DIRECT DEBIT FORM.

- Please use this form if you would like to make regular monthly payments to the Legal & General Equity Stakeholder Child Trust Fund.
- Please complete this form and return it to: Legal & General Investments, BNY Mellon House, Ingrave Road, Brentwood, Essex CM15 8TG.
- Please ensure you have read the current version of the Key Investor Information document before you make any investment decisions. If you don't have a copy of the latest version we can send you one.

PLEASE COMPLETE IN BLOCK CAPITALS IN BLACK INK

CUSTOMER INFORMATION

Equity Stakeholder CTF account no.	6 9 / 9 9 0 0 0 1
Voucher number/URN (Unique Reference Number)	(if known)
Child's full name	

2 THIRD PARTY DETAILS (IF APPLICABLE)

Are you the registered contact for this Child Trust Fund?

Yes No

If yes, please move onto section 3. If no, please provide your address and telephone number below. This information will only be used if we need to contact you regarding this Child Trust Fund account.

By signing this form, you are authorising Legal & General to release information contained on this Direct Debit to the registered contact of the Child Trust Fund account.

Title (Please tick the box that applies to you or state your title) Please enter ALL forenames	Mr		Mrs		Miss	Ms	Other		Male	Female
Surname										
Permanent residential address										
Property number				and	l/or proper	rty name				
Street										
Town										
Postcode						If you hav	ve lived at this addre vious address details	ess for less than s on a separate	three months sheet and att	s, please provide ach it to this form.
Telephone numbers:										
Home							Mobile			
Work							Extension			
Email										
Date of birth	D	D	MN	ΙΥ	ΥΥ	Υ				





3 PAYING FOR YOUR INVESTMENT – MONTHLY

Please tick the option that applies to you:

I would like to change the monthly amount or collection date of an existing Direct Debit (please enter the existing bank account details overleaf).

I would like to set up a new Direct Debit.

If you are making monthly contributions, please fill in the Direct Debit Instruction overleaf. Please also indicate the date on which you would like your Direct Debit collected each month (between the 1st and 28th). Please note, when this does not fall on a business day, your Direct Debit will be collected on the following business day. If you do not choose a preferred day your Direct Debit will be collected on the 5th of each month. Please note, if you have an existing Direct Debit we will continue to collect on the same date unless specified below.

If you have an existing Direct Debit and wish to change your monthly contribution, please insert the new monthly amount below.

Preferred collection date		Monthly amount	£										
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Please remember the limit of £3,720 each tax year for CTF contributions.

The Direct Debit Guarantee



- 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 will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Legal & General 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 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 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 us.

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Service user number	8	4	5	2	2	1										DIR De	ECT bit
Reference																	
Bank/building society name																	
Branch address																	
Property number					and	/or pr	oper	ty nar	ne								
Street																	
Town																	
Postcode																	
Name(s) of account holder(s)																	
Bank/building society			:	Sort c	ode						Accou	nt nur	nber				
sort code and account number																	

Banks and building societies may not accept Direct Debit instructions from some types of account.

Please pay Legal & General 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 and, if so, details will be passed electronically to my bank/ building society. Please see the Important Information document for your Direct Debit Guarantee.

Signa	iture	Signature
Date	DDMMYYYY	Date D D M M Y Y Y Y

Please sign within the white boxes. If two signatures are required to operate this account, please ensure both account holders sign this form.

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 purpose of administering the payment(s) to the Child Trust Fund account. 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.

Access

You have the right to ask for a copy of your information in return for payment of a small fee (currently £10). To obtain a copy of your information, please write to us at the address on the front of this form.

I agree to the use of my information as set out above.

I understand that a copy of the Terms and Conditions, Important Information document and completed application form is available on request.

I accept that the Terms and Conditions form the basis of my agreement with Legal & General.

If the registered contact is making the regular payment then no signature is required.

I have read the declaration carefully.

	Date D D M M Y Y Y
Please sigr	n within the white box.
STAFF USE ONLY	
sis of advice declaration	
meet Financial Services Authority	y regulatory reporting requirements, we must now record whether advice
meet Financial Services Authority	y regulatory reporting requirements, we must now record whether advice he sale of this product. Please tick the relevant box. Was advice given? Yes No
meet Financial Services Authority	y regulatory reporting requirements, we must now record whether advice ne sale of this product. Please tick the relevant box. Was advice given? Yes No 🖌
meet Financial Services Authority	y regulatory reporting requirements, we must now record whether advice he sale of this product. Please tick the relevant box. Was advice given? Yes No 🗸
meet Financial Services Authority as given to your client regarding th	y regulatory reporting requirements, we must now record whether advice he sale of this product. Please tick the relevant box. Was advice given? Yes No 🗸
as given to your client regarding th	y regulatory reporting requirements, we must now record whether advice he sale of this product. Please tick the relevant box. Was advice given? Yes No Ves Branch prefix Staff number (introduced or reported sales only)
o meet Financial Services Authority as given to your client regarding th OFFICE USE ONLY	e sale of this product. Please tick the relevant box. Was advice given? Yes No 🗹

www.legalandgeneral.com

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