

IMPORTANT INFORMATION

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Key Features of the Business Protection Term Assurance Plan

About Legal & General

The Legal & General Group, established in 1836, is one of the UK's leading financial services companies. We are one of the UK's top 50 companies in the FTSE 100 Index. Over 5.75 million people rely on us for life assurance, pensions, investments and general insurance plans. The Legal & General Group is responsible for investing over £257 billion worldwide (as at 30 June 2007) on behalf of investors, policyholders and institutions

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The Financial Services Authority is the independent financial services regulator. It requires us, Legal & General, to give you this important information to help you to decide whether our Business Protection Term Assurance Plan is right for you. You should read this document carefully so that you understand what you are buying, and then keep it safe for future reference.

Its Aims

The plan aims to do the following:

- To provide the amount of cover you choose.
- To provide cover for the period you choose.
- To provide the type of cover you choose.

Your plan can include either of the following:

Life Cover – pays out a lump sum or capital instalments paid over two, three or five years if the insured person dies or is diagnosed with a terminal illness.

Life and Critical Illness Cover – pays out a lump sum or capital instalments paid over two, three or five years if the insured person dies or is diagnosed with a terminal or critical illness that meets our policy definition and is eligible to claim. We only cover the critical illnesses we define in our policy and no others.

- If you choose decreasing cover, the amount of cover will reduce during the term roughly in line with your outstanding loan amount.
- After the lump sum is paid or capital instalments commence, your policy ends and you pay no more premiums.
- The full list of critical illnesses we cover is shown on page 5 and 6. There are also some circumstances when the plan will not pay out. These are shown on page 6.

Your Commitment

You must do the following:

For all types of cover

- Disclose all the relevant information we ask for when you take out your plan. If you do not do this, it could mean your plan will not pay out and your policy could be cancelled. You should not assume that we will write to your doctor – it is your responsibility to complete the application form accurately.
- At the time of a claim, the person or persons making the claim must truthfully provide all the information we ask for. If they do not do this, it could mean your plan will not pay out and your policy could be cancelled.
- Tell us about any of the following changes that happen between completing the application form and when the plan starts:
 - Medical disclosures
 - Family history
 - Occupation
 - Travel or residence (other than for holidays)

- Pastimes
- Alcohol consumption
- Start smoking
- Use of recreational drugs, for example, cocaine or heroin. (Note these examples are not intended to be a complete list.)

If you do not do this, it could mean the plan will not pay out and the policy could be cancelled.

- Pay the premium by Direct Debit every month or annually by Direct Debit or cheque during the period of cover.

Risk Factors

The plan carries the following risks:

All types of cover

- If you stop paying your premiums your cover will end 30 days after the first missed premium.
- If you do not truthfully provide all the information we ask for on the application form or at the time of a claim, we will not pay out under the plan.
- We will not pay out in the circumstances described under “When will the plan not pay out?” on page 6.
- The plan has no cash in value at any time.
- The present tax treatment may change.
- You should ensure that the term of the plan is long enough to cover the term of your loan otherwise you will not be fully protected.
- If you have chosen decreasing cover, in some circumstances, the lump sum paid out at claim may not be enough to pay off your loan in full. For example, if your loan payments have not been adjusted to take into account loan interest rate changes, or if your loan interest rate averages over 10% during the term of the plan.

For Life and Critical Illness Cover

- If you have reviewable premiums, we will review your plan every five years. At review, we may need to increase your premium to maintain the initial level of cover. We will tell you if we are going to do this. See the “Will my payments ever go up?” section on page 8.
- The conditions or benefits covered by your policy may be subject to exclusions after we underwrite your application.
- We will not pay out a claim from an excluded cause.

What is Legal & General's Business Protection Term Assurance Plan?

Legal & General's Business Protection Term Assurance Plan is a long term insurance policy which can be tailored to meet your needs by allowing you to choose:

- The type of cover you need – your plan can include either of the following:
 - Life Cover** – pays out a lump sum or capital instalments if the insured person dies. You can choose to take level or decreasing cover.
 - Terminal Illness Cover** – If you choose Life Cover, your plan will automatically include Terminal Illness Cover. This means that if the insured person is diagnosed as having less than 12 months to live during the term of the plan and is eligible to claim, we will pay the sum assured

immediately, instead of upon their death. This cover does not apply during the last 18 months of the plan and is not available on plans with a term of less than two years.

Life and Critical Illness Cover – pays out a lump sum or capital instalments if the insured person dies or is diagnosed with a terminal or critical illness that meets our policy definition, and is eligible to claim. We only cover the critical illnesses we define in our policy and no others. You can choose to take level or decreasing cover.

- The level of cover you need – this is the amount of lump sum we pay out after a valid claim.
- How long the cover lasts – the table below page provides details of the minimum and maximum term as well as maximum ages.

How long the cover lasts continued

| Business Protection Term Assurance Plan Products | Minimum Term | Maximum Term | Maximum Age (next birthday) the plan must end by |
|---------------------------------------------------------------------|--------------|--------------|--------------------------------------------------|
| Level Life Cover | 1 year* | 40 years | 80 |
| Decreasing Life Cover | 5 years | 40 years | 80 |
| Level Life and Critical Illness Cover with guaranteed premiums | 2 years | 40 years | 65 |
| Level Life and Critical Illness Cover with reviewable premiums | 2 years | 40 years | 65 |
| Decreasing Life and Critical Illness Cover with guaranteed premiums | 5 years | 40 years | 65 |
| Decreasing Life and Critical Illness Cover with reviewable premiums | 5 years | 40 years | 65 |

*If a one year term is chosen then Terminal Illness Cover does not apply

After the lump sum is paid, your policy ends and you pay no more premiums.

The full list of critical illnesses we cover is shown on pages 5 and 6. There are also some circumstances when the plan will not pay out – these are shown on page 6.

How much does the plan cost?

You pay a premium every month by Direct Debit or annually by Direct Debit or cheque to keep your cover in force. Your premium depends on the following:

- Your personal circumstances – for example, your age, health, sex, occupation and whether you smoke
- The amount and type of cover you choose
- How long you decide you want the cover to last

If you stop paying your premiums, your cover will end 30 days after the first missed premium. The plan has no cash in value at any time.

How much does the plan pay out?

The plan pays out a lump sum. You decide how much you would like this to be when you take the plan out.

Alternatively if you have chosen level Life Cover or level Life and Critical Illness Cover the policy benefits can be paid, in capital instalments over two, three or five years. If you want this option you must select this when you first take out this plan.

The plan only pays out the main benefit once and then all cover ends. The attached personal illustration shows the period of cover, the type and the amount of cover you have chosen and your premium.

Who receives the benefit?

This will depend on who owns the plan. For instance, under a Key Person plan, the money will be paid to the limited company who effected the plan.

Under a Director's or Partner's Share Protection plan, the policy will probably be written in trust, so the benefit will be paid to the trustees who must pass the money to the surviving directors or partners.

For Business Loan Protection, if the company owns the plan the money will be paid to the company.

Full details can be provided by your financial adviser.

Who can the plan cover?

You can apply for the plan to cover:

- Yourself for the benefit of your partners/shareholders or to cover a business loan.
- A key person(s) – a company can insure one or two of its employees.

If the plan covers two people it will only pay out once. This would be when the first of the lives assured dies, is diagnosed with a terminal illness or has a valid critical illness claim (if this cover is selected) during the period of cover, whichever occurs first.

Can I use Business Protection Term Assurance for Key Person Protection?

Yes – most companies rely heavily for success on a few key people within the organisation. If one of these people were to die or become ill with a terminal or critical illness, the company could suffer badly, with sales and profits falling. However, the company can take out a life insurance policy on the life of a key person. This means that if the key person died or became eligible for terminal or critical illness benefit (if this option is chosen), the company would receive the sum assured. This would be payable in a lump sum or capital instalments over two, three or five years and could be used to help the business to recover. The company owns the policy and pays the premiums which, under certain circumstances, can gain corporation tax relief.

Can I use Business Protection Term Assurance for Director's/Partner's Share Protection?

Yes – business partners and directors can suffer problems when a fellow partner or director dies, usually leaving his/her share of the business to his/her spouse or civil partner. This means that the spouse or civil partner may inherit part of a business that they have no interest in and which often has no cash value. By taking out a life insurance policy for the director or partner, this can be prevented by enabling the remaining business associates to raise the money to buy the shares from the spouse or civil partner.

Can I use Business Protection Term Assurance to protect a business loan?

Yes – depending on the type of business loan or overdraft you have, you can set up a life insurance plan on a level or decreasing basis. This will help the company to repay an outstanding business overdraft, loan or commercial mortgage should the person or persons covered by the plan die, or become eligible for terminal or critical illness benefit (if chosen) during the term of the plan.

What conditions are covered by Critical Illness Cover?

The complete list of conditions we cover is set out below. These headings are only a guide to what is covered. The full definitions of the illnesses covered and the circumstances in which you can claim are given in Legal & General's Guide to Critical Illness Cover and the policy document. These typically use medical terms to describe the illnesses but in some cases the cover may be limited. For example:

- Some types of cancer are not covered.
- To make a claim for some illnesses, you need to have permanent symptoms.

Please let us know if you would like to see a copy of Legal & General's Guide to Critical Illness Cover.

- Alzheimer's Disease – *resulting in permanent symptoms*
- Aorta Graft Surgery – *requiring surgical replacement*
- Aplastic Anaemia – *with permanent bone marrow failure*
- Bacterial Meningitis – *resulting in permanent symptoms*
- Benign Brain Tumour – *resulting in permanent symptoms*
- Blindness – *permanent and irreversible*
- Cancer – *excluding less advanced cases*
- Cardiomyopathy – *of specified severity*
- Coma – *resulting in permanent symptoms*
- Coronary Artery By-Pass Grafts – *with surgery to divide the breastbone*
- Creutzfeldt-Jakob Disease (CJD) – *resulting in permanent symptoms*
- Deafness – *permanent and irreversible*
- Dementia – *resulting in permanent symptoms*
- Encephalitis – *resulting in permanent symptoms*
- Heart Attack – *of specified severity*
- Heart Valve Replacement or Repair – *with surgery to divide the breastbone*
- HIV infection – *caught from a blood transfusion, physical assault or accident at work*
- Kidney failure – *requiring dialysis*
- Liver failure – *of advanced stage*
- Loss of hands or feet – *permanent physical severance*
- Loss of Speech – *permanent and irreversible*
- Major Organ Transplant

- Motor Neurone Disease – *resulting in permanent symptoms*
- Multiple Sclerosis – *with persisting symptoms*
- Paralysis of limbs – *total and irreversible*
- Parkinson’s Disease – *resulting in permanent symptoms*
- Primary Pulmonary Hypertension – *of specified severity*
- Progressive Supranuclear Palsy – *resulting in permanent symptoms*
- Respiratory failure – *of advanced stage*
- Stroke – *resulting in permanent symptoms*
- Systemic Lupus Erythematosus – *with severe complications*
- Terminal Illness
- Third Degree Burns – *covering 20% of the body’s surface area*
- Total and Permanent Disability
- Traumatic head injury – *resulting in permanent symptoms*

Important information for those choosing Critical Illness Cover

Legal & General’s Critical Illness Cover plan is designed to address those critical illnesses which could have a severe impact on your lifestyle.

Ongoing medical and technological advances mean that traditional views of critical illness are changing. What may once have been classed as a critical illness may no longer meet today’s definition of critical illness. For example, not all types of cancers are covered by this plan as some cancers no longer have a severe impact on lifestyle if detected early enough. However, all illnesses covered by this plan are consistent with the current view of critical illness held by the medical profession and the Association of British Insurer’s list of critical illnesses.

You can check the full list of critical illnesses we cover in Legal & General’s Guide to Critical Illness Cover and your policy document. Legal & General’s Guide to Critical Illness Cover is available on request.

It is important that you choose the type of cover most suited to your personal circumstances. As well as Critical Illness Cover, Legal & General may offer other types of cover which could be more appropriate for your individual needs. Ask your financial adviser for more details.

When will the plan not pay out?

We will not pay a claim and all cover under the plan may be cancelled if:

For all types of cover

- The policy has ceased due to non payment of premiums.
- You do not disclose all the relevant information that we ask for when you take out your plan. You should not assume that we will write to your doctor, it is your responsibility to complete the application form accurately.
- A claim is made and the person or persons making the claim do not truthfully provide all the information we ask for.
- The insured person commits suicide in the first year of the policy.
- You do not tell us about any of the following changes that happen between completing the application form and when your plan starts:
 - Medical disclosures
 - Family history
 - Occupation
 - Travel or residence (other than for holidays)
 - Pastimes
 - Alcohol consumption
 - Start smoking
 - Use of recreational drugs, for example, cocaine or heroin. (Note these examples are not intended to be a complete list.)

For Life and Critical Illness Cover

- You have an illness that does not meet our definition of one of the critical illnesses we cover. For example, some types of cancer are not covered.
- The cause of your claim results from drug or alcohol abuse, self inflicted injury or war or civil commotion.
- The claim is from a cause that arose while you are living abroad for more than 12 months.
- The cause of the claim is specifically excluded by any terms we apply to your plan when we accept your application. (These will be shown in your policy document).

Further details of what is covered, and any standard exclusions and restrictions to the cover are given in the Policy Conditions section of the Policy Document which is made up of the Policy Schedule and the OLA (Ordinary Life Assurance) wrap. We provide more information about cover and limits in Legal & General’s Guide to Critical Illness Cover. You can ask us for a copy of this.

We may apply specific exclusions when we accept your policy, such as excluding certain critical illnesses, conditions and pre-existing medical conditions. If this is the case these will be shown in your policy schedule under Policy Condition 1.

What other options are available?

Some of the following benefits are optional. If required, they must be chosen at the start of the plan and there may be an additional cost. Full details of any extra benefits will be shown in the policy document. Your personal illustration shows any options or benefits included in your plan and, if so, the cost. For full details ask your financial adviser or Legal & General.

Capital Instalment Option

If this option is selected at outset and a valid claim is made, the instalments can be paid over two, three or five years or commuted to a lump sum based on an interest rate set by Legal & General at the time.

Waiver of Payment Benefit

This benefit pays your premiums if the person insured under this policy is too ill to work for six months or more as a result of illness or injury. Although you will have to pay the premiums at first, after 26 weeks of incapacity we will waive your premiums.

We will continue to waive premiums until:

- The insured person no longer qualifies for Waiver of Payment Benefit
- The policy ends
- The insured's 60th birthday
- The insured person dies

whichever occurs first.

Full details can be found in the policy document.

Total and Permanent Disability definition under Critical Illness Cover

If you have chosen Critical Illness Cover, your plan will pay if the insured person is totally and permanently disabled.

Own Occupation Definition

If, when you take out your plan, the insured person's occupation is class 1 or 2,* you can choose to take the own occupation definition of Total and Permanent Disability. This means that your plan will pay out if the insured person is unable to follow their own occupation due to illness or an accident, and in Legal & General's opinion, are likely to remain so permanently.

The insured person will be assessed on the occupation they were following immediately before the onset of disability. However, if they are not in gainful employment at the time of a claim then the claim will be assessed under the Functional Assessment Tests definition as described below. Full details are provided in your policy document.

Joint Life Policies

For joint life policies where one applicant is occupation class 1 or 2* and the other applicant is a Houseperson, the definition applied when the policy is taken out will be own occupation.

At the time of a claim, if the person claiming is in gainful employment then the own occupation definition will apply. If the person claiming is not in gainful employment then the Functional Assessment Tests definition will apply.

For joint life policies where one applicant is occupation class 1 or 2* and the other applicant is class 3 or 4*, the definition applied when the policy is taken out and at claim will be the Functional Assessment Tests definition.

Functional Assessment Tests Definition

This definition applies to all other occupation classes, or occupation class 1 or 2* who do not choose own occupation definition. Under this definition the plan will pay out if, due to illness or accident, the insured person suffers an irreversible mental or physical disability which, in the opinion of Legal & General's Chief Medical Officer, results in them being permanently unable to carry out at least three of the following Functional Assessment Tests without the help of another person. These tests include:

- Walking – the ability to walk a distance of 200 metres on flat ground with or without the aid of a walking stick and without stopping or experiencing discomfort
- Bending – the ability to get into or out of a standard saloon car and the ability to bend or kneel to pick up an object from the floor and straighten up again
- Communicating – the ability to answer a telephone and to take a message
- Reading – having the required eyesight (corrected if necessary) to be able to read a daily newspaper
- Writing – having the physical ability to write legibly using a pen or pencil without aid
- Climbing – having the ability to climb up a flight of 12 stairs without stopping or suffering severe discomfort

You do not need to notify us if the insured person/s change their occupation during the term of the plan.

* Your adviser or Legal & General will be able to tell you what occupation class and definition of Total and Permanent Disability applies to the insured person.

Indexation

This helps your cover to keep up with inflation. The premiums and life cover increase in line with the Retail Price Index each year (up to 10% in any one year). You can do this without providing further medical evidence. This option is only available if your application is accepted at normal rates.

If you choose to include the Indexation option, you must choose to take it at the start of your plan and we will offer you the opportunity to increase your cover regularly. If you decline the option at any time, we will not offer it again. This option is not available with Critical Illness Cover or with decreasing cover.

Option to increase the amount of cover you have later on during the plan (Guaranteed Insurability Option)

You may increase the amount of cover later on without the need for further medical evidence up to certain limits. This is your Guaranteed Insurability Option. You can do this if:

- You increase the business loan
- The value of the key person to the business increases; or
- A working Partner's, Director's or Shareholder's interest in the business increases in value.

For the policy to include this Guaranteed Insurability Option the person/s insured under this contract must be under 45 when the application is made and that person must be accepted on standard terms and normal rates. This option must be exercised before the insured persons 50th birthday, (older life for joint life policies).

We will not ask any more medical questions and the rates at the time of the increase will apply. The limits which apply are set out in your policy document. Your financial adviser can give you more details.

Please note: there are some conditions that apply to increased cover.

Accidental Death Benefit

Accidental Death Benefit provides life cover while your application form is being processed. This cover is provided free of charge and without the need for any underwriting. It will cover the insured person if they die following an accident. The amount of cover will be the amount of life cover you have applied for or £300,000, whichever is the lowest. The cover will start when we receive a completed application form, and will last for 90 days, or until we accept, postpone or decline your application or you notify us that you do not wish to proceed with your application – whichever occurs first. Terms and conditions apply.

Your personal illustration shows whether any of these options have been included in your plan.

After the plan starts, is there anything I need to do?

If your plan includes Critical Illness Cover and the insured moves abroad, you should check your policy conditions as this may affect your cover.

When will my cover start?

You can choose when you want your cover to start and the amount of benefit you require.

Will my payments ever go up?

Life Cover

If you choose Life Cover, your premium is guaranteed. This means that your monthly (or annual) payment will stay the same throughout the term of the plan.

Life and Critical Illness Cover

If you have Life and Critical Illness Cover you can choose between guaranteed and reviewable premiums.

If you choose guaranteed premiums, your monthly (or annual) premiums will stay the same throughout the term of the plan.

If you choose reviewable premiums, your premium will stay the same for the first five years. We will then review your premium and recalculate it to see whether it will change at the fifth anniversary of your policy and every five years after that.

We will assess any payment change fairly. When a review takes place the main factors we currently look at include:

- General industry claims experience
- The expected impact of future medical advances
- The number of claims we have had
- The number of claims we expect to have and when we expect them to be made

Your current state of health will NOT be a factor at a review.

If, when your premium is reviewed and recalculated, and it is within 5% of the premium you currently pay, we will not change your premium at this time.

Legal & General has a wide range of protection products to suit all your needs. If you are unsure whether reviewable premiums are suitable for your circumstances, you should discuss your options with your financial adviser.

For products with guaranteed premiums, the starting premium is currently more expensive than for similar products with reviewable premiums.

Your premium will also change if you:

- Increase the amount of cover
- Choose the Indexation option
- Exercise your Guaranteed Insurability Option

What happens if the insured person moves abroad?

We can normally only offer cover to applicants currently residing in England, Scotland, Wales or Northern Ireland.

If you take out a policy with us and then the insured person moves abroad, the cover may continue if they live in, or travel to, any of the countries that comprise the European Union.

If you live in any other countries for more than 12 months, we reserve the right to decline any critical illness claim.

What are the charges?

The premium payments shown in the illustration include all the costs of administration, underwriting, claims, commission and selling expenses.

What if I am not sure if this product is suitable for me?

If you have any doubt about whether this product is suitable for your circumstances, please contact either Legal & General or your financial adviser. Legal & General only advises on its own life assurance and investment products.

Making a claim

If you need to make a claim, please write to us at:

Legal & General Claims Department
City Park
The Droveaway
Hove
BN3 7PY

When we receive notification of a claim we will send you or your representatives a claim form to complete and return to us. We may ask you to provide us with certificates or other evidence as required.

For critical illness claims we may need to ask the insured person to undergo a medical examination. In order to make a valid claim all diagnosis and medical opinions must be provided by a medical specialist:

- Who holds an appointment as a Consultant at a hospital in the UK
- Whose specialism is appropriate to the cause of the claim
- Who is accepted by our Chief Medical Officer

Further Information

Your cancellation rights

After we have accepted your application, we will send you a notice of your right to cancel. By law we must send you this notice. We then give you 30 days to change your mind about starting the plan. If you do change your mind, you need to send the notice back to us at:

Legal & General Assurance Society Limited
City Park
The Droveaway
Hove
BN3 7PY

and we will then cancel the plan. If you do this, we will refund any premiums you have paid.

If you do not take this opportunity to cancel and you want to do so at a later stage, you may not get any money back. If you want to cancel at a later stage, please write to the address above.

Complaints

If you wish to complain about any aspect of the service you have received from Legal & General, or you would like us to send you a copy of our internal complaint handling procedure, please contact our Helpdesk on 0870 010 4080.

We may record and monitor calls. Call charges will vary.

Alternatively you can write to us at:
Legal & General Assurance Society Limited
PO Box 1186
Hove
East Sussex
BN3 1SD

If you remain dissatisfied, you can complain to:

The Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
London
E14 9SR
Telephone: 0845 080 1800
Email:
complaint.info@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

Making a complaint will not affect your legal rights.

Law

This contract is governed by English law.

Language

We will communicate in English throughout the term of this contract.

Financial Services Compensation Scheme (FSCS)

The Financial Services Compensation Scheme covers the policies issued by us. You may be entitled to compensation from the scheme if we cannot meet our obligations. This depends on the type of business and the circumstances of the claim.

The Financial Services Compensation Scheme may arrange to transfer your policy to another insurer, provide a new policy or if these actions are not possible, provide compensation. For business protection products the first £2,000 of any claim is protected in full. Above this amount, the scheme covers payment to 90% of the value of the policy.

You can get more information from the Financial Services Compensation Scheme at:

7th Floor
Lloyds Chambers
1 Portsoken Street
London E1 8BN
Telephone: 020 7892 7300
Email: enquiries@fscs.org.uk
Website: www.fscs.org.uk

Tax

The proceeds from this plan are free from UK income tax and capital gains tax.

However, for life insurance, as we pay the proceeds after the death of an insured person, inheritance tax may be due on the benefits paid. You may be able to avoid inheritance tax by using an appropriate trust. Ask your financial adviser for more details. The Government may change the tax position described above.

Our Regulator

We are authorised and regulated by the Financial Services Authority. We are entered on their register under number 117659. You can check this at www.fsa.gov.uk/register or telephone them on 0845 606 1234.

A Guide to Critical Illness Cover

The Association of British Insurers (ABI) gives general information about Critical Illness Cover in their booklet "A Guide to Critical Illness Cover". You can ask us for a copy or you can get a copy by writing to: The Association of British Insurers, 51 Gresham Street, London EC2V 7HQ.

Please Note:

This leaflet complies with the ABI Statement of Best Practice for Critical Illness Cover. It is a guide to our Business Protection Term Assurance Plan and is based on our understanding of current laws and tax rules. Further details are given in the plan schedule and the policy document. You should get expert advice about the legal and tax information in this leaflet.

We're here to help

If you have any queries, would like more information, or you would like this document in Braille, large print or audiotape, please contact the Legal & General Helpdesk on 0870 010 4080. We may record and monitor calls. Call charges will vary.