

Application Form (SAB8)

Business Protection

Welcome to Legal & General.

This form is designed to mirror OLP Connect. It is made up of three parts:

Part A – Quote

Part B – Standard Underwriting

Part C – Client Declaration and Direct Debit

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

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

Adviser Declaration – For adviser use only

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

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

Legal & General do not require you to provide proof of identification for clients or 3rd party payers, as we will complete our own checks. All intermediaries should maintain processes to prevent them from being used to further financial crime, and Legal & General's requirements do not prevent them from collecting client verification for their own purposes.

Basis of Advice Declaration

To meet our 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



Tips for completing this application form

- Pages 3 to 17 and 29 to 35 **must be completed**.
- Pages 18 to 28 are additional questionnaires which **only need to be completed if you are instructed to do so** within the form.
- **For joint life plans**, please complete Client 1 and Client 2 sections, each client must fill out their own details.
- **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 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 name and the practice name and address (including their postcode).
- Your bank account details.

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

Important Customer Information

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

Your medical information

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

Genetic Testing

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

Complaints Procedure

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

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 (on pages 29-32) or visit: legalandgeneral.com/privacy-policy

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

OLP Connect – Quote

Business Protection

Part A is designed to mirror the quote section in OLP Connect so that you can capture your client’s requirements in advance and complete the quote in OLP Connect.

BASIC DETAILS

	Client one	Client two
Full name and title Please ensure you give all of your names.	Mr/Mrs/Miss/Ms/Dr/Rev/Other <input type="text"/> Forename(s) in full <input type="text"/> Surname <input type="text"/>	Mr/Mrs/Miss/Ms/Dr/Rev/Other <input type="text"/> Forename(s) in full <input type="text"/> Surname <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (DDMMYYYY)	<input type="text"/>	<input type="text"/>
During the last 12 months have you smoked any cigarettes, cigars, a pipe or used nicotine replacements?	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’ve smoked any cigarettes, cigars, a pipe, used e-cigarettes (whether or not they contain nicotine), or used nicotine replacements at all in the last 12 months you need to answer ‘ Yes – regularly or Yes – occasionally ’.	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’ve smoked any cigarettes, cigars, a pipe, used e-cigarettes (whether or not they contain nicotine), or used nicotine replacements at all in the last 12 months you need to answer ‘ Yes – regularly or Yes – occasionally ’.
Employment status	Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Contract worker <input type="checkbox"/> Self employed <input type="checkbox"/>	Full time employment <input type="checkbox"/> Part time employment <input type="checkbox"/> Contract worker <input type="checkbox"/> Self employed <input type="checkbox"/>
Email address*	<input type="text"/>	<input type="text"/>
*Legal & General need your email address in order to contact you about your application and to provide you with secure access to your policy information once you have bought your policy. This will enable Legal & General to provide you with an improved experience whilst helping to protect the environment by reducing the amount of paper we use to set up your policy.		

BUSINESS PROTECTION PRODUCTS

Please note:

- **CIC** stands for Critical Illness Cover throughout this application.
- **Start date.** If this plan replaces another, please consider the premium collection date of your existing plan, to reduce the possibility of double cover.

PRODUCT SELECTION

PRODUCT DETAILS

Reason for Purchase Business Protection <input type="checkbox"/>	Amount of Cover £ <input type="text"/> or Premium £ <input type="text"/>	Premium Frequency Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Length of Cover <input type="text"/> yrs	
Select Client Client 1 only (single life) <input type="checkbox"/> Client 2 only (single life) <input type="checkbox"/> Both (joint life) <input type="checkbox"/>	Reason for Business Protection Key Person Protection <input type="checkbox"/> Partner Share Protection <input type="checkbox"/> Director Share Protection <input type="checkbox"/> Business Loan Protection <input type="checkbox"/> Limited Liability Share Protection <input type="checkbox"/>			
Select a Product Life Insurance <input type="checkbox"/> Increasing Life Insurance <input type="checkbox"/> Life Insurance with Critical Illness Cover <input type="checkbox"/> Increasing Life Insurance with Critical Illness Cover <input type="checkbox"/> Decreasing Life Insurance (Business Loan) <input type="checkbox"/> Decreasing Life Insurance with Critical Illness Cover <input type="checkbox"/>	Total and Permanent Disability Cover Only available on plans that include CIC No – TPD not required <input type="checkbox"/> Yes – Own Occupation <input type="checkbox"/> Yes – Specified Work Tasks <input type="checkbox"/>	Waiver of Premium Benefit No <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	Guaranteed or Reviewable Premiums Guaranteed <input type="checkbox"/> Reviewable (plans that include CIC) <input type="checkbox"/>	Policy Interest Rate Decreasing only <input type="text"/> % Start date (DDMMYYYY) <input type="text"/> <input type="text"/> Or not known <input type="checkbox"/>

PRODUCT SELECTION

PRODUCT DETAILS

Reason for Purchase Business Protection <input type="checkbox"/>	Amount of Cover £ <input type="text"/> or Premium £ <input type="text"/>	Premium Frequency Monthly <input type="checkbox"/> Annual <input type="checkbox"/>	Length of Cover <input type="text"/> yrs	
Select Client Client 1 only (single life) <input type="checkbox"/> Client 2 only (single life) <input type="checkbox"/> Both (joint life) <input type="checkbox"/>	Reason for Business Protection Key Person Protection <input type="checkbox"/> Partner Share Protection <input type="checkbox"/> Director Share Protection <input type="checkbox"/> Business Loan Protection <input type="checkbox"/> Limited Liability Share Protection <input type="checkbox"/>			
Select a Product Life Insurance <input type="checkbox"/> Increasing Life Insurance <input type="checkbox"/> Life Insurance with Critical Illness Cover <input type="checkbox"/> Increasing Life Insurance with Critical Illness Cover <input type="checkbox"/> Decreasing Life Insurance (Business Loan) <input type="checkbox"/> Decreasing Life Insurance with Critical Illness Cover <input type="checkbox"/>	Total and Permanent Disability Cover Only available on plans that include CIC No – TPD not required <input type="checkbox"/> Yes – Own Occupation <input type="checkbox"/> Yes – Specified Work Tasks <input type="checkbox"/>	Waiver of Premium Benefit No <input type="checkbox"/> Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Both <input type="checkbox"/>	Guaranteed or Reviewable Premiums Guaranteed <input type="checkbox"/> Reviewable (plans that include CIC) <input type="checkbox"/>	Policy Interest Rate Decreasing only <input type="text"/> % Start date (DDMMYYYY) <input type="text"/> <input type="text"/> Or not known <input type="checkbox"/>

PRODUCT SELECTION

PRODUCT DETAILS

Reason for Purchase

Business Protection

Amount of Cover

£

or Premium

£

Premium Frequency

Monthly

Annual

Length of Cover

yrs

Select Client

Client 1 only (single life)

Client 2 only (single life)

Both (joint life)

Reason for Business Protection

Key Person Protection

Director Share Protection

Limited Liability Share Protection

Partner Share Protection

Business Loan Protection

Select a Product

Life Insurance

Increasing Life Insurance

Life Insurance with Critical Illness Cover

Increasing Life Insurance with Critical Illness Cover

Decreasing Life Insurance (Business Loan)

Decreasing Life Insurance with Critical Illness Cover

Total and Permanent Disability Cover

Only available on plans that include CIC

No – TPD not required

Yes – Own Occupation

Yes – Specified Work Tasks

Waiver of Premium Benefit

No

Client 1

Client 2

Both

Guaranteed or Reviewable Premiums

Guaranteed

Reviewable (plans that include CIC)

Policy Interest Rate

Decreasing only

%

Start date (DDMMYYYY)

Or not known

PRODUCT SELECTION

PRODUCT DETAILS

Reason for Purchase

Business Protection

Amount of Cover

£

or Premium

£

Premium Frequency

Monthly

Annual

Length of Cover

yrs

Select Client

Client 1 only (single life)

Client 2 only (single life)

Both (joint life)

Reason for Business Protection

Key Person Protection

Director Share Protection

Limited Liability Share Protection

Partner Share Protection

Business Loan Protection

Select a Product

Life Insurance

Increasing Life Insurance

Life Insurance with Critical Illness Cover

Increasing Life Insurance with Critical Illness Cover

Decreasing Life Insurance (Business Loan)

Decreasing Life Insurance with Critical Illness Cover

Total and Permanent Disability Cover

Only available on plans that include CIC

No – TPD not required

Yes – Own Occupation

Yes – Specified Work Tasks

Waiver of Premium Benefit

No

Client 1

Client 2

Both

Guaranteed or Reviewable Premiums

Guaranteed

Reviewable (plans that include CIC)

Policy Interest Rate

Decreasing only

%

Start date (DDMMYYYY)

Or not known

APPLICATION FORM – PART A

OCCUPATION DETAILS



Only applicable for applications which include Critical Illness Cover.
 You don't need to answer this question if you are a houseperson, retired, a student or unemployed.

Please indicate your occupation type from the categories listed opposite.
 If your occupation doesn't fit into one of these categories, tick 'Another category'.

	Client one	Client two
Working in an office-type environment for at least 75% of your typical working day	<input type="checkbox"/>	<input type="checkbox"/>
Retail – for example, salesperson, retailer, shop worker or manager, (except market traders)	<input type="checkbox"/>	<input type="checkbox"/>
Catering – for example, caterer, chef, cook, waiter, waitress, kitchen staff	<input type="checkbox"/>	<input type="checkbox"/>
Education – for example, teacher, lecturer, head teacher, classroom assistant, nursery worker	<input type="checkbox"/>	<input type="checkbox"/>
Healthcare – for example, nursing, medical, surgical, carer	<input type="checkbox"/>	<input type="checkbox"/>
Another category (including market traders)	<input type="checkbox"/>	<input type="checkbox"/>
If 'Healthcare', please select:		
Nurse, staff nurse, charge nurse, sister, matron, auxiliary, paramedic, practice nurse, dental nurse, district nurse, midwife	<input type="checkbox"/>	<input type="checkbox"/>
Surgeon, anaesthetist, obstetrician, gynaecologist, dentist, dental hygienist, carer, care assistant, social worker, physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
Physician, medical or general practitioner, hospital doctor (other than surgeon, anaesthetist, obstetrician or gynaecologist – see above) , psychiatrist, osteopath	<input type="checkbox"/>	<input type="checkbox"/>

Client one	Client two
<p>If 'Another category', please give details:</p> <p>Occupation*</p> <p>Occupation class</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>*Please complete for main occupation only.</p>	<p>If 'Another category', please give details:</p> <p>Occupation*</p> <p>Occupation class</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/></p> <p>*Please complete for main occupation only.</p>

The occupation class is to be completed by your financial adviser.

OLP Connect – Standard Underwriting (SAB7)

Business Protection

Part B is designed to mirror the Standard Underwriting route in OLP Connect so that you can capture your client’s answers in advance and complete the application in OLP Connect. This form **cannot** be used with the Interactive Underwriting route.

PERSONAL DETAILS

Client one

Client two

What is your contact address, including postcode?

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

As Client 1 <input type="checkbox"/>

Phone Numbers

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

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

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

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

Please check that you’ve filled in your postcode.

As Client 1 <input type="checkbox"/>

EXISTING POLICIES

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

Yes No

Yes No

Policy Number(s)

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

PERMISSION TO REQUEST A MEDICAL REPORT FROM YOUR DOCTOR

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

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

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

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

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

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

Things you need to know before you give your consent

- If you would like to see a copy of the report before Legal & General receive it, please let Legal & General know below. You will then have 21 days from the date Legal & General request the report to arrange an appointment with your doctor to see it.
- If you read the report and think that anything is incorrect or misleading you may ask your doctor to amend it, or you may attach a personal statement to the report before it's sent to Legal & General.
- Your doctor may decide not to show you the report if he or she feels that it would cause physical or mental harm to you or others.
- You can request to see a copy of the report any time within 6 months from the date your doctor sends it to Legal & General.
- Legal & General will not request a medical report from your doctor without your consent to do so. Though please be aware that Legal & General may not be able to offer you the cover requested without seeing a medical report.

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

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

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

To see an example of the questions Legal & General will ask your GP please visit the following website legalandgeneral.com/lifemedicalquestions

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

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

Declaration of Consent

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

Signature:

Date (DDMMYYYY):

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

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

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

Things you need to know before you give your consent

- If you would like to see a copy of the report before Legal & General receive it, please let Legal & General know below. You will then have 21 days from the date Legal & General request the report to arrange an appointment with your doctor to see it.
- If you read the report and think that anything is incorrect or misleading you may ask your doctor to amend it, or you may attach a personal statement to the report before it's sent to Legal & General.
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Signature:

Date (DDMMYYYY):

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

DOCTOR'S DETAILS

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

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

Doctor's name Practice/clinic name and address (including postcode) Postcode Telephone number	Doctor's name Practice/clinic name and address (including postcode) As client 1 <input type="checkbox"/> Postcode Telephone number
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WORK, TOTAL COVER AND TRAVEL

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

Client one Please tick to confirm you've read the above statement. <input type="checkbox"/>	Client two Please tick to confirm you've read the above statement. <input type="checkbox"/>
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▶ If you're a houseperson, retired, a student or unemployed, please ignore this question and proceed to the next question.

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

If 'Yes', tick all that apply.

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

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

	Client one	Client two
Outside at heights over 15 metres (50 ft) for more than 5 hours during a typical week	<input type="checkbox"/>	<input type="checkbox"/>
The Armed Forces or as a member of the Armed Forces Reserves	<input type="checkbox"/>	<input type="checkbox"/>
Flying as a pilot or member of a flight crew (this does not include cabin crew or flying in the Armed Forces)	<input type="checkbox"/>	<input type="checkbox"/>
Motor car sport driving	<input type="checkbox"/>	<input type="checkbox"/>
Motorcycle sport riding	<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"/>
None of the above	<input type="checkbox"/>	<input type="checkbox"/>

What is your occupation if you haven't told us already in this form and you've ticked one of the occupations in this question?

Client one Occupation*	Client two Occupation*
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*If you have more than one, please state your main occupation only.

Including this application, will the total amount of cover on your life for business purposes exceed £1,500,000 life cover or £750,000 critical illness cover?

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

Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes': How much business protection life cover do you have? £ <input type="text"/> How much business protection critical illness cover do you have? Enter an amount if you answered yes to this question and this application includes critical illness cover. £ <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes': How much business protection life cover do you have? £ <input type="text"/> How much business protection critical illness cover do you have? Enter an amount if you answered yes to this question and this application includes critical illness cover. £ <input type="text"/>
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▶ If you've answered 'Yes' to the above question, please complete the Business Assurance Questionnaire (page 18) BEFORE continuing with the next question.

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

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

Client one

Yes No

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

Africa – Algeria, Egypt, Libya, Morocco, Tunisia

Africa – other The Caribbean

Russia or Ukraine Thailand

Client two

Yes No

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

Africa – Algeria, Egypt, Libya, Morocco, Tunisia

Africa – other The Caribbean

Russia or Ukraine Thailand

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

Please ignore travel as a member of the Armed Forces.

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

Yes No

If 'Yes', please give the following details:

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

Do you plan to leave the UK permanently? Yes No

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

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

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

Yes No

If 'Yes', please give the following details:

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

Do you plan to leave the UK permanently? Yes No

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

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

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

HAZARDOUS ACTIVITIES

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

Please ignore one-off bungee and parachute jumps.

If 'Yes', tick all that apply.

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

Client one

Caving or Potholing

Flying (other than as a fare-paying passenger)

Hang gliding or Paragliding

Motor car sport driving

Motorcycle sport riding

Mountaineering or Rock climbing

Parachuting, Sky diving or BASE jumping

Powerboat racing

Sailing other than inland

Underwater diving

Any Extreme Sport, for example bungee jumping, canyoning, white water rafting

None of the above

Client two

Caving or Potholing

Flying (other than as a fare-paying passenger)

Hang gliding or Paragliding

Motor car sport driving

Motorcycle sport riding

Mountaineering or Rock climbing

Parachuting, Sky diving or BASE jumping

Powerboat racing

Sailing other than inland

Underwater diving

Any Extreme Sport, for example bungee jumping, canyoning, white water rafting

None of the above

If you've ticked any of the activities listed in the question above, please complete the Hazardous Activities Questionnaire (page 22) BEFORE continuing with the next question.

GENERAL HEALTH AND LIFESTYLE

i Please don't assume that Legal & General 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 Legal & General about any genetic test results concerning Huntington's disease, for life insurance over £500,000 in total. This is because the Government has approved this test for insurers to use. The total is for any life insurance application being made now together with any life insurance you have already. You don't need to tell Legal & General about any other genetic test result. However, you must tell Legal & General if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. You must also tell Legal & General of any family history of a medical condition as asked for in the relevant question in this application. If you want to tell Legal & General about a negative genetic test result, we'll be willing to consider this when setting your premium. A copy of the Concordat and Moratorium on Genetics and Insurance is available from Legal & General on request or from the ABI website abi.org.uk

Client one

Client two

What is your height (without shoes)?

 m OR ft in

 m OR ft in

What is your weight (in indoor clothes)?

 kg OR st lb

 kg OR st lb

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

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

 cm OR in
 OR UK dress, skirt or trouser size

 cm OR in
 OR UK dress, skirt or trouser size

Complete only one answer.

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

How many cigarettes do you smoke on average each day?

 cigarettes per day

 cigarettes per day

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

During the last 5 years have you used any of the drugs listed opposite?

We'll only use the answer to this question to assess your application and at claim stage. Therefore there are no 'legal implications' in answering yes to this question.

- Recreational drugs other than cannabis, for example cocaine, ecstasy, heroin
- Methadone
- Anabolic steroids not prescribed by a doctor

Yes No

- Recreational drugs other than cannabis, for example cocaine, ecstasy, heroin
- Methadone
- Anabolic steroids not prescribed by a doctor

Yes No

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

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

Tested positive for HIV

Awaiting results of HIV test

No

Tested positive for HIV

Awaiting results of HIV test

No

How often do you drink alcohol?

Tick only one answer.

Never On special occasions only

Monthly or less frequently Two or three times a month

Weekly

Never On special occasions only

Monthly or less frequently Two or three times a month

Weekly

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

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

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

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

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

Have you ever :

Tick all that apply.

Been referred to or been seen by an alcohol specialist?

Attended or been advised to attend an alcohol support group?

Been told that you have any liver damage, which may have been caused by alcohol?

None of the above

Been referred to or been seen by an alcohol specialist?

Attended or been advised to attend an alcohol support group?

Been told that you have any liver damage, which may have been caused by alcohol?

None of the above

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

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

Yes No

If '**Yes**', when was this?

Please tell us what you were drinking and the amount.

Yes No

If '**Yes**', when was this?

Please tell us what you were drinking and the amount.

HEALTH – EVER

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

Have you ever:

	Client one		Client two	
a) had diabetes or a heart condition, for example angina, heart attack, heart valve problem, heart surgery?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) had a stroke, mini stroke, transient ischaemic attack (TIA), brain haemorrhage or surgery to your blood vessels? Please ignore varicose veins unless there's ulceration present.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) had cancer, Hodgkin lymphoma, Non-Hodgkin lymphoma, leukaemia or a melanoma?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) had a cyst, growth or tumour in either your brain or spine?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) had any neurological condition or visual disturbance, for example epilepsy, multiple sclerosis, muscular dystrophy, cerebral palsy, motor neurone disease, Parkinson's disease, optic neuritis? Please ignore long and short sightedness that's been corrected.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) been admitted overnight to hospital or referred to a psychiatrist for mental illness, anorexia or bulimia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>



If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 23) BEFORE continuing with the next question.

HEALTH – LAST 5 YEARS

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

a) raised blood pressure, raised cholesterol or 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, kidney or bladder stones?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) any condition affecting your stomach, oesophagus or bowel, for example Crohn's disease, ulcerative colitis? Please ignore diarrhoea, food poisoning, sickness or vomiting, stomach bug or upset, provided no hospital investigation was advised or completed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) any condition affecting your gall bladder, liver or pancreas, for example hepatitis, fatty liver?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) any condition affecting your lungs or breathing, for example asthma, emphysema, sleep apnoea, sarcoidosis? Please ignore hay fever and one-off chest infections from which you've fully recovered.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
f) lupus, fibromyalgia, gout or any type 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"/>
g) anxiety, depression or any mental illness that's required treatment or counselling, or chronic fatigue syndrome?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
h) 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"/>
i) chest pain, palpitations or irregular heartbeat, paralysis, numbness, persistent tingling or pins and needles, tremor or 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"/>



If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 23) BEFORE continuing with the next question.

HEALTH – LAST 5 YEARS continued

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

▶ Only answer this question if you're applying for Critical Illness Cover.

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

	Client one	Client two
a) a mole or freckle? Please ignore birthmarks where no treatment or specialist referral has been advised.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) any condition affecting your thyroid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) any condition affecting your ears or hearing, for example Ménière's disease, deafness? Please ignore simple earache and ear infections that have resolved leaving no continuing hearing loss.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
d) any condition affecting your eyes or vision, not wholly corrected by spectacles, lenses or laser treatment, for example cataract, blindness?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
This question is applicable for females only:		
e) any gynaecological condition for which you've not yet been discharged from follow up, or a cervical smear requiring further investigations? Please ignore routine cervical smears if the results have been normal.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

▶ If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 23) BEFORE continuing with the next question.

HEALTH – LAST 12 MONTHS

Apart from anything you've already told us about in this application, during the last 12 months have you:

a) had any medical condition, illness or injury that you've received treatment for over a continuous period of 4 weeks or more? Please ignore oral contraception pill, pregnancy and minor accidents and injuries, for example pulled or strained muscle, torn ligament or tendon, sprained joint, provided they've not kept you off work for 2 weeks or more.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) been referred to or had any investigations in hospital, for example biopsy, scan, ECG? Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

▶ If you've answered 'Yes' to ANY part of the above question, please complete one of the Medical Questionnaires (page 23) BEFORE continuing with the next question.

HEALTH – CONTINUED

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

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

Your doctor or nurse told you to see them about during the next 3 weeks? Please ignore consultations for repeat prescriptions and pregnancy.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
– Unexplained bleeding, weight loss, lump or growth – Unexplained changes with walking, movement or mobility, numbness or tingling, mental functioning, or changes to your vision – Mole or freckle that's bled or changed in appearance – A cough that's lasted for 3 weeks or more – Any other symptom that you may see a health professional about for the first time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

▶ If you've answered 'Yes' to EITHER of the above questions, please complete one of the Medical Questionnaires (page 23) BEFORE continuing with the next question.

FAMILY HISTORY



If you're aged over 50, only answer this question if your application includes Critical Illness Cover. If you're aged 50 or under, please answer this question.

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

If 'Yes', tick all that apply.

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

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

For each condition selected, please give:

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

Client one ✓ No. of relatives affected Youngest age affected Second youngest age affected

Heart attack, Angina, Stroke or Type 2 Diabetes

Cancer of the Breast

Cancer of the Ovary

Cancer of the Bowel (Colon)

Cancer of another site

If 'Cancer of another site', for each relative please tell us the part of the body affected by the 'primary' cancer, that is, where it first occurred in the body.

Cardiomyopathy (primary disorder of the heart muscle)

Multiple Sclerosis

If 'Multiple Sclerosis', please tell us the family member(s) affected:

Mother Father

Brother(s) Sister(s)

Myotonic Dystrophy

Polyposis coli (Familial adenomatous)

Polycystic Kidney Disease

Kennedy's Disease

Motor Neurone Disease

Huntington's Disease

Parkinson's Disease

Alzheimer's Disease

Client two ✓ No. of relatives affected Youngest age affected Second youngest age affected

Heart attack, Angina, Stroke or Type 2 Diabetes

Cancer of the Breast

Cancer of the Ovary

Cancer of the Bowel (Colon)

Cancer of another site

If 'Cancer of another site', for each relative please tell us the part of the body affected by the 'primary' cancer, that is, where it first occurred in the body.

Cardiomyopathy (primary disorder of the heart muscle)

Multiple Sclerosis

If 'Multiple Sclerosis', please tell us the family member(s) affected:

Mother Father

Brother(s) Sister(s)

Myotonic Dystrophy

Polyposis coli (Familial adenomatous)

Polycystic Kidney Disease

Kennedy's Disease

Motor Neurone Disease

Huntington's Disease

Parkinson's Disease

Alzheimer's Disease

continues

FAMILY HISTORY continued

Client one	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Any other condition that runs in your family and that you're receiving regular follow up or screening for				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
If 'Any other condition', please give details of the condition(s) and the results of any investigations.				
<input type="text"/>				
None of the above <input type="checkbox"/>				
Don't know <input type="checkbox"/>				

Client two	✓	No. of relatives affected	Youngest age affected	Second youngest age affected
Any other condition that runs in your family and that you're receiving regular follow up or screening for				
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				
If 'Any other condition', please give details of the condition(s) and the results of any investigations.				
<input type="text"/>				
None of the above <input type="checkbox"/>				
Don't know <input type="checkbox"/>				

TRUST AND OWNERSHIP

Client one
Is it your intention to put any of the policies on this application under Trust?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', which policy(ies)?
<input type="text"/>

Client two
Is it your intention to put any of the policies on this application under Trust?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', which policy(ies)?
<input type="text"/>

i If you've answered 'Yes' to the above question, please contact your financial adviser about the type of trust most appropriate to you and your circumstances.

Are any of the policies on this application to be owned by another individual or business?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', which policy(ies)?
<input type="text"/>

Are any of the policies on this application to be owned by another individual or business?
Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', which policy(ies)?
<input type="text"/>

▶ If you've answered 'Yes' to the above question, please complete a Policy Owner Questionnaire for each policy (page 27) BEFORE continuing with the next question.

▶ This now completes the mandatory question and answer part of your application. The following five 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 complete the Direct Debit instruction in Part C.

QUESTIONNAIRE 1 – BUSINESS ASSURANCE QUESTIONNAIRE

This questionnaire only applies if you have answered 'Yes' to the Total Cover question on page 11.

1. Do you have, or are you applying for, any other life cover with Legal & General or with another insurance company?

This includes any life cover provided by your employer.

If 'Yes' and you need more space, please use the Additional Information section on page 25.

Client one

Yes No

If 'Yes', please give details:

Company

Start date

Policy type

Term years

Amount of cover £

Reason for cover

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

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



If 'Yes', please give the same details as above for the other policy(ies), on page 25 (Additional Information) before continuing with this section.

Client two

Yes No

If 'Yes', please give details:

Company

Start date

Policy type

Term years

Amount of cover £

Reason for cover

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

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

If 'Yes', please give the same details as above for the other policy(ies), on page 25 (Additional Information) before continuing with this section.

2. Do you have, or are you applying for, any other critical illness cover with Legal & General or with another insurance company?

If 'Yes' and you need more space, please use the Additional Information section on page 25.

Yes No

If 'Yes', please give details:

Company

Start date

Policy type

Term years

Amount of cover £

Reason for cover

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

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



If 'Yes', please give the same details as above for the other policy(ies), on page 25 (Additional Information) before continuing with this section.

Yes No

If 'Yes', please give details:

Company

Start date

Policy type

Term years

Amount of cover £

Reason for cover

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

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

If 'Yes', please give the same details as above for the other policy(ies), on page 25 (Additional Information) before continuing with this section.

3. Business details

Trading name

Number of employees

How long has the business been trading? years months

Trading name

Number of employees

How long has the business been trading? years months

4. Please give turnover, gross profit and net profit (before tax) figures for the last three completed years.
 If the business has been trading for between one and three years, please provide figures for all completed years.
 If the business has been trading for less than one year, please provide projected figures.

Client one	Turnover	Gross profit	Net profit (before tax)
Most recent year	£	£	£
Last year	£	£	£
Previous year	£	£	£
Projected figures	£	£	£

Client two	Turnover	Gross profit	Net profit (before tax)
Most recent year	£	£	£
Last year	£	£	£
Previous year	£	£	£
Projected figures	£	£	£

5. Has a loss been reported in the last two years or is a loss due to be reported?
 If you answer 'Yes' to this question please provide a copy of the last two years' reports and accounts. Reports and accounts are also required when a certain amount of cover is reached. Please speak to your Financial Adviser to see if this applies to you.

Yes No

If 'Yes', please give an explanation of why this occurred and give details of any action taken:

Yes No

If 'Yes', please give an explanation of why this occurred and give details of any action taken:

6. What is your exact shareholding in the business and the current value of that shareholding?

Percentage of shares	%	Current value	£

Percentage of shares	%	Current value	£

7. Have you been investigated, arrested, charged, convicted or do you have a prosecution pending for any of the following? Bribery, Corruption, Counterfeiting, Embezzlement, Fraud, Money laundering, Tax evasion.
 Please ignore any conviction that is spent under the Rehabilitation of Offenders Act.
 Please tick only one answer.

Investigated Convicted
 Arrested Prosecution pending
 Charged No

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

Investigated Convicted
 Arrested Prosecution pending
 Charged No

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

▶ If you have selected a product for Business Loan Protection, please continue with the next question. If you haven't selected a product for Business Loan Protection, please now go straight to the Key Person Protection or Share Protection questions.

BUSINESS LOAN PROTECTION

8. Please give details of your business mortgage/loan.
 For some applications, a copy of your loan offer or the latest loan statement of interest may need to be provided. Please speak to your Financial Adviser to see if this applies to you.

What is the reason for your mortgage/loan?
 If 'Other', please give details

Business premises Equipment
 Expansion

Other

Name(s) of lender(s)

Name(s) of borrower(s)

What is the reason for your mortgage/loan?
 If 'Other', please give details

Business premises Equipment
 Expansion

Other

Name(s) of lender(s)

Name(s) of borrower(s)

continues

Client one

Client two

Mortgage/loan amount £

Mortgage/loan term years

Interest rate %

Does the term or amount of cover of this policy differ from the mortgage/loan? Yes No

If 'Yes', please explain why you require this

Type of mortgage/loan:
 New or remortgage Existing arrangement

Repayment basis
 If 'Other', please give details
 Interest only Capital and interest

Other

Mortgage/loan amount £

Mortgage/loan term years

Interest rate %

Does the term or amount of cover of this policy differ from the mortgage/loan? Yes No

If 'Yes', please explain why you require this

Type of mortgage/loan:
 New or remortgage Existing arrangement

Repayment basis
 If 'Other', please give details
 Interest only Capital and interest

Other

9. Are any other policies being taken out to cover this mortgage/loan?

Yes No

If 'Yes', please give full details:

Yes No

If 'Yes', please give full details:



If you have selected a product for Key Person Protection, please continue with question 10. Otherwise:
 – if you have selected a product for Share Protection, please now go straight to question 16; or
 – if you HAVEN'T selected a product for Share Protection, and you have completed this questionnaire then you should return to your application on page 12.

KEY PERSON PROTECTION

10. What is the total remuneration (including dividends, bonuses etc) that you have received in each of the last three years?

Current year £

Last year £

Previous year £

Current year £

Last year £

Previous year £

11. What type of work are you engaged in?

12. Please explain the effect your loss would have on the business.

For example, profits may reduce, key contacts may be lost or you may be the guarantor of a loan.

continues

Client one

Client two

13. Please explain how you have calculated the amount of cover that you need.

For example, this may be the expected loss of profits multiplied by the number of years that it would take the business to recover.

Empty text box for Client one response to Q13.

Empty text box for Client two response to Q13.

14. Is the business taking out any other key person policies, on you or any other key person, or are there any other policies already in force, with another insurance company and/or Legal & General?

If 'Yes', please give full details including amount of cover, contract types and provider(s) names.

If you need more space, please use the Additional Information section on page 25.

Yes No

If 'Yes', please give full details:

Empty text box for Client one response to Q14.

Yes No

If 'Yes', please give full details:

Empty text box for Client two response to Q14.

15. What proportion of the business net profit can fairly be attributed to you?

Input field with % symbol for Client one.

Input field with % symbol for Client two.



If you have selected a product for Share Protection, please continue with question 16. Otherwise, you have completed this questionnaire and you should return to your application on page 12.

SHARE PROTECTION

16. What is the total value of the business and how has this value been calculated?

Please include full details of the calculations, for example Price Earnings (PE) ratios, asset values taken into account.

Form for Client one: £ input field and Calculations text box.

Form for Client two: £ input field and Calculations text box.

17. Are any policies being taken out on other shareholders, partners or members with Legal & General or another insurance company?

If 'Yes', please provide details of all applications and state if any of these are with Legal & General.

If you need more space, please use the Additional Information section on page 25.

Yes No

If 'Yes', please give full details:

Empty text box for Client one response to Q17.

Yes No

If 'Yes', please give full details:

Empty text box for Client two response to Q17.



If you require a product that contains Critical Illness Cover, please continue with the next question. Otherwise you have completed this questionnaire and you should return to your application on page 12.

18. Does the Share purchase (cross option or similar) specify the outcome in the event of critical illness?

Yes No

If 'No', please tell us why:

Empty text box for Client one response to Q18.

Yes No

If 'No', please tell us why:

Empty text box for Client two response to Q18.



Please now return to your application on page 12.

QUESTIONNAIRE 2 – HAZARDOUS ACTIVITIES QUESTIONNAIRE



This questionnaire only applies if you have ticked any of the hazardous activities listed on page 12.

Client one

Client two

1. What is the name of the activity that you have ticked in the Hazardous Activities question on page 12?

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

--	--

If you have ticked more than one activity in the Hazardous Activities question on page 12, **you will need to complete a separate Hazardous Activities Questionnaire for each one.** Use this page to give details of the first activity and then use the Additional Information section (page 25), or photocopy this page, to give the same details for the other activity(ies).

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

Yes No

Yes No

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

Yes No

Yes No

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

UK only Europe only
 Other

UK only Europe only
 Other

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

Yes No

Yes No

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

Yes No

Yes No

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

times a year

times a year

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

hours a year

hours a year

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

Motor car and Motorcycle sport	Type of motor sport <input style="width: 100%;" type="text"/>
	Maximum engine size used cc <input style="width: 90%;" type="text"/>
Mountaineering or Rock climbing	Maximum height you climb to metres <input style="width: 90%;" type="text"/>
	Severity level you climb to <input style="width: 100%;" type="text"/>
Parachuting, Sky diving or BASE jumping	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sailing	Type of sailing – For example, offshore category 1 or 2 <input style="width: 100%;" type="text"/>
Powerboat racing and Extreme Sports	Full details <input style="width: 100%;" type="text"/>
Underwater diving	Maximum depth you dive to metres <input style="width: 90%;" type="text"/>

Motor car and Motorcycle sport	Type of motor sport <input style="width: 100%;" type="text"/>
	Maximum engine size used cc <input style="width: 90%;" type="text"/>
Mountaineering or Rock climbing	Maximum height you climb to metres <input style="width: 90%;" type="text"/>
	Severity level you climb to <input style="width: 100%;" type="text"/>
Parachuting, Sky diving or BASE jumping	Do you take part in free-fall parachuting, competitions, sky diving or sky surfing? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sailing	Type of sailing – For example, offshore category 1 or 2 <input style="width: 100%;" type="text"/>
Powerboat racing and Extreme Sports	Full details <input style="width: 100%;" type="text"/>
Underwater diving	Maximum depth you dive to metres <input style="width: 90%;" type="text"/>

10. Did you tick any other activity(ies) in the Hazardous Activities question on page 12?

Yes No

Yes No



If 'Yes', please give the same details as above, for the other activity(ies), on page 25 (Additional Information).

If 'Yes', please give the same details as above, for the other activity(ies), on page 25 (Additional Information).



You have completed this additional questionnaire. Please return to your application on page 13.

QUESTIONNAIRE 3 – MEDICAL QUESTIONNAIRE



Please only complete this questionnaire if you have answered 'Yes' to any health questions on pages 14 or 15. If you have more than one condition to tell Legal & General about, use this page to give details of the first condition, use the next questionnaire for the second, and then either use the Additional Information section on page 25 or photocopy this page to give us the same details for any further conditions.

MEDICAL QUESTIONNAIRE 1

Client one

Client two

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

2. Name of actual medical condition, illness or injury
If growth or lump, also state the part of body affected.

3. How long ago did the condition first occur?

 years months

 years months

4. How often do you have symptoms?
Please tick appropriate box – do not enter anything else in the box.

No symptoms now Yearly
Monthly Weekly Daily

No symptoms now Yearly
Monthly Weekly Daily

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

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

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

6. In the last 5 years, have you had surgery or an operation, or any other hospital admission (including an overnight stay) for this condition?
Please answer both parts of this question.

Surgery or operation Yes No
If 'Yes', how long ago? years months
Other hospital admission (including overnight stay) Yes No
If 'Yes', how long ago? years months

Surgery or operation Yes No
If 'Yes', how long ago? years months
Other hospital admission (including overnight stay) Yes No
If 'Yes', how long ago? years months

7. In the last 5 years, in total, how much time off your normal work or daily activities have you had for this condition?

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

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

8. If you have had time off, how long ago was the most recent occasion?
Not applicable if you have answered '0' to the question above.

 years months
If you are currently off work, please enter '0'.

 years months
If you are currently off work, please enter '0'.

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

Surgery or operation Yes No
If 'Yes', when?
Other hospital admission (including overnight stay) Yes No
If 'Yes', when?
Referral to a specialist Yes No
If 'Yes', when?

Surgery or operation Yes No
If 'Yes', when?
Other hospital admission (including overnight stay) Yes No
If 'Yes', when?
Referral to a specialist Yes No
If 'Yes', when?

10. Are you currently receiving treatment for this condition?

Yes No
If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.

Yes No
If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.

11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question on pages 14 or 15?



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

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

Client one

Client two

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

Use this page to give details of a second condition and then use the Additional Information section (page 25), or photocopy this page, to give the same details for any further medical condition(s).

2. Name of actual medical condition, illness or injury

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

3. How long ago did the condition first occur?

years months

4. How often do you have symptoms?

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

No symptoms now Yearly
 Monthly Weekly Daily

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

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

6. In the last 5 years, have you had surgery or an operation, or any other hospital admission (including an overnight stay) for this condition?

Please answer both parts of this question.

Surgery or operation Yes No
 If 'Yes', how long ago? years months
 Other hospital admission (including overnight stay) Yes No
 If 'Yes', how long ago? years months

7. In the last 5 years, in total, how much time off your normal work or daily activities have you had for this condition?

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

8. If you have had time off, how long ago was the most recent occasion? Not applicable if you have answered '0' to the question above.

years months
 If you are currently off work, please enter '0'.

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

Please answer all three parts of this question.

Surgery or operation Yes No
 If 'Yes', when?
 Other hospital admission (including overnight stay) Yes No
 If 'Yes', when?
 Referral to a specialist Yes No
 If 'Yes', when?

10. Are you currently receiving treatment for this condition?

Yes No
 If 'Yes', please give the name of medicine or tablet, or details of other treatment, for example physiotherapy. If more than one treatment, please state them all.

11. Do you have any more medical conditions to disclose as a result of answering 'Yes' to a health question on pages 14 or 15?



Yes No
 If 'Yes', please give the same details as above, for the other medical condition(s), on page 25 (Additional Information).

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

ADDITIONAL INFORMATION



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

Client one

Client two

Section Name
and Question No.

Additional Information

Section Name
and Question No.

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 C.

Client one

Section Name
and Question No.

Additional Information

Client two

Section Name
and Question No.

Additional Information

QUESTIONNAIRE 4 – POLICY OWNER QUESTIONNAIRE



This questionnaire only applies if any of the policies on this application are to be owned by another individual or business. If more than one policy is to be owned by someone else you must complete a separate Policy Owner Questionnaire for each – please ask your financial adviser for another questionnaire, as required.

- 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?

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) in full

Surname

or

Business name

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

Forename(s) in full

Surname

or

Business name

3. Contact name within the organisation?

4. What is the Policy Owner's email address?

Email (optional)

Email (optional)

5. What is the Policy Owner's relationship to the client(s)?

Creditor Employer

Co-business owner Trustee

Other

Creditor Employer

Co-business owner Trustee

Other

6. 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

7. 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.

Phone (optional)

Phone (optional)

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

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

I declare that I have insurable interest in the client. I declare that I am a UK resident. I understand that the law governing that contract is the law of England.

For full details of how Legal & General uses your personal information, please see our Privacy Policy on pages 29-32.

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

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

I request that Legal & General Assurance Society Limited issue the proposed policy in my name or the business name. I understand that this request and Declaration and any answers provided by the client in connection with this application, may be taken into account when assessing the acceptance of the application and in calculating the premium. I understand that if any answers to any question are subsequently found to have been incorrect, then it may mean that a claim will be declined and the policy cancelled.

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

▶ If you want another policy(ies) to be owned by someone else, please complete another Policy Owner Questionnaire(s) for each. Otherwise, please return to your application on page 17.

OLP Connect – Client Declaration and Direct Debit

Business Protection

PRIVACY POLICY

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

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

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

WHAT DOES THIS POLICY COVER?

This privacy policy relates to individuals working for/as businesses who enter into agreements with us (e.g. intermediaries, employer broker consultants, trustees and employers). We have a separate privacy policy for retail customers, 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, 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. In most cases this will be limited to business information that relates to you, how these have an impact on our products and services that may be of interest to you and how we manage our relationship:

Type of data	Description	Examples of how we use it
Contact	<ul style="list-style-type: none"> Who you are Where you live How to contact you 	<ul style="list-style-type: none"> Managing and servicing our business relationship Business to Business marketing Analysis Enhancing our product and service offering
Personal Details	<ul style="list-style-type: none"> Age Gender Family details Visual images and personal appearance Financial details Lifestyle and social circumstances 	<ul style="list-style-type: none"> Marketing Analysis and profiling Policy underwriting
Transactional	<ul style="list-style-type: none"> How you may use our products and services 	<ul style="list-style-type: none"> Managing and servicing our business relationship Making sure our products and services are fit for purpose Analysis Enhancing our product and service offering
Contractual	<ul style="list-style-type: none"> Your creditworthiness (if applicable) 	<ul style="list-style-type: none"> Managing and servicing our business relationship
Consent and preferences	<ul style="list-style-type: none"> Ways you want us to market to you 	<ul style="list-style-type: none"> Marketing
Technical	<ul style="list-style-type: none"> Details on the devices and technology you use 	<ul style="list-style-type: none"> Making sure our products and services are fit for purpose
Open data and public records	<ul style="list-style-type: none"> Other information about you that is openly available on the internet 	<ul style="list-style-type: none"> Managing and servicing our business relationship Business to business marketing
Documentary data and national identifiers	<ul style="list-style-type: none"> Company details National Insurance number 	<ul style="list-style-type: none"> Managing and servicing our business relationship Compliance with statutory regulations and to prevent financial crime

WHERE DO WE GET OUR INFORMATION FROM?

- **Information you give us directly (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 a third party or from publicly available sources such as regulatory bodies (e.g. FCA, Companies House etc). For more information on how we use cookies, please refer to: 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 business or commercial agreements you've entered into with us and to provide you with the information, products and services that you've asked from us.
- To provide you with business to business marketing information about services and products we offer across the Legal & General Group which may be of interest to you.
- To tell you about changes to our services and products.
- To comply with any applicable legal or regulatory requirements (including to comply with any applicable regulatory reporting or disclosure requirements).
- For carrying out market research, statistical analysis to help us to improve our processes, products and services and generate new business (e.g. to understand digital behaviours, identify financial attitudes and develop more engaging communications).
- To 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.

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 commercial agreements or contracts you've entered into with us and to provide you with the information, products and services you've asked from us, which may include online services.
- **Complying with applicable laws:** We may process your personal information to comply with any legal obligation we're subject to.
- **Legitimate interests:** To use your personal data for any other purpose described in this privacy policy, we'll rely on a condition known as 'legitimate interests'. It's in our legitimate interests to collect your personal data as it provides us with the information that we need to provide our services to you more effectively. We may use your information to:
 - Carry out market research and product development.
 - We may provide you with business to business marketing information about our services or products. You may object to this type of marketing at any time by emailing or telephoning your customer servicing team. Alternatively, see the Contact Us section of our consumer website: legalandgeneral.com/existing-customers/contact-us or the adviser: legalandgeneral.com/adviser, employer: legalandgeneral.com/workplacebenefits/employers or institutional: legalandgeneral.com/institutional websites. Details of all other Legal & General websites can be found on our Group website: legalandgeneralgroup.com.
 - Develop and test the effectiveness of marketing activities.
 - Develop, test and manage our brands, products and services.
 - Study and also manage how our professional business clients use products and services from us and our business partners.
 - Manage risk for us and our retail 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.

We'll always act reasonably and give full and proper consideration to your interests in carrying out this assessment.

- **Consent:** We may process your personal information for different purposes where you've provided your consent to do so (e.g. collecting your preferences when we plan and host conferences and seminars).
- **Criminal conviction data:** We may process this type of information solely for the purpose of preventing fraud.

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

HOW LONG DO WE KEEP YOUR INFORMATION FOR?

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

WHO DO WE SHARE YOUR PERSONAL INFORMATION WITH?

We'll only disclose your information to:

- Other companies within the Legal & General Group, third-party suppliers, contractors and service providers for the purposes listed under **'HOW WE USE YOUR INFORMATION'**.
- Our regulators, government (e.g. HMRC) and law enforcement or fraud prevention agencies.

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 professional business clients will be one of the transferred assets.
- If you have been dealing with a financial adviser (e.g. employer broker consultant), we'll provide information about your product and, where appropriate, with other information about your dealings with us, to enable your adviser to give you informed advice.
- 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 professional business clients. 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.
- In accordance with the terms of business agreement, we may perform credit checks on certain types of professional business clients (e.g. directors of intermediary firms).

FRAUD PREVENTION

Legal & General may need to check your details with fraud prevention agencies (e.g. we have to screen at firm and director level of anyone we remunerate). 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 professional business clients, job applicants and employees.

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

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

Telephone: 02920 276005

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 relationship manager or your customer services team. Alternatively, you can also use the Contact Us section of our consumer website: legalandgeneral.com/existing-customers/contact-us or the adviser: legalandgeneral.com/adviser, employer: legalandgeneral.com/workplacebenefits/employers or institutional: legalandgeneral.com/institutional websites. Details of all other Legal & General websites can be found on our Group website: legalandgeneralgroup.com.

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).

CONTACTS AND COMPLAINTS

If you have any questions about this privacy policy or wish to exercise any of your rights, please get in touch with your relationship manager or customer services team. Alternatively, you can also use the Contact Us section of our consumer website: legalandgeneral.com/existing-customers/contact-us or the adviser: legalandgeneral.com/adviser, employer: legalandgeneral.com/workplacebenefits/employers or institutional: legalandgeneral.com/institutional websites. Details of all other Legal & General websites can be found on our Group website: legalandgeneralgroup.com.

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

All Clients – it is important that you read and accept all of the following paragraphs including the statement of consent below. If you are unsure of anything or have any queries please speak to your financial adviser.

This Declaration must be read by the client(s) before proceeding with this application. By accepting this I agree that:

- I am a UK resident.
- The information given in this application has been provided truthfully and accurately.
- For the purposes of assessing my application and any subsequent claim Legal & General will use the information given in this application and can contact any health professional I have consulted with to get more medical information.
- I am aware that the information provided will form part of the legal relationship between us and if any of it is found to be incorrect it may mean that a claim is not paid or the policy is amended or cancelled.

- I will immediately inform Legal & General in writing if there are any changes to any answers given on the application **before the policy starts.**
- This contract will be governed by English law.
- If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.

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

Please sign and date this declaration in the box below. Please provide your full name, date of birth, signature and date of signing.

Client one

Name

Date of birth (DDMMYYYY)

Signature

Date (DDMMYYYY)

Client two

Name

Date of birth (DDMMYYYY)

Signature

Date (DDMMYYYY)

DIRECT DEBIT INSTRUCTION



If you want to pay for different products by Direct Debit from different bank accounts, you must complete a separate Direct Debit instruction for each bank account – please ask your Adviser for another direct debit instruction(s), as required.

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

	Instruction to your bank or building society to pay by Direct Debit			
	Legal & General Assurance Society Limited, Kingswood, Tadworth, Surrey KT20 6EU			
	Originator's Identification Numbers			
	8 0 6 1 6 2	9 1 3 1 4 8	5 1 1 1 4 8	9 9 6 8 4 1

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



If the person (or business) paying the premiums is neither the policy owner nor the life insured, please supply their name and address in the fields below.
Please now cut off the Direct Debit Guarantee below and keep it somewhere safe.
Use the checklist opposite to make sure that you have completed everything that you need to.

Name of person (or business) paying premium (if not the policy owner or life insured):	
Address:	
	Postcode

Please note:

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

Cut off here and keep the Direct Debit Guarantee somewhere safe



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



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

Once you've completed your application...

Check that you've completed everything.

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

Part A Quote. Part A

Part B Standard Underwriting (SAB7).
All Clients Pages 3 to 17 and 29 to 35 must be completed. Part B

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

Additional questionnaires, as applicable Pages 18 to 28 must be completed

– **Business Assurance Questionnaire:** if you have ticked 'Yes' to the Business Assurance question. Questionnaire 1

– **Hazardous Activities Questionnaire:** if you have ticked any of the activities in the Hazardous Activities question. Questionnaire 2

– **Medical Questionnaire(s):** if you have been asked to do so. Questionnaire 3

– **Policy Owner Questionnaire(s):** if any policy(ies) will be owned by someone other than the Client(s). Questionnaire 4

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

Part C Client Declaration and Direct Debit. Part C

All Clients, as applicable Pages 3 to 17 and 29 to 35 must be completed

Please make sure that you have also:

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

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

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.

W13430 05/19

