

Acceptance form

Lifetime Care Plan

Once you've completed this form, please return it along with the required enclosures to:

Legal & General Retirement
PO Box 809
Cardiff
CF24 0YL

You can also email this form to **lcp@landg.com**. We require all signatures to be signed by hand.

Please don't send any confidential information by unencrypted email, as this is not secure. If you do not have your own secure email solution, please send a blank email to **lcp@landg.com**, with the subject 'Legal & General Secure Email Request'. We will then send you an invitation to log in to our secure email system, which you can use to return the form securely.

We will already have sent you a quote(s), illustrating the possible income available to you from a Legal & General Lifetime Care Plan. This application relates to that quote(s). Please provide the quote number(s) below you wish to accept. We can't process your application without this information.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>
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The annuity rate used in your quote is guaranteed for a limited period. For this rate to apply, we must receive all funds before the date shown in the 'Important information' section of your quote. If the funds are received after this date then the rate available at that time will apply.



Your Lifetime Care Plan quote has been issued based on the information you have provided. Before signing this acceptance form, we recommend that you read the terms in the quote alongside the Key Features Document and the Terms and Conditions to ensure this plan meets your requirements. If any of your circumstances or your health situation has changed, please ask your financial adviser to request a new quote on your behalf as if there are any changes, we may change or withdraw your quote.

1 Enclosures

- Care Provider Declaration
- Proof of identity
- Proof of address
- Payment equal to the purchase amount stated in your quote:**
BACS to sort code 20-19-90, account 60410772 using your quote number as the payment reference

OR

Cheque payable to Legal & General Assurance Society Limited

- If you are acting as the customer's legal representative, we will require either:**

Original Deputyship Order

OR

Original Power of Attorney, or a copy that has been certified by a solicitor as a true copy on every page. We are able to accept scanned copies, however these will need to be verified by the Office of the Public Guardian before we can authorise the policy. This will likely delay the first payment.

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

2 About you

 Please complete this section in full. If you are completing this section as the customer's legal representative, please make sure you use the customer's details, not your own.

1. What is your full name and title? Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

2. What is your date of birth?

D D M M Y Y Y Y

3. Address is the care provider's address, as per the Care Provider Declaration

OR

Care will be received at an alternative address (home address, for example)

Address

Postcode

4. What is your National Insurance number?

For example, AB 123456 C

3 About your legal representative (if applicable)

 Please complete this section in full. We require these details to verify their identity, and to issue any future correspondence.

1. What is their full name and title? Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

2. What is their date of birth?

D D M M Y Y Y Y

3. Address is the same as the address on the Deputyship Order or Power of Attorney document

OR

Their address is:

Address

Postcode

4 Source of funds

1. Accumulated personal savings
2. Sale of home
3. Equity release
4. Other (please provide details)

Please note that we may request further information in relation to the funds being used for money laundering and compliance purposes.

5 Declaration

 **Please remember that it is a serious offence to make false statements; the penalties are severe and could lead to prosecution.**

As a qualifying individual, I apply for a Lifetime Care Plan as described in the Key Features and on the terms set out in the quote. I confirm that I have read and agree to the Terms and Conditions and the Important Information section of the quote. I declare that the answers given to the questions in my application are true and complete. I also declare that my circumstances and health have not changed since I requested this quote.

I agree that the Lifetime Care Plan will come into force once I have accepted the terms offered by Legal & General and the purchase amount has been received by Legal & General.

I instruct Legal & General to pay my adviser the adviser charge shown on the quote.

I understand that while I continue to receive care from a UK Registered Care Provider that the plan will be an 'Immediate Needs Annuity' (as defined in the Lifetime Care Plan Terms and Conditions) and under current legislation, there should be no liability to income tax in respect of my payments. The payments will be made to the UK Registered Care Provider without deducting tax.

I understand that if payment is made to a care provider or any other party that is not a UK Registered Care Provider, I may be liable to income tax.

I give permission for Legal & General to approach my Care Provider from time to time to confirm my existence and validate that I continue to receive care provision. Legal & General may also:

- discuss the Lifetime Care Plan with my care provider.
- notify my care provider of, or seek any information from them about any change of circumstance which affects my Lifetime Care Plan.
- share with my care provider any information about my Lifetime Care Plan and seek any information about any complaint that I may have made to them and any matter which may result in them being unable to provide care or otherwise affect the standard of care provided

(including any matter which may affect their financial condition and/or solvency).

I agree that I will inform Legal & General immediately of any change in circumstance, including:

- if I no longer receive care from a UK Registered Care Provider.
- if I become aware that I will cease to receive care from a UK Registered Care Provider in the future.
- if I intend to receive care from a UK Registered Care Provider other than the one listed in the questionnaire.
- If I am not currently receiving care from a UK Registered Care Provider but expect to do so in the future.

I understand that this plan has no cash-in value at any time, but this does not affect my right to cancel as set out in the section entitled 'Cancellation' in the Lifetime Care Plan Terms and Conditions.

I will request that my Care Provider or legal representative informs Legal & General when I die.

I acknowledge that Legal & General is not responsible for meeting any costs of care which exceed the payments received under the Lifetime Care Plan.

I understand that Legal & General will collect, store and use my personal information which will include medical details.

I agree to the use of my information as described in the Legal & General Privacy Policy in section 4 of the Care Fees Plan Questionnaire.

I agree that Legal & General will pay the adviser charge on my behalf to my financial adviser as detailed in my quote. Legal & General will pay this adviser charge to them when this plan starts. In the event that my Lifetime Care Plan is cancelled, Legal & General will not refund the adviser charge.

To be completed in all cases

Signature of customer or legal representative

Signature

Date

Signed by

D

D

M

M

Y

Y

Y

Y

Customer

Legal Representative

6 Financial adviser details

1. Was financial advice given?
2. Do you hold CF8 or another FCA approved Long Term Care Qualification?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

 **If you've answered 'no' to either of the two previous questions then we will be unable to process the application.**

3. Name
4. Individual Reference Number as displayed on the FCA register
5. Company name

Address

Postcode

6. Company Reference Number as displayed on the FCA register
7. Partner code (if applicable)

If the customer has signed the application (rather than a legal representative), we will assume that you, the financial adviser, have considered the mental capacity of the customer to agree to the terms of this plan as part of the advice process. If any concerns are raised by us about the customer's capacity as part of the process, then we will only proceed with setting up the plan once a Power of Attorney or Deputyship Order is provided.

I confirm that to the best of my knowledge my answers are full and accurate.

Signature

Date

7 Important information

If you wish to cancel the Lifetime Care Plan, you must contact us within 30 days of the start date. Our contact details can be found on your quote..

We will then cancel the plan and refund your original premium (purchase amount less any adviser charge) less any payments we've already made. If you do not cancel within 30 days, your Lifetime Care Plan will continue with us and we will pay the monthly payments for the rest of your life in accordance with the quote you accepted.

If your care provision changes and you no longer receive care from a UK Registered Care Provider, the Lifetime Care Plan will continue to be paid but you may need to pay tax on a proportion of your payments. You must inform us as soon as possible of any changes to your care provision.

Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055.

Registered office: One Coleman Street, London, EC2R 5AA.

Legal & General Assurance Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.