

Acceptance form

Lifetime Care Plan

Once you've completed this form, please return it along with the required enclosures to:
Legal & General Retirement, PO Box 809, Cardiff, CF24 0YL.

You can also email this form to lcp@landg.com. We require all signatures to be signed by hand.

This application form is for a Legal & General Lifetime Care Plan. You can only apply once you have received a guaranteed quote. Please provide below the guaranteed quote reference number you wish to accept. **We are unable to process your application without this information.**

 /

Your quote is guaranteed for a limited period. We must receive your full premium before the date shown in the 'Important information' section of your quote to secure the amounts shown. If you think your full premium won't arrive in time, please ask for a new quote before sending any money. If we receive your full premium after the guarantee period has expired, we will requote, and the monthly payment may change.



The personal information collected from you will be shared with fraud prevention agencies to prevent fraud and money-laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance, or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found on legalandgeneral.com/cifas

1. Enclosures (please tick)

1. Care Provider Declaration ☐

2. Proof of identity ☐

3. Proof of address ☐

4. Payment equal to the purchase amount stated in your quote, via:

A bank transfer to our Barclays account. ☐

Sort code: 20-19-90

Account number: 60410772

Account name: Legal & General Assurance Society Limited

Use your quote number as the payment reference.

OR

A cheque payable to: Legal & General Assurance Society Limited. ☐

5. If you are acting as the customer's legal representative, we will require either:

Original Deputyship Order ☐

OR

Original Power of Attorney, or a copy that has been certified by a solicitor as a true copy on every page. ☐

We are able to accept scanned copies, however these will need to be verified by the Office of the Public Guardian before we can authorise the policy. This will likely delay the first payment.





Your Lifetime Care Plan quote has been issued based on the information you have provided.

Before signing this acceptance form, we recommend that you read the terms in the quote alongside the Key Features Document and the Terms and Conditions to ensure this plan meets your requirements.

If any of your circumstances or your health situation has changed, please ask your financial adviser to request a new quote on your behalf as if there are any changes, we may change or withdraw your quote.

2. About you

Please complete this section in full. If you are completing this section as the customer's legal representative, please make sure you use the customer's details, not your own.

1. What is your full name and title?

Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

2. What is your date of birth (DD/MM/YYYY)?

3. Address is the care provider's address, as per the Care Provider Declaration

☐

Yes

OR

Care will be received at an alternative address (home address, for example)

☐

Yes

Address

Postcode

4. 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.

3. About your legal representative (if applicable)

Please complete this section in full. We require these details to verify their identity, and to issue any future correspondence.

1. What is their full name and title?

Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

2. What is their date of birth
(DD/MM/YYYY)?

3. Address is the same as the
address on the Deputyship
Order or Power of Attorney
document.

☐

Yes

OR

Their address is:

Postcode

4. Please confirm their contact details:

Phone number

Email address

4. Source of funds

Please complete this section in full. If you are completing this section as the customer’s legal representative, please make sure you use the customer’s details, not your own.

1. Accumulated personal savings

☐

Yes

2. Sale of home

☐

Yes

3. Equity release


☐

Yes

4. Other (please provide details)

☐

Yes



Please note that we may request further information in relation to the funds being used for money laundering and compliance purposes.

5. Declaration



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

As a qualifying individual, I apply for a Lifetime Care Plan as described in the Key Features and on the terms set out in the quote. I confirm that I have read and agree to the Terms and Conditions and the Important Information section of the quote. I declare that the answers given to the questions in my application are true and complete. I also declare that my circumstances and health have not changed since I requested this quote.

I agree that the Lifetime Care Plan will come into force once I have accepted the terms offered by Legal & General and the purchase amount has been received by Legal & General.

I instruct Legal & General to pay my adviser the adviser charge shown on the quote.

I understand that while I continue to receive care from a UK Registered Care Provider that the plan will be an 'Immediate Needs Annuity' (as defined in the Lifetime Care Plan Terms and Conditions) and under current legislation, there should be no liability to income tax in respect of my payments. The payments will be made to the UK Registered Care Provider without deducting tax.

I understand that if payment is made to a care provider or any other party that is not a UK Registered Care Provider, I may be liable to income tax.

I give permission for Legal & General to approach my Care Provider from time to time to confirm my existence and validate that I continue to receive care provision. Legal & General may also:

- discuss the Lifetime Care Plan with my care provider.
- notify my care provider of, or seek any information from them about any change of circumstance which affects my Lifetime Care Plan.
- share with my care provider any information about my Lifetime Care Plan and seek any information about any complaint that I may have made to them and any matter which may result in them being unable to

provide care or otherwise affect the standard of care provided (including any matter which may affect their financial condition and/or solvency).

I agree that I will inform Legal & General immediately of any change in circumstance, including:

- if I no longer receive care from a UK Registered Care Provider.
- if I become aware that I will cease to receive care from a UK Registered Care Provider in the future.
- if I intend to receive care from a UK Registered Care Provider other than the one listed in the questionnaire.
- if I am not currently receiving care from a UK Registered Care Provider but expect to do so in the future.

I understand that this plan has no cash-in value at any time, but this does not affect my right to cancel as set out in the section entitled 'Cancellation' in the Lifetime Care Plan Terms and Conditions.

I will request that my Care Provider or legal representative informs Legal & General when I die.

I acknowledge that Legal & General is not responsible for meeting any costs of care which exceed the payments received under the Lifetime Care Plan.

I understand that Legal & General will collect, store and use my personal information which will include medical details.

I agree to the use of my information as described in the Legal & General Privacy Notice in section 4 of the Care Fees Plan Questionnaire.

I agree that Legal & General will pay the adviser charge on my behalf to my financial adviser as detailed in my quote. Legal & General will pay this adviser charge to them when this plan starts. In the event that my Lifetime Care Plan is cancelled, Legal & General will not refund the adviser charge.

To be completed in all cases:

Signature of customer or legal representative

Date of signature
(DD/MM/YYYY)

Signed by

☐

Customer

☐

Legal Representative

6. Financial adviser details

1. Was financial advice given? ☐ Yes ☐ No

2. Do you hold CF8 or another FCA approved Long Term Care Qualification? ☐ Yes ☐ No



If you've answered 'no' to either of the two previous questions then we will be unable to process the application.

3. Name of adviser

4. Individual Reference Number as displayed on the FCA register

5. Company details

Name

Address

Postcode

6. Company Reference Number as displayed on the FCA register

7. Partner code (if applicable)

If the customer has signed the application (rather than a legal representative), we will assume that you, the financial adviser, have considered the mental capacity of the customer to agree to the terms of this plan as part of the advice process. If any concerns are raised by us about the customer's capacity as part of the process, then we will only proceed with setting up the plan once a Power of Attorney or Deputyship Order is provided.

I confirm that to the best of my knowledge my answers are full and accurate.

Signature

Date of signature
(DD/MM/YYYY)

7. Important information

If you wish to cancel the Lifetime Care Plan, you must contact us within 30 days of the date you receive our confirmation that your Lifetime Care Plan has started. Our contact details are on the back page of this form.

We will then cancel the plan and refund your original premium (purchase amount less any adviser charge) less any payments we've already made. If you do not cancel within 30 days, your Lifetime Care Plan will continue with us and we will pay the monthly payments for the rest of your life in accordance with the quote you accepted.

If your care provision changes and you no longer receive care from a UK Registered Care Provider, the Lifetime Care Plan will continue to be paid but you may need to pay tax on a proportion of your payments. You must inform us as soon as possible of any changes to your care provision.

Get in touch

You can call us on

0345 070 2459

Open Monday to Friday, 9am to 5pm.

We may record and monitor calls. All of our call centres are based in the UK.

You can email us at:

lcp@landg.com

You can write to us at:

**Legal & General Retirement,
PO Box 809, Cardiff, CF24 0YL**

You can visit our website at

legalandgeneral.com/retirement

Additional support and alternative formats

Please contact us if you have any special circumstances you'd like to tell us about. We may be able to provide some additional support.

You can also request this document in Braille, large print or audio.

Legal and General Assurance Society Limited.

Registered in England and Wales No. 00166055.

Registered office: One Coleman Street, London EC2R 5AA.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

DA868 08/25 LCP Acceptance Form

