CONFIDENTIAL

APPLICATION FORM (RLP22)

Welcome to L&G

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

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

Basis of Advice Declaration

To meet our regulatory 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 ☐

Copy policy documents to adviser required Yes ☐ No ☐

NOTES TO HELP WITH THE APPLICATION

This form is for your financial adviser to gather the details required to generate a quote and then submit an application for a Relevant Life Plan.

It is divided into three main sections:

– **Part A:** Quote
– **Part B:** Standard Underwriting
– **Part C:** Client Declaration and Direct Debit

Tips for completing this application form

Please be aware of the following:

- Pages 1 to 10 and pages 15 to 19 **must be read and completed**.
- Pages 11 to 14 are additional questionnaires which **only need to be completed if you are instructed to do so** within the form.
- Look out for this symbol...  which highlights **important guidance notes or instructions** throughout the form.
- **If a financial adviser or employer 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 Employee Declaration and Statement of consent 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, if you have any.
- Details of medication or treatment that you are currently having.
- Your doctor's practice name and address (including their postcode).

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.

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.

NOTES TO HELP THE EMPLOYER WITH THE APPLICATION

– Please complete the Plan Owner Questionnaire and Direct Debit Instruction in Part C.
– You will need the bank details of the account this plan will be paid from.

PART A QUOTE

BASIC DETAILS

Full name and title
Please ensure you give all of your names.

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

Forename(s) in full

Surname

Gender

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 ☐

Employment status

Full time employment ☐ Part time employment ☐

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 us 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.

PRODUCT DETAILS

Product Selection

Relevant Life Plan ☐ Increasing Relevant Life Plan ☐

Amount of cover

£

or

OR

Monthly Premium

£

Premium Frequency

Monthly ☐ Annual ☐

Length of Cover

years

Please confirm, by ticking this box, that the term ceases before your 75th birthday

☐

Plan start date (DDMMYYYY)
Give full date if known, otherwise tick 'Unknown'.

☐☐☐☐☐☐☐☐

Unknown ☐

PART B STANDARD UNDERWRITING

PERSONAL DETAILS

What is your contact address, including postcode?

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

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)

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

Please check that you have filled in your postcode.

EXISTING POLICIES

Is this policy to replace an existing L&G policy or policies?

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 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 EMPLOYEE

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).

Please complete the following details to help your doctor's surgery to match your records:

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 quickly.

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

Doctor's name

Practice/clinic name and address (including postcode)

Postcode

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.

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

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 three storey house.

- Outside at heights over 15 metres (50 ft) for more than five 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 ☐
- None of the above ☐

What is your occupation if you have ticked one of the occupations in this question.

Occupation*

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

Including this application, will the total amount of cover on your life for family protection purposes exceed £1,500,000 life cover?

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

Yes ☐ No ☐

If you have answered 'No' to the above question, please move directly to the Travel question. If you have answered 'Yes', please continue to complete the next questions.

How much family protection life cover do you have?

Please include this application, but ignore cover that will be cancelled.

£

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 for family, mortgage and business protection purposes.

If 'Yes', please give details of all other life cover that you have or are applying for including family, mortgage and business protection.

If 'Yes' and you need more space, please use the Additional Information section on page 15.

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 15 (Additional Information) before continuing with this section.

Please give details of your gross annual earned income for the last three years.

Gross annual earned income includes salary, bonuses, benefits in kind and regular dividends from shares in your company.

Do not include any unearned income, such as investment income.

Current year	Earned Income	£
Last year	Earned Income	£
Previous year	Earned Income	£

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 ☐ Arrested ☐ Charged ☐ Convicted ☐

Prosecution Pending ☐ No ☐

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

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 ☐

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?

HAZARDOUS ACTIVITIES

Not including your main occupation, do you regularly take part in any of the following activities, or do you intend to do so within the next six months?

Please tell us about all of these activities that you participate in on an amateur or semi-professional basis.

If 'Yes', please tick all that apply.

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

Flying (other than as a fare-paying passenger) ☐

Hang gliding or paragliding ☐

Motor car sport ☐

Motorcycle sport ☐

Mountaineering or rock climbing ☐

Parachuting, sky diving or BASE jumping ☐

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 11) BEFORE continuing with the next question.

GENERAL HEALTH AND LIFESTYLE

Please don't assume that we'll 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**

What is your height (without shoes)?

m **OR** ft in

What is your weight (in indoor clothes)?

kg **OR** st lb

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

What is your trouser waist, UK dress or skirt size?

Complete only one answer.

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'.

- 0 cigarettes per day ☐
- 1-10 cigarettes per day ☐
- 11-20 cigarettes per day ☐
- 21-30 cigarettes per day ☐
- 31-40 cigarettes per day ☐
- 41-50 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'.

- 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:
  - Cocaine ☐
  - Ecstasy or amphetamines ☐
  - Heroin or opioids ☐
  - Other ☐
- Any psychoactive substance including drugs previously known as 'legal highs' ☐
- Any recreational drugs substitutes, for example, methadone ☐
- 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) ☐
- Been addicted to, misused or overused any medication whether prescribed by a doctor or not ☐
- None of the above ☐

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'**, 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 14.

GENERAL HEALTH AND LIFESTYLE – CONTINUED

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 result 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 ☐ Weekly ☐ Two or three times a month ☐ Monthly or less frequently ☐ On special occasions only ☐ 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.

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 ☐

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. ☐

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:

a) had diabetes or a heart condition, for example angina, heart attack, heart valve problem, heart surgery? 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 ☐

c) had cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, leukaemia, a melanoma or a brain tumour? Yes ☐ No ☐

d) been admitted overnight to hospital or referred to a psychiatrist for mental illness, anorexia or bulimia? Yes ☐ No ☐

If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 12) 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 five years have you been in contact with a doctor, nurse or other health professional for:

a) raised blood pressure, raised cholesterol or a condition affecting blood or blood vessels, for example anaemia, excess sugar in the blood, blood clot, deep vein thrombosis? 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 ☐

c) any neurological condition, for example multiple sclerosis, Parkinson's disease, epilepsy, fits? Yes ☐ No ☐

If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 12) BEFORE continuing with the next question.

HEALTH – LAST TWO YEARS

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

a) any condition affecting your stomach, oesophagus or bowel, for example Crohn's disease, ulcerative colitis? Yes ☐ No ☐

Please ignore diarrhoea, food poisoning, sickness or vomiting, stomach bug or upset, provided no hospital investigation was advised or completed.

b) any condition affecting your gall bladder, liver or pancreas, for example hepatitis, fatty liver? Yes ☐ No ☐

c) any condition affecting your lungs or breathing, for example asthma, emphysema, sleep apnoea, sarcoidosis? Yes ☐ No ☐

Please ignore hay fever and one-off chest infections from which you've fully recovered.

d) lupus, fibromyalgia, gout or any type of arthritis? Yes ☐ No ☐

e) anxiety, depression or stress that's required treatment or counselling, or chronic fatigue syndrome? Yes ☐ No ☐

f) a growth, lump, polyp or tumour? Yes ☐ No ☐

g) chest pain, palpitations or irregular heartbeat, paralysis, numbness, persistent tingling or pins and needles, memory loss? Yes ☐ No ☐

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

a) you're waiting to be contacted by or attending hospital for? Yes ☐ No ☐
Please ignore attendance related to pregnancy.

b) your doctor or nurse told you to contact them about during the next three weeks? Yes ☐ No ☐
Please ignore consultations for repeat prescriptions and pregnancy.

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

- 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 3 weeks or more
- Any other symptom that you may contact a health professional about for the first time

Yes ☐ No ☐

If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 12) BEFORE continuing with the next question.

FAMILY HISTORY

Only answer this question if you're aged 50 or under.

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 – but only the youngest (lowest) age(s).

	☑	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)	☐			
Myotonic Dystrophy	☐			
Polycystic Kidney Disease	☐			
Huntington's Disease	☐			
Alzheimer's Disease	☐			
None of the above	☐			
Don't know	☐			

This now completes the mandatory question and answer part of your application.

The sections following on pages 12 and 14 are 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 Employee Declaration in Section C.

QUESTIONNAIRE 1 – HAZARDOUS ACTIVITIES QUESTIONNAIRE

This questionnaire only applies if you have ticked any of the hazardous activities listed on page 7.

1. What is the name of the activity that you have ticked in the Hazardous Activities question on page 8?

If you have ticked more than one activity in the Hazardous Activities question on page 8, **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 15), 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 ☐

3. Are you a member of a recognised club, association or professional body? Yes ☐ No ☐

4. Where is this activity carried out?
If 'Other', please tell us where
UK only ☐ Europe only ☐ Other

5. Do you ever take part in this activity alone? 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 ☐

7. On average, how many times a year do you do this activity? times a year

8. On average, how many hours a year do you spend on this activity? 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 ☐
Underwater diving	Maximum depth you dive to	metres

10. Did you tick any other activity(ies) in the Hazardous Activities question on page 8? Yes ☐ No ☐

If 'Yes', please give the same details as above, for the other activity(ies), on page 15 (Additional Information).

You have completed this additional questionnaire. Please return to your application on page 8.

QUESTIONNAIRE 2 – MEDICAL QUESTIONNAIRE

Please only complete this questionnaire if you have answered 'Yes' to any health questions on pages 9 or 10. 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 15 or photocopy this page to give us the same details for any further conditions.

MEDICAL QUESTIONNAIRE 1

1. Which health question (for example Health – Last five Years, part b) 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

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 ☐

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

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

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'

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.
weeks days
If you haven't taken time off, 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?

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.

11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question on pages 10 or 11?
Yes ☐ No ☐
If 'Yes', please complete the second Medical Questionnaire on the next page before returning to your application.

MEDICAL QUESTIONNAIRE 2

1. Which health question (for example Health – Last five Years, part b) does this information relate to?

Use this page to give details of a second condition and then use the Additional Information section (page 15), 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

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 ☐

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

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

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'

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.

weeks days

If you haven't taken time off, 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?

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.

11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question on pages 10 or 11?

Yes ☐ No ☐

If 'Yes', please give the same details as above, for the other medical condition(s), on page 15 (Additional Information) before returning to your application.

You have now 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 Section C.

Section Name and Question No.	Additional Information

PRIVACY NOTICE

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

SECTION C – CLIENT DECLARATION AND DIRECT DEBIT

EMPLOYEE DECLARATION

L&G use only: A N

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

This Declaration must be read by the client(s) before proceeding with this application.

- 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 and the policy is amended or cancelled.
- 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. Please provide your full name, date of birth, signature and date of signing.

By signing below, I/we consent to L&G processing the health and lifestyle information that I/we have provided in order to assess and 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.

Name	Signature
Date of birth (DDMMYYYY) ☐☐☐☐☐☐☐☐	Date (DDMMYYYY) ☐☐☐☐☐☐☐☐

PLAN OWNER QUESTIONNAIRE (EMPLOYER DETAILS)

This questionnaire is to be completed by the employer.

- Please note, the Plan Owner is the employer, effecting this plan for the employee.
- Your financial adviser can help you to complete this section.
- In most instances the payments will be as originally quoted. L&G may sometimes offer revised terms and/or premiums and very occasionally may not be able to offer the benefits requested. L&G will inform you as soon as possible if this is the case.

Plan Owner (Employer)

1. Type of business

Sole Trader	☐	Partnership	☐	Limited Liability Partnership	☐
Limited Company	☐	Public Limited Company	☐	Charity	☐

2. What is the name of the Plan Owner (employer)?
Give the full name **or** business name as applicable.

Business name

or

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

Forename(s) in full

Surname

3. What is the Plan Owner's email address?

Email

4. What is the Plan Owner's (employer's) current business address?
Please give the full address (including postcode) of the employer who is to own the plan.

5. Contact name within the organisation

6. Address if different from above

7. Specific contact details

Work phone

Mobile phone

Email address

8. Company number (if registered)

9. Country registered at incorporation

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

19. Declaration of the Plan Owner(s) (employer)

ⓘ This Declaration should be read, confirmed, signed and dated by the Plan Owner (employer).

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.

I understand that if the employee does not give all of the requested information fully and accurately it will very likely mean that a claim will be declined and the plan amended or cancelled.

I have been told that L&G have a formal complaints procedure, details of which will be given to me when I receive the Policy T&C's.

I understand that the law governing that contract is the law of England.

I understand that the full terms and conditions of the policy are available on request.

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

I confirm that I have received and read the Policy Summary for this product.

I understand the features and risks of the product and am satisfied that it meets my needs.

Plan Owner (employer) name	**Plan Owner (employer)** signature
Date (DDMMYYYY) ☐☐ ☐☐ ☐☐☐☐	

DIRECT DEBIT INSTRUCTION

This Direct Debit instruction must be **fully completed, signed** and **dated** by the employer before the application can be processed.

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

DIRECT Debit

L&G

Originator's Identification Numbers

5	1	1	1	4	8

1. Name and full postal address of your bank or building society branch

To: Bank or Building Society

Address

Postcode

2. Business bank account name (insert the company bank account name here)

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	Signature
Date (DDMMYYYY) ☐☐☐☐☐☐☐☐	Date (DDMMYYYY) ☐☐☐☐☐☐☐☐

Please now cut off the Direct Debit Guarantee below and keep it somewhere safe. Use the checklist on page 24 to make sure that you have completed everything that you need to.

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, we will collect your premium on the next working day.
- L&G may collect the first two premiums together.

If the premium payer is neither the policy owner nor the life insured, please supply their details in the fields below and on the following page.
Please now cut off the Direct Debit Guarantee on the following page and keep it somewhere safe.
Use the checklist on page 24 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	

2. Date of birth of the person paying the premium (DDMMYYYY)

☐☐ ☐☐ ☐☐☐☐

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

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

Postcode

Country

4. Country registered at incorporation

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

Phone

Email

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

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

7. Nature of business

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

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

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

- This Guarantee is offered by all banks and building societies that 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):

Section A Employee and product details: Section A ☐

Section B Full application details:
Pages 1 to 11 and Pages 15 to 19 **must be completed** (where applicable) Section B ☐

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

Additional questionnaires Pages 11 to 14 please complete if applicable

– **Hazardous Activities Questionnaire**: if you have ticked any of the activities in the Hazardous Activities question. Questionnaire 1 ☐

– **Medical Questionnaire**: if you have been asked to do so. Questionnaire 2 ☐

– **Additional Information**: if you require extra space to complete any question. Page 15 ☐

Employees

Please make sure that you have also fully completed, signed and dated:

– the **Employee Declaration**. ☐

– the **Nomination Form**. ☐

Employers

Please make sure you have fully completed, signed and dated

– the **Plan Owner Questionnaire** ☐

– the **Direct Debit Instruction** ☐

– the **Trust Form** ☐

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.



legalandgeneral.com

Legal & 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.

W13545 10/26

Relevant Life Plan Trust Deed

CHECKLIST

Before sending the Trust to L&G, have you...

1. Inserted the Policy Number (if known) in the box below? ☐
2. Dated the Trust, page 3? ☐
3. Completed the Principal Employer details, page 3? ☐
4. If the Principal Employer has opted out of being a Trustee, have additional Trustees been appointed, page 4? ☐
5. Inserted the details of any additional beneficiaries, page 4? ☐
6. Completed the details of the application/existing policy, page 7? ☐
7. Signed the Trust and had those signatures witnessed, page 8? ☐

Please make sure that you complete this deed accurately as incomplete deeds will need to be returned to you by post.

Policy number

Date received by L&G

IMPORTANT NOTES - before completing the Relevant Life Plan Trust Deed, please read the following notes

1. This documentation has been produced for consideration by the employer's legal advisers. The legal and tax effects of the Trust will depend on the circumstances of each case and Legal & General (as defined in clause 12.5 of Part B of the Trust) and its advisers accept no responsibility for ensuring that the Trust meets your requirements.
2. Ensure that you fully understand the terms of the Trust and how it works: See the Relevant Life Plan Policy Summary for further details. If you are in any doubt about the terms, it is your responsibility to seek legal or tax advice as appropriate.
3. It's important we hold up to date and complete details about the trustees of this policy, as well as the lives covered by it, to comply with money laundering regulations. So if your details change at any point please let us know. Keeping this information up to date will help to avoid a delay if a claim is made, giving extra peace of mind. Our privacy policy explains how we will use the information you provide and can be found by visiting **legalandgeneral.com/privacy-policy**.
4. You should also ensure you have read and understood all the literature relating to the Relevant Life Plan.
5. This Trust is designed for use only with Legal & General's Relevant Life Plan. It is not designed and should not be used with any other policy or plan. Please contact Legal & General for other trust deed templates that we may offer.
6. The Principal Employer is the person who is creating the Trust. The Trustees will be the legal owners of the Policy and their authority is required for any dealings with the Policy. It is the Trustees who would make a claim for any Policy proceeds.
7. It is generally a good idea to have at least two Trustees at any time. Care should be taken when choosing Trustees. The people appointed must be over 18 years of age and of sound mind. The Trustees should be people who will act in the best interests of the Beneficiaries. It is also generally a good idea for them to be resident in the United Kingdom, for tax reasons. Solicitors and accountants can act as Trustees but they will charge for their services.
8. Where the Principal Employer has chosen not to be a Trustee, it is very important that at least one additional Trustee is appointed to the Trust. We do not recommend the life assured be appointed as Trustee.
9. You may wish to supplement the Trust with a Nomination Form to provide guidance to the Trustees.
10. Inheritance Tax charges can arise during the life of the Trust. For example, tax may be payable on each 10th anniversary of the Trust and when capital is paid to a Beneficiary. For further information see the Relevant Life Plan Key Features.
11. Please note that Legal & General will only accept instructions from Trustees who have had their identities verified. We may need to also confirm the identity of other individuals relating to the Trust. We may do this by using reference agencies to search sources of information; this will not affect credit ratings. If this identity search fails, we may ask the parties for documents to confirm their identities. By signing this Deed, all parties to this Deed have consented that we can verify their identity and that, if required by Legal & General, the Trustees will take all reasonable steps to obtain for Legal & General evidence of identification for any of the Beneficiaries of the Trust.
12. Legal & General has drafted this Trust to reflect the law at the time of this publication. Legal & General and its advisers cannot accept any responsibility for loss, damage or other claim that may arise from the use of this Trust or the way in which you complete it. We therefore strongly recommend that you consult your own legal or tax adviser before proceeding.
13. Use CAPITALS and black or blue ink throughout. If you make a mistake while completing the Trust, please correct the error by crossing out (do not use correction fluid) and the Principal Employer and the Trustees should initial the change.
14. If the trust or trustees are resident for tax purposes anywhere other than the UK you must also complete the Trust/Entity Self-Certification Declaration Form and send this to us together with the completed Deed.
15. The personal information we have collected from you will be shared with fraud prevention agencies who will use it 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 by accessing this link: **cifas.org.uk/fpn**.

    Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when: Checking details on applications for credit and credit related or other facilities, managing credit and credit related accounts or facilities, recovering debt, checking details on proposals and claims for all types of insurance, checking details of professional business clients, job applicants and employees.

Relevant Life Plan Trust

The Principal Employer and Trustees should read Important Notes on page 2 before completing the Trust Deed.

Part A. Date of Trust

Insert date when last person signs on page 8.

THIS DECLARATION OF TRUST is made on the ____ day of _____ 20 ____

BY the Principal Employer and the Trustees.

Part B. Definitions

The Principal Employer is the person who is creating the Trust.

Please insert the name and principal place of business of the Principal Employer.

1. The 'Principal Employer'

Name

Company registration number

Address

Email

Postcode

2. The 'Additional Trustees'

The Principal Employer will automatically be a Trustee unless an authorised signatory of the Principal Employer has signed Section 3, in which case he shall not be a Trustee.

It is important that at least one Additional Trustee is named.

Additional Trustee 1

Name

Address

Postcode

Date of Birth (DD/MM/YY)

Email

Additional Trustee 2

Name

Address

Postcode

Date of Birth (DD/MM/YY)

Email

Additional Trustee 3

Name

Address

Postcode

Date of Birth (DD/MM/YY)

Email

Additional Trustee 4

Name

Address

Postcode

Date of Birth (DD/MM/YY)

Email

Part B. Definitions – continued

The Principal Employer will automatically be a Trustee unless an authorised signatory of the Principal Employer has signed Section 3, in which case he shall not be a Trustee.

3. The 'Trustees'

The 'Trustees' shall mean the Principal Employer (unless the relevant box below is signed by an authorised signatory of the Principal Employer) and the Additional Trustees, and any other trustees, for the time being, of this Trust.

The Principal Employer will be a Trustee unless an authorised signatory signs in the box.

It is very important that an additional Trustee is appointed where the Principal Employer signs in the box.

4. The 'Beneficiaries'

The persons listed below may benefit under the Trust.

4.1 Any spouse widow or widower of the Life Assured.

4.2 Any child or grandchild of the Life Assured whenever born (including stepchildren and their issue).

4.3 Any individual or any charity named in a deed of addition made by the Life Assured during his lifetime.

4.4 Any Additional Beneficiaries.

Please insert the details of any individual(s) to be included as a Beneficiary not already included in the list above.

'Additional Beneficiaries'

Additional Beneficiary 1	Additional Beneficiary 2
Name	Name
Address	Address
Postcode	Postcode
Date of Birth (DD/MM/YY)	Date of Birth (DD/MM/YY)

Additional Beneficiary 3	Additional Beneficiary 4
Name	Name
Address	Address
Postcode	Postcode
Date of Birth (DD/MM/YY)	Date of Birth (DD/MM/YY)

5. Name of Trust

Optionally, please insert name of Trust in this box.

The Trust shall be called

Relevant Life Plan Trust

6. Governing Law

English law governs the validity of this settlement and its construction, effects and administration.

7. The Gifted and the Retained Benefits

7.1 Subject to the proviso in sub-clause 7.4, the Principal Employer gives all the benefits (the 'Gifted Benefits') under the Policy (other than any Medical Payment or Service, and any benefit payable on a claim arising from the contraction or diagnosis of a terminal illness (as defined in the Policy) (the 'Retained Benefits')) to the Trustees to hold on Trust subject to the powers and provisions of the Trust as set out in this Deed.

7.2 The 'Gifted Benefits' include any Accidental Death Benefit cover that Legal & General may give pursuant to the application to Legal & General for the new policy as set out in the schedule.

7.3 The Principal Employer irrevocably disclaims any lien or charge on the Policy for the repayment of any premium.

7.4 If the Principal Employer signs this box the Principal Employer also gives the Retained Benefits to the Trustees to hold on trust subject to the same powers and provisions as are set out in this Deed and the Gifted Benefits shall include the Retained Benefits.

8. The Trust and the Policy

8.1 The Principal Employer has resolved to provide a death in service benefit for the Life Assured by means of a Relevant Life Plan.

8.2 The Principal Employer states that, in submitting the application to Legal & General, he is acting with the intention of making himself and the Additional Trustees specified above Trustees (unless an authorised signatory of the Principal Employer has signed Section 3 in which case the Principal Employer shall not be a trustee) for the Beneficiaries referred to above upon the trusts and subject to the powers set out below.

8.3 The Principal Employer hereby covenants that the premiums in respect of the policy will be paid by the Employer as long as the life assured remains employed by the Employer.

8.4 The Principal Employer confirms that the Policy has not been applied for with the main purpose of avoiding the payment of tax.

9. Excluded Persons

9.1 The Trustees may at any time or times during the Trust Period, declare by deed or deeds that the objects or persons or classes of objects or persons named or specified (whether or not ascertained) in such deed who are, would or might, but for this clause, be or become Beneficiaries or otherwise able to benefit, as the case may be, shall, in relation to the whole or any part of the Trust Fund, be excluded from benefit (both direct and indirect) and shall be known as 'Excluded Persons'.

9.2 The power conferred by sub clause 9.1 shall not be capable of being exercised so as to take away any interest to which any of the Beneficiaries has previously become indefeasibly entitled.

9.3 Any declaration made pursuant to sub clause 9.1 may be revocable, during the Trust Period, or irrevocable to take effect before the end of the Trust Period and shall have effect from the date (not being a date earlier than the date of such instrument) specified in the instrument.

10. The 'Trust Fund'

The Trust Fund means the benefits contained in the Policy set out in the Schedule to this Deed and any accidental death benefit cover that Legal & General may give pursuant to the application to Legal & General for the new Policy together with any and all other property at any time added to this Trust by way of a settlement, capital accretion, accumulation of income or otherwise and all assets from time to time representing the same.

11. The 'Trust Period'

The Trust Period means the period of 125 years beginning with the date of this Trust.

12. Construction

12.1 In this Deed words importing the singular shall include the plural and vice versa. Words importing a gender include every gender.

12.2 The notes in the margin are for the purposes of information only and shall not be used in the construction of the Trust or any part of it.

12.3 'Charity' means a trust or corporation, association, society or other institution established only for charitable purposes in accordance with the governing law of the Trust.

12.4 'Employer' means the Principal Employer and any other firm or limited company to whom the business of the Employer is transferred and which continues to employ the Life Assured, including any business to whom the Life Assured is seconded by the Employer.

12.5 Legal & General shall mean Legal & General Assurance Society Limited.

12.6 'Life Assured' means the person whose life is assured under the Policy.

12.7 'Policy' shall mean the policy set out in the Schedule and shall include any variation or amendment to the same and 'Policies' shall have a corresponding meaning.

12.8 'Relevant Life Plan' has the same meaning as Relevant Life Policy as defined in section 393B(4) of the Income Tax (Earnings and Pensions) Act 2003.

12.9 'Spouse' shall include a civil partner registered under the Civil Partnership Act 2004 and 'husband', 'wife', 'widow' and'widower' shall be construed accordingly.

Part C. Key Provisions

1. Appointing the Trustees

In signing this Declaration of Trust the Principal Employer appoints the Trustees to act as the trustees of this Trust and the Trustees agree to act as the trustees of the Trust (as evidenced by them signing this Deed) in accordance with the trusts powers and provisions set out below.

2. Application for a New Policy

If the Policy, or any of the Policies, are issued on or around the date of this declaration of trust, the Principal Employer hereby requests and declares that such Policy or Policies be issued by Legal & General to the Trustees subject to the powers and provisions of the Trust as set out in this Deed.

3. Assigning an Existing Policy

3.1 If the Policy, or any of the Policies, are in existence prior to the date of this declaration of trust, the Principal Employer, as the legal and beneficial owner of such Policy or Policies, hereby assigns such Policy or Policies and all the benefits payable under such Policy or Policies to the Trustees to hold on Trust subject to the powers and provisions of the Trust as set out in this Deed. The Trustees accept the assignment on these terms (as evidenced by them signing this Deed).

3.2 The Principal Employer and Trustees will send a copy of this Declaration of Trust to Legal & General as notice of the assignment effected under this Trust.

4. Trust Provisions

Subject to the Retained Benefits (if any):

4.1 The Trustees shall hold the Trust Fund and the income thereof for the benefit of any one or more of the Beneficiaries upon such trusts (including Discretionary and Protective Trusts) in such shares and with and subject to such trusts powers and provisions (exercisable by any person) as the Trustees shall at any time or times appoint by deed or deeds executed during the Trust Period which may be revocable during the Trust Period or irrevocable.

4.2 The Trustees shall have power during the Trust Period to pay, transfer or apply the whole or any part or parts of the capital of the Trust Fund as they in their absolute discretion think fit to or for the benefit of any Beneficiary.

4.3 Subject thereto:

(i) The Trustees may accumulate the whole or part of the income of the Trust Fund during the Trust Period.

(ii) Subject thereto the Trustees shall pay or apply the income to or for the benefit of such of the Beneficiaries as the Trustees think fit.

4.4 Subject to all the trusts powers and provisions of this Trust and if and so far as (for any reason) not wholly disposed of by it the Trust Fund shall be held in trust for the children of the Life Assured alive at the date of this Deed and if more than one in equal shares failing which for such charity or charities as shall be determined by the Trustees.

4.5 The powers of appointment in sub clause 4.1 and the power to apply capital in sub clause 4.2 shall only be exercisable when there are at least two Trustees or a trust corporation.

5. Bare Trust for Life Assured of Retained Benefits and Medical Payment or Service

5.1 Notwithstanding the provisions of clause 4 of Part C the Trustees hold the Retained Benefits (if any) and any Medical Payment or Service (if any) payable under the Policy on trust for the Life Assured absolutely.

5.2 The Principle Employer hereby directs the Trustees to consent to and to authorise Legal & General (so far as such consent or authorisation may be sought) to pay or provide any [Medical Payment or Service] to the recipient specified in the Policy [including where relevant the provision of such Payment or Service direct to the Life Assured (as defined in the Policy)].

6. Trustees' Powers

In addition to the powers given to them by law, the Trustees shall have the following powers:

6.1 The Trustees may invest any money requiring to be invested (subject to obtaining advice, if required by law) in such manner as if they were absolutely beneficially entitled to the investments.

6.2 The Trustees are under no obligation to diversify the Trust Fund.

5.3 The Trustees shall have power to effect any life assurance policy on the life of any person or persons, accept assignments of a policy to the Trust and exercise any option under any policy held by the Trustees and to sell, charge, assign or surrender the whole or any part of such policy. For the avoidance of doubt any new policy or increase or decrease of benefits secured by any policy or by any new policy which is effected under any options which are contained in any policy shall be subject to the same Trust as set out in this Deed.

6.4 The Trustees shall have power to borrow money on such terms and security as they think fit.

6.5 The Trustees shall have power to lend money to any of the Beneficiaries on such terms and security as they think fit.

6.6 The Trustees shall have power revocably or irrevocably to delegate any power or powers in making, managing, realising or otherwise dealing with any property comprised in the Trust Fund to any person or persons upon such terms as to remuneration or otherwise as the Trustees may think fit and no Trustee shall be responsible for the default of any such agent if the Trustee in question employed or incurred expense in employing him in good faith.

6.7 The Trustees shall have power to instruct any investment or other professional adviser or advisers on such terms as to fees or other remuneration and generally as the Trustees may think fit. The Trustees may either pay such fees or other remuneration out of the Trust Fund or reimburse themselves out of the Trust Fund if they have paid such fees or other remuneration themselves.

7. Administrative Provisions

7.1 **Receipt as a full discharge**
The Trustees shall have power to pay or transfer any capital or income to be paid, transferred to, or applied for the maintenance, education or benefit of a Beneficiary who is under the age of legal capacity or otherwise under a legal disability to any parent or guardian of that Beneficiary or to such other person on behalf of such Beneficiary as the Trustees shall think fit and the receipt of such person shall be a complete discharge to the Trustees who shall be under no obligation to see to the proper application thereof.

7.2 **Payments to Trustees**
Any Trustee for the time being (other than the Principal Employer) shall:

(i) Be entitled to recover all reasonable expenses; and

(ii) Being a solicitor or other person or corporate body engaged in any profession or business be entitled to be paid all usual professional or other charges for business done in relation to the Trust.

7.3 **Appointment of Trustees**
There shall be vested in the Principal Employer the power of appointment of a new Trustee and/or additional Trustee(s) whilst the Life Assured is employed by the Principal Employer. Subject thereto, and where an authorised signatory of the Principal Employer has signed Section 3, the power to appoint new or additional Trustees shall be vested in the Life Assured. Subject thereto the power to appoint new or additional Trustees shall be vested in the Trustees.

7.4 **Removal of Trustees**

(i) Where there is a Trustee who has ceased to be an employer of the life assured, the remaining Trustees shall have the power to remove that Trustee by Deed.

(ii) As long as there are at least two other Trustees, if a Trustee cannot be found, after reasonable efforts have been made to find him, the remaining Trustees can discharge the missing Trustee. It is up to the remaining Trustees to decide whether reasonable efforts have been made to find the missing Trustee and no other person shall be under any duty to ensure that it was proper for the Trustees to have exercised their power to discharge the missing Trustee.

7.5 **Power to vary administrative provisions**
When in the management or administration of the Trust Fund any transaction is, in the opinion of the Trustees, expedient but cannot be effected by reason of the absence of any power for that purpose, the Trustees may by deed confer on themselves either generally or, in the particular instance, the necessary power for the purpose and on the execution of such a deed the Trustees will have such power as if it had been expressly conferred on them by this Deed.

8. Exercise of Powers

8.1 None of the Trust powers or provisions shall operate or be exercised so as to allow any part of the Trust Fund or the income arising from it to be paid, transferred, or applied directly or indirectly to or for the benefit of the Principal Employer in any circumstances whatsoever.

8.2 The Trustees shall have power by deed or deeds revocable (whether by the person making such deed or some other person) during the Trust Period or irrevocable wholly or partially to release or restrict the future exercise of any power hereby conferred on them (including this power) whether or not of a fiduciary nature and so as to bind their successors.

9. Protection of the Trustees

A Trustee shall not be liable for a loss to the Trust Fund unless that loss was caused by his own actual fraud or negligence.

Schedule

This Deed is designed for use with applications for new policies and assignment of existing policies.

Please insert either date of application or policy number and the full name of the Life Assured.

The Policy

Name of Company
Legal & General

Description of Policy
Relevant Life Plan

Date of Application (DD/MM/YY) or Policy Number

Life Assured

Part D. Signatures

To create the Trust an authorised signatory of the Principal Employer needs to sign here.

Witnessing: Please ensure that all signatures are witnessed by an independent person.

The same person can witness all signatures.

Witnesses must be adult and not someone already named in the Trust nor their spouse or registered civil partner.

Date: Once all the parties have signed, please insert the date of the deed in the box on page 3.

IN WITNESS whereof the parties have signed this instrument as a deed

	Principal Employer
1. Signed and delivered as a deed by the said (full name of Principal Employer)	
2. Full name of authorised signatory	
3. Authorised signatory capacity	
4. Signature	
5. In the presence of witness (full name of witness)	
6. Signature of witness	
7. Address of witness	
8. Date (DD/MM/YY)	

	Additional Trustee 1	Additional Trustee 2
1. Signed and delivered as a deed by the said Trustee (full name)		
2. Signature		
3. In the presence of witness (full name of witness)		
4. Signature of witness		
5. Address of witness		
6. Date (DD/MM/YY)		

	Additional Trustee 3	Additional Trustee 4
1. Signed and delivered as a deed by the said Trustee (full name)		
2. Signature		
3. In the presence of witness (full name of witness)		
4. Signature of witness		
5. Address of witness		
6. Date (DD/MM/YY)		

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.

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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.

W13547 10/2025

RELEVANT LIFE PLAN NOMINATION FORM

TO BE COMPLETED BY THE LIFE ASSURED

IMPORTANT NOTES – before completing the Nomination Form, please read the following notes.

1. This document has been produced as a guide for consideration for you and your legal advisers.
2. Under this Nomination Form you tell the Trustees of your Trust who you wish to receive any lump sum death benefits under the Policy. This Form is a guide to the Trustees and it will not be legally binding on the Trustees.
3. You should be aware that Beneficiaries may have a right to see this Form, but this will depend on the particular circumstances. The Form should not be signed before the Trust Deed has been completed.
4. If you wish to change or revoke a previous nomination you have made, then you can use this form and you should tell the Trustee(s) in the Additional Information section.
5. Legal & General has drafted this Nomination Form to reflect the law at the time of publication. Legal & General and its advisers cannot accept any responsibility for loss, damage or other claim that may arise from the use of this Form or the way in which you complete it. We therefore strongly recommend that you consult your own legal adviser before proceeding.
6. Use CAPITALS and black or blue ink throughout. If you make a mistake while completing the Nomination Form, please correct the error by crossing out (do not use correction fluid) and initial by the change.

Legal & General

NOMINATION FORM TO THE TRUSTEES OF THE RELEVANT LIFE PLAN TRUST

The Life Assured should read Important Notes on page 1 before completing the Nomination Form.

To the Trustee(s) of the Relevant Life Plan Trust policy number

The 'Policy'

In the event of my death, I wish any lump sum benefits payable under the Policy to be paid to:

Name	Name
Address	Address
Postcode	Postcode
Relationship	Relationship
Percentage %	Percentage %

Name	Name
Address	Address
Postcode	Postcode
Relationship	Relationship
Percentage %	Percentage %
Total Percentage	100%

Additional information which may be relevant to the Trustee(s)

This form supersedes any earlier nomination form I may have completed for this Policy.

I understand that this form is in no way binding on the Trustee(s) of the Policy, and that the final decision as to who the death benefits are payable to will be made by the Trustee(s).

I can change or revoke this nomination at any time.

Signature	Print Name

Date D D M M Y Y Y Y

Please note that this form should be sent to the Trustees and retained by the Trustees and is for their consideration only.

Legal & General do not need to see a copy.

Alternative formats

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W13548 05/2023

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W13545 10/2026 (Full app with W13547 10/25 & W13548 05/23)