

Member's declaration form

Alternative Formats

If you would like this translated or have a copy in an alternative format such as large print, braille or audio, please email us at group.protection@landg.com or call us on 0345 026 0094. Lines are open from 9am to 5pm, Monday to Friday. We may record and monitor calls. Call charges will vary.

We need some information

Your employer has arranged insurance cover with us that's designed to provide protection for you as their employee, where financial help could be provided if a claim is made. To set up this cover we need to collect details about your health and activities and for you to sign in two places. We need your consent to:

- access your medical reports that may be needed to help us confirm our decision
- use your personal, health and medical information to assess the application to provide the insurance cover, administer the policy and process a subsequent claim in line with our Privacy Policy legalandgeneral.com/privacy-notice

We'll only use the information provided by you on this form, your General Practitioner (GP) and any medical practitioner we may ask you for the purpose of managing and arranging this insurance cover.

COMPLETING THIS FORM

Please give full and accurate answers to all the questions on this form. If you don't, we might not pay benefit if there's a claim.

We cannot process this application if you haven't answered all the questions and signed sections 8.

CONFIDENTIALITY

We take client confidentiality very seriously and follow strict guidelines regarding the medical information provided on this form and any additional medical reports we obtain. We have a confidentiality policy in place and all medical information is held securely. Access is limited to authorised individuals who need to see it. This means that the member has the right to send this form in a sealed envelope, directly to the Chief Medical Officer to the address at the back of this form.

ASSOCIATION OF BRITISH INSURERS' POLICY ON GENETIC TESTS AND INSURANCE

Under the Association of British Insurers' (ABI) policy on genetics and insurance, you don't have to tell us about any genetic test results you've had for this application of cover or any other similar insurance policies, unless you are applying for life insurance that totals more than £500,000.00 and you have had a predictive genetic test for Huntington's Disease.

We'll only be interested in genetic test results where the Government's Genetics and Insurance Committee (GAIC) has approved them for insurers to use. If you think this may apply to you contact us or visit the Association of British Insurers' website abi.org.uk/data-and-resources/tools-and-resources/genetics.

You must tell us if you are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition. If you wish to tell us about a negative genetic test result we will be willing to consider this when assessing the cover being requested.

Contact us if you would like a copy of the Association of British Insurers' Code of Practice on Genetic Testing.



1. Scheme details



Your employer or their adviser should complete this section. Please complete all the questions in this part of the form fully, so that we can progress the underwriting assessment quickly.

1.1 Scheme name

1.2 Policy number

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1.3 Please provide the following information in relation to the member being underwritten.

Salary/scheme earnings

£									
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Dependants' Pension – please state the benefit amount

£									p.a.
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2. Personal details



The member should complete this section. Please complete all the questions in this part of the form accurately and fully, so that we can progress the underwriting assessment quickly.

2.1 What is your full name?

Mr/Mrs/Miss/Ms/Mx/Other

Surname

Full first name(s)

2.2 When you were born, which sex was assigned to you on your birth certificate

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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2.3 What is your date of birth? (DD/MM/YYYY)

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2.4 What is your current personal status? Please tick only one box.

<input type="checkbox"/> Single	<input type="checkbox"/> Married/Civil Partnership
<input type="checkbox"/> Divorced/Dissolved	<input type="checkbox"/> Widow/Surviving Civil Partner

2.5 What is your permanent residential address?

Address

Postcode



It may be quicker and easier to contact you by phone or email to clarify unclear information on this form. Please give us your contact details where we can get in touch with you between 9am–5pm, Monday to Friday.

2.6 Contact details

Mobile

Home

Work

Email address

3. Occupation details

3.1 What is your occupation title?

3.2 Would you describe your occupational duties as:

Administrative/office based

Light manual

Heavy manual

3.3 If you have to drive as part of your occupation, please tell us the percentage of time you spend driving.

% Driving

3.4 How many hours do you work on average a week?

hours per week

4. Travel details

4.1 During the last 5 years, have you spent more than 90 consecutive days in Africa, Caribbean, Russia, South America, Asia or Ukraine?

Yes If 'Yes', then please go to question 4.1.1 in this section.

No If 'No', then please go to question 4.2 in this section.

4.1.1 If 'Yes', please give details below

Country	Regions	When (month/year)	Duration of stay (number of nights)	Reason for travel (holiday/business)

4.2 During the next two years, do you intend to spend more than 30 consecutive days outside the UK or travel for any duration against Foreign Office advice?

Yes If 'Yes', then please go to question 4.2.1 in this section.

No If 'No', then please go to part 5 – Lifestyle.

4.2.1 If 'Yes', please give details below

Country	Regions	When (month/year)	Duration of stay (number of nights)	Reason for travel (holiday/business)

5. Lifestyle

5.1 What is your height?

<input type="text"/>	feet	<input type="text"/>	inches	OR	<input type="text"/>	metres
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5.2 What is your weight?

<input type="text"/>	stone	<input type="text"/>	pounds	OR	<input type="text"/>	kilograms
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5.3 What is your waist measurement?

<input type="text"/>	inches	OR	<input type="text"/>	cm
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5.4 Has your weight changed by more than 2 stone (12.6kg) in the last 12 months?

Yes If 'Yes', then please go to question 5.4.1 in this section.

No If 'No', then please go to question 5.5 in this section.

5.4.1 If 'Yes', please give details below

5.5 How often do you drink alcohol?

Teetotal 1-2 times a week 3-4 times per week More than 5 times a week

5.6 What is your average weekly consumption of alcohol?

Beer, lager, cider – medium strength pints

Beer, lager, cider – premium strength pints

Wine 175ml glass

Spirits 35ml measure

Flavoured alcoholic beverages 275ml bottle

5.7 Have you ever been medically advised to reduce your alcohol consumption?

Yes If 'Yes', then please go to question 5.7.1 in this section.

No If 'No', then please go to question 5.8 in this section.

5.7.1 If 'Yes', when was that advice given?

5.7.2 How often did you drink alcohol at that time?

1-2 times a week 3-4 times per week More than 5 times a week

5.7.3 What was your alcohol consumption at that time?

Beer, lager, cider – medium strength pints

Beer, lager, cider – premium strength pints

Wine 175ml glass

Spirits 35ml measure

Flavoured alcoholic beverages 275ml bottle

5.8 Have you smoked cigarettes or used nicotine replacements including electronic cigarettes, chewing tobacco, cigars or pipe tobacco in the last 12 months?

Yes If 'Yes', then please go to question 5.8.1 in this section.

No If 'No', then please go to question 5.9 in this section.

5.8.1 If 'Yes', please confirm what is used and the daily amount

5. Lifestyle continued

5.9 In the last ten years have you used any of the following:

Cannabis (unless prescribed by a health professional)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any recreational drugs, for example, cocaine, ecstasy or amphetamines, heroin or opioids	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any psychoactive substance including drugs previously known as 'legal highs'	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any recreational drugs substitutes, for example, methadone	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Anabolic steroids (or any performance enhancing drugs) not prescribed by a doctor or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Been addicted to, misused or overused any medication whether prescribed by a doctor or not	<input type="checkbox"/> Yes	<input type="checkbox"/> No

5.10 Have you ever tested positive for HIV, Hepatitis B or C or are you awaiting the results of such a test?

Yes If 'Yes', then please go to question **5.10.1** in this section.

No



A negative HIV or Hepatitis test result will not, of itself, have any effect on your acceptance terms for insurance.

5.10.1 If 'Yes', please specify by ticking the boxes opposite

<input type="checkbox"/> Tested positive for HIV	<input type="checkbox"/> Awaiting results for HIV test
<input type="checkbox"/> Tested positive for Hepatitis B	<input type="checkbox"/> Awaiting results for Hepatitis B test
<input type="checkbox"/> Tested positive for Hepatitis C	<input type="checkbox"/> Awaiting results for Hepatitis C test

5.10.2 If you are awaiting the results of a Hepatitis test, please give the reason for the test

5.11 Do you take part in regular exercise, for example: gym, football, tennis or golf?

Yes If 'Yes', then please go to question **5.11.1** in this section.

No If 'No', then please go to question **5.12** in this section.

5.11.1 If 'Yes', please give the following details

Activity	Frequency (number of times per week)	How long in total (in minutes/hours)

5. Lifestyle continued

5.12 Do you take part in, or intend to take part in any hazardous or dangerous activity or pursuit?

- Yes If 'Yes', then please go to question **5.12.1** in this section.
- No If 'No', then please go to section **6** – Work and Health.



Examples are: aviation, climbing or caving, diving, competitive horse riding, motor sport, offshore or competitive sailing, heli-skiing or skiing off piste. If you are unsure whether an activity is deemed hazardous or dangerous then you should tell us.

5.12.1 If 'Yes', please give details below

Pursuit	Frequency (number of dives, races, climbs, hours per year)	Location (countries/waters/ mountains, etc)	Qualification or licence held	Extent of activity (maximum height, depth or type of race)

6. Work and Health



We don't expect you to check these details with your GP or HR department, but please answer them to the best of your ability.

6.1 In the last three years how many days, in total, have you had off work due to sickness or accident?

6.2 Have you ever been absent from work for more than two consecutive weeks due to illness, sickness or accident?

- Yes If 'Yes', then please go to question **6.2.1** in this section.
- No If 'No', then please go to question **6.3** in this section.

6.2.1 If 'Yes', please give an explanation below

Reason for absence	From (month/year)	To (month/year)	Full recovery (yes or no)

6.3 Has your health ever affected your ability to perform your occupational duties?

- Yes If 'Yes', then please go to question **6.3.1** in this section.
- No If 'No', then please go to section **7** – Medical.

6.3.1. If 'Yes', please give us an explanation

7. Medical

7.1 What is the name and address of your GP?

Name

Address

Postcode

Telephone number

7.2 In the last five years, have you been diagnosed as having high blood pressure, been treated for it or ever had a blood pressure reading greater than 150/90?

Yes If 'Yes', then please go to question 7.2.1 in this section.

No If 'No', then please go to question 7.3 in this section.

7.2.1. If 'Yes', when were you given this diagnosis?

7.2.2 Please provide your last three blood pressure readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7.3 In the last five years, have you been diagnosed with having high cholesterol, been treated for it or ever had a cholesterol reading greater than 6.5?

Yes If 'Yes', then please go to question 7.3.1 in this section.

No If 'No', then please go to question 7.4 in this section.

7.3.1. If 'Yes', when were you given this diagnosis?

7.3.2 Please provide your last three cholesterol readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7.4 Have you ever been diagnosed with Diabetes or having sugar in the urine?

Yes If 'Yes', then please go to question 7.4.1 in this section.

No If 'No', then please go to question 7.5 in this section.

7.4.1. If 'Yes', when were you given this diagnosis?

7.4.2 Please give your last three glycated haemoglobin (HbA1c) readings

Month/year	Reading	Treatment (yes/no)	Name of treatment

7. Medical continued

7.5 Have you ever consulted a doctor or any other health care professional due to any form of stress, anxiety, depression or mood disorder?

Yes No

7.6 Have you ever had a panic attack?

Yes No

7.7 Do you or have you ever suffered from Myalgic Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS) or post-viral fatigue?

Yes No

7.8 Have you ever had a nervous breakdown?

Yes No

7.9 Do you suffer with a bipolar disorder or schizophrenia?

Yes No

7.10 Has your doctor or any other health care professional ever advised you to take medication for stress, anxiety, depression or any other psychological condition?

Yes No

7.11 Have you undergone any other form of treatment for psychological conditions, such as counselling or Cognitive Behavioural Therapy (CBT)?

Yes No

If you've answered 'Yes' to any of the questions from **7.5** to **7.11**, please provide details below

Condition	What was the underlying cause?	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7. Medical continued

7.12 Do you currently have or have you ever had any of the following:

Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart attack, heart murmur, angina, cardiomyopathy, heart valve disorders or any disease or abnormality of your heart, arteries or veins?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Stroke, brain haemorrhage or permanent brain injury through accident, muscular dystrophy or motor neurone disease?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Multiple sclerosis, Parkinson's disease, epilepsy, Alzheimer's disease, dementia or cerebral palsy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7.12.1 In the last five years, have you had any of the following:

Arthritis, spine, neck or joint disorder (including slipped disc, sciatica, carpal tunnel syndrome, Dupuytren's Contractor, repetitive strain injury (RSI) or gout)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma, bronchitis, chronic obstructive pulmonary disease (COPD), emphysema?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any disease or disorder of the digestive system, liver, pancreas or bowel (including gastric or duodenal ulcer, hepatitis, colitis, Crohn's disease or irritable bowel syndrome)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Kidney, bladder or any other disorder of the genito-urinary system (including blood or protein in the urine and urinary tract infections)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood disorder or anaemia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Thyroid disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disorder of the eyes (including optic neuritis or cataracts)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Disorder of the ears (including tinnitus, labyrinthitis or Ménière's disease)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you've answered 'Yes' to any of the above conditions, please provide details below

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7. Medical continued

7.13 Do you currently, or in the last five years, have you ever had any of the following where no underlying cause has been identified?

Lump, growth of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest pain or recurrent palpitations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Numbness, loss of feeling or tingling in the arms, hands, legs, feet or face, temporary loss of muscle power, or paralysis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seizures, fits, fainting, dizziness or blackouts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Back, neck, shoulder or knee pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Shortness of breath, wheezing or tight chest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal pain, jaundice, reflux, dyspepsia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blurred vision, headaches or migraines that have persisted for longer than two days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Insomnia, tiredness or fatigue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you've answered 'Yes' to any of the above conditions, please provide details below

Condition	Investigations or tests carried out	Date of first symptoms	Date of last symptoms	Name or type of treatment	Time off work

7.14 Are you currently taking or receiving any treatment that you haven't already told us about?

Yes No



This should include any prescribed, over the counter, herbal treatment or privately arranged treatment, such as physiotherapy.

Condition	Name or type of treatment

7.14.1 Are you awaiting the results of any tests or investigations that you haven't already told us about?

Yes No

7.14.2 Apart from anything you've already told us about, during the last 2 years have you been referred to or attended hospital or admitted overnight? (Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.)

Yes No

If you've answered 'Yes' to **7.14.1** or **7.14.2**, please provide details

7. Medical continued

7.15 Have any of your family members, before the age of 60, died from, or suffered from, heart disease, a stroke, diabetes, high blood pressure, kidney disease, cancer, multiple sclerosis, nervous disorder, paralysis or any hereditary disorder?

- Yes If 'Yes', then please go to question 7.15.1 in this section.
- No If 'No', then please go to question 7.16.

7.15.1 If you've answered 'Yes' to question 7.15, please provide details below

Relative	Condition	Age at diagnosis	Cause of death	Age at death
Father				
Mother				
Brother/sister 1				
Brother/sister 2				
Brother/sister 3				

7.16 If you have undergone a medical screening or examination within the last two years and are happy to share the results, please let us know by ticking the box. This may prevent us from asking you to attend another.

- Yes No



Please don't send a copy of your screening or medical examination report now, we will let you know if this is required.

7.17 If we need you to attend a medical examination, please tell us where would be most convenient for you to attend

7.18 Have you applied to Legal & General for any other life protection products (either as an individual or through your company)?

- Yes No

7.19 Have you ever had an application for life, health assurance or critical illness cover declined, postponed, or accepted with special terms or restrictions, or have you withdrawn an application yourself from this or any other company in the past?

- Yes If 'Yes', then please go to question 7.19.1 in this section.
- No If 'No', then please go to section 8.

7.19.1 If you've answered 'Yes' to question 7.19, please provide details below

Cover type	Decision	Reason for decision	Insurer	When (month/year)



IMPORTANT NOTES

We may need more information about your medical history depending on the answers you've given on this form. You should carefully read through the declaration and consent sections of this form.

We may need to send this form and relevant medical reports to our reinsurers for their opinion or agreement of the terms we wish to offer. We may need to send them at a later stage so that we can manage your employer's policy.

The cover will not start until we've assessed and accepted the request, and where necessary, the terms have been accepted by your employer. Occasionally we may not be able to offer any terms.

8. Consent to access medical reports

Medical consent

We need your consent in case we need to request a medical report from your General Practitioner (GP) to help us assess the request for cover.

The report your GP provides could include details of consultations with any doctor or healthcare professional, but we'll only ask for information about your health that's relevant to your application.

Legal & General may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have made. You can find out more here <https://www.legalandgeneral.com/privacy-policy/>.

You do not have to consent; however, we may not be able to offer the cover requested without a medical report.

If you would like to withdraw your consent for Legal & General to request a copy of your medical report, please call 0345 026 0094. By withdrawing your consent, we may not be able to offer the cover being requested for you, under your employer's policy, or the cover may be restricted.

Valuable information to know

You're not in the dark. If you need to you can see the report before it's sent to us – there's a space to let us know below. From the date we request the report, you'll have 21 days to make an appointment to go through the report with your GP.

If you originally did not want to see the GP report before we receive it, you can still request a copy for up to six months after they've sent it to us.

Your information is in your control. You can ask your GP to amend the report before it's sent to us if you think anything isn't right or is misleading, or you can attach a personal statement to be sent to us along with the report. We're asking for this under the relevant medical act(s). You can read them, and the additional rights you have under our [Privacy Policy](https://www.legalandgeneral.com/privacy-policy/), and [data protection regulations](https://www.legalandgeneral.com/privacy-policy/) here <https://www.legalandgeneral.com/privacy-policy/>.

Your protection is our primary concern. For this reason, your GP may choose to not show you the report if they feel it could cause harm – physical or mental – to you or others.

The medical report your doctor fills in asks about the following:

- Your current health
 - any care, medication or treatment you are currently receiving
 - the results of referrals or tests you are waiting for
 - any time off work in the last three years
- Your past health
 - Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases
 - musculoskeletal disease or injury, for example arthritis, rheumatism, back problems or any other disorder of the joints or muscles
 - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
 - suicidal thoughts or attempts at suicide; or
 - conditions related to drug or alcohol misuse, or smoking, or chewing tobacco
 - Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (test on urine), x-rays or other investigations
 - Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We **won't** ask your GP about:

- Negative tests for HIV, hepatitis B or C.
- Any sexually transmitted infections unless there could be long-term effects to your health.
- Predictive genetic test results, unless there's a favourable test result which shows that you have not inherited a condition your family suffers from.

What happens after I have completed the form

We normally provide confirmation of the insurance cover under your employer's policy once we receive the completed form. Occasionally, the details you've provided need further assessment where we may also need to contact your General Practitioner (GP) or another medical practitioner for further details. We'll then confirm to your employer if:

- we can provide the insurance cover being applied for,
- if due to your personal circumstances we may only pay a claim in certain instances, or
- we're unable to provide the insurance cover being requested.

In the second and third instances above, we'll let you know the reasons why.

This form allows Legal & General to gather medical reports within 12 months from the date you sign it, or to support any claim made on the policy proceeds.

Declaration and consent

The insurance cover arranged by my employer is governed by English Law.

I agree and accept that:

- The information I provide will be complete, truthful, and accurate.
- For the purposes of assessing my application and any subsequent claim, Legal & General will use the information in this form and any other they receive from medical professionals I am or have consulted.
- If any information I provide is not complete or accurate, Legal & General may not pay a claim.
- I will immediately inform Legal & General if there are any changes to my answers before my cover is accepted.
- Legal & General may ask me to attend a medical examination to help them assess the requested insurance cover. In these instances, Legal & General will share my personal health information with another company that they have authorised to act on their behalf to carry out the medical examination.
- Legal & General will communicate the terms for providing cover to my employer as the policyholder, or through their agent. Such communications may include terms that relate to my health and wellbeing.
- The details that I provide Legal & General may be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering as well as to verify my identity. If fraud is detected, I could be refused certain services, finance, or employment. Further details of how my information will be used by Legal & General and these fraud prevention agencies, and my data protection rights, can be found by accessing www.cifas.org.uk/fpn.
- I consent to Legal & General, in line with their Privacy Policy, asking any doctor I have consulted about my physical or mental health to provide a medical report so that they may assess my request for cover.
- I authorise those asked to provide a medical report when they receive a copy of this consent form. This consent is valid for 12 months from the date of signature.

8. Consent to access medical reports continued

By signing and submitting this form, I consent to Legal & General processing in line with their [privacy policy](#), my lifestyle and health information that I provide, so they can:

- assess the request for cover under my employer's policy,
- administer my employer's policy, and
- process any claims under my employer's policy.

I also consent to Legal & General sharing this information, when necessary, with the Reassurers referenced in the Privacy Policy.

I authorise those asked to provide a medical report when they receive a copy of this consent form. This consent is valid for 12 months from today's date.

Yes No

I would like to see the medical report before it is sent to Legal & General.

Yes No

Full name:

Signature:

Date:

Contact us



0345 026 0094

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



groupprotection.medicalunderwriting@landg.com

legalandgeneral.com/employer/group-protection



**Group Protection – Medical underwriting team, Legal & General Assurance Society Limited
Four Central Square, Cardiff, CF10 1FS.**

Legal & General Assurance Society Limited

Registered in England and Wales number 166055.

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