Personal details and declaration Supplementary questionnaire

To be completed by you.
Please use black ink and write in block capitals throughout.

Please provide the quote reference number(s) you'd like to be considered for a higher pension annuity income.

/

/

/

Please confirm your net fund value £

These health questionnaires are for you and your dependant to share details about your past and current health issues. This information may mean we can give you a higher pension annuity income.

Please indicate which supplementary questionnaires you (and your dependant) have completed.

When completing these questionnaires, make sure to tick the box indicating whose details you are providing – yours or your dependant's. Even if you are providing details for your dependant, please enter **your** name at the start of the relevant questionnaire.

Questionnaire	You	Your dependant
Lifestyle questionnaire		
A. Angina, heart attack or other heart conditions		
B. Stroke		
C. Cancer, Leukaemia, Lymphoma		
D. Diabetes		
E. Multiple Sclerosis (MS)		
F. Respiratory diseases (lung diseases)		
G. Neurological diseases (brain diseases)		
H. Other conditions (not covered within A–G)		
Activities of Daily Living (ADLs)*		

* If you complete supplementary questionnaires B, E, or G, you must also fill in the Activities of Daily Living supplementary questionnaire.

1. About you

Please complete this section in full.

1. What is your full name and title?

Title (Mr/Mrs/Ms/Miss/Other)

Surname

First name(s)

2. What is your date of birth? / /

3. What is your gender? Male Female

4. What is your marital status? Single Married Registered civil partnership Widowed Separated Divorced/Dissolved Cohabiting

5. What is your current permanent residential address including postcode and telephone number?
Please check that you have filled in your postcode as this is essential for processing the application.

Address

Postcode

Email address

Home phone

Mobile phone

6. What is your National Insurance number?

You must provide a valid National Insurance number. Your National Insurance number is made up of 2 letters, 6 numbers and a final letter. For example, QQ123456B.

2. About your spouse, registered civil partner or dependant

Only complete if you wish to provide a pension for this person on your death.

1. What is their full name and title?

Title (Mr/Mrs/Ms/Miss/Other)

Surname

First name(s)

2. What is their date of birth? / /

3. What is their gender? Male Female

4. What is their marital status? Single Married Registered civil partnership Widowed Separated Divorced/Dissolved Cohabiting

5. What is their relationship to you? For example, husband, wife or partner.

3. Your doctor's details

If your doctor is not UK based, please contact us before completing this form. Only complete this section if you have provided us with medical information.

1. What is your doctor's name, address, postcode and telephone number?

Name

Address

Postcode

Telephone number

2. If you have supplied medical information for your spouse, registered civil partner or dependant, what is their doctor's name, address, postcode and telephone number?

Name

Address ☐ Same as above

Postcode

Telephone number

Under the Access to Medical Reports Act 1988, we reserve the right to apply for a medical report from any doctor who has, at any time, attended you. The declaration at the back of this form gives us your consent to apply for such a report if needed. Before obtaining a report from your doctor, we are obliged to inform you of your rights. These are detailed in the declaration.

Once your income starts we may request additional medical information to ensure that you are receiving the correct annuity income. These requests may include one or more of the following: a report from your doctor, a short medical screening with a nurse or a simple saliva test (to confirm smoking status – if applicable). If this additional medical information differs significantly from that given to us previously, we may increase or decrease your payments in line with this, to ensure you are paid the correct amount.

4. Declaration

Please remember that it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.

Why is it important to give us the right information?

Failure to disclose full and accurate information about your health may result in any extra pension income being reduced or removed in full.

If any of your answers change after you have completed this form, but before your annuity starts, please tell us immediately. This is just as important as giving full and accurate answers in the first place.

You need to make sure any medical and/or lifestyle information you give us is both accurate and complete so that we can pay you the maximum level of income you're entitled to.

We may request a report from your doctor after your income starts in order to check any medical and/or lifestyle information you've given us. If we find the report does not support what you've told us and we've paid you too much, we may reduce what we're paying you and, at worst, you may receive our standard annuity rate. We will then take back any overpayments from you.

Confidentiality – How we safeguard the information you give us

We follow a strict confidentiality code regarding all medical information you give us, or which we may obtain from any medical report. This means that your medical information is held securely and access is limited to those who need to see it.

Directions for completion

Please now complete the supplementary questionnaire(s) enclosed to tell us about your past or existing conditions. If you're missing a relevant questionnaire, please contact us to request that one is sent out. If you and your dependant both need to complete the same questionnaire(s), please take a copy of the relevant questionnaire before you complete it. Once you (and your dependant) have completed any relevant questionnaires as fully and as accurately as possible, please read all the following information in this form before completing and signing on page 7.

For all applicants

I confirm that to the best of my knowledge my answers are full and accurate. I agree that my chosen quote and the information contained in this application, plus any medical information provided separately, will be used to determine the benefits to be paid and if any of the information is found to be incorrect my benefits may be adjusted accordingly.

No benefits under this policy are capable of assignment, surrender or commutation except as provided in the relevant legislation and subject to the agreement of Legal & General Assurance Society Limited.

If I have been contracted out under my current plan, then I agree to Legal & General calculating the part of the transfer payment to be treated as relating to contracted-out benefits, if this information is not provided.

If the total gross contribution(s) paid into any Registered Pension Scheme(s) exceed my Annual Allowance, I will inform HM Revenue & Customs. I agree that where a tax charge does arise, any of the funds used to purchase this annuity will not be available to pay that charge.

Marketing consent

Here at Legal & General we take your privacy seriously; this is why we never share your personal details with anyone else for their own marketing purposes. However, from time to time we would like to contact you with news, useful information and exclusive offers on our products and services. If you'd like to be kept up-to-date, please let us know how you would like to hear from us:

☐ Post	☐ Email	☐ SMS
☐ Phone	☐ Personalised online marketing*	

If now or at any time in the future you wish to withdraw your consent (including any consent that you may have previously given), please contact us as directed in our privacy notice.

* For example, via our own systems such as My Account, social media platforms and third-party websites such as YouTube.

Data protection

Protecting your personal information is extremely important to us. Please take the time to read our privacy notice, which you can find online at **legalandgeneral.com/privacy-notice.**

If you are unable to access our privacy policy online, or if you would prefer a paper copy, please contact us. By signing this application form you agree to the use of your personal information as set out in the privacy policy.

The following only applies if medical information has been supplied to Legal & General (for either the member or the member's spouse, registered civil partner or dependant or both) separately. Please tick the appropriate box(es) below.

Sensitive data

Legal & General will use the medical and health information provided in this form and any other medical information provided in the course of this application for the purposes of allowing us to underwrite, administer your policy and as described in our Privacy Notice. Your medical information (and other information collected via this form) may be disclosed to our reinsurer and to any other insurance company to whom you apply for products or services. We will process the special category data for reasons of substantial public interest in accordance with applicable law.

Under the Access to Medical Reports Act 1988, I have the following rights:

1. I have the right to withhold my consent for a medical report to be sent to Legal & General, although if I withhold this consent then Legal & General will be unable to accept my application.
2. If I give my consent to the report, I have the right to see the report before it is sent to Legal & General. I will have 21 days to contact the doctor to arrange to see the report and the doctor must obtain my further consent before the report is sent on to Legal & General. If I do not arrange to see the report within 21 days, it will be sent to Legal & General. I have the right to see the report at any time within six months of it being sent to Legal & General.
3. I have the right to request amendments to be made to the report. If the doctor refuses to make these amendments, I have the right to request that the doctor attaches a statement containing my views to the report.
4. The doctor does not have to let me see any part of a report that he/she considers would be likely to cause serious harm to my physical or mental health or to that of others, or would indicate the doctor's intention towards me. The doctor also does not have to let me see any part of a report which may disclose the identity of another person who has supplied information about me, unless that person has consented or is a health professional caring or me. If the doctor does not let me see any part of a report, he/she must notify me of that fact.

I confirm that I have been advised of my rights under the Access to Medical Reports Act 1988.

I understand Legal & General may seek medical information concerning my physical or mental health from any doctor who has attended me at any time.

By signing this application I consent to the release of this information to Legal & General.

Member

I do NOT want to see the medical report before it is sent to Legal & General. ☐

OR

I do want to see the medical report before it is sent to Legal & General. ☐

Spouse, registered civil partner or dependant

I do NOT want to see the medical report before it is sent to Legal & General. ☐

OR

I do want to see the medical report before it is sent to Legal & General. ☐

Please sign on the following page →

To be completed in all cases

Member

I agree to the terms set out above and the use of my information as described in the privacy notice and declare that the statements in the supplementary questionnaire(s), as well as those in my chosen quote(s), are full and accurate answers to the best of my knowledge and belief. I further agree if any information is found to be incorrect, benefits will be adjusted accordingly.

Signature

Today's date / /

Spouse, registered civil partner or dependant

The spouse, registered civil partner or dependant's signature is only required if medical details have been supplied for them.

I agree to the terms set out above and the use of my information as described in the privacy notice and declare that the statements in the Supplementary Questionnaire(s), as well as those in my chosen quote(s), are full and accurate answers to the best of my knowledge and belief. I further agree if any information is found to be incorrect, benefits will be adjusted accordingly.

Signature

Today's date / /

Additional support and alternative formats

Please contact us if you have any special circumstances you'd like to tell us about as we may be able to provide some additional support. You can also request this document in Braille, large print or audio.

Q0052240 10/25 Main medical