

# Application Form and Additional Questionnaires

## Welcome to Legal & General.

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 will be declined and your policy may be 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.	Legal & General Agency No.
Name of Representative	Signature
Date	Your reference

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

We do not require you to provide proof of identification for clients or third 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 FCA Regulatory Reporting Requirements, Legal & General 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 YOU WITH YOUR APPLICATION

This form is divided into two main sections:

- **Section A:** Client and product details
- **Section B:** Full application details (to be completed by you – the ‘client(s)’ whose life, or lives, will be assured)

### Tips for completing this application form

#### Please be aware of the following:

- If you make any mistakes, please correct and initial any alterations.
- **Red** parts **must be completed**.
- **Green** parts are additional questionnaires which **only need to be completed if you are instructed to do so** within the form.
- Both columns must be completed **for joint life plans**, unless instructed otherwise, but each client must complete their own details.
- Look out for this symbol, which highlights **important guidance notes or instructions** throughout the form.
- **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 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.
- Details of medication or treatment that you are currently having.
- Your doctor’s practice name and address (including their postcode).
- Your bank account details.

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

##### Why it’s important that you give us the right information

**You must tell Legal & General everything they ask for** as all answers may be taken into account when assessing acceptance of the application and in calculating the premium. **Please remember that if you do not answer the following questions fully and accurately it will very likely mean that a claim will be declined and the policy or policies cancelled.** If you have given the information in the past, please provide it again.

Legal & General will try to rely on the information that you tell them and you must not assume that they will always clarify that information with your doctor (GP). However, Legal & General may, as part of their administrative procedures, request a medical report from your doctor (GP) to check the medical information you provide.

If any of your answers change **AFTER** you have completed the questions in this application form, but **BEFORE** your policy starts (see section opposite) you must tell Legal & General immediately. This is just as important as giving full, accurate and truthful answers in the first place.

##### How we safeguard the information you give us

#### Confidentiality

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

A copy of the confidentiality policy is available on request.

#### The information you give Legal & General

They will only use the information provided for the purposes of underwriting, processing and administering the policy or policies requested, or any subsequent policy(ies) and for statistical analysis. Legal & General will keep the information for the duration of any policy issued and for a period after the policy has ceased. They may also use the information in processing any claim under the policy or policies. If the application does not go ahead, the information will only be held for a limited period of time from the date of cancellation.

### MARKETING CONSENT

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

- Post
- Email
- SMS
- Telephone
- Personalised online marketing\*

You can find out how to opt out of marketing at any time in our Privacy Policy (see pages 21-24) or visit:

**[legalandgeneral.com/privacy-policy](https://www.legalandgeneral.com/privacy-policy)**

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

## Your personal and medical information

Legal & General will not pass any personal or medical information to a third party without your consent. This will only be necessary in the following circumstances:

- If Legal & General ask you to attend a medical screening or they need to get a medical report from your doctor.
- If Legal & General need to send your personal and medical information to their reinsurer for its opinion or agreement on the acceptance terms to be offered, and/or, at a later stage, for the purpose of administering your policy. This will only be in accordance with Legal & General's reinsurance business principles, details of which are available on request.
- If you ask Legal & General to send your medical information to another insurance provider to whom you are applying, or that provider asks Legal & General for your medical information.
- If Legal & General need to share information, at the time of a claim, with other insurance companies to prevent fraudulent claims. This would be via a Register of Claims and a list of participants is available on request.

If you would prefer, **you may complete the medical questions in private** and return the answers in a sealed envelope directly to the Medical Officer at Legal & General Assurance Society Limited, City Park, The Droveaway, Hove BN3 7PY

## Confirming your identity

To protect you and us from financial crime, we may need to confirm your identity from time to time. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this search fails, we may need to ask you for documents to confirm your identity.

### Please be aware of the following information

#### When your policy starts

The benefits provided by the policy or policies will not start until Legal & General have assessed and accepted your application, you have agreed to any revised premium or revised policy conditions, the chosen start date has been reached and the first premium has been paid.

#### Complaints procedure

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

**The Contract will be governed by the law of England and Wales.**

**SECTION A Quote**

**Initial Client details**

**Full name and title**

Please ensure you give all of your middle names.

**Client one**

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

Forename(s) and middle name(s) in full



Surname

**Client two**

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

Forename(s) and middle name(s) in full



Surname

**Gender**

Male  Female

Male  Female

**Date of birth**

**During the last 12 months have you smoked any cigarettes, cigars, a pipe or used nicotine replacements?**

Yes – regularly  Yes – occasionally  None at all

A simple medical test may be required to check your answer.

If you smoke cigarettes, cigars, a pipe or use nicotine replacements weekly or more often you should answer 'Yes – regularly'.

Yes – regularly  Yes – occasionally  None at all

A simple medical test may be required to check your answer.

If you smoke cigarettes, cigars, a pipe or use nicotine replacements weekly or more often you should answer 'Yes – regularly'.

**Employment status**

Full time employee  Part time employee  Contract worker   
 Self employed  Retired  Student   
 Unemployed  Houseperson

Full time employee  Part time employee  Contract worker   
 Self employed  Retired  Student   
 Unemployed  Houseperson

**About your plan**

**Client one**

**Client two**

**Joint**

**What amount of cover do you want?**

or

**What is the premium amount?**

£

OR

£

£

OR

£

£

OR

£

**Is this policy for:**

Family Protection




Inheritance Tax planning




Business Protection




**If this policy is for Business Protection, do you require the sum assured to be paid in instalments?**

Yes  No

Yes  No

Yes  No

**If 'Yes', please select benefit payment option required:**

2 years

2 years

2 years

3 years

3 years

3 years

5 years

5 years

5 years

Client one	Client two	Joint
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**Do you require Waiver of Premium Benefit?**

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
		If 'Yes', which client?
		<input type="checkbox"/> 1
		<input type="checkbox"/> 2
		<input type="checkbox"/> Both

**Do you require Indexation?**

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**If you choose a joint life policy, under which of the following circumstances do you want the sum assured to be paid?**

	<input type="checkbox"/> 1st Death
	<input type="checkbox"/> 2nd Death

**Start Date**

Assuming that Legal & General accepts your application at standard rates and all requirements necessary to put your policy on risk are met we will start your policy immediately. If you prefer an alternative date, please state it in the box opposite.

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/> Date to be advised							

**i Please note:** We cannot guarantee that we will make the first premium collection on this date. It is possible that we may collect the first two premiums together. If you choose the 29th, 30th or 31st, where these dates fall on a weekend, or a bank holiday or are not in the month we will collect your premium on the last working day of the month.

The requirements necessary to put your policy on risk are things such as a completed Direct Debit Mandate or a completed trust form.

If any benefit you apply for is **NOT** accepted at standard rates we will contact either you or your Financial Adviser for further instructions regardless of any date you give above.

**How often do you want to pay your premiums? Please note, you can pay either monthly by Direct Debit, or annually by Direct Debit or cheque.**

<input type="checkbox"/>	Monthly
<input type="checkbox"/>	Annually

**SECTION B Full application details**

**PART 1 – ABOUT YOU**

**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.

**What is your home address, including postcode, if different from the contact address provided above?**  
Please check that you have filled in your postcode.

**What are your contact details?**  
Please ensure that you complete all details.

**It may be necessary for us to contact you to discuss your application, which might include discussing matters of a sensitive nature. Are you happy for us to telephone you in this event?**  
Please note, we may record and monitor calls.

Client one	Client two
<input type="text"/> <input type="text"/> Postcode <input type="text"/>	As Client 1 <input type="checkbox"/> <input type="text"/> Postcode <input type="text"/>
<input type="text"/> <input type="text"/> Postcode <input type="text"/>	As Client 1 <input type="checkbox"/> <input type="text"/> Postcode <input type="text"/>
Work phone <input type="text"/> Home phone <input type="text"/> Mobile phone <input type="text"/> Email address <input type="text"/>	Work phone <input type="text"/> Home phone <input type="text"/> Mobile phone <input type="text"/> Email address <input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', which phone number and time is most suitable? Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Mon-Fri 9am-11am <input type="checkbox"/> Mon-Fri 11am-2pm <input type="checkbox"/> Mon-Fri 2pm-4pm <input type="checkbox"/> Mon-Fri 4pm-6pm <input type="checkbox"/> Mon-Fri 6pm-8pm <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', which phone number and time is most suitable? Work <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Mon-Fri 9am-11am <input type="checkbox"/> Mon-Fri 11am-2pm <input type="checkbox"/> Mon-Fri 2pm-4pm <input type="checkbox"/> Mon-Fri 4pm-6pm <input type="checkbox"/> Mon-Fri 6pm-8pm <input type="checkbox"/>

**WORK**

**▶ If you are a houseperson, retired, a student or unemployed, please ignore this question and proceed to the next question.**

**Does your job involve work in any of the occupations or environments listed opposite?**  
If 'Yes', please tick all that apply.  
If 'No', please tick 'None of the above'.

	Client one	Client two
Outside at heights of over 12 metres (40 ft) for more than 10% of the time	<input type="checkbox"/>	<input type="checkbox"/>
The Armed Forces or member of the Army Reserve	<input type="checkbox"/>	<input type="checkbox"/>
The offshore fishing industry	<input type="checkbox"/>	<input type="checkbox"/>
The offshore oil or gas industry	<input type="checkbox"/>	<input type="checkbox"/>
As a full time barman, barmaid or landlord in a public house <small>Full time means working an average of 30 or more hours a week.</small>	<input type="checkbox"/>	<input type="checkbox"/>
Underwater	<input type="checkbox"/>	<input type="checkbox"/>
Underground, for example mining, tunnelling	<input type="checkbox"/>	<input type="checkbox"/>
With explosives	<input type="checkbox"/>	<input type="checkbox"/>
As a sports professional	<input type="checkbox"/>	<input type="checkbox"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>
<b>Client one</b>	<b>Client two</b>	
Job title* <input type="text"/>	Job title* <input type="text"/>	

\*If you have more than one job, please give your main job title only.

**SECTION B Full application details continued**

**TOTAL COVER**

Including this application, will the total amount of LIFE cover on your life exceed £1,500,000?

**Client one**

Yes  No

**Client two**

Yes  No



If you have answered 'Yes' to the above question and this cover is for Business reasons please complete a Business Assurance Questionnaire (W1844) available on the Adviser Centre; you can copy this link into your browser: [legalandgeneral.com/library/underwriting/underwriting-questionnaire/W1844.pdf](http://legalandgeneral.com/library/underwriting/underwriting-questionnaire/W1844.pdf), otherwise please complete a Personal Assurance Questionnaire (in Part 4) BEFORE continuing with the next question.

**TRAVEL**

**During the last five years have you lived, worked or travelled OUTSIDE the UK?**

Please ignore holidays for up to one month; business trips up to one week, provided they did not total more than 12 weeks in a year.

In this context, UK includes England, Scotland, Wales, Northern Ireland, Isle of Man and the Channel Islands.

**Client one**

Yes  No

If 'Yes', please give the following details:

Which country?

In total, how long were you there?                      years                      months

How long ago was your last visit?                      years                      months

Do you have any other country(ies) to disclose?                      Yes  No



If 'Yes', please give the same details as above, for the other country(ies), in Part 8 (Additional Information) before continuing with this section.

**Client two**

Yes  No

If 'Yes', please give the following details:

Which country?

In total, how long were you there?                      years                      months

How long ago was your last visit?                      years                      months

Do you have any other country(ies) to disclose?                      Yes  No

If 'Yes', please give the same details as above, for the other country(ies), in Part 8 (Additional Information) before continuing with this section.

**During the next two years, do you intend to live, work or travel OUTSIDE the UK?**

Please ignore: holidays for up to one month; business trips up to one week, provided they will not total more than 12 weeks in a year; any service 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:

Do you plan to leave the UK permanently?                      Yes  No

If 'Yes', please advise when you plan to leave the UK and where you will live.

If 'No', will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?

Yes  No

How long do you plan to be outside the UK or Republic of Ireland during the next two years?

weeks                       days

Please list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:

Yes  No

If 'Yes', please give the following details:

Do you plan to leave the UK permanently?                      Yes  No

If 'Yes', please advise when you plan to leave the UK and where you will live.

If 'No', will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?

Yes  No

How long do you plan to be outside the UK or Republic of Ireland during the next two years?

weeks                       days

Please list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:

# HAZARDOUS PURSUITS

## Client one

Do you regularly take part in any of the activities listed opposite, or do you intend to do so within the next 6 months?

If 'Yes', please tick all that apply.

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

- Caving or Potholing
- Flying (other than as a fare-paying passenger or cabin crew)\*
- Hang gliding or paragliding
- Motor car sport
- Motorcycle sport
- Mountaineering or Rock climbing
- Parachuting, Sky diving or BASE jumping
- Powerboat racing
- Sailing, other than inland
- Underwater diving
- Any Extreme sport, for example bungee jumping, canyoning or white water rafting
- None of the above

## Client two

- Caving or Potholing
- Flying (other than as a fare-paying passenger or cabin crew)\*
- Hang gliding or paragliding
- Motor car sport
- Motorcycle sport
- Mountaineering or Rock climbing
- Parachuting, Sky diving or BASE jumping
- Powerboat racing
- Sailing, other than inland
- Underwater diving
- Any Extreme sport, for example bungee jumping, canyoning or white water rafting
- None of the above

\*Flying (other than as a fare-paying passenger) includes aviation either as a pastime, or as part of an occupation, or both, but excludes cabin crew.



If you have ticked any of the activities listed in the question above, please complete the Hazardous Pursuits Questionnaire (Part 5) BEFORE continuing with the next question.

## PART 2 – GENERAL HEALTH AND LIFESTYLE



Please don't assume that we 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 us about any 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. You don't need to tell us about any other 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 as 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 Concordat and Moratorium on Genetics and Insurance is available from us on request or from the ABI website [abi.org.uk](http://abi.org.uk)

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 are pregnant, please give your weight immediately prior to this pregnancy.

What is your trouser, UK dress or skirt size?

cm OR  in

cm OR  in

Complete only one answer.

OR  UK dress, skirt or trouser size

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.

If you smoke cigarettes how many do you smoke on average each day?

Cigarettes per day

Cigarettes per day

If you don't smoke cigarettes daily, please enter '0'.

During the last 5 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.

- Recreational drugs other than cannabis, for example cocaine, ecstasy, heroin
  - Methadone
  - Anabolic steroids not prescribed by a doctor
- Yes  No

- Recreational drugs other than cannabis, for example cocaine, ecstasy, heroin
  - Methadone
  - Anabolic steroids not prescribed by a doctor
- Yes  No



**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 will not, by itself, have any effect on your acceptance terms for insurance.

Tested positive for HIV

Awaiting result of HIV test

No

Tested positive for HIV

Awaiting result of HIV test

No

**How often do you have a drink containing alcohol?**

Tick only one answer.

Never  Special occasions only

Monthly or less frequently  Two or three times a month

Weekly

Never  Special occasions only

Monthly or less frequently  Two or three times a month

Weekly

**If weekly, tell us on how many days during a typical week you drink alcohol.**

No. of days:

No. of days:

**If you answered 2/3 times a month or weekly, please tell us how much beer, strong beer, wine, spirits and other alcohol you drink on a typical day when you have alcohol:**

**If you answered 2/3 times a month or weekly, please tell us how much beer, strong beer, wine, spirits and other alcohol you drink on a typical day when you have alcohol:**

Type of drink	No. of drinks:
Normal strength beer, lager or cider	<input type="text"/>
Strong beer, lager or cider. <b>Alcohol by volume (ABV) content of 6% or more.</b>	<input type="text"/>
Glasses of wine, fortified wine or spirits	<input type="text"/>
Other alcoholic drinks e.g. alcopops	<input type="text"/>

Type of drink	No. of drinks:
Normal strength beer, lager or cider	<input type="text"/>
Strong beer, lager or cider. <b>Alcohol by volume (ABV) content of 6% or more.</b>	<input type="text"/>
Glasses of wine, fortified wine or spirits	<input type="text"/>
Other alcoholic drinks e.g. alcopops	<input type="text"/>

**Have you ever been medically advised to reduce your alcohol consumption or been referred for specialist help to deal with alcohol consumption such as to an alcohol addiction unit or to Alcoholics Anonymous?**

Please ignore advice to reduce alcohol given due to pregnancy. Tick all that apply.

Yes – advised to reduce alcohol consumption

Yes – referred for specialist help

No

Yes – advised to reduce alcohol consumption

Yes – referred for specialist help

No

**If you answered 'Yes' to the previous question, please tell us:**

**If you answered 'Yes' to the previous question, please tell us:**

Who advised you to reduce your alcohol consumption and when was this?

Who advised you to reduce your alcohol consumption and when was this?

What was the reason for this advice?

What was the reason for this advice?

What was your alcohol intake at the time?

What was your alcohol intake at the time?

## YOUR HEALTH

**i** When answering the following questions, if you are unsure of the relevance of any medical condition you have had, please let us know anyway. Where examples are shown, they are not intended to be a complete list. However there is no need to state the same medical condition more than once when answering the questions.

### 1. Have you ever had:

b) Please ignore varicose veins, unless there is ulceration present.

d) Please ignore long and short sightedness that have been corrected.

	Client one		Client two	
a) diabetes or a heart condition, for example angina, heart attack, heart valve problem or heart surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) a stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage or surgery to your blood vessels?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) any form of cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, leukaemia, skin cancer, melanoma or a tumour, cyst or benign growth in the brain or spine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) multiple sclerosis, epilepsy, fits or vision disturbances, for example optic or retrobulbar neuritis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) muscular dystrophy, cerebral palsy, permanent brain injury or any neurological condition, for example motor neurone disease or Parkinson's disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) any mental illness, anorexia or bulimia that has required hospital treatment or referral to a psychiatrist?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



If you have answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (Part 6) BEFORE continuing with the next question.

## YOUR HEALTH IN THE LAST 5 YEARS

2. Apart from anything you have already told us about, during the LAST 5 YEARS have you seen a doctor, nurse or other health professional for:

- c) Please ignore diarrhoea; food poisoning; indigestion; sickness or vomiting; stomach bug or upset; provided no hospital investigation has been advised or completed.
- d) Please ignore chest infection; hay fever; pleurisy; upper respiratory tract infection (URTI); from which you have fully recovered.
- e) **For Life only**, please ignore back ache; back spasm; cricked neck; fibrositis; frozen shoulder; lumbago; stiff neck; trapped nerve or operation to correct this.
- h) **For Life only**, please ignore deafness (partially or totally from birth); **for all products**, please ignore earache; ear infection; ear wax or syringing; glue ear; grommet insertion; otitis.
- i) Please ignore astigmatism; black eye; blocked tear duct; conjunctivitis; dry eyes; long sighted; myopia (short sighted); squint; sty(e)s.
- j) Please ignore blood blister; boil; bunion; corn; ganglion; verruca; wart if no biopsy or hospital investigation needed.
- k) Please ignore birthmarks where no treatment or specialist referral has been advised.
- m) Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.
- n) Please ignore routine cervical smears and mammograms if the results have been normal.

	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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) any condition affecting your kidneys, bladder or prostate, for example blood or protein in the urine, stones, nephritis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) any condition affecting your stomach, oesophagus, liver, pancreas or bowel, for example Crohn's disease, ulcerative colitis, hepatitis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) any condition affecting your lungs or breathing, for example asthma, sarcoidosis, emphysema?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) lupus, ankylosing spondylitis, gout or any form of arthritis, neck, back, spine or joint trouble, for example rheumatoid arthritis, sciatica?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) anxiety, depression, any form of nervous or mental disorder needing treatment or counselling, chronic fatigue or persistent tiredness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
g) any condition affecting your thyroid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) any condition affecting your ears or hearing, for example Meniere's disease, deafness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
i) any condition affecting your eyes or vision, not wholly corrected by spectacles or lenses, for example cataract, blindness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
j) a growth, lump, polyp or tumour of any kind?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
k) a mole or freckle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
l) chest pain, palpitations, irregular heartbeat, paralysis, numbness, persistent tingling or pins and needles, tremor, facial pain other than dental pain, memory loss, dizziness or balance problems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
m) any other condition or symptom which has needed an angiogram, CT scan, ECG or MRI?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
n) <b>Question 2n is applicable for females only</b> a cervical smear or gynaecological disorder or breast problem, for which you have needed further investigation, tests, advice, or for which you have not yet been discharged from follow-up?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



If you have answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (Part 6) BEFORE continuing with the next question.

## YOUR HEALTH IN THE LAST 12 MONTHS

3. Apart from anything you have already told us about, during the LAST 12 MONTHS have you:

- a) Please ignore oral contraception pill; pregnancy; minor accidents and injuries, for example muscle strain, pulled muscle, torn ligament or tendon, or sprained joint, provided they have not kept you off work for 2 weeks or more.
- b) Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.

	Client one		Client two	
a) had any medical condition, illness or injury for which you have received treatment for a continuous period of 4 weeks or more?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) had or been advised to have any investigations in hospital, for example biopsy, CT scan, ECG, echocardiogram?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) had anything else for which you are awaiting referral, investigations, results or treatment or do you have any other symptoms for which you have not yet sought medical advice, for example unexplained bleeding, weight loss, lump, growth, mole or freckle which has recently changed in appearance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



If you have answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (Part 6) BEFORE continuing with the next question.

# FAMILY HISTORY

Have any of your natural parents, brothers or sisters, before the age of 65, been diagnosed with or died from any of the conditions listed opposite?

If 'Yes', please tick all that apply.

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

If 'unknown', please answer the unknown question on the next page.

For each condition selected, please give:

- the total number of relatives who had the condition
- the ages(s) at the time of diagnosis or death (except where indicated) – but only the youngest (lowest) age(s).

You can ignore short or long sight; colour blindness; asthma; high blood pressure; heart murmur (other than in connection with cardiomyopathy); dermatitis; eczema; rheumatoid or osteo arthritis.

Client one	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Heart attack, Angina, Stroke or Type 2 Diabetes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of the Breast	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of the Ovary	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of the Colon (Bowel)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of another site	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.				
<input type="text"/>				
Cardiomyopathy (primary disorder of the heart muscle)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="text"/>	N/A	N/A
If 'Multiple Sclerosis', please tell us the family member(s) affected.				
Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	
Brother(s)	<input type="checkbox"/>	Sister(s)	<input type="checkbox"/>	
Myotonic (Muscular) Dystrophy	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polyposis coli (Familial adenomatous)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polycystic Kidney Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Neurone Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Huntington's Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any OTHER disorder which runs in your family for which you are receiving regular follow up or screening.				
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If 'Yes', please give details of the disorder(s) and the results of any investigations.				
<input type="text"/>				
None of the above	<input type="checkbox"/>			

Client two	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Heart attack, Angina, Stroke or Type 2 Diabetes	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of the Breast	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of the Ovary	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of the Colon (Bowel)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cancer of another site	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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.				
<input type="text"/>				
Cardiomyopathy (primary disorder of the heart muscle)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="text"/>	N/A	N/A
If 'Multiple Sclerosis', please tell us the family member(s) affected.				
Mother	<input type="checkbox"/>	Father	<input type="checkbox"/>	
Brother(s)	<input type="checkbox"/>	Sister(s)	<input type="checkbox"/>	
Myotonic (Muscular) Dystrophy	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polyposis coli (Familial adenomatous)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Polycystic Kidney Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Motor Neurone Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Huntington's Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Parkinson's Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Alzheimer's Disease	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Any OTHER disorder which runs in your family for which you are receiving regular follow up or screening.				
	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
If 'Yes', please give details of the disorder(s) and the results of any investigations.				
<input type="text"/>				
None of the above	<input type="checkbox"/>			

**Client one**

If you don't know the details of the medical history of your parents, brothers and sisters please tell us why.

Don't know – Adopted

No further contact with family members

Don't know – Other

If 'Other', please give details

**Client two**

Don't know – Adopted

No further contact with family members

Don't know – Other

If 'Other', please give details

**PART 3 – ABOUT YOUR POLICY**

Is this policy that you're applying for replacing any existing policies held with Legal & General?

We may need to get authority to cancel the policy if it is in trust or owned by someone else.

Yes  No

If 'Yes', what is the policy number(s) of your existing Legal & General policy(ies) that will be replaced?

Yes  No

If 'Yes', what is the policy number(s) of your existing Legal & General policy(ies) that will be replaced?

Is this policy that you're applying for to be issued under Trust?

Yes  No

If 'Yes', which policy(ies)?

Yes  No

If 'Yes', which policy(ies)?

**i** If you have answered 'Yes' to the above question, please contact your Financial Adviser about the type of trust most appropriate to you and your circumstances.

Is this policy that you're applying for to be owned by another individual or company?

Yes  No

If 'Yes', which policy(ies)?

Yes  No

If 'Yes', which policy(ies)?

**▶** If you have answered 'Yes' to the above question, please complete a Policy Owner Questionnaire for each policy (Part 7).

**Doctor's details**

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

**i** Please don't assume that we will contact your doctor for confirmation of medical details.

Doctor's name

Practice/clinic name and address (including postcode)

Postcode

Telephone number

Doctor's name

Practice/clinic name and address (including postcode)

Postcode

Telephone number

As Client 1

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

The following green 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 Statement of consent in Part 9 and complete the Direct Debit instruction in Part 10.

**PART 4 – PERSONAL ASSURANCE QUESTIONNAIRE**

**This questionnaire only applies if you have answered 'Yes' to the Total Cover question on page 7.**

**1. Do you have, or are you applying for, any other Life cover 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 in Part 8.

**Client one**

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 policy(ies) to disclose? Yes  No

**i** If 'Yes', please give the same details as above for the other policy(ies), in Part 8 (Additional Information) before continuing with this section.

**Client two**

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 policy(ies) to disclose? Yes  No

If 'Yes', please give the same details as above for the other policy(ies), in Part 8 (Additional Information) before continuing with this section.

**2. Please give details of your gross annual earned income for the last three years.**  
 Do not include any unearned income, such as investment income.

<b>Current year</b>	Earned Income	£
<b>Last year</b>	Earned Income	£
<b>Previous year</b>	Earned Income	£

<b>Current year</b>	Earned Income	£
<b>Last year</b>	Earned Income	£
<b>Previous year</b>	Earned Income	£

If you are self employed – please give net taxable earnings after deduction of allowable business expenses.

**If your earned income for the current year is less than £10,000, please continue with the next question. Otherwise, please skip the next question.**

**3. Please give details of all other household gross annual earned income for the last three years.**

<b>Current year</b>	Earned Income	£
<b>Last year</b>	Earned Income	£
<b>Previous year</b>	Earned Income	£

<b>Current year</b>	Earned Income	£
<b>Last year</b>	Earned Income	£
<b>Previous year</b>	Earned Income	£

**4. What is the total value of your net assets?**

£


£

'Net assets' are your total assets (for example house, car, shares), less your total liabilities (for example mortgage, outstanding debt). Where examples are shown, they are not intended to be a complete list.

	Client one	Client two
<b>5. What is the total value of your liabilities?</b>	£ <input type="text"/>	£ <input type="text"/>
<b>6. Please give details of the number of dependants you have and their relationship to you.</b> <i>If you need space for more dependants, please use the Additional Information section in Part 8.</i>	<input type="text"/>	<input type="text"/>
<b>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.</b> <i>Please ignore any conviction that is spent under the Rehabilitation of Offenders Act.</i> <i>Please tick only one answer.</i>	Investigated <input type="checkbox"/> Convicted <input type="checkbox"/> Arrested <input type="checkbox"/> Prosecution pending <input type="checkbox"/> Charged <input type="checkbox"/> No <input type="checkbox"/> If you have been investigated, arrested or charged, please give details: <input type="text"/>	Investigated <input type="checkbox"/> Convicted <input type="checkbox"/> Arrested <input type="checkbox"/> Prosecution pending <input type="checkbox"/> Charged <input type="checkbox"/> No <input type="checkbox"/> If you have been investigated, arrested or charged, please give details: <input type="text"/>
<b>8. If this application is required to cover a liability for Inheritance Tax or Capital Gains Tax, please tick whichever applies.</b> <b>If neither</b> of these apply, tick 'Neither'.	Inheritance Tax <input type="checkbox"/> Capital Gains Tax <input type="checkbox"/> Neither <input type="checkbox"/>	Inheritance Tax <input type="checkbox"/> Capital Gains Tax <input type="checkbox"/> Neither <input type="checkbox"/>

 **If you require this policy for Inheritance Tax, please continue with the next question. If you don't require this policy for Inheritance Tax, please now return to Part 1 and continue with the Travel question on page 7.**

<b>9. Please give details of the Inheritance Tax liability and reliefs.</b>	Estimated Inheritance Tax liability £ <input type="text"/> How was your liability calculated? <input type="text"/> Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax. <i>For example business property relief or agricultural property relief.</i> <input type="text"/> Is this policy required to cover the Inheritance Tax in respect of a gift? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the date and value of the gift <input type="text"/>	Estimated Inheritance Tax liability £ <input type="text"/> How was your liability calculated? <input type="text"/> Please state all reliefs, if any, that will be available for mitigation of Inheritance Tax. <i>For example business property relief or agricultural property relief.</i> <input type="text"/> Is this policy required to cover the Inheritance Tax in respect of a gift? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the date and value of the gift <input type="text"/>
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 **Please now return to Part 1 and continue with the Travel question on page 7.**

# PART 5 – HAZARDOUS PURSUITS QUESTIONNAIRE



This questionnaire only applies if you have ticked any of the hazardous pursuits listed in Part 1.

Client one

Client two

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

If 'Any Extreme sport', please tell us which one



If you have ticked more than one activity in the hazardous pursuits question on page 8, you will need to complete a separate Hazardous Pursuits Questionnaire for each one. Use this page to give details of the first activity and then use the Additional Information section (Part 8), 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.

<b>Motor car and Motorcycle sport</b>	Type of motor sport <input type="text"/>
	Maximum engine size used <input type="text"/> cc
<b>Mountaineering or Rock climbing</b>	Maximum height you climb to <input type="text"/> metres
	Severity level you climb to <input type="text"/>
<b>Parachuting, Sky diving or BASE jumping</b>	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sailing</b>	Type of sailing – For example, offshore category 1 or 2 <input type="text"/>
<b>Powerboat racing and Extreme sports</b>	Full details <input type="text"/>
<b>Underwater diving</b>	Maximum depth you dive to <input type="text"/> metres

<b>Motor car and Motorcycle sport</b>	Type of motor sport <input type="text"/>
	Maximum engine size used <input type="text"/> cc
<b>Mountaineering or Rock climbing</b>	Maximum height you climb to <input type="text"/> metres
	Severity level you climb to <input type="text"/>
<b>Parachuting, Sky diving or BASE jumping</b>	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sailing</b>	Type of sailing – For example, offshore category 1 or 2 <input type="text"/>
<b>Powerboat racing and Extreme sports</b>	Full details <input type="text"/>
<b>Underwater diving</b>	Maximum depth you dive to <input type="text"/> metres

10. Did you tick any other activity(ies) in the hazardous pursuits question on page 8?

Yes  No

Yes  No



If 'Yes', please give the same details as above, for the other activity(ies), in Part 8 (Additional Information) before returning to page 8 and continuing with Part 2.

If 'Yes', please give the same details as above, for the other activity(ies), in Part 8 (Additional Information) before returning to page 8 and continuing with Part 2.



Please now return to page 8 and continue with Part 2.



**PART 6 – MEDICAL QUESTIONNAIRE**



Please only complete this if you have answered yes to any health questions on page 10 or 11. If you have more than one condition to tell us 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 20 or photocopy this page to give us the same details for any further conditions.

**MEDICAL QUESTIONNAIRE 1**

**Client one**

**Client two**

1. What health question number (for example 1a, 1b, 2c) does this information relate to?

Part 2: Question

Part 2: Question

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 5 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 in Part 2?



Yes  No   
If 'Yes', please complete the second Medical Questionnaire overleaf before returning to Part 2.

Yes  No   
If 'Yes', please complete the second Medical Questionnaire overleaf before returning to Part 2.

# MEDICAL QUESTIONNAIRE 2



Use this page to give details of a second condition and then use the Additional Information section (Part 8), or photocopy this page, to give the same details for any further medical condition(s).

	Client one	Client two
1. What health question number (for example 1a, 1b, 2c) does this information relate to?	Part 2: Question	Part 2: Question
2. Name of actual medical condition, illness or injury <i>If growth or lump, also state the part of body affected.</i>		
3. How long ago did the condition first occur?	years months	years months
4. How often do you have symptoms? <i>Please tick appropriate box – do not enter anything else in the box.</i>	No symptoms now <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/>	No symptoms now <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/>
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 <input type="checkbox"/> Currently or at present <input type="checkbox"/> Other years months	Never had a major attack <input type="checkbox"/> Currently or at present <input type="checkbox"/> 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?	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months
7. In the last 5 years, in total, how much time off your normal work or daily activities have you had for this condition?	weeks days <i>If you haven't taken time off, please enter '0'.</i>	weeks days <i>If you haven't taken time off, please enter '0'.</i>
8. If you have had time off, how long ago was the most recent occasion? <i>Not applicable if you have answered '0' to the question above.</i>	years months <i>If you are currently off work, please enter '0'.</i>	years months <i>If you are currently off work, please enter '0'.</i>
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?	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Referral to a specialist Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when?	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Referral to a specialist Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when?
10. Are you currently receiving treatment for this condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> 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 in Part 2?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the same details as above, for the other medical condition(s), in Part 8 (Additional Information) before returning to Part 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the same details as above, for the other medical condition(s), in Part 8 (Additional Information) before returning to Part 2.



Please now return to Part 2 and complete the remaining medical questions.

## PART 7 – POLICY OWNER QUESTIONNAIRE



This questionnaire only applies if you have answered 'Yes' to the third question in Part 3 on page 13.

- The Policy Owner is the person who will be the owner of any benefits paid out on the policy.
- 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?



For Joint cover, use the 'Policy Owner' column for answers in this Part.

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(s) and middle name(s) in full



Surname

or

Business name

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

Forename(s) and middle name(s) in full



Surname

or

Business name

3. Contact name within the organisation?



4. What is the Policy Owner's relationship to the Client(s)?

Spouse  Employer   
 Business Partner  Ex-spouse   
 Cohabiting Partner  Ex-partner   
 Registered Civil Partner  Trustee   
 Creditor  Other   
 Co-shareholder

Spouse  Employer   
 Business Partner  Ex-spouse   
 Cohabiting Partner  Ex-partner   
 Registered Civil Partner  Trustee   
 Creditor  Other   
 Co-shareholder

5. 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

6. 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.

Work phone

Home phone

Mobile phone

Work phone

Home phone

Mobile phone

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

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

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

For full details of how Legal & General uses your personal information, please see our Privacy Policy on pages 21-24.

**PART 7 – POLICY OWNER QUESTIONNAIRE** continued

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

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

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

**I request that Legal & General Assurance Society Limited issue the proposed policy in my name or the business's name and I understand that this request and Declaration, and any other statement signed by the Client(s) in connection with this application, will be used to determine whether to offer a policy and to assess how much premium should be paid. Alongside the Policy Schedule and Policy Terms and Conditions this information will form part of the legal relationship between us and if any of it is incorrect it may mean that a claim will be declined and the policy cancelled.**

For full details of how Legal & General uses your personal information, please see our Privacy Policy on pages 21-24.

Policy Owner	Second Policy Owner (if applicable)
Policy Owner signature	Policy Owner signature
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of birth <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

**▶ Please now go straight to Part 9 (Client Declaration and Statement of consent).**

**PART 8 – 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 9.**

Client one		Client two	
Part No. and Question No.	Additional Information	Part No. and Question No.	Additional Information

## PART 9 – CLIENT DECLARATION AND STATEMENT OF CONSENT

- Please ensure that you have **read the notes** at the beginning of this form.
- You must **read carefully the answers you have given to the questions** before accepting the following Declaration.
- If you have passed a half birthday while the application is being processed, the terms may differ from those originally quoted.
- In most instances the payments will be as originally quoted. Legal & General may sometimes offer revised terms and/or premiums and very occasionally may not be able to offer the benefits requested. Legal & General will inform you as soon as possible if this is the case.
- **Please remember that all items of information asked for in this application are taken into account when assessing acceptance of the application and in calculating the premium. Please also remember that if you do not answer the questions fully and accurately it will very likely mean that a claim will be declined and the policy cancelled. If you have given information to Legal & General in the past, please provide it again. If necessary, please return to the questions and amend your answer in the appropriate place.**
- Legal & General will try to rely on the information you provide and **you must not assume that they will always clarify that information with your doctor (GP)**. However, as part of their administrative procedures, Legal & General may ask for information from your GP to check the medical information you provide. Legal & General may ask you to contact your doctor if they are waiting for reports which they have asked for.
- If Legal & General asks you to attend a medical examination, **it may be necessary to share the application information with another company which they have authorised**. If so, that company will make the arrangements for the examination to take place.

## PRIVACY POLICY

**This Privacy Policy may be subject to change – you can find the most recent version of this policy on [legalandgeneral.com/privacy-policy](http://legalandgeneral.com/privacy-policy)**

Protecting your personal information is extremely important to Legal & General. It's especially important for a large financial company like ours, as our customers trust us to look after a huge amount of sensitive information on everything from their business affairs to their medical history.

The way we collect and share your information is equally important. Our customers expect us to manage their information privately and securely. If we don't, they'll lose their trust in us.

This policy tells you how we collect and process your personal information. Please take a few minutes to read it, and show it to anyone else connected to the policy.

### WHAT IS PERSONAL INFORMATION?

When we talk about personal information we mean information about an individual that can identify them, like their name, address, e-mail address, telephone number and financial details. It can relate to customers, employees, shareholders, business contacts and suppliers. Any reference to 'information' or 'data' in this policy is a reference to personal information about a living individual.

### WHAT INFORMATION DO WE HOLD?

We may collect and process the following personal information about you:

Type of data	Description	Examples of how we use it
<b>Contact</b>	<ul style="list-style-type: none"> <li>• Who you are</li> <li>• Where you live</li> <li>• How to contact you</li> </ul>	<ul style="list-style-type: none"> <li>• Servicing your product</li> <li>• Marketing</li> <li>• Analysis and profiling</li> <li>• Enhancing our product and service offering</li> </ul>
<b>Personal Details</b>	<ul style="list-style-type: none"> <li>• Age</li> <li>• Gender</li> <li>• Family details</li> <li>• Visual images and personal appearance</li> <li>• Financial Details</li> <li>• Lifestyle and social circumstances</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing</li> <li>• Analysis and profiling</li> <li>• Policy underwriting</li> </ul>
<b>Transactional</b>	<ul style="list-style-type: none"> <li>• Bank and/or card details</li> <li>• How you use your product</li> <li>• Changes you make to your product or account</li> </ul>	<ul style="list-style-type: none"> <li>• Servicing your policy</li> <li>• Making sure our products and services are fit for purpose</li> </ul>
<b>Contractual</b>	<ul style="list-style-type: none"> <li>• Your claims history</li> <li>• Your creditworthiness</li> </ul>	<ul style="list-style-type: none"> <li>• Policy underwriting</li> <li>• Making sure the policy is right for you</li> </ul>
<b>Consent and preferences</b>	<ul style="list-style-type: none"> <li>• Ways you want us to market to you</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing</li> </ul>
<b>Technical</b>	<ul style="list-style-type: none"> <li>• Details on the devices and technology you use</li> </ul>	<ul style="list-style-type: none"> <li>• Making sure our products and services are fit for purpose</li> </ul>
<b>Open data and public records</b>	<ul style="list-style-type: none"> <li>• Electoral register</li> <li>• Land register</li> <li>• Other information about you that is openly available on the internet</li> </ul>	<ul style="list-style-type: none"> <li>• Policy administration</li> </ul>
<b>Documentary data and national identifiers</b>	<ul style="list-style-type: none"> <li>• Details about you that are stored in documents like:</li> <li>• Your passport</li> <li>• Drivers licence</li> <li>• Birth certificate</li> <li>• National Insurance number</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent financial crime</li> </ul>

### WHERE DO WE GET OUR INFORMATION FROM?

- **Information you give us directly (when you fill in forms or contact us by phone, e-mail etc.).**
- **Information we collect about you or receive from other sources.** This could be information you provide to us electronically (through our website or an online portal, for example), information we get from your online browsing activity, information from a third party or from publicly available sources such as social media platforms or the electoral register (e.g. to detect fraudulent claims). We may also receive information if you have been dealing with a financial adviser or have been introduced to us by another company (e.g. a bank, insurer or building society) or your employer (or their financial adviser). For more information on how we use cookies, please refer to: [legalandgeneral.com/privacy-policy/cookies](http://legalandgeneral.com/privacy-policy/cookies)

**HOW DO WE USE YOUR INFORMATION?**

We use personal information that we hold about you:

- To carry out our responsibilities resulting from any agreements you've entered into with us (e.g. to underwrite and administer your policy, including processing claims) and to provide you with the information, products and services that you've asked from us.
- To provide you with marketing information about services and products we offer across the Legal & General Group which may be of interest to you. Based on your marketing preferences, we may deliver this information by post, telephone, e-mail, SMS or personalised online marketing via our own systems such as My Account, social media platforms and/or other third party websites e.g. YouTube. Please note that if you choose not to receive online marketing, you will not see personalised messages using your personal data, however you may still see generic online advertising. We will not sell your data to third parties for them to market to you. We may also send marketing to you using our 'legitimate interests', please see below for further information.
- To tell you about changes to our services and products.
- To comply with any applicable legal or regulatory requirements (including 'know your customer' checks, or to comply with any applicable regulatory reporting or disclosure requirements).
- For carrying out market research, statistical analysis and customer profiling to help us to improve our processes, products and services and generate new business (e.g. to understand digital behaviours, identify financial attitudes and develop more engaging communications).
- To define our actuarial, pricing and underwriting strategies.
- To run our business in an efficient and proper way. This includes testing our systems, managing our financial position, business capability, planning, communications, corporate governance, and audit.
- For any other purpose that we've agreed with you from time to time.

When you apply for a product or to receive a service from us, the application form you fill out or the resulting contract may contain additional conditions relating to the way we use and process your personal information. These will apply in addition to the above uses.

In some cases, we may use systems to make automated decisions (including profiling) based on the personal information we have, or collect from others.

These may include:

- The prevention and detection of fraud.
- Providing quotes, calculating premiums and underwriting decisions.
- Personalising the content and design of communications and online services (such as My Account).
- Determining when to provide tailored servicing communications (e.g. changes in your personal circumstances or lifestyle), and the appropriate channel(s) to use.

**USING YOUR INFORMATION IN ACCORDANCE WITH DATA PROTECTION LAWS**

Data protection laws require us to meet certain conditions before we're allowed to use your personal information in the way we describe in this privacy policy. We take these responsibilities extremely seriously. To use your personal information, we'll rely on the following conditions, depending on the activities we're carrying out:

- **Providing our contracts and services to you:** We'll process your personal information to carry out our responsibilities resulting from any agreements you've entered into with us and to provide you with the information, products and services you've asked from us, which may include online services.
- **Complying with applicable laws:** We may process your personal information to comply with any legal obligation we're subject to.
- **Legitimate interests:** To use your personal data for any other purpose described in this privacy policy, we'll rely on a condition known as 'legitimate interests'. It's in our legitimate interests to collect your personal data as it provides us with the information that we need to provide our services to you more effectively. We may use your information to:
  - Carry out market research and product development, which can include creating customer demographics and/or profiling. We may sometimes work with carefully selected third parties to do this, for example using advertising services provided by organisations such as Google or Facebook and may share data with them, which could be combined with the information they hold about you.
  - Continue to send marketing information, via post only, to customers who purchased a product before 25th May 2018 and did not opt-out, until such time as they have reviewed their marketing preferences (which can be done at any time).
  - Develop and test the effectiveness of marketing activities.
  - Develop, test and manage our brands, products and services.
  - Study and also manage how our customers use products and services from us and our business partners.
  - Manage risk for us and our customers.

This requires us to carry out an assessment of our interests in using your personal data against the interests you have as a citizen and the rights you have under data protection laws.

The outcome of this assessment will determine whether we can use your personal data in the ways described in this privacy policy (except in relation to marketing, where we'll always rely on your consent). We'll always act reasonably and give full and proper consideration to your interests in carrying out this assessment.

- **Consent:** We may provide you with marketing information about our services or products where you've provided your consent for us to do so.

You may opt out of marketing at any time by e-mailing or telephoning your customer servicing team. Alternatively, you can also use the [legalandgeneral.com/existing-customers/contact-us](https://www.legalandgeneral.com/existing-customers/contact-us)

section of our website. You can also manage your marketing preferences on our customer self-service systems, My Account.

- **Special category (sensitive) data:** Where you have consented, we will process any medical and health, racial and ethnic origin, genetic and biometric or sex life and sexual orientation information you have provided, and any other sensitive information obtained from a third party (e.g. your GP or other medical professional), solely for the purposes of allowing us to underwrite and administer your policy and deal with claims.
- **Criminal Conviction Data:** Where you have consented, we will process this type of information solely for the purposes of allowing us to underwrite and administer your policy and deal with claims.

Please be aware that the personal information you provide to us, and which we collect about you, is required for us to be able to provide our services to you and without it we may not be able to do so.

**HOW LONG DO WE KEEP YOUR INFORMATION FOR?**

We'll keep your personal information in accordance with our internal retention policies. We'll determine the length of time we keep it for based on the minimum retention periods required by law or regulation. We'll only keep your personal information after this period if there's a legitimate and provable business reason to do so.

**WHO DO WE SHARE YOUR PERSONAL INFORMATION WITH?**

We'll only disclose your information to:

- Other companies within the Legal & General Group, third-party suppliers, contractors and service providers for the purposes listed under '**HOW WE USE YOUR INFORMATION**'.
- Selected third parties, so that they can contact you with details of the services that they provide, where you have expressly opted-in or consented to the disclosure of your personal data for these purposes.
- Our regulators, government (e.g. HMRC) and law enforcement or fraud prevention agencies, reassurers, as well as our professional advisers etc. You can find an up to date list of reassurers on [legalandgeneral.com/privacy-policy/consent-controllers](https://www.legalandgeneral.com/privacy-policy/consent-controllers)

Additionally, we may disclose your personal information to third parties:

- In the event that we sell or buy any business or assets, in which case we'll disclose your personal data to the prospective seller or buyer of such business or assets.
- If we, or substantially all of our assets, are acquired by a third party, in which case personal data held by us about our customers will be one of the transferred assets.
- If you have been dealing with a financial adviser, we'll provide information about your product and, where appropriate, and with other information about your dealings with us, to enable the adviser to give you informed advice.
- For employer sponsored schemes, we may share some details of your plan with your employer and any professional advisor(s) they appoint on their or your behalf to service and provide accurate financial advice about the scheme.
- In order to enforce or apply the terms of any contract with you.
- If we're under a duty to disclose or share your personal data in order to comply with any legal obligation or regulatory requirements, or otherwise for the prevention or detection of fraud or crime.
- To protect you and Legal & General from financial crime, Legal & General may be required to verify the identity of new and sometimes existing customers. This may be achieved by using reference agencies to search sources of information relating to you (an identity search). This will not affect your credit rating. If this fails, Legal & General may need to approach you to obtain documentary evidence of identity.
- If you make a claim, we'll share your information (where necessary) with other insurance companies to prevent fraudulent claims.
- Legal & General Surveying Services may use a third party surveyor to carry out the survey or valuation of the property.

Additionally, your information, including special category and criminal conviction data, may be disclosed to our reinsurer and to any other insurance company to whom you apply for products or services.

If you've been introduced to us by another company (such as a bank, insurer or building society), we may share your information with them to enable them to:

- Carry out market research, statistical analysis and customer profiling.
- Where you have consented, send you marketing information by post, telephone, e-mail and SMS about their products and those of carefully selected third parties.
- Assist you with your application process (aggregator and price comparison websites only).

### FRAUD PREVENTION

Legal & General will check your details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share information about you with other organisations and public bodies, including the police and we may check and/or file your details with fraud prevention agencies and databases.

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 job applicants and employees.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies. Please contact our Group Financial Crime department if you wish to receive the relevant details of the fraud prevention agencies:

Address: Group Financial Crime, 7th Floor, Brunel House, 2 Fitzalan Road, Cardiff CF24 0EB

Telephone: 02920 276005

Legal & General may also check the details of other parties related to your contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

### TRANSFERRING YOUR DATA OUTSIDE THE EU

The data that we collect from you may be transferred to, and stored at, a destination outside the European Economic Area ("EEA") to third-party suppliers, delegates or agents. We'll take all reasonably necessary steps to make sure that your data is treated securely and in accordance with this privacy policy.

We'll only transfer your data to a recipient outside the EEA where we're permitted to do so by law (for instance, (A) where the transfer is based on standard data protection clauses adopted or approved by the European Commission, (B) where the transfer is to a territory that is deemed adequate by the European Commission, or (C) where the recipient is subject to an approved certification mechanism and the personal information is subject to appropriate safeguards, etc.).

Unfortunately, sending information via e-mail is not completely secure; anything you send is done so at your own risk. Once received, we will secure your information in accordance with our security procedures and controls

### YOUR RIGHTS

You have rights under data protection law that relate to the way we process your personal data. More information on these rights can be found on the Information Commissioner's website. If you wish to exercise any these rights, please get in touch with your customer services team. Alternatively, you can also use the [legalandgeneral.com/existing-customers/contact-us](https://www.legalandgeneral.com/existing-customers/contact-us) section of our website.

#### Your Rights

1. The right to access the personal data that we hold about you.

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2. The right to make us correct any inaccurate personal data we hold about you.

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3. The right to make us erase any personal data we hold about you. This right will only apply where for example):
  - We no longer need to use the personal data to achieve the purpose we collected it for
  - You withdraw your consent if we're using your personal data based on that consent
  - Where you object to the way we use your data, and there is no overriding legitimate interest.

---

4. The right to restrict our processing of the personal data we hold about you. This right will only apply where for example):
  - You dispute the accuracy of the personal data we hold
  - You would like your data erased, but we require to hold it in order to stop its processing
  - You have the right to require us to erase the personal data but would prefer that our processing is restricted instead
  - Where we no longer need to use the personal data to achieve the purpose we collected it for, but you need the data for legal claims.

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5. The right to object to our processing of personal data we hold about you (including for the purposes of sending marketing materials to you).

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6. The right to receive personal data, which you have provided to us, in a structured, commonly used and machine-readable format. You also have the right to make us transfer this personal data to another organisation.

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7. The right to withdraw your consent, where we're relying on it to use your personal data (for example, to provide you with marketing information about our services or products).

**CONTACTS AND COMPLAINTS**

If you have any questions about this privacy policy or wish to exercise any of your rights, including changing your marketing preferences, please get in touch with your usual Legal & General contact or your customer services team. Alternatively, you can also use the [legalandgeneral.com/existing-customers/contact-us](http://legalandgeneral.com/existing-customers/contact-us) section of our website.

If you have any concerns about the way we process your personal data, or are not happy with the way we've handled a request by you in relation to your rights, you also have the right to make a complaint to the Information Commissioner's Office. Their address is:

**First Contact Team**  
**Information Commissioner's Office**  
 Wycliffe House  
 Water Lane  
 Wilmslow  
 SK9 5AF

**DATA PROTECTION OFFICER**

Legal & General has appointed a Data Protection Officer to provide independent expert advice and monitor compliance with data protection laws:

Name: Liz Gaspar

E-mail address: Data.Protection@landg.com

Address: 1 Coleman Street, London EC2R 5AA

**Medical Consent:** Legal & General may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for.

I/we authorise those asked to provide medical information when they see a copy of this consent form.

I/we agree that this information can also be used to maintain management information for business analysis.

**Permission to request a medical report from your doctor:** Legal & General may need to request a medical report from your doctor in order to assess your application. We 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 you do not do so.

Legal & General will ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results.

The information you and your doctor provide about your health may result in Legal & General:

- refusing to provide insurance; or
- setting exclusions; or
- increasing premiums above standard rates; or
- setting premiums at standard rates.

**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 Assurance Society Limited, City Park, The Droveaway, Hove BN3 7PY**

Please remember you must tell Legal & General everything they ask for as all the answers may be taken into account when assessing acceptance of the application and in calculating the premium. Please also remember that if you do not answer the questions fully and accurately it may mean that a claim will be declined and the policy or policies cancelled. If you have given information to Legal & General in the past, please provide it again. If necessary, please return to the questions and amend your answer in the appropriate place.

If you have not given full information to the questions asked or if you feel the information is incorrect, please return to the questions and answer in the appropriate place.

I/We confirm that I/we accept this Client Declaration and Statement of consent, and the notes section at the beginning of this form.

By signing this Declaration I/we agree to all of the contents.

By signing below, I/We consent to Legal & General processing my lifestyle and health information that I have provided so they can assess my application in line with their Privacy Policy. I/We also consent to Legal & General sharing this information, where necessary, with the reassurers referenced in the Privacy Policy.

**Client one**

Name

Date of birth 

Signature

Date **Client two**

Name

Date of birth 

Signature

Date 

To give your consent to request a medical report from your doctor, please complete parts 10A and 10B. A separate consent form is needed for each client. Please ensure you sign and date this form as well.



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, the Access to Personal Files and Medical reports (Northern Ireland) Order 1991, and the Isle of Man Access to Health Records and Reports Act 1993.

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

	Mr/Mrs/Miss/Ms/Dr/Rev/Other	GP Name (if known):
Full Name:	<input type="text"/>	<input type="text"/>
Current Address:	<input type="text"/> <input type="text"/>	GP Address: <input type="text"/> <input type="text"/>
Date of Birth (DDMMYYYY):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Surgery Name: <input type="text"/>

**Things you need to know before you give your consent**

- If you would like to see a copy of the report before we receive it, please let us know below. You will then have 21 days from the date we request the report to arrange an appointment with your doctor 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 request to see a copy of the report any time within 6 months from the date your doctor sends it to us.
- We will not request a medical report from your doctor without your consent to do so. Though please be aware that we may not be able to offer you the cover requested without seeing a medical report.

The medical report that your doctor sends to us could include details of consultations with any doctor or healthcare professional but 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; or
- 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 the following website [legalandgeneral.com/medicalquestions](http://legalandgeneral.com/medicalquestions)

If you have any questions about your rights under the Act 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 Droveaway  
 HOVE  
 BN3 7PY

**Declaration of Consent**

I consent to Legal & General, in line with their Privacy Policy, 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 medical report when they see a copy of this consent form. This consent is valid for six months from today’s date.

Signature:

Date (DDMMYYYY):

If Legal & General need to ask for a report from your doctor do you want to see the report before it is sent to us? Yes  No

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, the Access to Personal Files and Medical reports (Northern Ireland) Order 1991, and the Isle of Man Access to Health Records and Reports Act 1993.

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

	Mr/Mrs/Miss/Ms/Dr/Rev/Other	
Full Name:	<input style="width: 100%;" type="text"/>	GP Name (if known): <input style="width: 100%;" type="text"/>
Current Address:	<input style="width: 100%; height: 40px;" type="text"/>	GP Address: <input style="width: 100%; height: 40px;" type="text"/>
Date of Birth (DDMMYYYY):	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Surgery Name: <input style="width: 100%;" type="text"/>

**Things you need to know before you give your consent**

- If you would like to see a copy of the report before we receive it, please let us know below. You will then have 21 days from the date we request the report to arrange an appointment with your doctor 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 request to see a copy of the report any time within 6 months from the date your doctor sends it to us.
- We will not request a medical report from your doctor without your consent to do so. Though please be aware that we may not be able to offer you the cover requested without seeing a medical report.

The medical report that your doctor sends to us could include details of consultations with any doctor or healthcare professional but 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; or
- 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 the following website  
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If you have any questions about your rights under the Act 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 Droveaway  
HOVE  
BN3 7PY

**Declaration of Consent**

I consent to Legal & General, in line with their Privacy Policy, 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 medical report when they see a copy of this consent form. This consent is valid for six months from today’s date.

Signature:

Date (DDMMYYYY):

If Legal & General need to ask for a report from your doctor do you want to see the report before it is sent to us?      Yes       No

**PART 11 – DIRECT DEBIT INSTRUCTION**

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**

Legal & General Assurance Society Limited, Kingswood, Tadworth, Surrey KT20 6EU



Originator's Identification Numbers

8	0	6	1	6	2	9	1	3	1	4	8	5	1	1	1	4	8	9	9	6	8	4	1
---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---

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. Bank or building society account number

4. Branch sort code

-   -

5. Reference number (Legal & General 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

Signature

Date

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

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 5 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 us.

**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 Client and product details:**
- Section B Full application details:**
- All Clients (red parts)**
  - Part 1
  - Part 2
  - Part 3
- Additional questionnaires, as applicable (green parts)**
  - **Personal Assurance Questionnaire:** if you have ticked 'Yes' to the Personal Assurance question in Part 1 and require Family Protection. Part 4
  - **Hazardous Pursuits Questionnaire:** if you have ticked any of the activities in the Hazardous Pursuits question in Part 1. Part 5
  - **Medical Questionnaire:** if you have been asked to do so in Part 2. Part 6
  - **Policy Owner Questionnaire(s):** if this policy will be owned by someone other than the Client(s). Part 7
  - **Additional Information:** if you require extra space to complete any question. Part 8
- All Clients (red parts)**

Please make sure that you have also:

  - signed, dated and ticked the relevant boxes in the **Declaration**. Part 9
  - fully completed, signed and dated the **Medical Consent form**. Part 10A/B
  - fully completed, signed and dated the **Direct Debit Instruction(s)**. Part 11

## Contact us

 [legalandgeneral.com](http://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.

W10243 04/18

