

Legal & General Online Trust Data Capture Form

Please complete and email this document to serviceteam@lifequote.co.uk before the telephone application is completed. If we receive this after the booked appointment, we may not be able to use the online trust option for this application.

All fields are mandatory unless stated optional.

Policy Holder Name(s):

LifeQuote Case Number:

The death benefit will always be given away to the beneficiaries you name	
Which online trust do you want?	
For Flexible trusts, the Settlor specifies default beneficiaries now (these are the people who are first in line to benefit from the trust) and the trustees have the power to change who benefits to anyone from a wide range of discretionary beneficiaries. For Discretionary trusts, the Settlor doesn't name anyone specifically today and the trustees will choose from a wide range of discretionary beneficiaries in the future.	
Before proceeding, please read this guide to online trusts . There's also made a trust specimen document available to discuss with your client.	

<p>TRUSTEES</p> <p>The policyholder is automatically a Trustee. They must appoint at least one further Trustee. They can appoint a total of four Trustees online.</p> <p>All Trustees must be at least 18 years of age and be resident in the UK.</p> <p>If you do not wish to add any additional trustees, please leave the relevant fields blank.</p>

Additional Trustee 1:	
Trustee Title	
Trustee First Name	
Trustee Last Name	
Address Line 1	
Address Line 2	
Address Line 3 (optional)	
Address Line 4 (optional)	
Postcode	

Additional Trustee 2:	
Trustee Title	
Trustee First Name	
Trustee Last Name	
Address Line 1	
Address Line 2	
Address Line 3 (optional)	
Address Line 4 (optional)	
Postcode	

Additional Trustee 3:	
Trustee Title	
Trustee First Name	
Trustee Last Name	
Address Line 1	
Address Line 2	
Address Line 3 (optional)	
Address Line 4 (optional)	
Postcode	

Additional Trustee 4:	
Trustee Title	
Trustee First Name	
Trustee Last Name	
Address Line 1	
Address Line 2	
Address Line 3 (optional)	
Address Line 4 (optional)	
Postcode	

<p>Do you want to retain 100% of terminal illness and critical illness benefit?</p> <p>You can choose how much of this benefit you wish to keep. Consideration of the IHT implications should be given before deciding what to do.</p>	
<p>If you selected "No" to the above question, please state what percentage of the terminal illness benefit would you like to receive in the event of a claim?</p>	

<p>DEFAULT BENEFICIARIES</p> <p>Under our flexible Trust the Settlor names default beneficiaries who have first entitlement to receive all the benefits from the Trust.</p>	
<p>Do you want the default beneficiaries to have equal shares? (If no, please enter the percentage share you would like each beneficiary to receive).</p>	
Beneficiary 1	
% share	
Beneficiary 2	
% share	
Beneficiary 3	
% share	
<p>Discretionary Beneficiaries</p> <p>The trustees also have the flexibility to give the money to someone from the following groups:-</p> <ol style="list-style-type: none"> 1. Any spouse widow or widower of the Settlor provided that person is not a Settlor. 2. The Default Beneficiary or Beneficiaries and their issue. 3. Any child or grandchild of the Settlor whenever born (including step children and their issue). 4. Anyone descended from the father or mother of the Settlor. 5. Any surviving spouse (whether or not remarried) of anyone described in 2, 3 and 4. 6. After the death of the Settlor anyone who may benefit from his or her residuary estate. 7. Any person class of person or any charity named in a deed of addition made by the Settlor during his lifetime. 8. Any additional Discretionary Beneficiary. 	
<p>ADDITIONAL BENEFICIARIES</p> <p>If there is anyone the Settlor might want to benefit, not listed in these groups, they can name them here.</p>	
Beneficiary (optional)	
Beneficiary (optional)	
Beneficiary (optional)	
Beneficiary (optional)	
<p>The trustees can be given guidance on who to give the money to by completing a nomination form.</p>	

DECLARATION

The information provided as part of this online trust reflects my client's instructions.

My client intends to create a trust and is aware that when the policy starts the trust cannot be cancelled.

I have provided all the information needed for my client to make an informed decision on the suitability of the trust they have chosen.

I agree with the declaration

Ownership of Benefits	
If the policy owner is not the person to be covered they must be over 18 and must have an insurable interest in the person to be covered. Only Life Insurance and Critical Illness Cover can be owned by someone else.	
Other policy owner (optional)	
IF INDIVIDUAL SELECTED:	
Grantee 1 Details	
Title	
Gender	
Date of Birth (dd/mm/yyyy)	
First Name	
Last Name	
Email Address	
We need your email address to provide you with details of how to securely access your policy information. This enables us to provide you with an improved experience whilst helping to protect the environment by reducing the amount of paper we use to set up your policy.	
Relationship to person covered	
Grantee 1 Correspondence Details	
Do you live OUTSIDE of England, Scotland, Wales and Northern Ireland?	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	
Telephone	

Grantee 2 Details	
Title	
Gender	
Date of Birth (dd/mm/yyyy)	
First Name	
Last Name	
Email Address	
We need your email address to provide you with details of how to securely access your policy information. This enables us to provide you with an improved experience whilst helping to protect the environment by reducing the amount of paper we use to set up your policy.	
Relationship to person covered	
Grantee 2 Correspondence Details	
Do you live OUTSIDE of England, Scotland, Wales and Northern Ireland?	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	
Telephone	

IF BUSINESS SELECTED:	
Grantee Details	
Business name	
Relationship to person covered	
Email Address (optional)	
We need your email address to provide you with details of how to securely access your policy information. This enables us to provide you with an improved experience whilst helping to protect the environment by reducing the amount of paper we use to set up your policy.	
Business Correspondence details	

Do you live OUTSIDE of England, Scotland, Wales and Northern Ireland?	
Address Line 1	
Address Line 2	
Address Line 3	
Address Line 4	
Postcode	
Telephone (optional)	
Are all the policy owners present? (optional)	
<p>If you answered "Yes" to the above question: Please ensure the policy owner(s) have read the Policy Owner Declaration</p> <p>Declaration of the Policy Owner (not the Applicant)</p> <p>This Declaration should be read and confirmed by the Policy Owner, not the Applicant</p> <p>I declare that I have insurable interest in the Applicant.</p> <p>I declare that I am a UK resident.</p> <p>I understand that the law governing the contract is the law of England and Wales.</p> <p>I declare that the answers given are, to the best of my knowledge and belief, true and complete.</p> <p>I will immediately inform Legal & General in writing if there are any changes to any answers given on the application before the policy starts.</p> <p>For full details of how Legal & General uses your personal information, please view our Privacy Policy.</p> <p>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 Applicant 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 questions are subsequently found to have been incorrect, then it may mean that a claim will be declined and the policy cancelled.</p>	