

# APPLICATION FORM (RLP8.1)

**Welcome to Legal & General.**

This form contains parts for both the employer and employee to fill out and sign. Please answer all questions in this form to the best of your knowledge and belief, as this will help avoid any delay in processing the application. If you don't answer fully and accurately, it will very likely mean that a claim will be declined and the plan 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
Email address	Your reference
Date (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"/>	

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

Legal & General do not require you to provide proof of identification for clients or 3rd party payers, as we will complete our own checks.

All intermediaries should maintain processes to prevent them from being used to further financial crime, and Legal & General's requirements do not prevent them from collecting client verification for their own purposes.

**Basis of Advice Declaration**

To meet our regulatory reporting requirements, 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 WITH THE APPLICATION

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

It is divided into three main sections:

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

### Tips for completing this application form

#### Please be aware of the following:

- Pages 1 to 11 and pages 16 to 35 **must be completed**.
- Pages 12 to 15 are additional questionnaires which **only need to be completed if you are instructed to do so** within the form.
- Look out for this symbol, which highlights **important guidance notes or instructions** throughout the form.
- **If a financial adviser or employer is going to complete this form on your behalf** using the information you have provided, you must read all of the questions and answers carefully before signing the Employee Declaration and Statement of consent at the end. Your financial adviser is acting on your behalf in this respect.

#### To help you complete this application you will need:

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

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

### Important Customer Information

- You must answer the application questions truthfully and accurately. If you don't, it could mean a claim may not be paid and your policy may be cancelled.
- The questions must only be answered by the person(s) to be insured.
- Around one in ten applications will be checked by obtaining information from your doctor, either before or shortly after your policy has started.
- You must give Legal & General your doctor's details, and consent to contact them for a medical report if we need to.
- You may complete the medical questions in private and return the answers in a sealed envelope directly to the Medical Officer at Legal & General Assurance Society Limited, Brunel House, 2 Fitzalan Road, Cardiff CF24 0EB

#### Your medical information

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

#### Genetic Testing

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

#### Complaints Procedure

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



## NOTES TO HELP THE EMPLOYER WITH THE APPLICATION

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

**PART A QUOTE**

**BASIC DETAILS**

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

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

Forename(s) in full

Surname

**Gender**

Male  Female

**Date of birth (DDMMYYYY)**

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

Yes – regularly  Yes – occasionally  None at all

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

If you've smoked any cigarettes, cigars, a pipe, used e-cigarettes (whether or not they contain nicotine), or used nicotine replacements at all in the last 12 months you need to answer '**Yes – regularly or Yes – occasionally**'.

**Employment status**

Full time employment  Part time employment

**Email address\***

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

**PRODUCT DETAILS**

**Product Selection**

Relevant Life Plan

Increasing Relevant Life Plan

**Amount of cover**

£

or

**Monthly Premium**

**OR**

£

**Premium Frequency**

Monthly  Annual

**Length of Cover**

 years

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

**Plan start date (DDMMYYYY)**

Give full date if known, otherwise tick 'Unknown'.

Unknown

## PART B STANDARD UNDERWRITING

### PERSONAL DETAILS

**What is your contact address, including postcode?**

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


**Phone Numbers**

We may need to contact you about your application, which might involve discussing sensitive matters. If we contact you by telephone, calls may be recorded and monitored.

Work phone (optional)
Home phone (optional)
Mobile phone (optional)

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

Please check that you have filled in your postcode.


### EXISTING POLICIES

**Is this policy to replace an existing Legal & General policy or policies?**

Yes  No

**Policy Number(s)**

If you don't have these to hand please leave blank and we will contact you.


### PERMISSION TO REQUEST A MEDICAL REPORT FROM YOUR DOCTOR

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

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

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

Legal & General 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"/>	GP Address: <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"/>	

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

- If you would like to see a copy of the report before Legal & General receive it, please let Legal & General know below. You will then have 21 days from the date Legal & General 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 Legal & General.
- 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 Legal & General.
- Legal & General will not request a medical report from your doctor without your consent to do so. Though please be aware that Legal & General may not be able to offer you the cover requested without seeing a medical report.

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

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

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

To see an example of the questions Legal & General will ask your GP please visit the following website [legalandgeneral.com/lifemedicalquestions](http://legalandgeneral.com/lifemedicalquestions)

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 receive 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



## DOCTOR'S DETAILS

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

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

Doctor's name

Practice/clinic name and address (including postcode)

Postcode

Telephone number

## WORK, TOTAL COVER AND TRAVEL

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

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

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

If 'Yes', tick all that apply.

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

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

Outside at heights over 15 metres (50 ft) for more than 5 hours during a typical week

The Armed Forces or as a member of the Armed Forces Reserves

Flying as a pilot or member of a flight crew (this does not include cabin crew or flying in the Armed Forces)

Motor car sport driving

Motorcycle sport riding

The offshore fishing industry

The offshore oil or gas industry

As a full time barman, barmaid or landlord in a public house  
Full time means working an average of 30 or more hours a week.

Underwater

Underground, for example mining, tunnelling

None of the above

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

Occupation\*

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

Yes  No

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

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



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

**How much family protection life cover do you have?**

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

£

**Do you have, or are you applying for, any other life cover with Legal & General or with another insurance company? This includes any life cover for family, mortgage and business protection purposes.**

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

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

Yes  No

If 'Yes', please give details:

Company

Start date

Policy type

Term

years

**WORK, TOTAL COVER AND TRAVEL – CONTINUED**

Amount of cover £

Reason for cover

Will this policy remain in force/be going ahead? Yes  No

Do you have any other policies to tell us about? Yes  No



**If 'Yes', please give the same details as above for the other policy(ies), on page 15 (Additional Information) before continuing with this section.**

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

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

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

**Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following? Bribery, Corruption, Counterfeiting, Embezzlement, Fraud, Money laundering, Tax evasion.**

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

Please tick only one answer.

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

Investigated  Arrested  Charged  Convicted

Prosecution Pending  No

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

**During the last 5 years have you spent more than 90 consecutive days in Africa, the Caribbean, Russia, Thailand or Ukraine?**

The Caribbean includes Antigua, Bahamas, Barbados, Bermuda, Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Trinidad and Tobago and its other islands.

Yes  No

If 'Yes', which part of the world was this? (tick all that apply)

Africa – Algeria, Egypt, Libya, Morocco, Tunisia  Africa – other  The Caribbean

Russia or Ukraine  Thailand

**During the next 2 years do you intend to spend more than 30 consecutive days outside the UK?**

Please ignore travel as a member of the Armed Forces.

In this context, UK includes England, Scotland, Wales and Northern Ireland.

Yes  No

**If 'Yes', please give the following details:**

Will you be staying within the European Union, United States of America, Canada, Australia or New Zealand? Yes  No

Do you plan to leave the UK permanently? Yes  No

If 'Yes' to leaving permanently, when do you intend to leave? Within 3 months  Later than 3 months

**If 'No' to leaving permanently:** How long do you plan to be outside the UK or Republic of Ireland during the next 2 years?  weeks  days

Which countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand are you going to?

**HAZARDOUS ACTIVITIES**

**Not including your occupation, do you regularly take part in any of the activities listed opposite or do you intend to do so within the next 6 months?**

Please ignore one-off parachute jumps.

**If 'Yes', please tick all that apply.**

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

Flying (other than as a fare-paying passenger) <input type="checkbox"/>	Mountaineering or Rock climbing <input type="checkbox"/>
Hang gliding or Paragliding <input type="checkbox"/>	Parachuting, Sky diving or BASE jumping <input type="checkbox"/>
Motor car sport driving <input type="checkbox"/>	Underwater diving <input type="checkbox"/>
Motorcycle sport riding <input type="checkbox"/>	None of the above <input type="checkbox"/>



**If you've ticked any of the activities listed in the question above, please complete the Hazardous Activities Questionnaire (page 12) BEFORE continuing with the next question.**



## GENERAL HEALTH AND LIFESTYLE

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

### Genetic Testing

The Association of British Insurers (ABI) have a policy on genetics and insurance. Currently, you only need to tell Legal & General 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 Legal & General about any other genetic test result. However, you must tell Legal & General if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell Legal & General of any family history of a medical condition as asked for in the relevant question in this application. If you want to tell Legal & General 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 Legal & General on request or from the ABI website [abi.org.uk](http://abi.org.uk)

What is your height (without shoes)?

m OR  ft  in

What is your weight (in indoor clothes)?

kg OR  st  lb

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

What is your trouser, UK dress or skirt size?

cm OR  in OR  UK dress, skirt or trouser size

Complete only one answer.

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

How many cigarettes do you smoke on average each day?

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

Have you ever tested positive for HIV or are you waiting for the result of an HIV test?

A negative HIV test result won't, by itself, have any effect on your acceptance terms for insurance.

Tested positive for HIV   
Awaiting result of HIV test   
No

How often do you drink alcohol?

Tick only one answer.

For example, a drink is a glass of wine or a glass or bottle of beer.

Never  On special occasions only  Monthly or less frequently  Two or three times a month  Weekly

If '**Two or three times a month**', on a typical day when you have alcohol, how many alcoholic drinks do you have?

If '**Weekly**', during a typical week, how many alcoholic drinks do you have?

## GENERAL HEALTH AND LIFESTYLE – CONTINUED

**Have you ever:**  
Tick all that apply.

- Been referred to or been seen by an alcohol specialist?
- Attended or been advised to attend an alcohol support group?
- Been told that you have any liver damage, which may have been caused by alcohol?
- None of the above.

**Have you ever been told by a health professional that you should reduce the amount of alcohol you have because you were drinking too much?**

**You may ignore being told this on one occasion provided it was before age 25**

Yes  No

If 'Yes', when was this?

Please tell us what you were drinking and the amount.

## HEALTH – EVER

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

**Have you ever:**

- a) had diabetes or a heart condition, for example angina, heart attack, heart valve problem, heart surgery? Yes  No
- b) had a stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage or surgery to your blood vessels? Yes  No   
Please ignore varicose veins unless there's ulceration present.
- c) had cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, leukaemia, a melanoma or a brain tumour? Yes  No
- d) been admitted overnight to hospital or referred to a psychiatrist for mental illness, anorexia or bulimia? Yes  No



**If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 13) BEFORE continuing with the next question.**

## HEALTH – LAST 5 YEARS

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

- a) raised blood pressure, raised cholesterol or a condition affecting blood or blood vessels, for example anaemia, excess sugar in the blood, blood clot, deep vein thrombosis? Yes  No
- b) any condition affecting your kidneys, bladder or prostate, for example blood or protein in the urine, kidney or bladder stones? Yes  No
- c) any neurological condition, for example multiple sclerosis, Parkinson's disease, epilepsy, fits? Yes  No



**If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 13) BEFORE continuing with the next question.**

## HEALTH – LAST 2 YEARS

**Apart from anything you've already told us about in this application, during the last 2 years have you seen a doctor, nurse or other health professional for:**

- a) any condition affecting your stomach, oesophagus or bowel, for example Crohn's disease, ulcerative colitis? Yes  No   
Please ignore diarrhoea, food poisoning, sickness or vomiting, stomach bug or upset, provided no hospital investigation was advised or completed.
- b) any condition affecting your gall bladder, liver or pancreas, for example hepatitis, fatty liver? Yes  No
- c) any condition affecting your lungs or breathing, for example asthma, emphysema, sleep apnoea, sarcoidosis? Yes  No   
Please ignore hay fever and one-off chest infections from which you've fully recovered.
- d) lupus, fibromyalgia, gout or any type of arthritis? Yes  No
- e) anxiety, depression or stress that's required treatment or counselling, or chronic fatigue syndrome? Yes  No
- f) a growth, lump, polyp or tumour? Yes  No
- g) chest pain, palpitations or irregular heartbeat, paralysis, numbness, persistent tingling or pins and needles, memory loss? Yes  No



**If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 13) BEFORE continuing with the next question.**

## HEALTH – CONTINUED

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

- a) you're waiting to be seen at or attending hospital for? Please ignore attendance related to pregnancy. Yes  No
- b) your doctor or nurse told you to see them about during the next 3 weeks? Please ignore consultations for repeat prescriptions and pregnancy. Yes  No

During the last 3 months have you had any of the symptoms listed opposite?

- Unexplained bleeding, weight loss, lump or growth  
 – Unexplained changes with walking, movement or mobility, numbness or tingling, mental functioning, or changes to your vision  
 – Mole or freckle that's bled or changed in appearance  
 – A cough that's lasted for 3 weeks or more  
 – Any other symptom that you may see a health professional about for the first time
- Yes  No



If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 13) BEFORE continuing with the next question.

In the last 30 days have you:

- a) had a new or unexplained continuous cough, fever, high temperature, loss of smell or taste? Yes  No  Yes  No
- b) tested positive for, or been diagnosed with coronavirus/COVID-19? Yes  No  Yes  No

In the last 14 days, have you:

- a) been self-isolating or been advised you should? Please answer 'No' if you are following general social-distancing advice to avoid spread of the virus or working from home due to workplace advice only. Yes  No  Yes  No
- b) had direct contact with someone who has been diagnosed with, or suspected of having coronavirus/COVID-19? Yes  No  Yes  No

## FAMILY HISTORY



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

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

If 'Yes', tick all that apply.

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

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

For each condition selected, please give:

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

	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Heart attack, Angina, Stroke or Type 2 Diabetes	<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 Bowel (Colon)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Myotonic Dystrophy	<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"/>
Huntington'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"/>
None of the above	<input type="checkbox"/>			
Don't know	<input type="checkbox"/>			



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

The sections following on pages 13 and 14 are both additional questionnaires which you only need to complete if we've asked you to in one of the previous questions, or if you need to provide us with additional information.



Please now ensure you read and sign the Employee Declaration in Section C.

# QUESTIONNAIRE 1 – HAZARDOUS ACTIVITIES QUESTIONNAIRE

**This questionnaire only applies if you have ticked any of the hazardous activities listed on page 8.**

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

If you have ticked more than one activity in the Hazardous Activities question on page 8, **you will need to complete a separate Hazardous Activities Questionnaire for each one.** Use this page to give details of the first activity and then use the Additional Information section (page 15), or photocopy this page, to give the same details for the other activity(ies).

2. Do you take part in this as a professional?

Yes  No

3. Are you a member of a recognised club, association or professional body?

Yes  No

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

UK only  Europe only  Other

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

Yes  No

6. Do you, or are you likely to, take part in Aerobatics, Expeditions, Record attempts, Testing of any equipment or Underwater internal wreck exploration in connection with this hobby or pursuit?

Yes  No

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

times a year

8. On average, how many hours a year do you spend on this activity?

hours a year

9. If this activity is listed opposite, please answer these additional questions, as applicable.

<b>Motor car and Motorcycle sport</b>	Type of motor sport <input style="width: 100%; border: 1px solid black;" type="text"/>
	Maximum engine size used <input style="width: 100%; border: 1px solid black;" type="text"/> cc
<b>Mountaineering or Rock climbing</b>	Maximum height you climb to <input style="width: 100%; border: 1px solid black;" type="text"/> metres
	Severity level you climb to <input style="width: 100%; border: 1px solid black;" 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>Underwater diving</b>	Maximum depth you dive to <input style="width: 100%; border: 1px solid black;" type="text"/> metres

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

Yes  No



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

**You have completed this additional questionnaire. Please return to your application on page 9.**

## QUESTIONNAIRE 2 – MEDICAL QUESTIONNAIRE



Please only complete this questionnaire if you have answered 'Yes' to any health questions on pages 10 or 11. If you have more than one condition to tell Legal & General about, use this page to give details of the first condition, use the next questionnaire for the second, and then either use the Additional Information section on page 15 or photocopy this page to give us the same details for any further conditions.

### MEDICAL QUESTIONNAIRE 1

1. Which health question (for example Health – Last 5 Years, part b) does this information relate to?
  
2. Name of actual medical condition, illness or injury  
If growth or lump, also state the part of body affected.
  
3. How long ago did the condition first occur?  years  months
  
4. How often do you have symptoms?  
Please tick appropriate box – do not enter anything else in the box. No symptoms now  Yearly  Monthly  Weekly  Daily
  
5. How long ago was your last major attack? This means a sudden increase in the severity of symptoms, or need for treatment other than your usual medicine or tablets. Never had a major attack  Currently or at present  Other  years  months
  
6. In the last 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 <input type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 15%; text-align: center;" type="text"/> years <input style="width: 15%; text-align: center;" type="text"/> months
Other hospital admission (including overnight stay)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 15%; text-align: center;" type="text"/> years <input style="width: 15%; text-align: center;" type="text"/> 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'
  
8. If you have had time off, how long ago was the most recent occasion?  
Not applicable if you have answered '0' to the question above.  weeks  days  
If you haven't taken time off, please enter '0'
  
9. Do you expect to have, or are you currently waiting for, surgery or an operation, any other hospital admission (including an overnight stay) or referral to a specialist for this condition?  
Please answer all three parts of this question.
 

Surgery or operation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Other hospital admission (including overnight stay)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
Referral to a specialist	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<input style="width: 100%;" type="text"/>
  
10. Are you currently receiving treatment for this condition? Yes  No   
If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.
  
11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question on pages 10 or 11? Yes  No   

i

If 'Yes', please complete the second Medical Questionnaire on the next page before returning to your application.

## MEDICAL QUESTIONNAIRE 2

1. Which health question (for example Health – Last 5 Years, part b) does this information relate to?

Use this page to give details of a second condition and then use the Additional Information section (page 15), or photocopy this page, to give the same details for any further medical condition(s).

2. Name of actual medical condition, illness or injury

If growth or lump, also state the part of body affected.

3. How long ago did the condition first occur?

 years  months

4. How often do you have symptoms?

Please tick appropriate box – do not enter anything else in the box.

No symptoms now  Yearly  Monthly  Weekly  Daily

5. How long ago was your last major attack? This means a sudden increase in the severity of symptoms, or need for treatment other than your usual medicine or tablets.

Never had a major attack  Currently or at present  Other  years  months

6. In the last 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	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/> years <input type="text"/> months
Other hospital admission (including overnight stay)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/> years <input type="text"/> 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'

8. If you have had time off, how long ago was the most recent occasion?

Not applicable if you have answered '0' to the question above.

weeks  days

If you haven't taken time off, please enter '0'

9. Do you expect to have, or are you currently waiting for, surgery or an operation, any other hospital admission (including an overnight stay) or referral to a specialist for this condition?

Please answer all three parts of this question

Surgery or operation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/> If 'Yes', when?
Other hospital admission (including overnight stay)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/> If 'Yes', when?
Referral to a specialist	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<input type="text"/> If 'Yes', when?

10. Are you currently receiving treatment for this condition?

Yes  No

If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.

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



Yes  No

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



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

**ADDITIONAL INFORMATION**



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

Section Name and  
Question No.

Additional Information

**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 us at 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, use, store 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 your product or whose data you have shared with us. This policy may be subject to future change.

**WHAT DOES THIS POLICY COVER?**

This privacy policy relates to retail customers who request a quote, purchase our products or enter into agreements with us, and individuals that we cover under employer sponsored schemes. We have a separate privacy policy for professional business clients, which can be found on our website.

**WHAT IS PERSONAL INFORMATION?**

When we talk about personal information we mean information about an individual that can identify them, like their name, address, email address, telephone number and financial details. It can relate to customers (including prospective customers), their appointed representatives (e.g. powers of attorney), 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> <li>Product underwriting and pricing</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>To provide financial advice</li> <li>Product underwriting and pricing</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>Product underwriting and pricing</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:                             <ul style="list-style-type: none"> <li>Your passport</li> <li>Driver’s licence</li> <li>Birth certificate</li> <li>National Insurance number</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Prevent financial crime</li> </ul>

**WHERE DO WE GET OUR INFORMATION FROM?**

- Directly from you** – information you provide when you fill in forms or contact us by phone, email 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 (for example, 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 (for example, a bank, insurer or building society, your employer or their financial adviser). Please refer to our cookie policy for more information on how we use cookies: [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 (for example, to underwrite and administer your product, 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. If you have opted in to receive marketing from us, based on your marketing preferences, we may deliver this information by post, telephone, email, SMS or personalised online marketing via our own systems such as My Account, social media platforms and/or other third party websites such as 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 about our products and services. 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 (for example, 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 uses described in this document.

In some cases, we may use software or 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 and financial crime**  
To perform transaction monitoring, identity verification, money laundering and sanctions checks, and to identify politically exposed individuals. We are required by law to perform these activities which may be achieved using solely automated means to make decisions about you. We may use these activities to decline the services you have requested or to stop providing existing services to you.
- **Providing quotes, calculating premiums and underwriting decisions**  
We may assess a number of factors including information about you and your health, lifestyle information such as your postcode, occupation and hazardous pursuits that you perform. These factors will be assessed against our pricing and underwriting criteria which may include statistics regarding life expectancy, illness, injury and demographic risks. For general insurance the factors may include your claims history, where you live, and the value of items you wish to insure. We may use these activities to determine the price of your product and whether we should undertake the risk of insuring you – including how much insurance should be granted to you, how much you should pay for it and whether or not to insure you in the first place.
- **Servicing activities such as (i) Personalising the content and design of communications and online services (such as My Account) and (ii) Determining when to provide tailored communications about your Legal & General product (such as a result of changes in your personal circumstances or lifestyle) and the appropriate channel(s) to use**  
These may be achieved using profiling in order to predict certain characteristics about you (such as your economic situation, interests, personal preferences or transactional behaviour). The activities will not have a detrimental effect on you.

#### 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.
  - Continue to send marketing information, via post only, to customers who purchased a product before 25 May 2018 and did not opt out, until such time as they have reviewed their marketing preferences (which can be done at any time).
  - Send marketing information, via post only, to customers who have a relevant and appropriate relationship with Legal & General.
  - 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, including customer surveys.
  - 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 emailing or telephoning your customer servicing team. Alternatively, you can also use the Contact Us section of our website: [legalandgeneral.com/existing-customers/contact-us](https://legalandgeneral.com/existing-customers/contact-us). 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 (such as your GP or other medical professional), solely for the purposes of allowing us to underwrite and administer your policy and deal with claims. Alternatively, we may process special category data for reasons of substantial public interest in accordance with applicable law. We will only process data that is needed for specific purposes.
- **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.

For pension products, we may retain your personal information indefinitely using the legitimate interests condition in order to support future enquiries from you, your family or financial adviser and our regulators.

For certain research and statistical activities, we may indefinitely retain minimised personal information about you, including medical information, solely to define our actuarial, underwriting and pricing risk strategies. These activities will not be used to make a decision, or take measures, against you.

#### 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 DO 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 (such as 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 our website: [legalandgeneral.com/privacy-policy/consent-controllers](https://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, your employer or their financial adviser), we may share your information with them to enable them to:

- Administer and service your product.
- Carry out market research, statistical analysis and customer profiling.
- Where you have consented, send you marketing information by post, telephone, email 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

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.

#### GENERAL INSURANCE ONLY: CLAIMS HISTORY

Under the conditions of your product you must tell us about any insurance-related incidents, whether or not they give rise to a claim. When you tell us about an incident we'll pass information relating to it to a database.

We may search these databases when you apply for insurance, in the event of any incident or claim or at a time of renewal, to validate your claims history or that of any other person or property likely to be involved in the product or claim.

#### 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 email 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 Contact Us section of our website: [legalandgeneral.com/existing-customers/contact-us](http://legalandgeneral.com/existing-customers/contact-us).

##### Your Rights

1. The right to access the personal data that we hold about you.
2. The right to make us correct any inaccurate personal data we hold about you.
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.
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).
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.
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).
8. For automated decisions (including profiling), you have right to:
  - Obtain an explanation of the decision and challenge it.
  - Request for the decision to be reviewed by a human being.

**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 Contact Us section of our website: [legalandgeneral.com/existing-customers/contact-us](https://legalandgeneral.com/existing-customers/contact-us)

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

Email address: [Data.Protection@landg.com](mailto:Data.Protection@landg.com)

Address: 1 Coleman Street, London, EC2R 5AA

**EMPLOYEE DECLARATION**

L&G use only: A N

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

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

- I am a UK resident.
- The information given in this application has been provided truthfully and accurately.
- For the purposes of assessing my application and any subsequent claim Legal & General will use the information given in this application and can contact any health professional I have consulted with to get more medical information.
- I am aware that the information provided will form part of the legal relationship between us and if any of it is found to be incorrect it may mean that a claim is not paid or the policy is amended or cancelled.
- I will immediately inform Legal & General in writing if there are any changes to any answers given on the application **before the policy starts**.
- This contract will be governed by English law.
- If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

**Please sign and date this declaration. Please provide your full name, date of birth, signature and date of signing.**

By signing below, I/we consent to Legal & General processing the health and lifestyle information that I/we have provided in order to assess and provide my Life Insurance product in accordance with their Privacy Policy, which also provides details of the Reassurers with who they may share this information.

Name

Date of birth (DDMMYYYY)

Signature

Date (DDMMYYYY)

**SECTION C – CLIENT DECLARATION AND DIRECT DEBIT**

# PLAN OWNER QUESTIONNAIRE (EMPLOYER DETAILS)



This questionnaire is to be completed by the employer.

- Please note, the Plan Owner is the employer, effecting this plan for his employee.
- Your financial adviser can help you to complete this section.
- 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.

## Plan Owner (Employer)

### 1. Type of business?

Sole Trader	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Limited Liability Partnership	<input type="checkbox"/>
Limited Company	<input type="checkbox"/>	Public Limited Company	<input type="checkbox"/>	Charity	<input type="checkbox"/>

### 2. What is the name of the Plan Owner (employer)?

Give the full name or business name as applicable.

Business name

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

Forename(s) in full

Surname

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

Email (optional)

### 4. What is the Plan Owner's (employer's) current business address?

Please give the full address (including postcode) of the employer who is to own the plan.

### 5. Contact name within the organisation

### 6. Address if different from above

### 7. Specific contact details

Work phone (optional)

Mobile phone (optional)

Email address (optional)

**8. Declaration of the Plan Owner(s) (employer)**

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

I declare that I am a UK resident.  
I understand that if the employee does not give all of the requested information fully and accurately it will very likely mean that a claim will be declined and the plan cancelled.  
I have been told that Legal & General have a formal complaints procedure, details of which will be given to me when I receive the Policy Booklet.  
I understand that the law governing that contract is the law of England.  
I understand that the full terms and conditions of the policy are available on request.  
I declare that the answers given are, to the best of my knowledge and belief, true and complete.  
I confirm that I have received and read the Policy Summary for this product.  
I understand the features and risks of the product and am satisfied that it meets my needs.

<b>Plan Owner (employer) name</b>	<b>Plan Owner (employer) signature</b>
<input type="text"/>	<input type="text"/>
Date (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"/>	

# DIRECT DEBIT INSTRUCTION

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

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



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

3. Branch sort code

-  -

4. Bank or building society account number

5. Reference number (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.

Signature

Date (DDMMYYYY)

Signature

Date (DDMMYYYY)

**Banks and building societies may not accept Direct Debit instructions for some types of account**

**Please now cut off the Direct Debit Guarantee below and keep it somewhere safe. Use the checklist on page 25 to make sure that you have completed everything that you need to.**

**Please note:**

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

Cut off here and keep the Direct Debit Guarantee somewhere safe



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



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





**Once you've completed your application...**

Check that you've completed everything.

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

**Section A** Employee and product details: Section A

**Section B** Full application details: Section B   
Pages 1 to 11 and Pages 16 to 35 **must be completed**

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

**Additional questionnaires, as applicable Pages 12 to 15 must be completed**

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

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

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

**Employees**

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

– the **Employee Declaration**.

– the **Nomination Form**.

**Employers**

Please make sure you have fully completed, signed and dated

– the **Plan Owner Questionnaire**

– the **Direct Debit Instruction**

– the **Trust Form**

# RELEVANT LIFE PLAN TRUST DEED

## CHECKLIST

Before sending the Trust to Legal & General, have you...

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

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

Policy Number

Date received by Legal & General



1. This documentation has been produced for consideration by the employer's legal advisers. The legal and tax effects of the Trust will depend on the circumstances of each case and Legal & General (as defined in clause 11.5 of Part B of the Trust) and its advisers accept no responsibility for ensuring that the Trust meets your requirements.
2. Ensure that you fully understand the terms of the Trust and how it works: See the Relevant Life Plan Key Features for further details. If you are in any doubt about the terms, it is your responsibility to seek legal or tax advice as appropriate.
3. You should also ensure you have read and understood all the literature relating to the Relevant Life Plan.
4. This Trust is designed for use only with Legal & General's Relevant Life Plan. It is not designed and should not be used with any other policy or plan. Please contact Legal & General for other trust deed templates that we may offer.
5. This Trust can be used for new and existing Legal & General Relevant Life Plans applied for after 5 April 2012.
6. The Principal Employer is the person who is creating the Trust. The Trustees will be the legal owners of the Policy and their authority is required for any dealings with the Policy. It is the Trustees who would make a claim for any Policy proceeds.
7. It is generally a good idea to have at least two Trustees at any time. Care should be taken when choosing Trustees. The people appointed must be over 18 years of age and of sound mind. The Trustees should be people who will act in the best interests of the Beneficiaries. It is also generally a good idea for them to be resident in the United Kingdom, for tax reasons. Solicitors and accountants can act as Trustees but they will charge for their services.
8. Where the Principal Employer has chosen not to be a Trustee, it is very important that at least one additional Trustee is appointed to the Trust. We do not recommend the life assured be appointed as Trustee.
9. You may wish to supplement the Trust with a Nomination Form to provide guidance to the Trustees. A draft is available from [legalandgeneral.com](http://legalandgeneral.com).
10. Inheritance Tax charges can arise during the life of the Trust. For example, tax may be payable on each 10th anniversary of the Trust and when capital is paid to a Beneficiary. For further information see the Relevant Life Plan Key Features.
11. Please note that Legal & General will only accept instructions from Trustees who have had their identities verified. We may need to also confirm the identity of other individuals relating to the Trust. We may do this by using reference agencies to search sources of information; this will not affect credit ratings. If this identity search fails, we may ask the parties for documents to confirm their identities. By signing this Deed, all parties to this Deed have consented that we can verify their identity and that, if required by Legal & General, the Trustees will take all reasonable steps to obtain for Legal & General evidence of identification for any of the Beneficiaries of the Trust.
12. Legal & General has drafted this Trust to reflect the law as at 1 January 2020. Legal & General and its advisers cannot accept any responsibility for loss, damage or other claim that may arise from the use of this Trust or the way in which you complete it. We therefore strongly recommend that you consult your own legal or tax adviser before proceeding.
13. Use CAPITALS and black or blue ink throughout. If you make a mistake while completing the Trust, please correct the error by crossing out (do not use correction fluid) and the Principal Employer and the Trustees should initial the change.
14. If the trust or trustees are resident for tax purposes anywhere other than the UK you must also complete the Trust/Entity Self-Certification Declaration Form and send this to us together with the completed Deed.
15. You may wish to refer to HMRC in order to check whether you are required to register the trust on the online Trust Registration Service.

# RELEVANT LIFE PLAN TRUST

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

## PART A. DATE OF TRUST

Insert date when last person signs on page 8.

THIS DECLARATION OF TRUST is made on the  day of  20   
BY the Principal Employer and the Trustees.

## PART B. DEFINITIONS

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

Please insert the name and principal place of business of the Principal Employer and tick one box to confirm the type of business.

### 1. The 'Principal Employer'

Name
Address
<input type="text"/>
Postcode

### Type of Business

Sole Trader	<input type="checkbox"/>
Limited Company	<input type="checkbox"/>
Partnership	<input type="checkbox"/>
Public Limited Company	<input type="checkbox"/>
Limited Liability Partnership	<input type="checkbox"/>
Charity	<input type="checkbox"/>

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

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

### 2. The 'Additional Trustees'

#### Additional Trustee 1

Name
Address
<input type="text"/>
Postcode
Date of Birth (DD/MM/YY)

#### Additional Trustee 2

Name
Address
<input type="text"/>
Postcode
Date of Birth (DD/MM/YY)

#### Additional Trustee 3

Name
Address
<input type="text"/>
Postcode
Date of Birth (DD/MM/YY)

#### Additional Trustee 4

Name
Address
<input type="text"/>
Postcode
Date of Birth (DD/MM/YY)

**PART B. DEFINITIONS – CONTINUED**

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

**3. The 'Trustees'**

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

The Principal Employer will be a Trustee unless he signs his name in the box.

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

**4. The 'Beneficiaries'**

The persons listed below may benefit under the Trust.

- 4.1 The Life Assured.
- 4.2 Any spouse widow or widower of the Life Assured.
- 4.3 Any child or grandchild of the Life Assured whenever born (including stepchildren and their issue).
- 4.4 Any individual or any charity named in a deed of addition made by the Life Assured during his lifetime.
- 4.5 Any Additional Beneficiaries.

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

**'Additional Beneficiaries'**

**Additional Beneficiary 1**

**Additional Beneficiary 2**

Name

Address

Postcode

Date of Birth (DD/MM/YY)

Name

Address

Postcode

Date of Birth (DD/MM/YY)

**Additional Beneficiary 3**

**Additional Beneficiary 4**

Name

Address

Postcode

Date of Birth (DD/MM/YY)

Name

Address

Postcode

Date of Birth (DD/MM/YY)

**5. Name of Trust**

The Trust shall be called

Relevant Life Plan Trust

Optionally, please insert name of Trust in this box.

**6. Governing Law**

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

**7. The Trust and the Policy**

- 7.1 The Principal Employer has resolved to provide a death in service benefit for the Life Assured by means of a Relevant Life Plan.
- 7.2 The Principal Employer states that, in submitting the application to Legal & General, he is acting with the intention of making himself and the Additional Trustees specified above Trustees (unless an authorised signatory of the Principal Employer has signed Section 3 in which case the Principal Employer shall not be a trustee) for the Beneficiaries referred to above upon the trusts and subject to the powers set out below.
- 7.3 The Principal Employer hereby covenants that the premiums in respect of the policy will be paid by the Employer as long as the life assured remains employed by the Employer.
- 7.4 The Principal Employer confirms that the Policy has not been applied for with the main purpose of avoiding the payment of tax.

**8. Excluded Persons**

- 8.1 The Trustees may at any time or times during the Trust Period, declare by deed or deeds that the objects or persons or classes of objects or persons named or specified (whether or not ascertained) in such deed who are, would or might, but for this clause, be or become Beneficiaries or otherwise able to benefit, as the case may be, shall, in relation to the whole or any part of the Trust Fund, be excluded from benefit (both direct and indirect) and shall be known as 'Excluded Persons'.
- 8.2 The power conferred by sub clause 8.1 shall not be capable of being exercised so as to take away any interest to which any of the Beneficiaries has previously become indefeasibly entitled.
- 8.3 Any declaration made pursuant to sub clause 8.1 may be revocable, during the Trust Period, or irrevocable to take effect before the end of the Trust Period and shall have effect from the date (not being a date earlier than the date of such instrument) specified in the instrument.

**9. The 'Trust Fund'**

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

**10. The 'Trust Period'**

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

**11. Construction**

- 11.1 In this Deed words importing the singular shall include the plural and vice versa. Words importing a gender include every gender.
- 11.2 The notes in the margin are for the purposes of information only and shall not be used in the construction of the Trust or any part of it.
- 11.3 'Charity' means a trust or corporation, association, society or other institution established only for charitable purposes in accordance with the governing law of the Trust.
- 11.4 'Employer' means the Principal Employer and any other firm or limited company to whom the business of the Employer is transferred and which continues to employ the Life Assured, including any business to whom the Life Assured is seconded by the Employer.
- 11.5 Legal & General shall mean Legal & General Assurance Society Limited.
- 11.6 'Life Assured' means the person whose life is assured under the Policy.
- 11.7 'Policy' shall mean the policy set out in the Schedule and shall include any variation or amendment to the same and 'Policies' shall have a corresponding meaning.
- 11.8 'Relevant Life Plan' has the same meaning as Relevant Life Policy as defined in section 393B(4) of the Income Tax (Earnings and Pensions) Act 2003.
- 11.9 'Spouse' shall include a civil partner registered under the Civil Partnership Act 2004 and 'husband', 'wife', 'widow' and 'widower' shall be construed accordingly.

**1. Appointing the Trustees**

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

**2. Application for a New Policy**

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

**3. Assigning an Existing Policy**

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

**4. Trust Provisions**

- 4.1 The Trustees shall hold the Trust Fund and the income thereof for the benefit of any one or more of the Beneficiaries upon such trusts (including Discretionary and Protective Trusts) in such shares and with and subject to such trusts powers and provisions (exercisable by any person) as the Trustees shall at any time or times appoint by deed or deeds executed during the Trust Period which may be revocable during the Trust Period or irrevocable.
- 4.2 The Trustees shall have power during the Trust Period to pay, transfer or apply the whole or any part or parts of the capital of the Trust Fund as they in their absolute discretion think fit to or for the benefit of any Beneficiary.
- 4.3 Subject thereto:
  - (i) The Trustees may accumulate the whole or part of the income of the Trust Fund during the Trust Period.
  - (ii) Subject thereto the Trustees shall pay or apply the income to or for the benefit of such of the Beneficiaries as the Trustees think fit.
- 4.4 Subject to all the trusts powers and provisions of this Trust and if and so far as (for any reason) not wholly disposed of by it the Trust Fund shall be held in trust for the children of the Life Assured alive at the date of this Deed and if more than one in equal shares failing which for such charity or charities as shall be determined by the Trustees.
- 4.5 The powers of appointment in sub clause 4.1 and the power to apply capital in sub clause 4.2 shall only be exercisable when there are at least two Trustees or a trust corporation.

**5. Trustees' Powers**

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

- 5.1 The Trustees may invest any money requiring to be invested (subject to obtaining advice, if required by law) in such manner as if they were absolutely beneficially entitled to the investments.
- 5.2 The Trustees are under no obligation to diversify the Trust Fund.
- 5.3 The Trustees shall have power to effect any life assurance policy on the life of any person or persons, accept assignments of a policy to the Trust and exercise any option under any policy held by the Trustees and to sell, charge, assign or surrender the whole or any part of such policy. For the avoidance of doubt any new policy or increase or decrease of benefits secured by any policy or by any new policy which is effected under any options which are contained in any policy shall be subject to the same Trust as set out in this Deed.
- 5.4 The Trustees shall have power to borrow money on such terms and security as they think fit.
- 5.5 The Trustees shall have power to lend money to any of the Beneficiaries on such terms and security as they think fit.
- 5.6 The Trustees shall have power revocably or irrevocably to delegate any power or powers in making, managing, realising or otherwise dealing with any property comprised in the Trust Fund to any person or persons upon such terms as to remuneration or otherwise as the Trustees may think fit and no Trustee shall be responsible for the default of any such agent if the Trustee in question employed or incurred expense in employing him in good faith.
- 5.7 The Trustees shall have power to instruct any investment or other professional adviser or advisers on such terms as to fees or other remuneration and generally as the Trustees may think fit. The Trustees may either pay such fees or other remuneration out of the Trust Fund or reimburse themselves out of the Trust Fund if they have paid such fees or other remuneration themselves.

**6. Administrative Provisions**

**6.1 Receipt as a full discharge**

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

**6.2 Payments to Trustees**

Any Trustee for the time being (other than the Principal Employer) shall:

- (i) be entitled to recover all reasonable expenses; and
- (ii) being a solicitor or other person or corporate body engaged in any profession or business be entitled to be paid all usual professional or other charges for business done in relation to the Trust.

**6.3 Appointment of Trustees**

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

**6.4 Removal of Trustees**

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

**6.5 Power to vary administrative provisions**

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

**7. Exercise of Powers**

- 7.1 None of the Trust powers or provisions shall operate or be exercised so as to allow any part of the Trust Fund or the income arising from it to be paid, transferred, or applied directly or indirectly to or for the benefit of the Principal Employer in any circumstances whatsoever.
- 7.2 The Trustees shall have power by deed or deeds revocable (whether by the person making such deed or some other person) during the Trust Period or irrevocable wholly or partially to release or restrict the future exercise of any power hereby conferred on them (including this power) whether or not of a fiduciary nature and so as to bind their successors.

**8. Protection of the Trustees**

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

**SCHEDULE**

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

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

**The Policy**

Name of Company

**Legal & General**

Description of Policy

**Relevant Life Plan**

Date of Application (DD/MM/YY)

Or

Policy Number

Life Assured



# PART D. SIGNATURES

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

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

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

The same person can witness all signatures.

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

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

## Principal Employer

1. Signed and delivered as a deed by the said (full name of Principal Employer)

2. Full name of authorised signatory

3. Authorised signatory capacity

4. Signature

5. In the presence of witness (full name of witness)

6. Signature of witness

7. Address of witness

8. Date (DD/MM/YY)

## Additional Trustee 1

1. Signed and delivered as a deed by the said Trustee (full name)

2. Signature

3. In the presence of witness (full name of witness)

4. Signature of witness

5. Address of witness

6. Date (DD/MM/YY)

## Additional Trustee 2

## Additional Trustee 3

1. Signed and delivered as a deed by the said Trustee (full name)

2. Signature

3. In the presence of witness (full name of witness)

4. Signature of witness

5. Address of witness

6. Date (DD/MM/YY)

## Additional Trustee 4

# RELEVANT LIFE PLAN NOMINATION FORM

TO BE COMPLETED BY THE LIFE ASSURED



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

1. This document has been produced as a guide for consideration for you and your legal advisers.
2. Under this Nomination Form you tell the Trustees of your Trust who you wish to receive any lump sum death benefits under the Policy. This Form is a guide to the Trustees and it will not be legally binding on the Trustees.
3. You should be aware that Beneficiaries may have a right to see this Form, but this will depend on the particular circumstances. The Form should not be signed before the Trust Deed has been completed.
4. If you wish to change or revoke a previous nomination you have made, then you can use this form and you should tell the Trustee(s) in the Additional Information section.
5. Legal & General has drafted this Nomination Form to reflect the law as at 1 January 2020. Legal & General and its advisers cannot accept any responsibility for loss, damage or other claim that may arise from the use of this Form or the way in which you complete it. We therefore strongly recommend that you consult your own legal adviser before proceeding.
6. Use CAPITALS and black or blue ink throughout. If you make a mistake while completing the Nomination Form, please correct the error by crossing out (do not use correction fluid) and initial by the change.

# NOMINATION FORM TO THE TRUSTEES OF THE RELEVANT LIFE PLAN TRUST

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

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

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

The 'Policy'

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

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

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

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

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

I can change or revoke this nomination at any time.

Signature

Print Name

Date

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

Legal & General do not need to see a copy.



[legalandgeneral.com](https://legalandgeneral.com)

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**Legal & General Assurance Society Limited**

Registered in England and Wales No. 00166055.

Registered office: One Coleman Street, London EC2R 5AA

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

W13545 04/2020