OLP CONNECT

CONFIDENTIAL

Application Form (SAB23)

Business Protection

Welcome to L&G

This form is designed to mirror static OLP Connect and does not always match the questions in our interactive application. It is made up of three parts:

Part A – Quote

Part B – Standard Underwriting

Part C – Client Declaration and Direct Debit

Please answer all questions in this form to the best of your knowledge and belief, as this will help avoid any delay in processing your application. If you don't answer fully and accurately, it will very likely mean that a claim may not be paid and your policy may be amended or cancelled.

Please note Whole of Life Protection Plan (WOLPP) cannot be selected as part of a multi product application and must be submitted as a single application.

See the following pages for some brief notes that will help you with your application. Thank you.

Adviser Declaration – For adviser use only

Full name of firm	
Principal FCA Firm Reg. No.	Appointed Representative FCA Firm Reg. No. (if applicable)
FCA Individual Reg. No.	L&G Agency No.
Name of Representative	Signature
Adviser email address	Your reference

Date (DDMMYYYY) ☐☐☐☐☐☐☐☐

Please remind your client of the importance of answering questions fully and accurately.

L&G 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 L&G's requirements do not prevent them from collecting client verification for their own purposes.

Basis of Advice Declaration

To meet our reporting requirements, L&G must record whether advice was given to your client(s) regarding this sale. Please select the relevant answer below.

Was advice given? Yes ☐ No ☐

L&G

Tips for completing this application form

- Pages 3 to 19 and 32 to 34 **must be read and completed**.
- **For Whole of Life plans** pages 3 and 4, pages 8 to 19, and pages 32 to 34 **must be read and completed**.
- Pages 20 to 31 are additional questionnaires which **only need to be completed if you are instructed to do so** within the form.
- **For joint life plans**, please complete Client 1 and Client 2 sections, each client must fill out their own details.
- **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.

To help you complete this application you will need:

- Information relating to existing or previous life insurance.
- Details of medication or treatment that you are currently having.
- Your doctor's name and the practice name and address (including their postcode).
- Your bank account details.

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

Important Customer Information

- You must answer the application questions truthfully and accurately. If you don't, it could mean a claim may not be paid and your policy may be amended or cancelled.
- The questions must only be answered by the person(s) to be insured.
- Around one in ten applications will be checked by obtaining information from your doctor, either before or shortly after your policy has started.
- You must give L&G your doctor's details, and consent to contact them for a medical report if we need to.
- You may complete the medical questions in private and return the answers in a sealed envelope directly to the Medical Officer at: 2nd Floor, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

In order to apply for Executive Income Protection, it is important you agree that:

- You must have been registered with a general practitioner (GP) in the United Kingdom for at least the last two years; and
- You are working 16 hours or more per week.

Your medical information

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

Genetic Testing

The only genetic test result which you will need to tell L&G about is one for Huntington's disease, and you will only need to tell them about this when the total life insurance you have or are buying is over £500,000.

Complaints Procedure

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

MARKETING CONSENT

At L&G 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 ☐
- Telephone ☐
- Personalised online marketing* ☐

You can find out how to opt out of marketing at any time in our privacy notice online at: **legalandgeneral.com/privacy-notice**

*e.g. via our own systems such as My Account, social media platforms and third party websites such as YouTube.

OLP Connect – Quote

Business Protection

Part A is designed to mirror the quote section in static OLP Connect so that you can capture your client's requirements in advance and complete the quote in OLP Connect. The questions do not always match.

BASIC DETAILS

	Client one	Client two
Full name and title Please ensure you give all of your names.	Mr/Mrs/Miss/Ms/Dr/Rev/Other Forename(s) in full Surname	Mr/Mrs/Miss/Ms/Dr/Rev/Other Forename(s) in full Surname
Gender	Male ☐ Female ☐	Male ☐ Female ☐
Date of birth (DDMMYYYY)	☐☐☐☐☐☐☐☐	☐☐☐☐☐☐☐☐
During the last 12 months have you smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements?	Yes – regularly ☐ Yes – occasionally ☐ None at all ☐ A simple medical test may be required to check your answer. If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements at all in the last 12 months you need to answer **'Yes – regularly'** or **'Yes – occasionally'**, even if the product used did not contain any nicotine. If you answered **'None at all'** above, please answer the following: Apart from the last 12 months, during the last 5 years have you smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements? If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes or nicotine replacements at all in the last 5 years, apart from the last 12 months you need to answer **'Yes'**. Yes ☐ No ☐	Yes – regularly ☐ Yes – occasionally ☐ None at all ☐ A simple medical test may be required to check your answer. If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements at all in the last 12 months you need to answer **'Yes – regularly'** or **'Yes – occasionally'**, even if the product used did not contain any nicotine. If you answered **'None at all'** above, please answer the following: Apart from the last 12 months, during the last 5 years have you smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes, or nicotine replacements? If you've smoked any cigarettes, cigars, a pipe (including shisha/hookah), used vapes, e-cigarettes or nicotine replacements at all in the last 5 years, apart from the last 12 months you need to answer **'Yes'**. Yes ☐ No ☐
Employment status	Full time employment ☐ Part time employment ☐ Contract worker ☐ Self employed ☐	Full time employment ☐ Part time employment ☐ Contract worker ☐ Self employed ☐
Email address*		

*L&G need your email address in order to contact you about your application and to provide you with secure access to your policy information once you have bought your policy. This will enable L&G to provide you with an improved experience whilst helping to protect the environment by reducing the amount of paper we use to set up your policy.

BUSINESS PROTECTION PRODUCTS

Please note:

- **CIC** stands for Critical Illness Cover throughout this application.
- Start date. If this plan replaces another, please consider the premium collection date of your existing plan, to reduce the possibility of double cover.
- Whole of Life Protection Plan (WOLPP) cannot be selected as part of a multi product application and must be submitted as a single application.

PRODUCT SELECTION

Reason for Purchase

Business Protection ☐

PRODUCT DETAILS

Amount of Cover

£

or Premium

£

Premium Frequency

Monthly ☐

Annual ☐

Length of Cover (not applicable for WOLPP)

yrs

Select Client

Client 1 only (single life) ☐

Client 2 only (single life) ☐

Both (joint life) ☐

Reason for Business Protection

Key Person Protection ☐

Director Share Protection ☐

Limited Liability Share Protection ☐

Partner Share Protection ☐

Business Loan Protection ☐

Select a Product

Life Insurance ☐

Increasing Life Insurance ☐

Life Insurance with Critical Illness Cover ☐

Whole of Life Protection Plan (WOLPP) ☐

Increasing Whole of Life Protection Plan (WOLPP) ☐

Increasing Life Insurance with Critical Illness Cover ☐

Decreasing Life Insurance (Business Loan) ☐

Decreasing Life Insurance with Critical Illness Cover ☐

Critical Illness Cover ☐

Increasing Critical Illness Cover ☐

Decreasing Critical Illness Cover ☐

Total and Permanent Disability Cover

Only available on plans that include CIC

No – TPD not required ☐

Yes – Own Occupation ☐

Yes – Specified Work Tasks ☐

Waiver of Premium Benefit

No ☐

Client 1 ☐

Client 2 ☐

Both ☐

First or Second Death
(only applicable for WOLPP)

First Death ☐

Second Death ☐

Guaranteed or Reviewable Premiums

Guaranteed ☐

Reviewable (plans that include life insurance with CIC) ☐

Policy Interest Rate

Decreasing only

%

Start date (DDMMYYYY)

☐☐☐☐☐☐☐☐

Or not known ☐

PRODUCT SELECTION

Reason for Purchase

Business Protection ☐

PRODUCT DETAILS

Amount of Cover

£

or Premium

£

Premium Frequency

Monthly ☐

Annual ☐

Length of Cover

yrs

Select Client

Client 1 only (single life) ☐

Client 2 only (single life) ☐

Both (joint life) ☐

Reason for Business Protection

Key Person Protection ☐

Director Share Protection ☐

Limited Liability Share Protection ☐

Partner Share Protection ☐

Business Loan Protection ☐

PRODUCT SELECTION

Select a Product

- Life Insurance ☐
- Increasing Life Insurance ☐
- Life Insurance with Critical Illness Cover ☐
- Increasing Life Insurance with Critical Illness Cover ☐
- Decreasing Life Insurance (Business Loan) ☐
- Decreasing Life Insurance with Critical Illness Cover ☐
- Critical Illness Cover ☐
- Increasing Critical Illness Cover ☐
- Decreasing Critical Illness Cover ☐

PRODUCT DETAILS

Total and Permanent Disability Cover

Only available on plans that include CIC

- No – TPD not required ☐
- Yes – Own Occupation ☐
- Yes – Specified Work Tasks ☐

Waiver of Premium Benefit

- No ☐
- Client 1 ☐
- Client 2 ☐
- Both ☐

Guaranteed or Reviewable Premiums

- Guaranteed ☐
- Reviewable (plans that include life insurance with CIC) ☐

Policy Interest Rate

Decreasing only

% ☐

Start date (DDMMYYYY)

☐☐☐☐☐☐☐☐

Or not known ☐

PRODUCT SELECTION

Reason for Purchase

- Business Protection ☐

Select Client

- Client 1 only (single life) ☐
- Client 2 only (single life) ☐
- Both (joint life) ☐

Select a Product

- Life Insurance ☐
- Increasing Life Insurance ☐
- Life Insurance with Critical Illness Cover ☐
- Increasing Life Insurance with Critical Illness Cover ☐
- Decreasing Life Insurance (Business Loan) ☐
- Decreasing Life Insurance with Critical Illness Cover ☐
- Critical Illness Cover ☐
- Increasing Critical Illness Cover ☐
- Decreasing Critical Illness Cover ☐

PRODUCT DETAILS

Amount of Cover

£

or Premium

£

Premium Frequency

- Monthly ☐
- Annual ☐

Length of Cover

yrs

Reason for Business Protection

- Key Person Protection ☐
- Director Share Protection ☐
- Limited Liability Share Protection ☐
- Partner Share Protection ☐
- Business Loan Protection ☐

Total and Permanent Disability Cover

Only available on plans that include CIC

- No – TPD not required ☐
- Yes – Own Occupation ☐
- Yes – Specified Work Tasks ☐

Waiver of Premium Benefit

- No ☐
- Client 1 ☐
- Client 2 ☐
- Both ☐

Guaranteed or Reviewable Premiums

- Guaranteed ☐
- Reviewable (plans that include life insurance with CIC) ☐

Policy Interest Rate

Decreasing only

% ☐

Start date (DDMMYYYY)

☐☐☐☐☐☐☐☐

Or not known ☐

PRODUCT SELECTION

Reason for Purchase

- Business Protection ☐

Select Client

- Client 1 only (single life) ☐
- Client 2 only (single life) ☐
- Both (joint life) ☐

PRODUCT DETAILS

Amount of Cover

£

or Premium

£

Premium Frequency

- Monthly ☐
- Annual ☐

Length of Cover

yrs

Reason for Business Protection

- Key Person Protection ☐
- Director Share Protection ☐
- Limited Liability Share Protection ☐
- Partner Share Protection ☐
- Business Loan Protection ☐

BUSINESS PROTECTION PRODUCTS continued

Select a Product

- Life Insurance ☐
- Increasing Life Insurance ☐
- Life Insurance with Critical Illness Cover ☐
- Increasing Life Insurance with Critical Illness Cover ☐
- Decreasing Life Insurance (Business Loan) ☐
- Decreasing Life Insurance with Critical Illness Cover ☐
- Critical Illness Cover ☐
- Increasing Critical Illness Cover ☐
- Decreasing Critical Illness Cover ☐

Total and Permanent Disability Cover

Only available on plans that include CIC

- No – TPD not required ☐
- Yes – Own Occupation ☐
- Yes – Specified Work Tasks ☐

Waiver of Premium Benefit

- No ☐
- Client 1 ☐
- Client 2 ☐
- Both ☐

Guaranteed or Reviewable Premiums

- Guaranteed ☐
- Reviewable (plans that include life insurance with CIC) ☐

Policy Interest Rate

Decreasing only

_____ %

Start date (DDMMYYYY)

☐☐☐☐☐☐☐☐

Or not known ☐

EXECUTIVE INCOME PROTECTION BENEFIT

PRODUCT SELECTION

Reason for Purchase

Employee sick pay cover ☐

Select Client

- Client 1 (only) ☐
- Client 2 (only) ☐

Select a Product

- Executive Income Protection Benefit ☐
- Increasing Executive Income Protection Benefit ☐

PRODUCT DETAILS

Annual Earnings

£

Total annual earnings are defined as your annual pre tax earnings for PAYE assessment purposes and can include your P11d benefits and dividends. It can also include your spouse's annual pre tax earnings and dividends where they are related to the business activities of the life insured. Please refer to your Personal Quote and Policy booklet for more information.

Monthly Benefit

£

Employer National Insurance contributions: ☐

Monthly employer pension contributions (optional):

£

Deferred period

- 4 weeks ☐
- 8 weeks ☐
- 13 weeks ☐
- 26 weeks ☐
- 52 weeks ☐

Age at expiry

_____ yrs

Type of cover

- Standard ☐
- Limited Benefit Period (1 year) ☐
- Limited Benefit Period (2 years) ☐

Start date (DDMMYYYY)

☐☐☐☐☐☐☐☐

Or not known ☐

PRODUCT SELECTION

Reason for Purchase

Employee sick pay cover ☐

Select Client

- Client 1 (only) ☐
- Client 2 (only) ☐

Select a Product

- Executive Income Protection Benefit ☐
- Increasing Executive Income Protection Benefit ☐

PRODUCT DETAILS

Annual Earnings

£

Total annual earnings are defined as your annual pre tax earnings for PAYE assessment purposes and can include your P11d benefits and dividends. It can also include your spouse's annual pre tax earnings and dividends where they are related to the business activities of the life insured. Please refer to your Personal Quote and Policy booklet for more information.

Monthly Benefit

£

Employer National Insurance contributions: ☐

Monthly employer pension contributions (optional):

£

Deferred period

- 4 weeks ☐
- 8 weeks ☐
- 13 weeks ☐
- 26 weeks ☐
- 52 weeks ☐

Age at expiry

_____ yrs

Type of cover

- Standard ☐
- Limited Benefit Period (1 year) ☐
- Limited Benefit Period (2 years) ☐

Start date (DDMMYYYY)

☐☐☐☐☐☐☐☐

Or not known ☐

OCCUPATION DETAILS

Only applicable for applications which include Executive Income Protection or Critical Illness Cover.

Please indicate your occupation type from the categories listed opposite.

If your occupation doesn't fit into one of these categories, tick 'Another category'.

	Client one	Client two
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)**	☐	☐
If 'Healthcare', please select:		
Nurse, staff nurse, charge nurse, sister, matron, auxiliary, paramedic, practice nurse, dental nurse, district nurse, midwife	☐	☐
Surgeon, anaesthetist, obstetrician, gynaecologist, dentist, dental hygienist, carer, care assistant, social worker, physiotherapist	☐	☐
Physician, medical or general practitioner, hospital doctor **(other than surgeon, anaesthetist, obstetrician or gynaecologist – see above)**, psychiatrist, osteopath	☐	☐

The occupation class is to be completed by your financial adviser.

Client one

If 'Another category', or if the application includes Executive Income Protection, please give your occupation title:

Occupation*

Occupation class

1 ☐ 2 ☐ 3 ☐ 4 ☐

*Please complete for main occupation only.

Client two

If 'Another category', or if the application includes Executive Income Protection, please give your occupation title:

Occupation*

Occupation class

1 ☐ 2 ☐ 3 ☐ 4 ☐

*Please complete for main occupation only.

OLP Connect – Standard Underwriting (SAB23)

Business Protection

Part B is designed to mirror the static Underwriting route in OLP Connect so that you can capture your client's answers in advance and complete the application in OLP Connect. This form **cannot** be used with the Interactive Underwriting route. The questions do not always match.

PERSONAL DETAILS

	Client one	Client two
What is your contact address, including postcode? Please check that you've filled in your postcode as this is essential for processing the application quickly.		As Client 1 ☐
Phone Numbers We may need to contact you about your application, which might involve discussing sensitive matters. If we contact you by telephone, calls may be recorded and monitored	Work phone (optional) Home phone (optional) Mobile phone (optional)	Work phone (optional) Home phone (optional) Mobile phone (optional)
What is your home address, including postcode, if different from the contact address provided above? Please check that you've filled in your postcode.		As Client 1 ☐

EXISTING POLICIES

	Client one	Client two
Is this policy/policies to replace an existing L&G policy or policies?	Yes ☐ No ☐	Yes ☐ No ☐
Policy Number(s) If you don't have these to hand please leave blank and we will contact you.		

PERMISSION TO REQUEST A MEDICAL REPORT FROM YOUR DOCTOR

L&G may need to request a medical report from your doctor in order to assess your application.

L&G will need your consent to be able to do this and a form for this is provided on the following pages as part of this application form. You don't have to provide consent but it will mean we won't be able to continue with your application if consent is not given.

If you have any questions relating to the process of obtaining, assessing or storing medical information please write to:
The Claims and Underwriting Director, Legal & General, City Park, The Droveway, Hove BN3 7PY.

ACCESS TO MEDICAL REPORTS AND CONSENT FORM FOR CLIENT ONE

We would like to ask you for your consent to request a medical report to help us assess your application. This request is made using the Access to Medical Reports Act 1988, Access to Medical Records Act 1990 (where applicable), the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (where applicable), and the Isle of Man Access to Health Records and Reports Act 1993 (where applicable).

You also have additional rights under the Acts listed below, please also see the section titled 'Your Rights' in the privacy notice on our website for full details.

Data Protection Act 2018
General Data Protection Regulation 2018

	Mr/Mrs/Miss/Ms/Dr/Rev/Other	GP Name (if known):
Full Name:		
		GP Address:
Current Address:		
Date of Birth (DDMMYYYY):		

Things you need to know before you give your consent

- If you would like to see a copy of the report before L&G receive it, please let us know below. You will then have 21 days from the date we request the report to arrange with your GP to see it.
- If you read the report and think that anything is incorrect or misleading, you may ask your doctor to amend it, or you may attach a personal statement to the report before it's sent to us.
- Your doctor may decide not to show you the report if he or she feels that it would cause physical or mental harm to you or others.
- You can ask for a copy of the report any time within 6 months from when your GP sends it to us.
- We will not request a medical report from your GP without your consent. Please be aware that we may not be able to offer you the cover requested without seeing a medical report.

The report could include details of consultations with any doctor or healthcare professional. We will only ask for information about your current or past health that's relevant to your application.

We will not ask your doctor to reveal information about:

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

To see an example of the questions we will ask your GP, please visit:
www.legalandgeneral.com/lifemedicalquestions

If you have any questions about your rights under the Acts or questions relating to the process of getting, assessing or storing medical information, please write to:

Claims and Underwriting Director, Legal & General Assurance Society, City Park, The Droveway, HOVE, BN3 7PY

Your Declaration of Consent

I consent to L&G asking any doctor I have consulted about my physical or mental health to provide a medical report so that they may assess my application. I authorise those asked to provide a report when they receive a copy of this consent form. This consent is valid for 12 months from today's date.

Signature:

Date (DDMMYYYY):

If L&G need to ask for a report from your GP do you want to see it before it is sent to them? Yes ☐ No ☐

ACCESS TO MEDICAL REPORTS AND CONSENT FORM FOR CLIENT TWO

We would like to ask you for your consent to request a medical report to help us assess your application. This request is made using the Access to Medical Reports Act 1988, Access to Medical Records Act 1990 (where applicable), the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 (where applicable), and the Isle of Man Access to Health Records and Reports Act 1993 (where applicable).

You also have additional rights under the Acts listed below, please also see the section titled 'Your Rights' in the privacy notice on our website for full details.

Data Protection Act 2018
General Data Protection Regulation 2018

	Mr/Mrs/Miss/Ms/Dr/Rev/Other	GP Name (if known):
Full Name:		
		GP Address:
Current Address:		
Date of Birth (DDMMYYYY):		

Things you need to know before you give your consent

- If you would like to see a copy of the report before L&G receive it, please let us know below. You will then have 21 days from the date we request the report to arrange with your GP to see it.
- If you read the report and think that anything is incorrect or misleading, you may ask your doctor to amend it, or you may attach a personal statement to the report before it's sent to us.
- Your doctor may decide not to show you the report if he or she feels that it would cause physical or mental harm to you or others.
- You can ask for a copy of the report any time within 6 months from when your GP sends it to us.
- We will not request a medical report from your GP without your consent. Please be aware that we may not be able to offer you the cover requested without seeing a medical report.

The report could include details of consultations with any doctor or healthcare professional. We will only ask for information about your current or past health that's relevant to your application.

We will not ask your doctor to reveal information about:

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

To see an example of the questions we will ask your GP, please visit:
www.legalandgeneral.com/lifemedicalquestions

If you have any questions about your rights under the Acts or questions relating to the process of getting, assessing or storing medical information, please write to:

Claims and Underwriting Director, Legal & General Assurance Society, City Park, The Droveway, HOVE, BN3 7PY

Your Declaration of Consent

I consent to L&G asking any doctor I have consulted about my physical or mental health to provide a medical report so that they may assess my application. I authorise those asked to provide a report when they receive a copy of this consent form. This consent is valid for 12 months from today's date.

Signature:

Date (DDMMYYYY):

If L&G need to ask for a report from your GP do you want to see it before it is sent to them? Yes ☐ No ☐

DOCTOR'S DETAILS

Please include your doctor's practice/clinic name (if known), postcode and telephone number as this is essential for processing your application more quickly.

Please don't assume that L&G will contact your doctor for confirmation of medical details.

Client one	Client two
Doctor's name	Doctor's name
Practice/clinic name and address (including postcode) Postcode	Practice/clinic name and address (including postcode) As client 1 ☐ Postcode
Telephone number	Telephone number

WORK, TOTAL COVER AND TRAVEL

It's very important you answer every question truthfully and accurately to ensure all valid claims are paid to protect you and your dependants. If you don't, it could mean a claim may not be paid and your policy may be amended or cancelled. L&G won't always write to your doctor to confirm your answers.

Client one	Client two
Please tick to confirm you've read the above statement. ☐	Please tick to confirm you've read the above statement. ☐

Only answer this question if you're applying for Executive Income Protection with an occupation class 1 or 2.

How many business miles do you drive on average each year?

Client one	Client two
miles	miles

Please ignore travel to and from your usual place of work.

Do you work in any of the occupations or environments opposite?

If 'Yes', tick all that apply.

If 'No', tick 'None of the above'.

15 metres is the height of a typical 3 storey house.

	Client one	Client two
Outside, at heights over 15 metres (50 ft) for more than 5 hours during a typical week	☐	☐
The Armed Forces or as a member of the Armed Forces Reserves	☐	☐
Flying as a pilot or member of a flight crew (this does not include cabin crew or flying in the Armed Forces)	☐	☐
Motor car sport driving	☐	☐
Motorcycle sport riding	☐	☐
The offshore fishing industry	☐	☐
The offshore oil or gas industry	☐	☐
As a full time barman, barmaid or landlord in a public house Full time means working an average of 30 or more hours a week	☐	☐
Underwater	☐	☐
Underground, for example mining, tunnelling	☐	☐
With explosives	☐	☐
None of the above	☐	☐

What is your occupation if you haven't told us already in this form and you've ticked one of the occupations in this question?

Client one	Client two
Occupation*	Occupation*

*If you have more than one, please state your main occupation only.

Including this application, will the total amount of cover on your life for business purposes exceed £1,500,000 life cover or £750,000 critical illness cover?

Please ignore cover that will be cancelled and applications that are for comparison purposes only.

Client one	Client two
Yes ☐ No ☐ **If 'Yes'**, how much business protection life cover do you have? £ How much business protection critical illness cover do you have? Enter an amount if you answered yes to this question and this application includes critical illness cover. £	Yes ☐ No ☐ **If 'Yes'**, how much business protection life cover do you have? £ How much business protection critical illness cover do you have? Enter an amount if you answered yes to this question and this application includes critical illness cover. £

If you've answered 'Yes' to the above question, please complete the Business Assurance Questionnaire (page 20) BEFORE continuing with the next question.

	Client one	Client two
During the last five years have you spent more than 90 consecutive days in Africa, the Caribbean, Russia, Thailand or Ukraine? The Caribbean includes Antigua, Bahamas, Barbados, Bermuda, Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Trinidad and Tobago and its other islands.	Yes ☐ No ☐ If **'Yes',** which part of the world was this? (tick all that apply) Africa – Algeria, Egypt, Libya, Morocco, Tunisia ☐ Africa – other ☐ The Caribbean ☐ Russia or Ukraine ☐ Thailand ☐	Yes ☐ No ☐ If **'Yes',** which part of the world was this? (tick all that apply) Africa – Algeria, Egypt, Libya, Morocco, Tunisia ☐ Africa – other ☐ The Caribbean ☐ Russia or Ukraine ☐ Thailand ☐
During the next two years do you intend to spend more than 28 consecutive days outside the UK? Please ignore travel as a member of the Armed Forces. In this context, UK includes England, Scotland, Wales and Northern Ireland.	Yes ☐ No ☐ **If 'Yes'**, please give the following details: Will you be staying within the European Union, United States of America, Canada, Australia or New Zealand? Yes ☐ No ☐ Do you plan to leave the UK permanently? Yes ☐ No ☐ If **'Yes'** to leaving permanently, when do you intend to leave? Within 6 months ☐ Later than 6 months ☐ **If 'No'** to leaving permanently: How long do you plan to be outside the UK or Republic of Ireland during the next two years? weeks days Which countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand are you going to?	Yes ☐ No ☐ **If 'Yes'**, please give the following details: Will you be staying within the European Union, United States of America, Canada, Australia or New Zealand? Yes ☐ No ☐ Do you plan to leave the UK permanently? Yes ☐ No ☐ If **'Yes'** to leaving permanently, when do you intend to leave? Within 6 months ☐ Later than 6 months ☐ **If 'No'** to leaving permanently: How long do you plan to be outside the UK or Republic of Ireland during the next two years? weeks days Which countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand are you going to?

HAZARDOUS ACTIVITIES

	Client one	Client two
Not including your occupation, do you regularly take part in any of the activities listed opposite or do you intend to do so within the next six months? Please ignore one-off bungee and parachute jumps. **If 'Yes'**, tick all that apply. **If 'No'**, tick 'None of the above'.	Caving or potholing ☐ Equestrianism (any activity involving the use of a horse) ☐ Flying (other than as a fare-paying passenger) ☐ Full-contact ball sports (for example: rugby, football, basketball, American football) ☐ Hang gliding or paragliding ☐ Martial arts and/or combat sports ☐ Motor car sport ☐ Motorcycle sport ☐ Mountaineering or rock climbing ☐ Parachuting, sky diving or BASE jumping ☐ Powerboat racing ☐ Sailing other than inland ☐ Underwater diving ☐ Any other extreme sport or leisure activity requiring the use of protective or safety equipment ☐ None of the above ☐	Caving or potholing ☐ Equestrianism (any activity involving the use of a horse) ☐ Flying (other than as a fare-paying passenger) ☐ Full-contact ball sports (for example: rugby, football, basketball, American football) ☐ Hang gliding or paragliding ☐ Martial arts and/or combat sports ☐ Motor car sport ☐ Motorcycle sport ☐ Mountaineering or rock climbing ☐ Parachuting, sky diving or BASE jumping ☐ Powerboat racing ☐ Sailing other than inland ☐ Underwater diving ☐ Any other extreme sport or leisure activity requiring the use of protective or safety equipment ☐ None of the above ☐

If you've ticked any of the activities listed in the question above, please complete the Hazardous Activities Questionnaire (page 24) BEFORE continuing with the next question.

GENERAL HEALTH AND LIFESTYLE

Please don't assume that L&G will contact your doctor for confirmation of medical details.

Genetic Testing

The Association of British Insurers (ABI) have a policy on genetics and insurance. Currently, you only need to tell L&G about any predictive genetic test results concerning Huntington's disease, for life insurance over £500,000 in total. This is because the Government has approved this test for insurers to use. The total is for any life insurance application being made now together with any life insurance you have already, with L&G or other providers. You don't need to tell us about any other predictive genetic test result. However, you must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell us of any family history of a medical condition if asked for in the relevant question in this application. If you want to tell us about a negative genetic test result, we'll be willing to consider this when setting your premium. A copy of the Code on Genetic Testing and Insurance is available from us on request or from the ABI website: **abi.org.uk**

	Client one	Client two
What is your height (without shoes)?	m **OR** ft in	m **OR** ft in
What is your weight (in indoor clothes)?	kg **OR** st lb	kg **OR** st lb

If you're **pregnant**, please give your weight **immediately prior** to this pregnancy.

	Client one	Client two
What is your trouser waist size, your UK dress or skirt size? Complete only one answer.	cm **OR** in **OR** UK dress, skirt or trouser size	cm **OR** in **OR** UK dress, skirt or trouser size

Please use the size from the most recent clothing purchase you made for yourself.
If you're **pregnant**, please advise your size **immediately prior** to this pregnancy.

How many cigarettes do you smoke on average each day?
If you don't smoke cigarettes daily, please select '0'.

Client one	Client two
0 cigarettes per day ☐	0 cigarettes per day ☐
1-10 cigarettes per day ☐	1-10 cigarettes per day ☐
11-20 cigarettes per day ☐	11-20 cigarettes per day ☐
21-30 cigarettes per day ☐	21-30 cigarettes per day ☐
31-40 cigarettes per day ☐	31-40 cigarettes per day ☐
41-50 cigarettes per day ☐	41-50 cigarettes per day ☐
51 or more cigarettes per day ☐	51 or more cigarettes per day ☐

During the last 10 years have you used any of the drugs listed opposite?
We'll only use the answer to this question to assess your application and at claim stage. Therefore there are no 'legal implications' in answering yes to this question.

If 'Yes', tick all that apply.
If 'No', tick 'None of the above'.

Client one	Client two
• Cannabis (unless prescribed by a health professional). You don't need to answer this question 'Yes' if you use or have used CBD oil only. ☐	• Cannabis (unless prescribed by a health professional). You don't need to answer this question 'Yes' if you use or have used CBD oil only. ☐
• Any recreational drugs. For example:	• Any recreational drugs. For example:
Cocaine ☐	Cocaine ☐
Ecstasy or amphetamines ☐	Ecstasy or amphetamines ☐
Heroin or opioids ☐	Heroin or opioids ☐
Other ☐	Other ☐
• Any psychoactive substance including drugs previously known as 'legal highs' ☐	• Any psychoactive substance including drugs previously known as 'legal highs' ☐
• Any recreational drugs substitutes, for example, methadone ☐	• Any recreational drugs substitutes, for example, methadone ☐
• Anabolic steroids (or any performance enhancing drugs) not prescribed by a doctor ☐	• Anabolic steroids (or any performance enhancing drugs) not prescribed by a doctor ☐
• Weight loss injections not prescribed by a doctor or health professional (a health professional includes online pharmacists and online doctors where you go through an online assessment before starting the injections) ☐	• Weight loss injections not prescribed by a doctor or health professional (a health professional includes online pharmacists and online doctors where you go through an online assessment before starting the injections) ☐
• Been addicted to, misused or overused any medication whether prescribed by a doctor or not ☐	• Been addicted to, misused or overused any medication whether prescribed by a doctor or not ☐
• None of the above ☐	• None of the above ☐

continues

	Client one	Client two
	If **'Yes'**, how long ago did you last use any of the above drugs? years months	If **'Yes'**, how long ago did you last use any of the above drugs? years months
	If **'Cannabis'**, how many times during a typical week do you or did you use cannabis? cannabis per week	If **'Cannabis'**, how many times during a typical week do you or did you use cannabis? cannabis per week
	If **'Cannabis'**, do you or did you, smoke or vape when you've used cannabis? Yes ☐ No ☐	If **'Cannabis'**, do you or did you, smoke or vape when you've used cannabis? Yes ☐ No ☐

If you have ticked more than one box above, please provide details on how long ago this was in the Additional Information section on page 27.

	Client one	Client two
Have you ever tested positive for HIV, or are you waiting for the result of an HIV test? A negative HIV test result won't, by itself, have any effect on your acceptance terms for insurance.	Tested positive for HIV ☐ Awaiting results of HIV test ☐ No ☐	Tested positive for HIV ☐ Awaiting results of HIV test ☐ No ☐
How often do you drink alcohol? Tick only one answer. For example, a drink is a glass of wine or a glass or bottle of beer.	Daily ☐ Monthly or less frequently ☐ Weekly ☐ On special occasions only ☐ Two or three times a month ☐ Never ☐ If '**Daily**' or '**Two or three times a month**', on a typical day when you have alcohol, how many alcoholic drinks do you have? If '**Weekly**', during a typical week, how many alcoholic drinks do you have?	Daily ☐ Monthly or less frequently ☐ Weekly ☐ On special occasions only ☐ Two or three times a month ☐ Never ☐ If '**Daily**' or '**Two or three times a month**', on a typical day when you have alcohol, how many alcoholic drinks do you have? If '**Weekly**', during a typical week, how many alcoholic drinks do you have?
Have you ever been told by a health professional that you should reduce the amount of alcohol you have because you were drinking too much?	Yes ☐ No ☐ If '**Yes**', when was this? Please tell us what you were drinking and the amount.	Yes ☐ No ☐ If '**Yes**', when was this? Please tell us what you were drinking and the amount.
Was it for any of the following reasons? Only complete this question if you answered '**Yes**' to the previous question above.	Pregnancy ☐ Taking medication which meant alcohol should be avoided or reduced ☐ It was part of general advice and you were drinking within the Government guidelines of up to 14 units of alcohol per week (7 alcoholic drinks) or less ☐ Other reason ☐ Have you been told by a health professional to reduce the amount of alcohol you have on more than one occasion? Yes ☐ No ☐ When you were told to reduce the amount of alcohol you drink, was this before you were aged 25? Yes ☐ No ☐	Pregnancy ☐ Taking medication which meant alcohol should be avoided or reduced ☐ It was part of general advice and you were drinking within the Government guidelines of up to 14 units of alcohol per week (7 alcoholic drinks) or less ☐ Other reason ☐ Have you been told by a health professional to reduce the amount of alcohol you have on more than one occasion? Yes ☐ No ☐ When you were told to reduce the amount of alcohol you drink, was this before you were aged 25? Yes ☐ No ☐
Have you ever: Tick all that apply.	Been referred to or been in contact with an alcohol specialist or support group? ☐ Attended, been advised to attend, been in contact with or used an alcohol counsellor or service. This includes phone and online services ☐ None of the above ☐	Been referred to or been in contact with an alcohol specialist or support group? ☐ Attended, been advised to attend, been in contact with or used an alcohol counsellor or service. This includes phone and online services ☐ None of the above ☐

HEALTH – EVER

When answering the following questions, if you're unsure whether to tell L&G about a medical condition, please tell us anyway. There's no need to tell us about the same condition more than once in this application.

Have you ever:

	Client one		Client two	
a) had diabetes or a heart condition, for example angina, heart attack, heart valve problem, heart surgery?	Yes ☐	No ☐	Yes ☐	No ☐
b) had a stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage or surgery to your blood vessels? Please ignore varicose veins unless there's ulceration present.	Yes ☐	No ☐	Yes ☐	No ☐
c) had cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, leukaemia or a melanoma?	Yes ☐	No ☐	Yes ☐	No ☐
d) had a cyst, growth or tumour in either your brain or spine?	Yes ☐	No ☐	Yes ☐	No ☐
e) had any neurological condition or visual disturbance, for example epilepsy, multiple sclerosis, muscular dystrophy, cerebral palsy, motor neurone disease, Parkinson's disease, optic neuritis? Please ignore long and short sightedness that's been corrected.	Yes ☐	No ☐	Yes ☐	No ☐
f) been admitted overnight to hospital or referred to a psychiatrist for mental illness, anorexia or bulimia?	Yes ☐	No ☐	Yes ☐	No ☐

If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 25) BEFORE continuing with the next question.

HEALTH – LAST FIVE YEARS

Apart from anything you've already told us about in this application, during the last 5 years have you been in contact with a doctor, nurse or other health professional for:

If you've answered 'Yes' to ANY part of these questions, please complete one of the Medical Questionnaires (page 25) BEFORE continuing with the next question.

	Client one		Client two	
a) raised blood pressure, raised cholesterol or condition affecting blood or blood vessels, for example anaemia, excess sugar in the blood, blood clot, deep vein thrombosis?	Yes ☐	No ☐	Yes ☐	No ☐
b) any condition affecting your kidneys, bladder or prostate, for example blood or protein in the urine, kidney or bladder stones?	Yes ☐	No ☐	Yes ☐	No ☐
c) any condition affecting your stomach, oesophagus or bowel, for example Crohn's disease, ulcerative colitis? Please ignore diarrhoea, food poisoning, sickness or vomiting, stomach bug or upset, provided no hospital investigation was advised or completed.	Yes ☐	No ☐	Yes ☐	No ☐
d) any condition affecting your gall bladder, liver or pancreas, for example hepatitis, fatty liver?	Yes ☐	No ☐	Yes ☐	No ☐
e) any condition affecting your lungs or breathing, for example asthma, emphysema, sleep apnoea, sarcoidosis? Please ignore hay fever and one-off chest infections from which you've fully recovered.	Yes ☐	No ☐	Yes ☐	No ☐
f) lupus, fibromyalgia, gout or any type of arthritis, neck, back, spine or joint trouble, for example rheumatoid arthritis, sciatica?	Yes ☐	No ☐	Yes ☐	No ☐
g) anxiety, depression or any mental illness that's required treatment or counselling, or chronic fatigue syndrome?	Yes ☐	No ☐	Yes ☐	No ☐
h) a growth, lump, polyp or tumour of any kind?	Yes ☐	No ☐	Yes ☐	No ☐
i) chest pain, palpitations or irregular heartbeat, paralysis, numbness, persistent tingling or pins and needles, tremor or facial pain other than dental pain, memory loss, dizziness or balance problems?	Yes ☐	No ☐	Yes ☐	No ☐

If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 25) BEFORE continuing with the next question.

When answering the following questions, if you're unsure whether to tell L&G about a medical condition, please tell us anyway. There's no need to tell us about the same condition more than once in this application.

Only answer this question if you're applying for Executive Income Protection or Critical Illness Cover.

Apart from anything you've already told us about in this application, during the last five years have you been in contact with a doctor, nurse or other health professional for:

	Client one		Client two	
a) a mole or freckle? Please ignore birthmarks where no treatment or specialist referral has been advised.	Yes ☐	No ☐	Yes ☐	No ☐
b) any condition affecting your thyroid?	Yes ☐	No ☐	Yes ☐	No ☐
c) any condition affecting your ears or hearing, for example Ménière's disease, deafness? Please ignore simple earache and ear infections that have resolved leaving no continuing hearing loss.	Yes ☐	No ☐	Yes ☐	No ☐
d) any condition affecting your eyes or vision, not wholly corrected by spectacles, lenses or laser treatment, for example cataract, blindness?	Yes ☐	No ☐	Yes ☐	No ☐
This question is applicable for females only:				
e) any gynaecological condition for which you've not yet been discharged from follow up, or a cervical smear requiring further investigations? Please ignore routine cervical smears if the results have been normal.	Yes ☐	No ☐	Yes ☐	No ☐

Only answer this question if you're applying for Executive Income Protection:

	Client one		Client two	
Do you have any other illness, injury or disability that's kept you off work for a continuous period of two weeks or more, for example stress, headaches, trapped nerve? Please ignore colds and flu from which you've fully recovered and pregnancy where no complications were present.	Yes ☐	No ☐	Yes ☐	No ☐

If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 25) BEFORE continuing with the next question.

HEALTH – LAST 12 MONTHS

Apart from anything you've already told us about in this application, during the last 12 months have you:

	Client one		Client two	
a) had any medical condition, illness or injury that you've received treatment for over a continuous period of four weeks or more? Please ignore oral contraception pill, pregnancy and minor accidents and injuries, for example pulled or strained muscle, torn ligament or tendon, sprained joint, provided they've not kept you off work for two weeks or more.	Yes ☐	No ☐	Yes ☐	No ☐
b) been referred to or had any investigations in hospital, for example biopsy, scan, ECG?	Yes ☐	No ☐	Yes ☐	No ☐

If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 25) BEFORE continuing with the next question.

HEALTH continued

Apart from anything you've already told us about in this application, do you have any medical condition or symptom that:

	Client one		Client two	
Your doctor or nurse told you to contact them about during the next three weeks? Please ignore consultations for repeat prescriptions and pregnancy.	Yes ☐	No ☐	Yes ☐	No ☐

During the last three months have you had any of the symptoms listed opposite?

	Client one		Client two	
– Unexplained bleeding, weight loss, lump or growth – Unexplained changes with walking, movement or mobility, numbness or tingling, mental functioning, or changes to your vision – Mole or freckle that's bled or changed in appearance – A cough that's lasted for three weeks or more – Any other symptom that you may contact a health professional about for the first time	Yes ☐	No ☐	Yes ☐	No ☐

If you've answered 'Yes' to ANY part of the above questions, please complete one of the Medical Questionnaires (page 25) BEFORE continuing with the next question.

FAMILY HISTORY

If you're aged over 50, only answer this question if your application includes Executive Income Protection or Critical Illness Cover.
If you're aged 50 or under, please answer this question.

Have any of your biological parents, brothers or sisters, before the age of 60, had any of the conditions opposite?

If 'Yes', tick all that apply.

If 'No', tick 'None of the above'.

Please answer in relation to full blood family members above that you know about. If you don't know about any of these relatives, answer 'Don't know'.

For each condition selected, please give:

- the total number of relatives who had the condition
- their age(s) at the time the condition first occurred (except where indicated) – but only the youngest (lowest) age(s).

Client one	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Heart attack, Angina, Stroke or Type 2 Diabetes	☐			
Cancer of the Breast	☐			
Cancer of the Ovary	☐			
Cancer of the Bowel (Colon)	☐			
Cancer of another site	☐			
Cardiomyopathy (primary disorder of the heart muscle)	☐			
Multiple Sclerosis	☐		N/A	N/A
Myotonic Dystrophy	☐			
Polyposis coli (Familial adenomatous)	☐			

If 'Cancer of another site', for each relative please tell us the part of the body affected by the 'primary' cancer, that is, where it first occurred in the body.

If 'Multiple Sclerosis', please tell us the family member(s) affected:

Mother ☐ Father ☐

Brother(s) ☐ Sister(s) ☐

Client two	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Heart attack, Angina, Stroke or Type 2 Diabetes	☐			
Cancer of the Breast	☐			
Cancer of the Ovary	☐			
Cancer of the Bowel (Colon)	☐			
Cancer of another site	☐			
Cardiomyopathy (primary disorder of the heart muscle)	☐			
Multiple Sclerosis	☐		N/A	N/A
Myotonic Dystrophy	☐			
Polyposis coli (Familial adenomatous)	☐			

If 'Cancer of another site', for each relative please tell us the part of the body affected by the 'primary' cancer, that is, where it first occurred in the body.

If 'Multiple Sclerosis', please tell us the family member(s) affected:

Mother ☐ Father ☐

Brother(s) ☐ Sister(s) ☐

continues

FAMILY HISTORY continued

Client one	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Polycystic Kidney Disease	☐			
Motor Neurone Disease	☐			
Huntington's Disease	☐			
Parkinson's Disease	☐			
Alzheimer's Disease	☐			
None of the above	☐			
Don't know	☐			

Client two	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Polycystic Kidney Disease	☐			
Motor Neurone Disease	☐			
Huntington's Disease	☐			
Parkinson's Disease	☐			
Alzheimer's Disease	☐			
None of the above	☐			
Don't know	☐			

Apart from any condition affecting your parents or siblings that you've already told us about, are you having, or have you been advised to have, screening or ongoing monitoring for any condition that runs in your family?

This refers to any condition affecting any person to whom you are biologically related, including - but not limited to - parents, siblings, half-siblings, aunts, uncles, cousins, grandparents, etc. You do not need to tell us about genetic test results.

Client one	Client two
Yes ☐ No ☐	Yes ☐ No ☐
If 'Yes', please give details?	**If 'Yes'**, please give details?

TRUST AND OWNERSHIP

	Client one	Client two
Is it your intention to put any of the policies on this application under Trust?	Yes ☐ No ☐ **If 'Yes'**, which policy(ies)?	Yes ☐ No ☐ **If 'Yes'**, which policy(ies)?

If you've answered 'Yes' to the above question, please contact your financial adviser about the type of trust most appropriate to you and your circumstances.

	Client one	Client two
Are any of the policies on this application to be owned by another individual or business?	Yes ☐ No ☐ **If 'Yes'**, which policy(ies)?	Yes ☐ No ☐ **If 'Yes'**, which policy(ies)?

If you've answered 'Yes' to the above question, please complete a Policy Owner Questionnaire for each policy (page 29) BEFORE continuing with the next question.

This now completes the mandatory question and answer part of your application.
The following five sections are all additional questionnaires which you only need to complete if we've asked you to in one of the previous questions, or if you need to provide us with additional information.

Please now ensure you read and sign the Client Declaration and complete the Direct Debit instruction in Part C.

QUESTIONNAIRE 1 – BUSINESS ASSURANCE QUESTIONAIRE

This questionnaire only applies if you have answered 'Yes' to the Total Cover question on page 12.

	Client one	Client two
1. Do you have, or are you applying for, any other life cover with L&G or with another insurance company? **This includes any life cover provided by your employer.** **If 'Yes'** and you need more space, please use the Additional Information section on page 27.	Yes ☐ No ☐ **If 'Yes'**, please give details: Company Start date Policy type Term years Amount of cover £ Reason for cover Will this policy remain in force/be going ahead? Yes ☐ No ☐ Do you have any other policies to tell us about? Yes ☐ No ☐ **If 'Yes'**, please give the same details as above for the other policy(ies), on page 27 (Additional Information) before continuing with this section.	Yes ☐ No ☐ **If 'Yes'**, please give details: Company Start date Policy type Term years Amount of cover £ Reason for cover Will this policy remain in force/be going ahead? Yes ☐ No ☐ Do you have any other policies to tell us about? Yes ☐ No ☐ **If 'Yes'**, please give the same details as above for the other policy(ies), on page 27 (Additional Information) before continuing with this section.
2. Do you have, or are you applying for, any other critical illness cover with L&G or with another insurance company? **If 'Yes'** and you need more space, please use the Additional Information section on page 27.	Yes ☐ No ☐ **If 'Yes'**, please give details: Company Start date Policy type Term years Amount of cover £ Reason for cover Will this policy remain in force/be going ahead? Yes ☐ No ☐ Do you have any other policies to tell us about? Yes ☐ No ☐ **If 'Yes'**, please give the same details as above for the other policy(ies), on page 27 (Additional Information) before continuing with this section.	Yes ☐ No ☐ **If 'Yes'**, please give details: Company Start date Policy type Term years Amount of cover £ Reason for cover Will this policy remain in force/be going ahead? Yes ☐ No ☐ Do you have any other policies to tell us about? Yes ☐ No ☐ **If 'Yes'**, please give the same details as above for the other policy(ies), on page 27 (Additional Information) before continuing with this section.
3. Business details	Trading name Number of employees How long has the business been trading? years months	Trading name Number of employees How long has the business been trading? years months

4. Please give turnover, gross profit and net profit (before tax) figures for the last three completed years.

If the business has been trading for between one and three years, please provide figures for all completed years.

If the business has been trading for less than one year, please provide projected figures.

Client one	Turnover	Gross profit	Net profit (before tax)
Most recent year	£	£	£
Last year	£	£	£
Previous year	£	£	£
Projected figures	£	£	£

Client two	Turnover	Gross profit	Net profit (before tax)
Most recent year	£	£	£
Last year	£	£	£
Previous year	£	£	£
Projected figures	£	£	£

5. Has a loss been reported in the last two years or is a loss due to be reported?

If you answer 'Yes' to this question please provide a copy of the last two years' reports and accounts.

Reports and accounts are also required when a certain amount of cover is reached. Please speak to your Financial Adviser to see if this applies to you.

Yes ☐ No ☐

If 'Yes', please give an explanation of why this occurred and give details of any action taken:

Yes ☐ No ☐

If 'Yes', please give an explanation of why this occurred and give details of any action taken:

6. What is your exact shareholding in the business and the current value of that shareholding?

Percentage of shares	%	Current value	£

Percentage of shares	%	Current value	£

7. Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following?

Bribery, Corruption, Counterfeiting, Embezzlement, Fraud, Money laundering, Tax evasion.

Please ignore any conviction that is spent under the Rehabilitation of Offenders Act.

Please tick only one answer.

Investigated	☐	Convicted	☐
Arrested	☐	Prosecution pending	☐
Charged	☐	No	☐

If you have been investigated, arrested or charged, please give details:

Investigated	☐	Convicted	☐
Arrested	☐	Prosecution pending	☐
Charged	☐	No	☐

If you have been investigated, arrested or charged, please give details:

If you have selected a product for Business Loan Protection, please continue with the next question.
If you haven't selected a product for Business Loan Protection, please now go straight to the Key Person Protection or Share Protection questions.

BUSINESS LOAN PROTECTION

8. Please give details of your business mortgage/loan.

For some applications, a copy of your loan offer or the latest loan statement of interest may need to be provided. Please speak to your Financial Adviser to see if this applies to you.

What is the reason for your mortgage/loan?
If 'Other', please give details

Business premises	☐	Equipment	☐
Expansion	☐		

Other

Name(s) of lender(s)

Name(s) of borrower(s)

What is the reason for your mortgage/loan?
If 'Other', please give details

Business premises	☐	Equipment	☐
Expansion	☐		

Other

Name(s) of lender(s)

Name(s) of borrower(s)

continues

	Client one	Client two
	Mortgage/ loan amount £	Mortgage/ loan amount £
	Mortgage/loan term years	Mortgage/loan term years
	Interest rate %	Interest rate %
	Does the term or amount of cover of this policy differ from the mortgage/loan? Yes ☐ No ☐	Does the term or amount of cover of this policy differ from the mortgage/loan? Yes ☐ No ☐
	If 'Yes', please explain why you require this	**If 'Yes'**, please explain why you require this
	Type of mortgage/loan:	Type of mortgage/loan:
	New or remortgage ☐ Existing arrangement ☐	New or remortgage ☐ Existing arrangement ☐
	Repayment basis **If 'Other'**, please give details	Repayment basis **If 'Other'**, please give details
	Interest only ☐ Capital and interest ☐	Interest only ☐ Capital and interest ☐
	Other	Other
9. Are any other policies being taken out to cover this mortgage/loan?	Yes ☐ No ☐ **If 'Yes'**, please give full details:	Yes ☐ No ☐ **If 'Yes'**, please give full details:

If you have selected a product for Key Person Protection, please continue with question 10. Otherwise:
– if you HAVE selected a product for Share Protection, please now go straight to question 16; or
– if you HAVE NOT selected a product for Share Protection, and you have completed this questionnaire then you should return to your application on page 12.

KEY PERSON PROTECTION

	Client one	Client two
10. What is the total remuneration (including dividends, bonuses etc) that you have received in each of the last three years?	**Current year** £ **Last year** £ **Previous year** £	**Current year** £ **Last year** £ **Previous year** £
11. What type of work are you engaged in?		
12. Please explain the effect your loss would have on the business. For example, profits may reduce, key contacts may be lost or you may be the guarantor of a loan.		

continues

	Client one	Client two
13. Please explain how you have calculated the amount of cover that you need. For example, this may be the expected loss of profits multiplied by the number of years that it would take the business to recover.		
14. Is the business taking out any other key person policies, on you or any other key person, or are there any other policies already in force, with another insurance company and/or Legal & General? **If 'Yes'**, please give full details including amount of cover, contract types and provider(s) names. If you need more space, please use the Additional Information section on page 27.	Yes ☐ No ☐ **If 'Yes'**, please give full details:	Yes ☐ No ☐ **If 'Yes'**, please give full details:
15. What proportion of the business net profit can fairly be attributed to you?	%	%

If you have selected a product for Share Protection, please continue with question 16.
Otherwise, you have completed this questionnaire and you should return to your application on page 12.

SHARE PROTECTION

	Client one	Client two
16. What is the total value of the business and how has this value been calculated? Please include full details of the calculations, for example Price Earnings (PE) ratios, asset values taken into account.	£ Calculations	£ Calculations
17. Are any policies being taken out on other shareholders, partners or members with L&G or another insurance company? **If 'Yes'**, please provide details of all applications and state if any of these are with L&G. If you need more space, please use the Additional Information section on page 27.	Yes ☐ No ☐ **If 'Yes'**, please give full details:	Yes ☐ No ☐ **If 'Yes'**, please give full details:

If you require a product that contains Critical Illness Cover, please continue with the next question.
Otherwise you have completed this questionnaire and you should return to your application on page 12.

	Client one	Client two
18. Does the Share purchase (cross option or similar) specify the outcome in the event of critical illness?	Yes ☐ No ☐ **If 'No'**, please tell us why:	Yes ☐ No ☐ **If 'No'**, please tell us why:

Please now return to your application on page 12.

QUESTIONNAIRE 2 – HAZARDOUS ACTIVITIES QUESTIONNAIRE

This questionnaire only applies if you have ticked any of the hazardous activities listed on pages 13.

	Client one	Client two
1. What is the name of the activity that you have ticked in the Hazardous Activities question on pages 13? **If 'Any Extreme Sport'**, please tell us which one	If you have ticked more than one activity in the Hazardous Activities question on pages 13, **you will need to complete a separate Hazardous Activities Questionnaire for each one**. Use this page to give details of the first activity and then use the Additional Information section (page 27), or photocopy this page, to give the same details for the other activity(ies).	
2. Do you take part in this as a professional?	Yes ☐ No ☐	Yes ☐ No ☐
3. Are you a member of a recognised club, association or professional body?	Yes ☐ No ☐	Yes ☐ No ☐
4. Where is this activity carried out? **If 'Other'**, please tell us where	UK only ☐ Europe only ☐ Other	UK only ☐ Europe only ☐ Other
5. Do you ever take part in this activity alone?	Yes ☐ No ☐	Yes ☐ No ☐
6. Do you, or are you likely to, take part in Aerobatics, Expeditions, Record attempts, Testing of any equipment or Underwater internal wreck exploration in connection with this hobby or pursuit?	Yes ☐ No ☐	Yes ☐ No ☐
7. On average, how many times a year do you do this activity?	times a year	times a year
8. On average, how many hours a year do you spend on this activity?	hours a year	hours a year
9. If this activity is listed opposite, please answer these additional questions, as applicable.	**Motor car and Motorcycle sport**: Type of motor sport; Maximum engine size used cc **Mountaineering or Rock climbing**: Maximum height you climb to metres; Severity level you climb to **Parachuting, Sky diving or BASE jumping**: Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes ☐ No ☐ **Sailing**: Type of sailing – For example, offshore category 1 or 2 **Powerboat racing and Extreme Sports**: Full details **Underwater diving**: Maximum depth you dive to metres	**Motor car and Motorcycle sport**: Type of motor sport; Maximum engine size used cc **Mountaineering or Rock climbing**: Maximum height you climb to metres; Severity level you climb to **Parachuting, Sky diving or BASE jumping**: Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes ☐ No ☐ **Sailing**: Type of sailing – For example, offshore category 1 or 2 **Powerboat racing and Extreme Sports**: Full details **Underwater diving**: Maximum depth you dive to metres
10. Did you tick any other activity(ies) in the Hazardous Activities question on pages 13?	Yes ☐ No ☐ **If 'Yes'**, please give the same details as above, for the other activity(ies), on page 27 (Additional Information).	Yes ☐ No ☐ **If 'Yes'**, please give the same details as above, for the other activity(ies), on page 27 (Additional Information).

You have completed this additional questionnaire. Please return to your application on page 14.

QUESTIONNAIRE 3 – MEDICAL QUESTIONNAIRE

Please only complete this questionnaire if you have answered 'Yes' to any health questions on pages 16–17. If you have more than one condition to tell L&G about, use this page to give details of the first condition, use the next questionnaire for the second, and then either use the Additional Information section on page 27 or photocopy this page to give us the same details for any further conditions.

MEDICAL QUESTIONNAIRE 1

	Client one	Client two
1. Which health question (for example Health – Last five Years, part f) does this information relate to?		
2. Name of actual medical condition, illness or injury If growth or lump, also state the part of body affected.		
3. How long ago did the condition first occur?	years months	years months
4. How often do you have symptoms? Please **tick** appropriate box – do not enter anything else in the box.	No symptoms now ☐ Yearly ☐ Monthly ☐ Weekly ☐ Daily ☐	No symptoms now ☐ Yearly ☐ Monthly ☐ Weekly ☐ Daily ☐
5. How long ago was your last major attack? This means a sudden increase in the severity of symptoms, or need for treatment other than your usual medicine or tablets.	Never had a major attack ☐ Currently or at present ☐ Other years months	Never had a major attack ☐ Currently or at present ☐ Other years months
6. In the last five years, have you had surgery or an operation, or any other hospital admission (including an overnight stay) for this condition? Please answer **both parts** of this question.	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, how long ago? years months Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, how long ago? years months	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, how long ago? years months Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, how long ago? years months
7. In the last five years, in total, how much time off your normal work or daily activities have you had for this condition?	weeks days If you haven't taken time off, please enter '0'.	weeks days If you haven't taken time off, please enter '0'.
8. If you have had time off, how long ago was the most recent occasion? **Not** applicable if you have answered '0' to the question above.	years months If you are currently off work, please enter '0'.	years months If you are currently off work, please enter '0'.
9. Do you expect to have, or are you currently waiting for, surgery or an operation, any other hospital admission (including an overnight stay) or referral to a specialist for this condition? Please answer **all three parts** of this question.	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, when? Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, when? Referral to a specialist Yes ☐ No ☐ **If 'Yes'**, when?	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, when? Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, when? Referral to a specialist Yes ☐ No ☐ **If 'Yes'**, when?
10. Are you currently receiving treatment for this condition?	Yes ☐ No ☐ **If 'Yes'**, please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.	Yes ☐ No ☐ **If 'Yes'**, please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.
11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question on pages 14–19?	Yes ☐ No ☐ **If 'Yes'**, please complete the second Medical Questionnaire overleaf before returning to your application.	Yes ☐ No ☐ **If 'Yes'**, please complete the second Medical Questionnaire overleaf before returning to your application.

MEDICAL QUESTIONNAIRE 2

	Client one	Client two
1. Which health question (for example Health – Last five Years, part f) does this information relate to?	Use this page to give details of a second condition and then use the Additional Information section (page 27), or photocopy this page, to give the same details for any further medical condition(s).	
2. Name of actual medical condition, illness or injury If growth or lump, also state the part of body affected.		
3. How long ago did the condition first occur?	years months	years months
4. How often do you have symptoms? Please **tick** appropriate box – do not enter anything else in the box.	No symptoms now ☐ Yearly ☐ Monthly ☐ Weekly ☐ Daily ☐	No symptoms now ☐ Yearly ☐ Monthly ☐ Weekly ☐ Daily ☐
5. How long ago was your last major attack? This means a sudden increase in the severity of symptoms, or need for treatment other than your usual medicine or tablets.	Never had a major attack ☐ Currently or at present ☐ Other years months	Never had a major attack ☐ Currently or at present ☐ Other years months
6. In the last 5 years, have you had surgery or an operation, or any other hospital admission (including an overnight stay) for this condition? Please answer **both parts** of this question.	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, how long ago? years months Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, how long ago? years months	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, how long ago? years months Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, how long ago? years months
7. In the last five years, in total, how much time off your normal work or daily activities have you had for this condition?	weeks days If you haven't taken time off, please enter '0'.	weeks days If you haven't taken time off, please enter '0'.
8. If you have had time off, how long ago was the most recent occasion? **Not** applicable if you have answered '0' to the question above.	years months If you are currently off work, please enter '0'.	years months If you are currently off work, please enter '0'.
9. Do you expect to have, or are you currently waiting for, surgery or an operation, any other hospital admission (including an overnight stay) or referral to a specialist for this condition? Please answer **all three parts** of this question.	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, when? Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, when? Referral to a specialist Yes ☐ No ☐ **If 'Yes'**, when?	Surgery or operation Yes ☐ No ☐ **If 'Yes'**, when? Other hospital admission (including overnight stay) Yes ☐ No ☐ **If 'Yes'**, when? Referral to a specialist Yes ☐ No ☐ **If 'Yes'**, when?
10. Are you currently receiving treatment for this condition?	Yes ☐ No ☐ **If 'Yes'**, please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.	Yes ☐ No ☐ **If 'Yes'**, please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.
11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question on pages 14–19?	Yes ☐ No ☐ **If 'Yes'**, please give the same details as above, for the other medical condition(s), on page 27 (Additional Information).	Yes ☐ No ☐ **If 'Yes'**, please give the same details as above, for the other medical condition(s), on page 27 (Additional Information).

You have completed this questionnaire and you may return to your application.

ADDITIONAL INFORMATION

This section only applies if you need more space to answer any questions. If you don't need more space, please now go straight to Part C.

Client one		Client two	
Section Name and Question No.	Additional Information	Section Name and Question No.	Additional Information

This section only applies if you need more space to answer any questions. If you don't need more space, please now go straight to Part C.

Client one		Client two	
Section Name and Question No.	Additional Information	Section Name and Question No.	Additional Information

QUESTIONNAIRE 4 – POLICY OWNER QUESTIONNAIRE

This questionnaire only applies if any of the policies on this application are to be owned by another individual or business.
If more than one policy is to be owned by someone else you must complete a separate Policy Owner Questionnaire for each – please ask your financial adviser for another questionnaire, as required.

- Please note, if the Policy Owner is not the client(s) **they must be over 18 and have an insurable interest** in the client(s).
- Please consult your financial adviser if you wish to assign your policy to someone else once the policy has been accepted and issued.
- Your financial adviser can help you to complete this section.

	Policy Owner	Second Policy Owner (if applicable)
1. Is the Policy Owner an individual or a business?	An individual ☐ A business ☐	An individual ☐ A business ☐
2. What is the name of the Policy Owner? Give the full name **or** business name as applicable.	Mr/Mrs/Miss/Ms/Dr/Rev/Other Forename in full Middle name(s) in full Surname **or** Business name	Mr/Mrs/Miss/Ms/Dr/Rev/Other Forename in full Middle name(s) in full Surname **or** Business name
3. What is the Policy Owner's relationship to the client(s)?	Creditor ☐ Employer ☐ Co-business owner ☐ Trustee ☐ Other	Creditor ☐ Employer ☐ Co-business owner ☐ Trustee ☐ Other
4. What is the Policy Owner's current address? Please give the full address (including postcode) of the person or business who is to own the policy(ies).	Postcode	Postcode
5. What are the Policy Owner's contact details? If the policy is to be owned by a business, please give the contact details of the business's representative.	Phone Email	Phone Email

continues

If the Policy Owner is an individual then please skip to the declaration section on the following page.
If the Policy Owner is a business then please continue below.

6. Company number (if registered)

7. Country registered at incorporation

8. Nature of business

Agriculture and fishing ☐	Trading in goods and commodities (incl. scrap metal) ☐	Healthcare, fire, correctional and social services ☐
Alcohol, tobacco, cannabis manufacture, retail and wholesale ☐	Financial services and commerce ☐	Hotels, lodging, property and facilities services ☐
Wholesale trade - other ☐	Business management and professional services ☐	Media, communications, and culture ☐
Arms, military, security and explosives manufacture ☐	Construction, infrastructure, real estate and property services ☐	Mining ☐
Manufacture (exc tobacco, alcohol, fireworks, explosives) ☐	Education, research, or laboratory services ☐	Transport operations and services ☐
Retail - art, antiques, Auctioneers, jewellery and luxury goods ☐	Technology ☐	Utilities - production, supply and services ☐
Retail - Cash intensive business ☐	Gambling and adult entertainment ☐	Nuclear power ☐
Retail - other ☐	Leisure, sport and fitness ☐	

	Signatory one	Signatory two (if applicable)
9. Signatory title (Mr/Mrs/Miss/Ms/Dr/ Rev/Other)		
10. Signatory forename in full		
11. Signatory middle name/s in full		
12. Signatory surname		
13. Signatory date of birth (DDMMYYYY)	☐☐ ☐☐ ☐☐☐☐	☐☐ ☐☐ ☐☐☐☐
14. Signatory company contact details	Company phone Email address	Company phone Email address
15. Signatory address Please include postcode	Postcode	Postcode
16. Signatory country of residence		

continues

17. Declaration of the Policy Owner(s) (who is not the Client(s))

This Declaration should be read, confirmed, signed and dated by the Policy Owner, **not by the Client(s).**

I declare that I have insurable interest in the client. I declare that I am a UK resident (this is someone who is currently living in the UK and has spent at least 183 days in the UK in the last tax year). I understand that the law governing that contract is the law of England.

For full details of how L&G uses your personal information, please see our privacy notice online at **legalandgeneral.com/privacy-notice**

18. Declaration of the Policy Owner(s) (who is not the Client(s))

This Declaration should be read, confirmed, signed and dated by the Policy Owner, **not by the Client(s).**

I request that Legal & General Assurance Society Limited issue the proposed policy in my name or the business name. I understand that this request and Declaration and any answers provided by the client in connection with this application, may be taken into account when assessing the acceptance of the application and in calculating the premium. I understand that if any answers to any question are subsequently found to have been incorrect, then it may mean that a claim may not be paid and the policy amended or cancelled.

Policy Owner	**Second Policy owner (if applicable)**
Policy Owner signature Date (DDMMYYYY) ☐☐☐☐☐☐☐☐	**Policy Owner** signature Date (DDMMYYYY) ☐☐☐☐☐☐☐☐
Date of birth (DDMMYYYY) ☐☐☐☐☐☐☐☐	Date of birth (DDMMYYYY) ☐☐☐☐☐☐☐☐

If you want another policy(ies) to be owned by someone else, please complete another Policy Owner Questionnaire(s) for each. Otherwise, please return to your application on page 19.

OLP Connect – Client Declaration and Direct Debit

Business Protection

PRIVACY NOTICE

Our privacy notice explains how we collect and process personal information and is available online at **legalandgeneral.com/privacy-notice**

CLIENT DECLARATION

L&G use only: A N

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

This Declaration must be read by the client(s) before proceeding with this application. By accepting this I agree that:

- I am a UK resident (this is someone who is currently living in the UK and has spent at least 183 days in the UK in the last tax year).
- The information given in this application has been provided truthfully and accurately.
- For the purposes of assessing my application and any subsequent claim L&G will use the information given in this application and can contact any health professional I have consulted with to get more medical information.
- I am aware that the information provided will form part of the legal relationship between us and if any of it is found to be incorrect it may mean that a claim is not paid or the policy is amended or cancelled.

By signing below, I/we consent to L&G processing the health and lifestyle information that I/we have provided in order to assess an provide my Life Insurance product in accordance with their privacy notice, which also provides details of the Reinsurers with who they may share this information.

- I will immediately inform L&G in writing if there are any changes to any answers given on the application **before the policy starts.**
- This contract will be governed by English law.
- If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

Please sign and date this declaration in the box below. Please provide your full name, date of birth, signature and date of signing.

Client one	Client two
Name	Name
Date of birth (DDMMYYYY)	Date of birth (DDMMYYYY)
Signature	Signature
Date (DDMMYYYY)	Date (DDMMYYYY)

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.

Instruction to your bank or building society to pay by Direct Debit

DIRECT Debit

L&G

Originator's Identification Numbers

1. Name and full postal address of your bank or building society branch	To: Bank or Building Society Address Postcode
2. Bank account name	
3. Branch sort code	☐☐ – ☐☐ – ☐☐
4. Bank or building society account number	☐☐☐☐☐☐☐☐
5. Reference number (L&G use only)	
6. Preferred collection date each month	
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.
Banks and building societies may not accept Direct Debit instructions for some types of account	Signature Date ☐☐☐☐☐☐☐☐ (DDMMYYYY) Signature Date ☐☐☐☐☐☐☐☐ (DDMMYYYY)

Please note:

- L&G can't guarantee to make the first premium collection on the date you have asked for, but will make every effort to.
- If the date you have asked for is on a weekend or a bank holiday, L&G will collect your premium on the next working day.
- L&G may collect the first two premiums together.

If the person (or business) paying the premiums is neither the policy owner nor the life insured, please supply their name and address in the fields below.

Please now cut off the Direct Debit Guarantee on the following page and keep it somewhere safe.
Use the checklist on the back page to make sure that you have completed everything that you need to.

1. What is the name of person paying the premium (if not the policy owner or life insured):? Give the full name(s) as applicable.

Mr/Mrs/Miss/Ms/Dr/Rev/Other

Middle name(s) in full

Forename in full

Surname

or

Business name

and Company number (if registered)

2. Date of birth of the person paying the premium (DDMMYYYY). If a business is paying the premium then skip to question 3.

☐☐☐☐☐☐☐☐

3. What is the current address of the person or business paying the premium?

Please give the full address (including postcode) of the person or business paying the premium (if not the policy owner or life insured)?

Postcode

Country

4. Country registered at incorporation (if a business payer)

5. What are the contact details of the person or business paying the premium?

Phone

Email

6. What is the relationship of the premium payer to the person covered?

Co-shareholder	☐	Trustee	☐
Business partner	☐	Creditor	☐
Other		Employer	☐

7. Nature of business (if a business payer)

Agriculture and fishing	☐	Retail - Cash intensive business	☐	Education, research, or laboratory services	☐	Media, communications, and culture	☐
Alcohol, tobacco, cannabis - manufacture, retail and wholesale	☐	Retail - other	☐	Technology	☐	Mining	☐
Wholesale trade - other	☐	Trading in goods and commodities (incl. scrap metal)	☐	Gambling and adult entertainment	☐	Transport operations and services	☐
Arms, military, security and explosives manufacture	☐	Financial services and commerce	☐	Leisure, sport and fitness	☐	Utilities - production, supply and services	☐
Manufacture (exc tobacco, alcohol, fireworks, explosives)	☐	Business management and professional services	☐	Healthcare, fire, correctional and social services	☐	Nuclear power	☐
Retail - art, antiques, Auctioneers, jewellery and luxury goods	☐	Construction, infrastructure, real estate and property services	☐	Hotels, lodging, property and facilities services	☐		

8. Authorised Contact (if a business payer)

Mr/Mrs/Miss/Ms/Dr/Rev/Other

Middle name(s) in full

Forename in full

Surname

Cut off here and keep the Direct Debit Guarantee somewhere safe

L&G

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

DIRECT Debit

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Legal & General Assurance Society Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Legal & General Assurance Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Legal & General Assurance Society Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Legal & General Assurance Society Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify L&G.

Once you've completed your application...

Check that you've completed everything.

It is unlikely that you will need to complete every section of this form in detail, but please make sure that the following parts have been completed (as applicable):

Part A Quote. Part A ☐

Part B Standard Underwriting (SAB23).
All Clients Pages 3 to 19 and 32 to 34 must be completed (where applicable). Part B ☐
For Whole of Life plans pages 3 and 4, pages 8 to 19, and pages 32 to 34 **must be completed**.

– Please make sure that you have fully completed, signed and dated the **Access to Medical Reports Act consent form(s)**. ☐

Additional questionnaires, as applicable Pages 20 to 31 must be completed

– **Business Assurance Questionnaire**: if you have ticked 'Yes' to the Business Assurance question. Questionnaire 1 ☐

– **Hazardous Activities Questionnaire**: if you have ticked any of the activities in the Hazardous Activities question. Questionnaire 2 ☐

– **Medical Questionnaire(s)**: if you have been asked to do so. Questionnaire 3 ☐

– **Policy Owner Questionnaire**: if any policy(ies) will be owned by someone other than the Client(s). Questionnaire 4 ☐

– **Additional Information**: if you require extra space to complete any question. ☐

Part C Client Declaration and Direct Debit. Part C ☐

All Clients, as applicable Pages 3 to 19 and 32 to 34 must be completed
For Whole of Life plans pages 3 and 4, pages 8 to 19, and pages 32 to 34 **must be completed**.

Please make sure that you have also:

– signed, dated and ticked the relevant boxes in the **Declaration**. ☐

– fully completed, signed and dated the **Direct Debit instruction(s)**. ☐

Alternative formats

If you would like a copy of this in large print, braille, PDF or in an audio format, call us on **0370 010 4080**. We may record and monitor calls. Call charges will vary.

Contact us


legalandgeneral.com

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.

W13430 10/26