

# CHARITY APPLICATION FORM.

Applications must be received by 18 October 2013.

## FOR OFFICE USE

|                      |                    |
|----------------------|--------------------|
| <b>Client Number</b> | <b>Launch Fund</b> |
| <input type="text"/> | 64L/65L            |

## FOR ADVISER USE

|   |                      |  |
|---|----------------------|--|
| <b>Legal &amp; General Agent Number</b> | <b>Adviser Name</b>  | <b>FSA Number</b>  |
| <input type="text"/>                    | <input type="text"/> | <input type="text"/>   |
| <b>Adviser Company and Address</b>      |                      |  |
| <input type="text"/>                    |                      |  |
|   |                      | Postcode <input type="text"/> |

### 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.

## NOTES FOR INVESTORS

Before completing the application form, please ensure that you have read the Key Features brochure, which includes the Terms and Conditions and, if you pay an initial adviser charge, the Facilitated Adviser Charge Guide. These documents form the basis of our agreement with you. If you do not understand any point, please ask for further information.

PLEASE COMPLETE IN BLOCK CAPITALS

1A

## CHARITY DETAILS

|  |                      |  |
|--|----------------------|--|
| Name of charity  | <input type="text"/> |  |
| Charity Commission registration number or HM Revenue & Customs' exemption number | <input type="text"/> |  |
| Address for charity correspondence   | <input type="text"/> |  |
|  | <input type="text"/> | Postcode <input type="text"/> |
| Daytime contact number   | <input type="text"/> | Extension <input type="text"/>   |

**AUTHORISED OFFICIAL'S DETAILS** (please continue on a separate sheet if necessary)**FIRST AUTHORISED OFFICIAL**

Capacity

Title

Surname

Permanent residential  
address

|                               |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|-------------------------------|--------------------------|-----|--------------------------|------|--------------------------|----|--------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------|
| Capacity                      |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
| 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"/> |
| Surname                       |                          |     |                          |      | Full forename(s)         |    |                          |                      |                      |                      |                          |                      |                          |
| Permanent residential address |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|                               |                          |     |                          |      |                          |    | Postcode                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |

**SECOND AUTHORISED OFFICIAL**

Capacity

Title

Surname

Permanent residential  
address

|                               |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|-------------------------------|--------------------------|-----|--------------------------|------|--------------------------|----|--------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------|
| Capacity                      |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
| 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"/> |
| Surname                       |                          |     |                          |      | Full forename(s)         |    |                          |                      |                      |                      |                          |                      |                          |
| Permanent residential address |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|                               |                          |     |                          |      |                          |    | Postcode                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |

**THIRD AUTHORISED OFFICIAL**

Capacity

Title

Surname

Permanent residential  
address

|                               |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|-------------------------------|--------------------------|-----|--------------------------|------|--------------------------|----|--------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------|
| Capacity                      |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
| 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"/> |
| Surname                       |                          |     |                          |      | Full forename(s)         |    |                          |                      |                      |                      |                          |                      |                          |
| Permanent residential address |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|                               |                          |     |                          |      |                          |    | Postcode                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |

**FOURTH AUTHORISED OFFICIAL**

Capacity

Title

Surname

Permanent residential  
address

|                               |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|-------------------------------|--------------------------|-----|--------------------------|------|--------------------------|----|--------------------------|----------------------|----------------------|----------------------|--------------------------|----------------------|--------------------------|
| Capacity                      |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
| 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"/> |
| Surname                       |                          |     |                          |      | Full forename(s)         |    |                          |                      |                      |                      |                          |                      |                          |
| Permanent residential address |                          |     |                          |      |                          |    |                          |                      |                      |                      |                          |                      |                          |
|                               |                          |     |                          |      |                          |    | Postcode                 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/>     | <input type="text"/> | <input type="text"/>     |

**ADD A PERSONAL REFERENCE**Account holding  
designation

Please complete if you wish to add a personal reference to your investment.

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

## 2

## CHARITY BANK/BUILDING SOCIETY ACCOUNT DETAILS – PLEASE COMPLETE THIS SECTION

Name of bank/  
building society

Branch address

Name of account holder

Sort code

Roll number (if applicable)

You need to provide the details of your bank/building society account in order that we can make any payments, either on your request or at the payment date as stated in the Terms and Conditions at the end of the fixed term.


 Postcode       

          Account number

## 3

## YOUR INVESTMENT

 On behalf of the charity we wish to open an account for:

£

Minimum £3,000

 We wish to reinvest our matured Legal & General structured product in full

 or;

£

Minimum £3,000

Matured product name

Customer number



## 4A

## FACILITATED ADVISER CHARGING

Only complete this section if you would like us to facilitate an adviser charge.

Amount of the initial facilitated adviser charge you require us to pay the adviser's firm named on the front page

£

**On receipt of your application form and money, any Adviser Charge will be paid to Legal & General Assurance Society Limited within three business days. If you are reinvesting money from a matured structured product, any adviser charge will be paid within six business days. The Adviser Charge amount will no longer be your property once payment has been made. Legal & General Assurance Society Limited will pay the Adviser Charge amount to the adviser's firm.**

## 4B

## YOUR PAYMENT TO LEGAL &amp; GENERAL

Please make sure that your cheque is for the total amount entered in section 3 plus any facilitated adviser charge you have entered in 4A. **We will be unable to process your application if your cheque does not equal the sum of the amounts in sections 3 and 4A.**

Total amount you're paying to Legal & General

£

Please enclose a cheque payable to Legal & General.

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

- We are the current authorised officials of the charity and have all the necessary consents, powers and authorities to make this investment on the charity'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 charity or any regulatory provision in making this investment.
- We have received a copy of the brochure for the Legal & General Early Bonus Plan 17.
- We agree to be bound by the Legal & General Early Bonus Plan 17 Terms and Conditions.
- 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 charity's circumstances affecting any information in this form.

**We authorise Legal & General:**

- To hold the charity'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 your 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 we offer to our 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 you have 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 we offer to our 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 (currently £10.00). To obtain a copy of your information, please write to us at the address below.

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 Legal & General Early Bonus Plan 17 brochure, Terms and Conditions and Facilitated Adviser Charge Guide.

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 (DD/MM/YYYY)   /   /    

Please sign within the above box.

**SECOND AUTHORISED OFFICIAL**Capacity Name Signature Date (DD/MM/YYYY)   /   /    

Please sign within the above box.

**THIRD AUTHORISED OFFICIAL**Capacity Name Signature Date (DD/MM/YYYY)   /   /    

Please sign within the above box.

**FOURTH AUTHORISED OFFICIAL**Capacity Name Signature Date (DD/MM/YYYY)   /   /    

Please sign within the above box.

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

**FOR ADVISER USE ONLY – BASIS OF ADVICE DECLARATION**

To meet Financial Conduct 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 Conduct 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 charity 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 (DD/MM/YYYY)   /   /    

Please sign within the above box.



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Legal & General (Portfolio Management Services) Limited

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Authorised and regulated by the Financial Services Authority.

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