

# Application Form and Additional Questionnaires

**Welcome to Legal & General.**

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

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

**Adviser Declaration – For adviser use only**

Full name of firm	
Principal FCA Firm Reg. No.	Appointed Representative FCA Firm Reg. No. (if applicable)
FCA Individual Reg. No.	Legal & General Agency No.
Name of Representative	Signature
Date <input type="text"/>	Your reference

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

We do not require you to provide proof of identification for clients or third party payers, as we will complete our own checks. All intermediaries should maintain processes to prevent them from being used to further financial crime, and Legal & General's requirements do not prevent them from collecting client verification for their own purposes.

**Basis of Advice Declaration**

To meet FCA Regulatory Reporting Requirements, Legal & General must record whether advice was given to your client(s) regarding this sale. Please select the relevant answer below.

Was advice given?      Yes       No

Copy policy documents to adviser required?      Yes       No





## NOTES TO HELP YOU WITH YOUR APPLICATION

This form is divided into two main sections:

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

### Tips for completing this application form

#### Please be aware of the following:

- If you make any mistakes, please correct and initial any alterations.
- Section A and Section B parts 1-3 and 9-11 **must be completed**.
- Section B parts 4-8 are additional questionnaires which **only need to be completed if you are instructed to do so** within the form.
- Both columns must be completed **for joint life plans**, unless instructed otherwise, but each client must complete their own details.
- Look out for this symbol, which highlights **important guidance notes or instructions** throughout the form.
- **If your financial adviser is going to complete this form on your behalf** using the information you have provided, you must read all of the questions and answers carefully before signing the Client Declaration and Statement of consent at the end. Your financial adviser is acting on your behalf in this respect.

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

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

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

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

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

If you have given the information in the past, please provide it again.

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

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

### How we safeguard the information you give us

#### Confidentiality

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

#### The information you give Legal & General

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

### MARKETING CONSENT

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

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

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

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

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

## Your personal and medical information

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

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

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

## Confirming your identity

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

## Please be aware of the following information

### When your policy starts

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

### Complaints procedure

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

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

**SECTION A Quote**

**Initial Client details**

	Client one	Client two
<b>Full name and title</b> Please ensure you give all of your middle names.	Mr/Mrs/Miss/Ms/Dr/Rev/Other <input type="text"/>	Mr/Mrs/Miss/Ms/Dr/Rev/Other <input type="text"/>
	Forename(s) and middle name(s) in full <input type="text"/>	Forename(s) and middle name(s) in full <input type="text"/>
	<input type="text"/>	<input type="text"/>
	Surname <input type="text"/>	Surname <input type="text"/>
<b>Gender</b>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Date of birth</b>	<input type="text"/>	<input type="text"/>
<b>During the last 12 months have you smoked any cigarettes, cigars, a pipe or used nicotine replacements?</b>	Yes – regularly <input type="checkbox"/> Yes – occasionally <input type="checkbox"/> None at all <input type="checkbox"/> A simple medical test may be required to check your answer. If you smoke cigarettes, cigars, a pipe or use nicotine replacements weekly or more often you should answer <b>'Yes – regularly'</b> .	Yes – regularly <input type="checkbox"/> Yes – occasionally <input type="checkbox"/> None at all <input type="checkbox"/> A simple medical test may be required to check your answer. If you smoke cigarettes, cigars, a pipe or use nicotine replacements weekly or more often you should answer <b>'Yes – regularly'</b> .
	Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Contract worker <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Houseperson <input type="checkbox"/>	Full time employee <input type="checkbox"/> Part time employee <input type="checkbox"/> Contract worker <input type="checkbox"/> Self employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Houseperson <input type="checkbox"/>

**About your plan**

	Client one	Client two	Joint
<b>What amount of cover do you want?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>or</b>	<b>OR</b>	<b>OR</b>	<b>OR</b>
<b>What is the premium amount?</b>	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
<b>Is this policy for:</b>	Family Protection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Inheritance Tax planning <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Business Protection <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>If this policy is for Business Protection, do you require the sum assured to be paid in instalments?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>If 'Yes', please select benefit payment option required:</b>		
	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years	<input type="checkbox"/> 2 years
	<input type="checkbox"/> 3 years	<input type="checkbox"/> 3 years	<input type="checkbox"/> 3 years
<input type="checkbox"/> 5 years	<input type="checkbox"/> 5 years	<input type="checkbox"/> 5 years	

**About your plan** continued

	Client one	Client two	Joint
<b>Do you require Waiver of Premium Benefit?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If 'Yes', which client?</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both
<b>Do you require Indexation?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If you choose a joint life policy, under which of the following circumstances do you want the sum assured to be paid?</b>	<input type="checkbox"/> 1st Death <input type="checkbox"/> 2nd Death		
<b>Start Date</b> Assuming that Legal & General accept your application at standard rates and all requirements necessary to put your policy on risk are met we will start your policy immediately. If you prefer an alternative date, please state it in the box opposite.  If the date is not yet known please indicate in the box opposite that it is to be advised.	<input type="checkbox"/> <input type="checkbox"/>  <input type="checkbox"/> Date to be advised		

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

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

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

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

Monthly  
 Annually

**SECTION B Full application details**

**PART 1 – ABOUT YOU**

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

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

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

Please check that you have filled in your postcode.

**What are your contact details?**

Please ensure that you complete all details.

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

Please note, we may record and monitor calls.

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

**WORK**

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

**Does your job involve work in any of the occupations or environments listed opposite?**

If 'Yes', please tick all that apply.

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

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

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

**Please also tell us your job title**

if you have ticked one of the occupations in this question.

**TOTAL COVER**

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

Client one	Client two
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

**TRAVEL**

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

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

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

Client one	Client two
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', please give the following details:</b>	<b>If 'Yes', please give the following details:</b>
Which country? <input type="text"/>	Which country? <input type="text"/>
In total, how long were you there?                      years                      months	In total, how long were you there?                      years                      months
How long ago was your last visit?                      years                      months	How long ago was your last visit?                      years                      months



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

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

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

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

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

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

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

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', please give the following details:</b>	<b>If 'Yes', please give the following details:</b>
Do you plan to leave the UK permanently?                      Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you plan to leave the UK permanently?                      Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', please advise when you plan to leave the UK and where you will live.</b>	<b>If 'Yes', please advise when you plan to leave the UK and where you will live.</b>
<input type="text"/>	<input type="text"/>
<b>If 'No', will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?</b>	<b>If 'No', will you be staying within the European Union, United States of America, Canada, Australia or New Zealand?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long do you plan to be outside the UK or Republic of Ireland during the next two years?	How long do you plan to be outside the UK or Republic of Ireland during the next two years?
<input type="text"/> weeks <input type="text"/> days	<input type="text"/> weeks <input type="text"/> days
Please list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:	Please list all the countries or islands outside the European Union, United States of America, Canada, Australia or New Zealand that you are going to:
<input type="text"/>	<input type="text"/>

# HAZARDOUS PURSUITS

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

If 'Yes', please tick all that apply.

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

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

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

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

## PART 2 – GENERAL HEALTH AND LIFESTYLE

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

### Genetic Testing.

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

**What is your height (without shoes)?**

<input type="text"/> m	OR	<input type="text"/> ft <input type="text"/> in	<input type="text"/> m	OR	<input type="text"/> ft <input type="text"/> in
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**What is your weight (in indoor clothes)?**

<input type="text"/> kg	OR	<input type="text"/> st <input type="text"/> lb	<input type="text"/> kg	OR	<input type="text"/> st <input type="text"/> lb
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If you are pregnant, please give your weight immediately prior to this pregnancy.

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

Complete only one answer.

<input type="text"/> cm	OR	<input type="text"/> in	<input type="text"/> cm	OR	<input type="text"/> in
OR	<input type="text"/>	UK dress, skirt or trouser size	OR	<input type="text"/>	UK dress, skirt or trouser size

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

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

<input type="text"/> Cigarettes per day	<input type="text"/> Cigarettes per day
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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.

<ul style="list-style-type: none"> <li>– Recreational drugs other than cannabis, for example cocaine, ecstasy, heroin</li> <li>– Methadone</li> <li>– Anabolic steroids not prescribed by a doctor</li> </ul> Yes <input type="checkbox"/> No <input type="checkbox"/>	<ul style="list-style-type: none"> <li>– Recreational drugs other than cannabis, for example cocaine, ecstasy, heroin</li> <li>– Methadone</li> <li>– Anabolic steroids not prescribed by a doctor</li> </ul> Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Have you ever tested positive for HIV or are you waiting for the result of an HIV test?**

A negative HIV test result will not, by itself, have any effect on your acceptance terms for insurance.

Client one	
Tested positive for HIV	<input type="checkbox"/>
Awaiting result of HIV test	<input type="checkbox"/>
No	<input type="checkbox"/>

Client two	
Tested positive for HIV	<input type="checkbox"/>
Awaiting result of HIV test	<input type="checkbox"/>
No	<input type="checkbox"/>

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

Tick only one answer.

Never	<input type="checkbox"/>	Special occasions only	<input type="checkbox"/>
Monthly or less frequently	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Weekly	<input type="checkbox"/>		
No. of days: <input type="text"/>			

Never	<input type="checkbox"/>	Special occasions only	<input type="checkbox"/>
Monthly or less frequently	<input type="checkbox"/>	Two or three times a month	<input type="checkbox"/>
Weekly	<input type="checkbox"/>		
No. of days: <input type="text"/>			

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

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

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

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

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

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

Please ignore advice to reduce alcohol given due to pregnancy.

Tick all that apply.

Yes – advised to reduce alcohol consumption	<input type="checkbox"/>
Yes – referred for specialist help	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>If you answered 'Yes' to the previous question, please tell us:</b>	
Who advised you to reduce your alcohol consumption and when was this? <input type="text"/>	
What was the reason for this advice? <input type="text"/>	
What was your alcohol intake at the time? <input type="text"/>	

Yes – advised to reduce alcohol consumption	<input type="checkbox"/>
Yes – referred for specialist help	<input type="checkbox"/>
No	<input type="checkbox"/>
<b>If you answered 'Yes' to the previous question, please tell us:</b>	
Who advised you to reduce your alcohol consumption and when was this? <input type="text"/>	
What was the reason for this advice? <input type="text"/>	
What was your alcohol intake at the time? <input type="text"/>	

## YOUR HEALTH



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

		Client one		Client two					
<b>1. Have you ever had:</b>	a) diabetes or a heart condition, for example angina, heart attack, heart valve problem or heart surgery?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
a) Please ignore varicose veins, unless there is ulceration present.	b) a stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage or surgery to your blood vessels?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	c) any form of cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, leukaemia, skin cancer, melanoma or a tumour, cyst or benign growth in the brain or spine?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b) Please ignore long and short sightedness that have been corrected.	d) multiple sclerosis, epilepsy, fits or vision disturbances, for example optic or retrobulbar neuritis?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	e) muscular dystrophy, cerebral palsy, permanent brain injury or any neurological condition, for example motor neurone disease or Parkinson's disease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	f) any mental illness, anorexia or bulimia that has required hospital treatment or referral to a psychiatrist?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>



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

## YOUR HEALTH IN THE LAST 5 YEARS

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

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

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

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

## YOUR HEALTH IN THE LAST 12 MONTHS

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

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

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

#### In the last 30 days have you:

a) had a new or unexplained continuous cough, fever or high temperature, loss of smell or taste?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) tested positive for, or been diagnosed with coronavirus/COVID-19? – This does not include a positive antibody test after vaccination.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

#### 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 <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) had direct contact with someone who has been diagnosed with, or suspected of having coronavirus/COVID-19?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

# FAMILY HISTORY

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

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

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

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

**For each condition selected, please give:**

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

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

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

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

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

Client one	Client two
Don't know – Adopted <input type="checkbox"/>	Don't know – Adopted <input type="checkbox"/>
No further contact with family members <input type="checkbox"/>	No further contact with family members <input type="checkbox"/>
Don't know – Other <input type="checkbox"/>	Don't know – Other <input type="checkbox"/>
<b>If 'Other', please give details</b> <input type="text"/>	<b>If 'Other', please give details</b> <input type="text"/>

**PART 3 – ABOUT YOUR POLICY**

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

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

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', what is the policy number(s) of your existing Legal &amp; General policy(ies) that will be replaced?</b> <input type="text"/>	<b>If 'Yes', what is the policy number(s) of your existing Legal &amp; General policy(ies) that will be replaced?</b> <input type="text"/>

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

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', which policy(ies)?</b> <input type="text"/>	<b>If 'Yes', which policy(ies)?</b> <input type="text"/>

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

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

Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>If 'Yes', which policy(ies)?</b> <input type="text"/>	<b>If 'Yes', which policy(ies)?</b> <input type="text"/>

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

**Doctor's details**

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

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

Doctor's name <input type="text"/> Practice/clinic name and address (including postcode) <input type="text"/> Postcode <input type="text"/> Telephone number <input type="text"/>	Doctor's name <input type="text"/> Practice/clinic name and address (including postcode) <span style="float: right;">As Client 1 <input type="checkbox"/></span> <input type="text"/> Postcode <input type="text"/> Telephone number <input type="text"/>
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 **This now completes the mandatory question and answer part of your application. The following green sections are all additional questionnaires which you only need to complete if we've asked you to in one of the previous questions, or if you need to provide us with additional information. Please now ensure you read and sign the Client Declaration and Statement of consent in Part 9 and complete the Direct Debit instruction in Part 10.**

## PART 4 – PERSONAL ASSURANCE QUESTIONNAIRE

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

- 1. Do you have, or are you applying for, any other Life cover with another insurance company?**  
**This includes any Life cover provided by your employer.**  
**If 'Yes'** and you need more space, please use the Additional Information section in Part 8.

Client one	Client two
Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If 'Yes', please give details:</b> Company <input type="text"/> Start date <input type="text"/> Policy type <input type="text"/> Term <input type="text"/> years Amount of cover £ <input type="text"/> Reason for cover <input type="text"/> Will this policy remain in force/be going ahead? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any other policy(ies) to disclose? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If 'Yes', please give the same details as above for the other policy(ies), in Part 8 (Additional Information) before continuing with this section.</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If 'Yes', please give details:</b> Company <input type="text"/> Start date <input type="text"/> Policy type <input type="text"/> Term <input type="text"/> years Amount of cover £ <input type="text"/> Reason for cover <input type="text"/> Will this policy remain in force/be going ahead? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any other policy(ies) to disclose? Yes <input type="checkbox"/> No <input type="checkbox"/> <b>If 'Yes', please give the same details as above for the other policy(ies), in Part 8 (Additional Information) before continuing with this section.</b>

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

<b>Current year</b>	Earned Income £ <input type="text"/>	<b>Current year</b>	Earned Income £ <input type="text"/>
<b>Last year</b>	Earned Income £ <input type="text"/>	<b>Last year</b>	Earned Income £ <input type="text"/>
<b>Previous year</b>	Earned Income £ <input type="text"/>	<b>Previous year</b>	Earned Income £ <input type="text"/>

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

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

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

<b>Current year</b>	Earned Income £ <input type="text"/>	<b>Current year</b>	Earned Income £ <input type="text"/>
<b>Last year</b>	Earned Income £ <input type="text"/>	<b>Last year</b>	Earned Income £ <input type="text"/>
<b>Previous year</b>	Earned Income £ <input type="text"/>	<b>Previous year</b>	Earned Income £ <input type="text"/>

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

£ <input type="text"/>	£ <input type="text"/>
------------------------	------------------------

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

	Client one	Client two
<p><b>5. What is the total value of your liabilities?</b></p>	£ <input type="text"/>	£ <input type="text"/>
<p><b>6. Please give details of the number of dependants you have and their relationship to you.</b> If you need space for more dependants, please use the Additional Information section in Part 8.</p>	<input type="text"/>	<input type="text"/>
<p><b>7. Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following?</b> <b>Bribery, Corruption, Counterfeiting, Embezzlement, Fraud, Money laundering, Tax evasion.</b> Please ignore any conviction that is spent under the Rehabilitation of Offenders Act. Please tick only one answer.</p>	<p>Investigated <input type="checkbox"/> Convicted <input type="checkbox"/></p> <p>Arrested <input type="checkbox"/> Prosecution pending <input type="checkbox"/></p> <p>Charged <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have been investigated, arrested or charged, please give details:</p> <input type="text"/>	<p>Investigated <input type="checkbox"/> Convicted <input type="checkbox"/></p> <p>Arrested <input type="checkbox"/> Prosecution pending <input type="checkbox"/></p> <p>Charged <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have been investigated, arrested or charged, please give details:</p> <input type="text"/>
<p><b>8. If this application is required to cover a liability for Inheritance Tax or Capital Gains Tax, please tick whichever applies.</b> If <b>neither</b> of these apply, tick 'Neither'.</p>	<p>Inheritance Tax <input type="checkbox"/></p> <p>Capital Gains Tax <input type="checkbox"/></p> <p>Neither <input type="checkbox"/></p>	<p>Inheritance Tax <input type="checkbox"/></p> <p>Capital Gains Tax <input type="checkbox"/></p> <p>Neither <input type="checkbox"/></p>

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

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

# PART 5 – HAZARDOUS PURSUITS QUESTIONNAIRE

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

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

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

Client one

Client two

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

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

Yes  No

Yes  No

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

Yes  No

Yes  No

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

UK only  Europe only

UK only  Europe only

Other

Other

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

Yes  No

Yes  No

6. Do you, or are you likely to, take part in aerobatics, expeditions, record attempts, testing of any equipment or underwater internal wreck exploration, in connection with this hobby or pursuit?

Yes  No

Yes  No

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

times a year

times a year

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

hours a year

hours a year

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

<b>Motor car and Motorcycle sport</b>	Type of motor sport <input style="width: 150px;" type="text"/>
	Maximum engine size used <input style="width: 50px;" type="text"/> cc
<b>Mountaineering or Rock climbing</b>	Maximum height you climb to <input style="width: 50px;" type="text"/> metres
	Severity level you climb to <input style="width: 150px;" type="text"/>
<b>Parachuting, Sky diving or BASE jumping</b>	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sailing</b>	Type of sailing – For example, offshore category 1 or 2 <input style="width: 150px;" type="text"/>
<b>Powerboat racing and Extreme sports</b>	Full details <input style="width: 150px;" type="text"/>
<b>Underwater diving</b>	Maximum depth you dive to <input style="width: 50px;" type="text"/> metres

<b>Motor car and Motorcycle sport</b>	Type of motor sport <input style="width: 150px;" type="text"/>
	Maximum engine size used <input style="width: 50px;" type="text"/> cc
<b>Mountaineering or Rock climbing</b>	Maximum height you climb to <input style="width: 50px;" type="text"/> metres
	Severity level you climb to <input style="width: 150px;" type="text"/>
<b>Parachuting, Sky diving or BASE jumping</b>	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sailing</b>	Type of sailing – For example, offshore category 1 or 2 <input style="width: 150px;" type="text"/>
<b>Powerboat racing and Extreme sports</b>	Full details <input style="width: 150px;" type="text"/>
<b>Underwater diving</b>	Maximum depth you dive to <input style="width: 50px;" type="text"/> metres

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

Yes  No

Yes  No



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

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

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

**PART 6 – MEDICAL QUESTIONNAIRE**



Please only complete this if you have answered yes to any health questions on page 10 or 11. If you have more than one condition to tell us about, use this page to give details of the first condition, use the next questionnaire for the second, and then either use the Additional Information section on page 20 or photocopy this page to give us the same details for any further conditions.

**MEDICAL QUESTIONNAIRE 1**

	Client one	Client two
<b>1. What health question number (for example 1a, 1b, 2c) does this information relate to?</b>	Part 2: Question	Part 2: Question
<b>2. Name of actual medical condition, illness or injury</b> If growth or lump, also state the part of body affected.		
<b>3. How long ago did the condition first occur?</b>	_____ years _____ months	_____ years _____ months
<b>4. How often do you have symptoms?</b> Please tick appropriate box – do not enter anything else in the box.	No symptoms now <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/>	No symptoms now <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/>
<b>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.</b>	Never had a major attack <input type="checkbox"/> Currently or at present <input type="checkbox"/> Other _____ years _____ months	Never had a major attack <input type="checkbox"/> Currently or at present <input type="checkbox"/> Other _____ years _____ months
<b>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?</b> Please answer both parts of this question	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? _____ years _____ months Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? _____ years _____ months	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? _____ years _____ months Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? _____ years _____ months
<b>7. In the last 5 years, in total, how much time off your normal work or daily activities have you had for this condition?</b>	_____ weeks _____ days If you haven't taken time off, please enter '0'.	_____ weeks _____ days If you haven't taken time off, please enter '0'.
<b>8. If you have had time off, how long ago was the most recent occasion?</b> Not applicable if you have answered '0' to the question above.	_____ years _____ months If you are currently off work, please enter '0'.	_____ years _____ months If you are currently off work, please enter '0'.
<b>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?</b> Please answer all three parts of this question	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? _____ Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? _____ Referral to a specialist Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? _____	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? _____ Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? _____ Referral to a specialist Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? _____
<b>10. Are you currently receiving treatment for this condition?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all. _____	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all. _____
<b>11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question in Part 2?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please complete the second Medical Questionnaire overleaf before returning to Part 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please complete the second Medical Questionnaire overleaf before returning to Part 2.

## MEDICAL QUESTIONNAIRE 2



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

	Client one	Client two
<b>1. What health question number (for example 1a, 1b, 2c) does this information relate to?</b>	Part 2: Question	Part 2: Question
<b>2. Name of actual medical condition, illness or injury</b> If growth or lump, also state the part of body affected.		
<b>3. How long ago did the condition first occur?</b>	years months	years months
<b>4. How often do you have symptoms?</b> Please tick appropriate box – do not enter anything else in the box.	No symptoms now <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/>	No symptoms now <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily <input type="checkbox"/>
<b>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.</b>	Never had a major attack <input type="checkbox"/> Currently or at present <input type="checkbox"/> Other years months	Never had a major attack <input type="checkbox"/> Currently or at present <input type="checkbox"/> Other years months
<b>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?</b>	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', how long ago? years months
<b>7. In the last 5 years, in total, how much time off your normal work or daily activities have you had for this condition?</b>	weeks days If you haven't taken time off, please enter '0'.	weeks days If you haven't taken time off, please enter '0'.
<b>8. If you have had time off, how long ago was the most recent occasion?</b> Not applicable if you have answered '0' to the question above.	years months If you are currently off work, please enter '0'.	years months If you are currently off work, please enter '0'.
<b>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?</b>	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Referral to a specialist Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when?	Surgery or operation Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Other hospital admission (including overnight stay) Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when? Referral to a specialist Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', when?
<b>10. Are you currently receiving treatment for this condition?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.  	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.  
<b>11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question in Part 2?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the same details as above, for the other medical condition(s), in Part 8 (Additional Information) before returning to Part 2.	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please give the same details as above, for the other medical condition(s), in Part 8 (Additional Information) before returning to Part 2.



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

# PART 7 – POLICY OWNER QUESTIONNAIRE

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

- The Policy Owner is the person who will be the owner of any benefits paid out on the policy.
- Please note, if the Policy Owner is not the Client(s) **they must be over 18 and have an insurable interest** in the Client(s).
- Please consult your Financial Adviser if you wish to assign your policy to someone else once the policy has been accepted and issued.
- Your Financial Adviser can help you to complete this section.

Policy Owner	Second Policy Owner (if applicable)
--------------	-------------------------------------

**1. Is the Policy Owner an individual or a business?**



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

An individual  A business

An individual  A business

**2. What is the name of the Policy Owner?**

Give the full name **or** business name as applicable.

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

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



Surname

**or**

Business name

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

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



Surname

**or**

Business name

**3. Contact name within the organisation?**



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

Spouse	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Business Partner	<input type="checkbox"/>	Ex-spouse	<input type="checkbox"/>
Cohabiting Partner	<input type="checkbox"/>	Ex-partner	<input type="checkbox"/>
Registered Civil Partner	<input type="checkbox"/>	Dissolved Registered Civil Partner	<input type="checkbox"/>
Creditor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Co-shareholder	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="text"/>			

Spouse	<input type="checkbox"/>	Employer	<input type="checkbox"/>
Business Partner	<input type="checkbox"/>	Ex-spouse	<input type="checkbox"/>
Cohabiting Partner	<input type="checkbox"/>	Ex-partner	<input type="checkbox"/>
Registered Civil Partner	<input type="checkbox"/>	Dissolved Registered Civil Partner	<input type="checkbox"/>
Creditor	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Co-shareholder	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="text"/>			

**5. What is the Policy Owner's current address?**

Please give the full address (including postcode) of the person or business who is to own the policy(ies).

  
  
  

Postcode

  
  
  

Postcode

**6. What are the Policy Owner's contact details?**

If the policy is to be owned by a business, please give the contact details of the business's representative.

Work phone

  

Home phone

  

Mobile phone

Work phone

  

Home phone

  

Mobile phone

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

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

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

For full details of how Legal & General uses your personal information, please see our Privacy Policy on pages 21-23.

**PART 7 – POLICY OWNER QUESTIONNAIRE** continued

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



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

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

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

For full details of how Legal & General uses your personal information, please see our Privacy Policy on pages 21-23.

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

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

**PART 8 – ADDITIONAL INFORMATION**

**▶ This section only applies if you need more space to answer any questions. If you don't need more space, please now go straight to Part 9.**

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

## PART 9 – CLIENT DECLARATION AND STATEMENT OF CONSENT

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

## PRIVACY POLICY

**This Privacy Policy may be subject to change – you can find the most recent version of this policy on [legalandgeneral.com/privacy-policy](https://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>• Policy underwriting</li> </ul>
<b>Transactional</b>	<ul style="list-style-type: none"> <li>• Bank and/or card details</li> <li>• How you use your product</li> <li>• Changes you make to your product or account</li> </ul>	<ul style="list-style-type: none"> <li>• Servicing your policy</li> <li>• Making sure our products and services are fit for purpose</li> </ul>
<b>Contractual</b>	<ul style="list-style-type: none"> <li>• Your claims history</li> <li>• Your creditworthiness</li> </ul>	<ul style="list-style-type: none"> <li>• Policy underwriting</li> <li>• Making sure the policy is right for you</li> </ul>
<b>Consent and preferences</b>	<ul style="list-style-type: none"> <li>• Ways you want us to market to you</li> </ul>	<ul style="list-style-type: none"> <li>• Marketing</li> </ul>
<b>Technical</b>	<ul style="list-style-type: none"> <li>• Details on the devices and technology you use</li> </ul>	<ul style="list-style-type: none"> <li>• Making sure our products and services are fit for purpose</li> </ul>
<b>Open data and public records</b>	<ul style="list-style-type: none"> <li>• Electoral register</li> <li>• Land register</li> <li>• Other information about you that is openly available on the internet</li> </ul>	<ul style="list-style-type: none"> <li>• Policy administration</li> </ul>
<b>Documentary data and national identifiers</b>	<ul style="list-style-type: none"> <li>• Details about you that are stored in documents like:</li> <li>• Your passport</li> <li>• Driver's licence</li> <li>• Birth certificate</li> <li>• National Insurance number</li> </ul>	<ul style="list-style-type: none"> <li>• Prevent financial crime</li> </ul>

### WHERE DO WE GET OUR INFORMATION FROM?

- **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](https://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 for.
- 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 for 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 adviser(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 of 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](https://www.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

Address: 1 Coleman Street, London EC2R 5AA

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

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

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

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

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

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

#### Client one

Name

Date of birth

Signature

Date

#### Client two

Name

Date of birth

Signature

Date

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

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

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

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

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

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

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

**We will not ask your doctor to reveal information about:**

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

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

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

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

**Declaration of Consent**

I consent to Legal & General, in line with their Privacy Policy, asking any doctor I have consulted about my physical or mental health to provide a medical report so that they may assess my application. I authorise those asked to provide a medical report when they see a copy of this consent form. This consent is valid for six months from today’s date.

Signature:

Date (DDMMYYYY):

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

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

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Current Address:	<input type="text"/> <input type="text"/> <input type="text"/>	GP Address: <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth (DDMMYYYY):	<input type="text"/>	Surgery Name: <input type="text"/>

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**Declaration of Consent**

I consent to Legal & General, in line with their Privacy Policy, asking any doctor I have consulted about my physical or mental health to provide a medical report so that they may assess my application. I authorise those asked to provide a medical report when they see a copy of this consent form. This consent is valid for six months from today's date.

Signature:

Date (DDMMYYYY):

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

# PART 11 – DIRECT DEBIT INSTRUCTION

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

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



Originator's Identification Numbers

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

1. Name and full postal address of your bank or building society branch	To:	Bank or Building Society
	Address	
	Postcode	
2. Bank account name		
3. Bank or building society account number	<input type="text"/>	
4. Branch sort code	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	
5. Reference number (Legal & General use only)	<input type="text"/>	
6. Preferred collection date each month	<input type="text"/>	
7. Instruction to your bank or building society	<p>Please pay Legal &amp; General Assurance Society Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.</p> <p>I understand that this instruction may remain with Legal &amp; General Assurance Society Limited and, if so, details will be passed electronically to my bank or building society.</p>	
Banks and building societies may not accept Direct Debit instructions for some types of account	Signature	Signature
	Date <input type="text"/>	Date <input type="text"/>

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

Cut off here and keep the Direct Debit Guarantee somewhere safe



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



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Legal & General Assurance Society Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Legal & General Assurance Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Legal & General Assurance Society Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Legal & General Assurance Society Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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

Check that you've completed everything.

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

**Section A** Client and product details:

**Section B** Full application details:

**All Clients (parts 1-3 and 9-11)**

Part 1

Part 2

Part 3

**Additional questionnaires, as applicable (parts 4-8)**

– **Personal Assurance Questionnaire:** if you have ticked 'Yes' to the Personal Assurance question in Part 1 and require Family Protection.

Part 4

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

Part 5

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

Part 6

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

Part 7

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

Part 8

**All Clients (part 1-3 and 9-11)**

Please make sure that you have also:

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

Part 9

– fully completed, signed and dated the **Medical Consent form**.

Part 10A/B

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

Part 11

## Contact us



legalandgeneral.com

### Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055.

Registered office: One Coleman Street, London EC2R 5AA

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

W10243 01/21

