

# COMPANY APPLICATION FORM.

Applications must be received by 7 October 2011.

## FOR OFFICE USE

Receipt Number	BC	Deal Reference	Client Number	Launch Fund
				L41/2/3/4

## FOR ADVISER USE

L&G Agent Number	Adviser Name	FSA Number	Adviser Company and Address
If you would like to sacrifice commission, please confirm how much %			

## NOTES FOR ADVISERS – VERIFICATION OF IDENTITY

The verification of identity declaration can only be used if you have fully verified the customer(s). You cannot use the declaration if the customer falls into one of the following categories:

- Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
- Those who have been subject to Simplified Due Diligence under Money Laundering Regulations; or
- Those whose identity has been verified using the source of funds as evidence.

For verification of third party donors, please use the Confirmation of Verification of Identity certificate on our Adviser Centre.

Before completing the application form, please ensure you have read the Terms and Conditions and brochure carefully. If you do not understand any point please ask for further information. The Terms and Conditions form the basis of our agreement with you.

## PLEASE COMPLETE IN BLOCK CAPITALS

1

## COMPANY DETAILS

Name of company

Please attach a certified copy of the Company Certificate of Incorporation

**Registered address**

Property number

 and/or property name 

Street

Town

Postcode

     

**Business or trading address to be used for correspondence**

Property number

 and/or property name 

Street

Town

Postcode

     

**Daytime contact number**

 Extension

**Authorised official's details (please continue on a separate sheet if necessary)****First authorised official**

Capacity

Title

Please enter ALL  
forename(s)

Surname

**Permanent residential  
address**

Street

Town

Postcode

<input type="text"/>						
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>						
<input type="text"/>						
Property number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	and/or property name	<input type="text"/>
<input type="text"/>						
<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Second authorised official**

Capacity

Title

Please enter ALL  
forename(s)

Surname

**Permanent residential  
address**

Street

Town

Postcode

<input type="text"/>						
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>						
<input type="text"/>						
Property number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	and/or property name	<input type="text"/>
<input type="text"/>						
<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Third authorised official**

Capacity

Title

Please enter ALL  
forename(s)

Surname

**Permanent residential  
address**

Street

Town

Postcode

<input type="text"/>						
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>						
<input type="text"/>						
Property number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	and/or property name	<input type="text"/>
<input type="text"/>						
<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Fourth authorised official**

Capacity

Title

Please enter ALL  
forename(s)

Surname

**Permanent residential  
address**

Street

Town

Postcode

<input type="text"/>						
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="text"/>	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<input type="text"/>						
<input type="text"/>						
Property number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	and/or property name	<input type="text"/>
<input type="text"/>						
<input type="text"/>						
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide the details of your bank/building society account that you would like your fixed income payments to be made into. We will also use the account details you provide to make any other payment request and the repayment of any capital at the end of the term as stated in the Terms and Conditions.

Bank/building society name

Branch address  
Property number

Street

Town

Postcode

Name of account holder

Bank/building society

Roll number (if applicable)

Sort code       Account number

On behalf of the company we wish to open an account for (minimum £5,000, no maximum) in the UK Fixed Income Plan 4.

£

Please enclose a cheque made payable to Legal & General.

Please confirm the frequency you wish to receive income from the UK Fixed Income Plan 4.

☐

Monthly

☐

Annually

**As the authorised officials of the company, we confirm for and on behalf of the company that:**

- We are the current authorised officials of the company and have all the necessary consents, powers and authorities to make this deposit on the company's behalf.
- We have taken any and all advice required, do not require any further consent and will not be in breach of any provision under the governing documentation of the company or any regulatory provision in making this deposit.
- We have received a copy of the brochure for the UK Fixed Income Plan 4.
- We agree to be bound by the UK Fixed Income Plan 4 Terms and Conditions.
- The company is a company within the meaning of Section 832(1) of the Income and Corporation Taxes Act 1988.
- The information given in this declaration is true and correct to the best of our knowledge and belief and we will inform Legal & General without delay of any change in the company's circumstances affecting any information in this form.

**We authorise Legal & General:**

- To hold the company's cash subscription, direct investments, interest, dividends and any other rights or proceeds in respect of those investments and any other cash.

**IMPORTANT, PLEASE READ: DATA PROTECTION.**

**Use of your information:**

Legal & General takes your privacy very seriously. We use the personal information collected via this form and any other information that you provide to us ('your information') for the purposes of:

1. providing you with our products and services and dealing with your enquiries and requests,
2. administering the company's investment,
3. carrying out market research, statistical analysis and customer profiling, and
4. sending you marketing information (by post, telephone, email and SMS) about products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its customers.

By signing overleaf, you agree to receive the information as described in 4 above, unless you tell us otherwise by ticking this box. ☐

Given the global nature of our business, we may need to transfer your information to countries outside the European Economic Area in order to provide our services to you.

**Disclosures:**

We will disclose your information to other companies within the Legal & General group of companies, regulatory bodies, law enforcement agencies, future owners of our business and suppliers we engage to process data on our behalf. If you have been dealing with a financial adviser, we will give them information about your product and, where appropriate, provide them with other information about your dealings with us to enable them to give you informed advice.

Where the company has been introduced to us by a bank or a building society, we will share your information with them to enable them to:

- (a) carry out market research, statistical analysis and customer profiling, and
- (b) send you marketing information about their products and services and products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its customers.

By signing overleaf, you agree to receive the information as described in (b) above by post or telephone, unless you tell us otherwise by writing to Legal & General Investments, PO Box 6080, Wolverhampton, WV1 9RB.

**Access:**

You have the right to ask for a copy of your information in return for payment of a small fee. To obtain a copy of your information, please write to us at the address overleaf.

We agree to the use of the information as set out in this declaration.

We understand that a copy of the Terms and Conditions and the completed application form is available on request.

We have read the declaration and received the UK Fixed Income Plan 4 Brochure and Terms and Conditions.

We agree that the Terms and Conditions form the basis of our agreement with Legal & General.

**Please sign below** (Please continue on a second sheet if necessary).

**FIRST AUTHORISED OFFICIAL**

Capacity

Name

Signature

Date

 
 
   

Please sign within the white box.

**SECOND AUTHORISED OFFICIAL**

Capacity

Name

Signature

Date

 
 
   

Please sign within the white box.

**THIRD AUTHORISED OFFICIAL**

Capacity

Name

Signature

Date

 
 
   

Please sign within the white box.

**FOURTH AUTHORISED OFFICIAL**

Capacity

Name

Signature

Date

 
 
   

Please sign within the white box.

Please send to your financial adviser or to: Legal & General Investments, PO Box 6080, Wolverhampton, WV1 9RB.

**FOR ADVISER USE ONLY**

To meet Financial Services Authority regulatory reporting requirements, we must now record whether advice was given to your client regarding the sale of this product. Please tick the relevant box. Was advice given?

Yes ☐ No ☐

If no advice was given, in accordance with Financial Services Authority regulations, this application needs an appropriateness assessment. Please confirm whether you have determined that the client has the necessary knowledge and experience in order to understand the risks of the product.

Yes ☐ No ☐

**Verification of identity (this is not applicable to Legal & General appointed representatives or employees)**

I confirm the company details listed in Section 1 were obtained by me. I have seen evidence to verify the identity of all applicants that meets or exceeds the standards set out within JMLSG guidance. Details of any evidence exceeding the guidance are attached.

Name

Job title

Signature

Date

 
 
   

Please sign within the white box.

**Legal & General (Portfolio Management Services) Limited**

Registered in England No. 2457525

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

Authorised and regulated by the Financial Services Authority

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