postcode as this is essential for processing the application more quickly

Postcode

As Client 1	
Postcode	

### 3 What is your home address, including postcode, if different from the contact address provided above?

Please check that you have filled in your postcode

Postcode

As Client 1	
Postcode	

### 4 What are your contact details?

Please ensure that you complete all details

Work phone
Home phone
Mobile phone
Email address

Work phone
Home phone
Mobile phone
Email address

### 5 It may be necessary for us to contact you to discuss your application, which might include discussing matters of a sensitive nature. Are you happy for us to telephone you in this event?

Please note, we may record and monitor calls

Yes		No	
-----	--	----	--

If 'Yes', which number and time is most suitable?

Work phone	Home phone	Mobile phone	
Mon-Fri 9am-11am	Mon-Fri 11am-2pm	Mon-Fri 2pm-4pm	
Mon-Fri 4pm-6pm	Mon-Fri 6pm-8pm	Saturday 10am-2pm	

Yes		No	
-----	--	----	--

If 'Yes', which number and time is most suitable?

Work phone	Home phone	Mobile phone	
Mon-Fri 9am-11am	Mon-Fri 11am-2pm	Mon-Fri 2pm-4pm	
Mon-Fri 4pm-6pm	Mon-Fri 6pm-8pm	Saturday 10am-2pm	

## Adviser Declaration For Adviser use only

We do not require you to provide proof of identification for clients or 3rd party payers, as we will complete our own checks.

All intermediaries should maintain processes to prevent them from being used to further financial crime, and Legal & General's requirements do not prevent them from collecting client verification for their own purposes.

### Basis of Advice Declaration

To meet FSA Regulatory Reporting Requirements, Legal & General must record whether advice was given to your client(s) regarding this sale. Please select the relevant answer below.

Was advice given?	Yes		No	
-------------------	-----	--	----	--

## Client Declaration and Consent

- Please ensure that you have **read the notes** at the beginning of this form.
- You must **read carefully the answers you have given to the questions** before accepting the following Declaration.
- The information you give will form the basis of your contract with Legal & General.
- If you have passed a half birthday while the application is being processed, the terms may differ from those originally quoted.
- In most instances the payments will be as originally quoted. Legal & General may sometimes offer revised terms and/or premiums and very occasionally may not be able to offer the benefits requested. Legal & General will inform you as soon as possible if this is the case.
- **Please remember that all items of information asked for in this application are material facts which are taken into account when assessing acceptance of the application and in calculating the premium. Please also remember that if you do not answer the questions truthfully and accurately it will very likely mean that a claim will be declined and the policy(ies) cancelled. If you are not sure if any information is relevant, please disclose it anyway. If you have given information to Legal & General in the past, please disclose it again. If necessary, please return to the questions and amend your answer in the appropriate place.**
- Legal & General will try to rely on the information you provide and **you must not assume that they will always clarify that information with your doctor (GP)**. However, as part of their administrative procedures, Legal & General may ask for a report from your GP to check medical disclosures. Legal & General may ask you to contact your doctor if they are waiting for reports which they have asked for.
- If Legal & General asks you to attend a medical examination, **it may be necessary to share the application information with another company which they have authorised**. If so, that company will make the arrangements for the examination to take place.

**All Clients – it is important that you read and accept all of the following paragraphs. If you are unsure of anything or have any queries please speak to your financial adviser.**

I/We declare that, to the best of my/our knowledge and belief all the statements made, including anything I/we may have said, are true and complete and have been recorded accurately in this application. Also, I/we agree these statements will form the basis of the insurance contract(s).

I/We understand that if I/we do not give all of the requested information truthfully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled.

**I/We agree to immediately inform Legal & General in writing of any changes to the following answers on the application that occur before the policy starts, about:**

- **medical disclosures;**
- **occupation;**
- **pastimes;**
- **country of residence (other than for holidays);**
- **family history.**

I/We understand that failure to do so may result in the contract being declared void and the benefits due under the policy not being paid.

I/We agree to Legal & General getting relevant information from another insurance company about previous or concurrent applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise them to give this information.

I/We also agree to Legal & General sharing any medical information obtained in connection with this application with another insurance company to whom I am/we are applying or may apply to in the future. Also, when necessary, sharing it with a reinsurer and/or third party administrator. See also the paragraph headed "Sensitive data".

I/We understand that Insurers share information with each other to prevent fraudulent claims via a Register of Claims and that a list of participants is available on request. The information I/we supply in this application, together with that provided on any additional medical reports and any other information in the event of a claim, will be given to the Register and made available to other participants.

I/We agree that if the policy is to be set up as joint lives, it will be owned jointly by us or by the survivor of us.

I/We confirm that I/we have received and read the Key Features for this product. I/We understand the features and risks of the product and are satisfied that it meets my/our needs. (If more than one product has been applied for, this applies to all).

### Data Protection

**Use of personal information:** Legal & General takes client privacy very seriously. I/We understand that Legal & General will use the personal information collected via this application and any other information that I/we provide to Legal & General ("my/our information") for the purposes of:

1. Providing me/us with Legal & General products and services and dealing with my/our enquiries and requests;
2. Underwriting and administering my/our policy(ies) including processing claims;
3. Carrying out market research, statistical analysis and client profiling; and
4. Sending me/us marketing information (by post, telephone, email and SMS) about products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its clients.

Please tick this box if you DO want to receive information described in 4.

Client one  Client two

I/We understand that given the global nature of Legal & General's business, it may be necessary to transfer my/our information to countries outside the European Economic Area in order to provide Legal & General's services to me/us.

**Disclosures:** I/We understand that Legal & General will disclose my/our information to other companies within the Legal & General group of companies, regulatory bodies, law enforcement agencies, future owners of Legal & General's business, suppliers engaged by Legal & General to process data on its behalf and when necessary, to a reinsurer.

If I/we have been dealing with a financial adviser, Legal & General will give them information about the product and, where appropriate, provide them with other information about my/our dealings with Legal & General to enable them to give me/us informed advice.

Where I/we have been introduced to Legal & General by a bank or a building society, Legal & General will share my/our information with them to enable them to:

- (a) carry out market research, statistical analysis and client profiling; and
- (b) send me/us marketing information about their products and services and products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its clients.

By signing this Declaration I/we agree to receive the information as described in (b) above by post or telephone, unless I/we indicate otherwise by writing with my/our full contact details to Legal & General Assurance Society, PO Box 274, Bangor, BT19 7WZ.

**Access:** I/We understand that I/we have the right to ask for a copy of my/our information in return for payment of a small fee. **To obtain a copy of your information please write to Legal & General at UKSO Business Standards, Legal & General Assurance Society, Brunel House, Cardiff, CF24 0EB.**

**Approaching fraud prevention agencies:** Legal & General will check my/our details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information.

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- checking details on applications for credit and credit related or other facilities;
- managing credit and credit related accounts or facilities;
- recovering debt;
- checking details on proposals and claims for all types of insurance;
- checking details of job applicants and employees.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies.

I/We understand that I/we can contact Legal & General at Group Financial Crime, Legal & General House, Kingswood, Tadworth, Surrey KT20 6EU if I/we want to receive details of the relevant fraud prevention agencies.

Client Declaration and Consent *continued*

L&amp;G use only: A N

**Sensitive data:** I/We consent to Legal & General using the medical and health information provided in this application, and any other medical information provided in the course of this application, solely for the purposes of allowing Legal & General to underwrite and administer my/our policy(ies) and/or any subsequent policy and in connection with any claim. My/Our medical information (and other information collected via this application) may be disclosed to Legal & General's reinsurer and to any doctor that Legal & General uses, including my/our own GP, and to any other insurance company I/we apply to for products or services.

I/We confirm that I am/we are a UK resident.

I/We have been told that Legal & General have a formal complaints procedure, details of which will be given to me/us when I/we receive the policy documentation.

I/We have been told that the contract will be governed by the law of England and Wales.

I/We understand that the full terms and conditions of the policy and a copy of the completed application is available on request.

**Access to Medical Reports:** Notice of your Statutory Rights under the Access to Medical Reports Act 1988, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, and the Isle of Man Access to Health Records and Reports Act 1993.

Legal & General may need to get medical reports to support your application. Before they can ask any doctor that you have consulted to fill in a report they need your permission under the above Acts.

This permission is requested below. Your legal rights are as follows:

- You do not need to give your permission, but if you do not Legal & General may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it, in which case please tick the box below, right. If you do this the doctor can see that you require access and keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time the doctor will send the report to Legal & General.
- If you choose not to see the report at this stage you may ask the doctor for a copy within six months of it being sent. Legal & General can send a copy of the report to the doctor if you ask to see it at a later date.
- If you think that any part of the report is not correct or is misleading you may ask the doctor to amend it. If the doctor refuses to make the amendments you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- The doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- your current health
  - any care, medication or treatment you are currently receiving
  - the results of referrals or tests you are waiting for
- any time off work in the last three years
- your past health
  - details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:

- malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
- musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- suicidal thoughts or attempts at suicide; or
- conditions related to drug or alcohol misuse, or smoking, or chewing tobacco.
- details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (test on urine), x-rays or other investigations
- any blood pressure readings in the last three years.
- any history of disease among your parents or brothers or sisters that you have told your doctor about.

Legal & General will ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in Legal & General:

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to: Claims and Underwriting Director, Legal & General Assurance Society Limited, City Park, The Droveaway, Hove BN3 7PY.

**Medical Consent:** If Legal & General decide they need to obtain a report from my/our doctor, I/we agree to them asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so that they may assess my/our application. They may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise those asked to provide medical information when they see a copy of this consent form.

This form allows Legal & General to gather medical reports within six months of the start of the policy, or to support any claim made on the policy proceeds.

I/We agree that this information can also be used to maintain management information for business analysis.

If Legal & General need to obtain a report from my/our doctor:

- I/We do not want to see the report before it is sent to Legal & General  
Client one  Client two
- I/We do want to see the report before it is sent to Legal & General  
Client one  Client two

**Please remember that all items of information requested in this application form are material facts which are taken into account when assessing acceptance of the application and in calculating the premium.**

**If you do not give any of this information or if you mis-state any information, it will very likely mean that a claim will be declined and the policy(ies) cancelled.**

**If you are uncertain as to the relevance of any such information or if you believe that there is any other information which may be relevant, please return to the questions and answer in the appropriate place. If you have given information to Legal & General in the past please disclose it again.**

**I/We confirm that I/we have read and accepted this Declaration and Consent, my/our rights under the Access to Medical Reports Act, and the notes section at the beginning of this form.**

**By signing this Declaration I/we agree to all of the contents.**

## Client one

Name and date of birth	/ /
Signature and date	/ /



## Client two

Name and date of birth	/ /
Signature and date	/ /

## Direct debit instruction

- ➔ If you want to pay for different products by direct debit from different bank accounts, you must complete a separate direct debit instruction for each bank account – please ask your Adviser for another direct debit instruction(s), as required.

This direct debit instruction must be **fully completed, signed and dated** before your application can be processed.

	<b>Instruction to your bank or building society to pay direct debits</b> Legal & General Assurance Society Limited, Kingswood, Tadworth, Surrey KT20 6EU																								
	Originator's Identification Numbers <table border="1"> <tr> <td>8</td><td>0</td><td>6</td><td>1</td><td>6</td><td>2</td> <td>9</td><td>1</td><td>3</td><td>1</td><td>4</td><td>8</td> <td>5</td><td>1</td><td>1</td><td>1</td><td>4</td><td>8</td> <td>9</td><td>9</td><td>6</td><td>8</td><td>4</td><td>1</td> </tr> </table>			8	0	6	1	6	2	9	1	3	1	4	8	5	1	1	1	4	8	9	9	6	8
8	0	6	1	6	2	9	1	3	1	4	8	5	1	1	1	4	8	9	9	6	8	4	1		
1	Name and full postal address of your bank or building society branch	To: <input type="text"/> Bank or Building Society Address <input type="text"/> Postcode <input type="text"/>																							
2	Bank account name	<input type="text"/>																							
3	Bank or building society account number	<input type="text"/>																							
4	Branch sort code	<input type="text"/>																							
5	Reference number (Legal & General use only)	<input type="text"/>																							
6	Preferred collection date each month	<input type="text"/>																							
7	Instruction to your bank or building society	Please pay Legal & General Assurance Society Limited direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Legal & General Assurance Society Limited and, if so, details will be passed electronically to my bank or building society.																							
		Signature and date <input type="text"/>	Signature and date <input type="text"/>																						
	<b>Banks and building societies may not accept direct debit instructions for some types of account</b>	/ /	/ /																						

- ➔ If you want to pay for another product(s) by direct debit from a different bank account(s), please complete another direct debit instruction for each bank account(s).

Otherwise, this is all the information we need, please now cut off the Direct Debit Guarantee below and keep it somewhere safe.

## Once you've completed your application...

Check that you've completed everything	Client, occupation and product details:	<input type="checkbox"/>
	About you:	<input type="checkbox"/>
	Please make sure that you have also:	
	- signed, dated and ticked the relevant boxes in the Client Declaration and Consent	<input type="checkbox"/>
	- fully completed, signed and dated the Direct debit instruction	<input type="checkbox"/>



Cut off here and keep the Direct Debit Guarantee somewhere safe



### The Direct Debit Guarantee – this guarantee should be detached and retained by the payer

- This guarantee is offered by all banks and building societies that take part in the Direct Debit Scheme.
- If an error is made in the payment of your Direct Debit, either by us (Legal & General Assurance Society Limited) or by your bank or building society, you are entitled to a full and immediate refund from your bank branch. Simply contact your Bank or Building Society to arrange a refund or, if you prefer, contact Legal & General and they shall arrange to repay you direct.
- You can cancel a Direct Debit at any time by simply contacting your bank, building society or us. **Written confirmation may be required.**
- If there are any changes to the amount, date or frequency of your Direct Debit, Legal & General will notify you in advance of your account being debited; this will be five working days or as otherwise agreed.
- If you request us to collect a payment, confirmation of the amount and date will be given to you at the time of the request.



Legal & General Assurance Society Limited  
Registered in England No. 166055  
Registered office: One Coleman Street, London EC2R 5AA  
[www.legalandgeneral.com](http://www.legalandgeneral.com)

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