

DRUGS.

IMPORTANT INFORMATION

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 cancelled. If you are not sure whether any information is relevant, please disclose it anyway.

Where examples are shown, they are not intended to be a complete list.

Applicant Name

Title	Initials	Surname
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Date of Birth

D	D	M	M	Y	Y	Y	Y
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Application Number/Reference

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1 Are you using or have you ever used any of the following, other than for treatment of a medical condition under proper medical supervision?

- a) Amphetamines, e.g. 'ecstasy', 'ice', 'speed', 'uppers', 'MDMA' etc Yes No
- b) Barbiturates, e.g. 'downers', etc Yes No
- c) Cannabis, e.g. marijuana, 'hashish', 'pot', 'weed', etc Yes No
- d) Cocaine, e.g. 'coke', 'crack', 'snow', etc Yes No
- e) Hallucinogens, e.g. 'acid', 'angel dust', 'haze', 'LSD', 'microdots', etc Yes No
- f) Herbs, e.g. catnip, poppy, kavakava, lobelia, etc Yes No
- g) Opiates, e.g. codeine, heroin, methadone, morphine, opium, 'smack', etc Yes No
- h) Sedatives, e.g. diazepam, nitrazepam, 'downers', tranks, etc Yes No
- i) Solvents, e.g. glue, aerosols, etc Yes No
- j) Others? (Please give full details)

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(Section 1 continued on the following page)

(continued from page 1)

If you have answered 'Yes' to any part of question 1 on the previous page, please provide full details including the name of the drug and dates when usage commenced and ceased.

Please give the name(s) of any doctors attended for supervision/detoxification.

2 Please give details of any impairments associated with drug usage, e.g. hepatitis B/C, mental illness etc?

3 Are you now drug free?

Yes No

If 'Yes', please state when usage ceased.

4 If you have any further information not covered by the previous questions please provide it here.

DECLARATION

I declare that the answers I have given are to the best of my knowledge and belief, true and complete.

Please remember that all items of information requested in this questionnaire 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 or policies cancelled.

I agree that this questionnaire will form part of my application for life, critical illness, income protection or mortgage protection insurance and I also agree to inform Legal & General of any change to this information between the date of this questionnaire and the issue of the policy contract.

Applicant's Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Legal & General Assurance Society Limited

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