

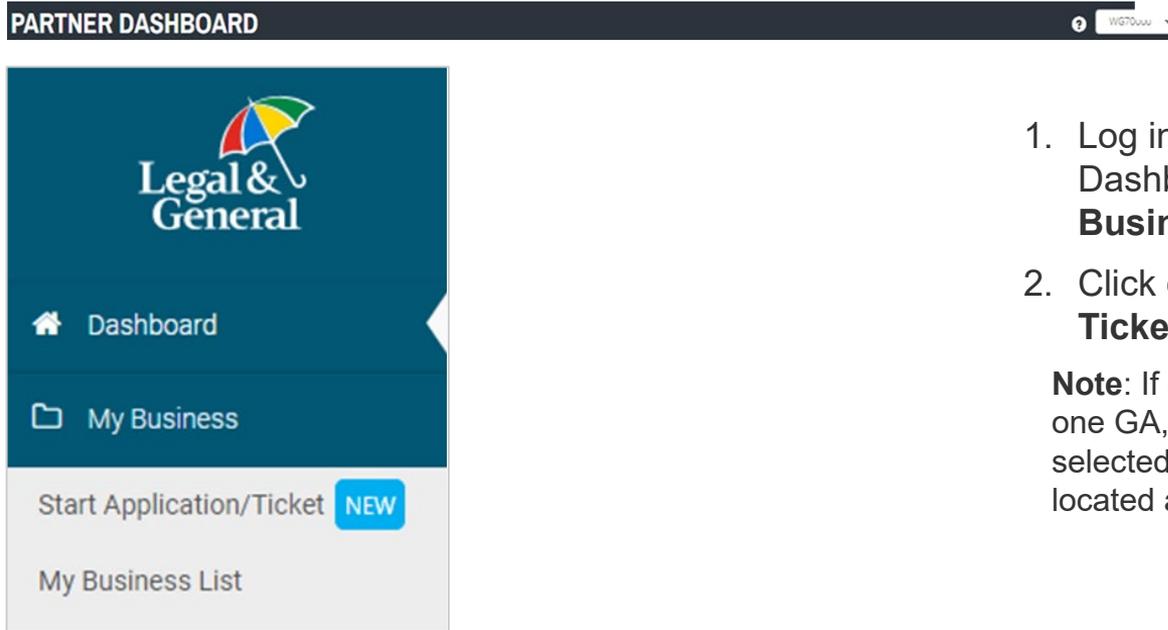


## How to complete the Advisor-Assisted Application

Last updated December 2023

## Complete the Advisor-Assisted Application

The Advisor-Assisted application allows you to complete the online application alongside your client



1. Log into the Partner Dashboard and click on **My Business**
2. Click on **Start Application / Ticket**

**Note:** If contracted with more than one GA, make sure you have selected the correct advisor code located at the top of the screen

## Complete the Advisor-Assisted Application



Legal & General

Application Information  
Your Policy  
About You  
Health History

### Start a new application for your client!

Our advisor experience gives you the opportunity to guide your client through every step of their life insurance application

**Application Information Section:**  
You will need to complete the entire Application Information section before you can "Save and Exit".

**Drop a Ticket:**  
Gives you the option to send the application to your client or schedule an AppAssist appointment.

**Digital Application:**  
Quick, easy and most advisors are able to complete within 20-30 minutes.

**Here's some useful client information to have on hand:**

- Client's personal information including last 4 of SSN
- Driver's license information
- Medical information

Next >

### 3. Landing page

- When using the GA's URL link, you will land on this page
- Select **Next**

## Complete the Advisor-Assisted Application



**Advisor Information**

① In order to proceed with this application, advisor must provide either the **advisor code** or the **NPN** and must be licensed in both the insured's and the policy owner's state (if they are different).

GA Code                      GA Name                      Communication Email ②  
No email on file

Please enter the below information for each advisor.

Primary Advisor Code ③	NPN <a href="#">Lookup your NPN</a>	SSN/TID
<input type="text"/>	<input type="text"/>	<input type="text"/>
First Name	Last Name	Split %
<input type="text"/>	<input type="text"/>	100.00%

I am not contracted

[Add Advisor](#)

**Case Notification (Optional)**

Email Address

[Next](#) >

[Need Help?](#)

**Look up your NPN** ×

The National Producer Number (NPN) is a unique National Association of Insurance Commissioners (NAIC) identifier assigned through the licensing application process. Fill out the information below to look up your NPN.

Last Name

SSN/TID

### 4. Advisor Information

- a. Please review the GA name at top to ensure this is the correct agency the business is to be submitted through
- b. If needed, enter your advisor code; if you do not know your code, enter your national producer number (NPN) and last four of your social security number or TIN, depending on how you are licensed; If not contracted with this GA check the **I am not contracted** box; enter NPN and last 4 of SSN or TIN
- c. **Select Next**

**Note:** If you do not remember your NPN click on **Lookup your NPN**

## Complete the Advisor-Assisted Application



### Client Information

Personal information of client is mandatory to get instant decision and SSN is mandatory to complete the ID verification and complete the application.

Please enter any missing information below:

Name		
First Name	Middle Name (optional)	Last Name
Gender		
--select--	Date of Birth	Last 4 digits of SSN
	MM/dd/yyyy	ssn
Address		
address line 1		
address line 2 (optional)		
City		State
city	--select--	Zipcode
		zip
Email Address		Confirm Email Address
email		confirm email
Phone Number		Confirm Phone Number
	Mobile	

Save Age to set effective date based on younger insurance age [View details](#)

Yes

No

[Next](#) >

[Need Help?](#)

### 5. Client Information

- a. Complete all fields
- b. Select **Next**



**Pro Tip**

The state of sale is based on where the owner resides; please make sure you are licensed in that state

## Complete the Advisor-Assisted Application



Policy Information

**Details**

Product Type [Learn More](#)  
OPTerm

Coverage Length  
30 Years

Purpose of Insurance  
Personal

Coverage Amount  
\$ 500,000

Underwriting Class  
Preferred

Table Rating  
--Select--

Billing Frequency  
Monthly

Term Riders

10 years  
\$

15 years  
\$

20 years  
\$

**Additional Coverage Details**

Child Rider  
 \$5,000  \$10,000  Not Interested

Waiver of Premium  
 Add Coverage  Not Interested

Temporary Insurance Coverage  
 Add Coverage  Not Interested

**Owner**

Is the policy owner same as the proposed insured?

Yes  No

Premium Amount  
**\$39.91**

[Add Policy](#)

[Next](#)

### 6. Policy Information

- Complete the appropriate fields
- If the owner is other than the insured, the agent will need to provide the owner's name, address, phone number and email address
- Select **Next**



#### Pro Tip

#### When multiple policies are needed:

If the client is applying for more than one policy, after entering the initial information click **+Add Policy** located in the bottom left corner

This will allow you to enter the information needed for each additional policy the client is applying for (up to three total)

When completing the applications, the client will only need to repeat the 'Your Policy' details for each policy being applied for

## Complete the Advisor-Assisted Application



Policy Information

**Policy 1: OP Term 30**  
Coverage Length 30 Years - Coverage Amount \$500,000 - Estimated Premium: \$23.00 monthly

**Policy 2: OP Term 10**  
Coverage Length 10 Years - Coverage Amount \$250,000

**Details**

Product Type [Learn More](#)

Product Type: OP Term Coverage Length: 10 Years

Purpose of Insurance: Business Coverage Amount: \$ 250,000

Underwriting Class: Preferred Table Rating: --Select-- Billing Frequency: Monthly

Term Riders

10 years: \$ 18 years: \$ 20 years: \$

**Additional Coverage Details**

Child Rider  
 \$8,000  \$10,000  Not Interested

Waiver of Premium  
 Add Coverage  Not Interested

Temporary Insurance Coverage  
 Add Coverage  Not Interested

This will apply to all policies in this application.

**Owner**

Is the policy owner same as the proposed insured?  Yes  No

Is the policy owner an individual or a business?  
 Individual  Business

Premium Amount: \$ ---

[Remove](#)

[Add Policy](#)

[Next](#)

### Multiple policies cont.

- Enter the information needed for the second policy; repeat for the third, if needed

Once the information is entered for each policy being applied for, click **Next**

## Complete the Advisor-Assisted Application



**Owner**  
Is the policy owner same as the proposed insured?   
 Yes  No  
Is the policy owner an individual or a trust?  
 Individual  Trust

We'll re-verify and update owner details, if they change during the application process.

First Name	Last Name	
<input type="text"/>	<input type="text"/>	
City	State	Zip Code
<input type="text"/>	-- select-	<input type="text"/>
Phone Number	Confirm Phone Number	
<input type="text"/>	<input type="text"/>	
Email Address	Confirm Email Address	
<input type="text"/>	<input type="text"/>	

Prem  
S

Add Policy



### Pro Tip

When the policy owner is other than the insured, the policy owner's name, address, phone number and email address are required

**Note:** The state of issue is determined by where the owner resides, you must be licensed in that state

## Complete the Advisor-Assisted Application



### Advisor Attestation

We will rely on information provided by you. The answers to the questions you ask and collect from your client will be the basis for us to issue a life insurance policy. The answers provided to us will be made a part of the policy. Every answer you provide to us must be truthful, complete and accurate to the best of your knowledge. As an advisor, your responsibilities include, but are not limited to:

- Ensuring your client does not require a translator.
- Asking all questions exactly as presented, including scenarios where gender specific conditions must be asked to all clients.
- Making us aware of any information that would adversely affect your client's eligibility, acceptability, or insurability.
- Asking your client, the appropriate questions to ensure that the product, with the length and amount of coverage being applied for, is in the best interest of, and suitable for, your client.
- Ensuring you are a licensed life insurance agent in the state where your client lives. If you are not currently appointed, you will get appointed before the policy is finalized.
- Providing complete and accurate information in a timely manner, including all required forms (including any required notices)

**By clicking the blue button below, you agree that:**

You will work with your client to ensure that accurate and honest information is provided. You understand that if the wrong information is received, your client could miss out on coverage benefits.

You authorize Legal & General America to obtain any necessary administrative information order to complete this life insurance application. You understand that any information needed from your client requiring action and/or advice from a licensed life insurance agent will be referred to you for before the application can be completed.

[I Agree >](#)

Need Help?

Legal & General America life insurance products are underwritten and issued by Banner Life Insurance Company, Urbana, MD and William Penn Life Insurance Company of New York, Valley Stream, NY. Banner products are distributed in 49 states and D.C. William Penn products are available exclusively in New York; Banner does not solicit business there. The Legal & General America companies are part of the worldwide Legal & General Group. 19-094

Application Reference #: 1000008361  
Policy #: 5100083172, 5100083173

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## 7. Advisor Attestation

a. Click **I Agree** to the terms and conditions

**Note:** Application reference number and policy number(s) will appear in the bottom right corner

There is one Application Reference number and will link all associated applications

Policy number will be unique for each policy applied for

## Complete the Advisor-Assisted Application



Application for

You can complete the entire application with your client, send it to the client to complete, or schedule an AppAssist Interview.

**Continue along with your client**

Use our quick and easy application – most advisors complete it within 30 minutes. Remember, your client must agree to our HIPAA authorization before starting the 'Health History' section.

[Continue Digital Application](#)

**Give your client the control**

This gives you the option to send the application to your client to complete independently or schedule a time for your client to complete their app over the phone with our AppAssist team.

[Send To Client Or Schedule Interview](#)

[Need Help?](#)

- To complete the full application with your client, click on **Continue Digital Application** button

## Complete the Advisor-Assisted Application



Legal & General

Save and Exit

### Client Information

is interested in \$100,000.00 of coverage for 10 years at \$9.43 bi-annually. [View quote details](#)

Name  
[Redacted] Middle Name (optional) [Redacted]

Gender: Female Date of Birth: 01/04/1980

Address  
Address Line 1  
Address Line 2 (optional)  
BIRMINGHAM Alabama 35215

Last 4 digits of SSN: [Redacted] Email Address: user@example.com

Phone Number: [Redacted] Home Secondary Phone Number: [Redacted] Home

[Start your application](#)

9. Review the client information
  - a. Ensure all information is accurate
  - b. Click on **Start your application**

## Complete the Advisor-Assisted Application



### Terms & Conditions and HIPAA Authorization

① In order to be able to answer health questions on behalf of your client, they will need to provide authorization for the Terms & Conditions and HIPAA as well as agree to an Honesty Statement. By selecting their contact preference and clicking the Send to client button below, you will be sending a link to the client where they can authorize the necessary Terms & Conditions. Once they do so, you will be able to complete the Health History section.

An email will be sent to your client with a link to authorize the Terms & Conditions and HIPAA authorizations. Would your client also like to receive the link to the Terms & Conditions and HIPAA authorization via text?

Yes  
 No

Please read the following text to your client:

**ⓘ** You consent to receive phone calls, emails, and text messages from Legal & General America, its financial professionals, or third parties calling on its behalf, regarding its products and services at the phone number(s) above, including your wireless number if provided. You understand these calls may be generated using an automatic telephone dialing system or prerecorded voice message for telemarketing purposes. You understand to make a purchase you do not need to consent to receive calls from Legal & General America and can instead email or call your financial professional directly at 855-914-9115

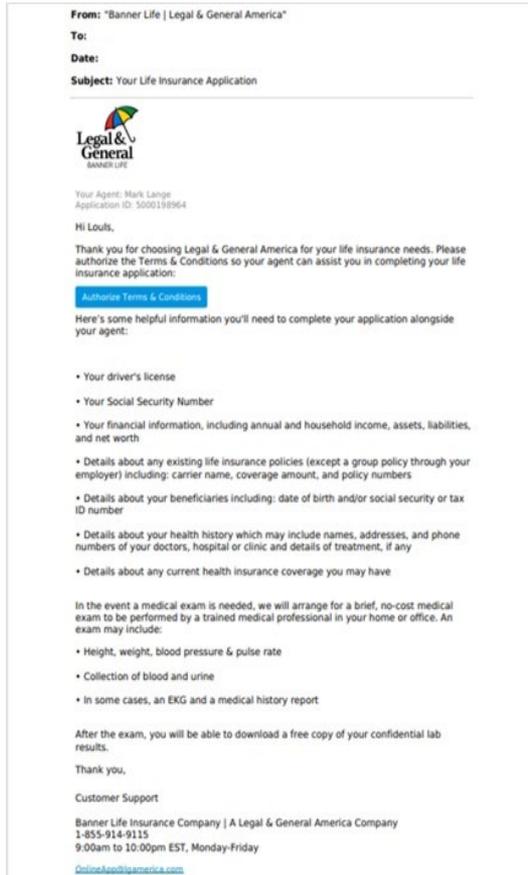
Accept  
 Decline

[Send to client >](#)

[Need Help?](#)

10. Client will need to agree to the Terms & Conditions and HIPAA authorization
  - a. An email with the secured link will be sent to the client
  - b. It can also be sent to client via text message
  - c. Click **Send to client**

## Complete the Advisor-Assisted Application



11. This is the email the client will receive to review and agree to the Terms & Conditions and HIPPA Authorization
  - a. The email will be from Banner Life | Legal & General America
  - b. The subject line will state "Your Life Insurance Application"

## Complete the Advisor-Assisted Application



Legal & General

View T&C, HPA&A, and Honesty Statement

Save and Exit

Application Information

Your Policy

Personal or Business Insurance

Owner

Select rider

Payor

Secondary address

Primary beneficiaries

Contingent beneficiary

Existing insurance

Total amount of coverage

About You

Health History

Let's get started with your policy details.

We'll cover questions about the policy you're applying for, any existing life insurance, payment information, and details on who will be receiving the benefits of this policy.

Here's some helpful information to have on hand:

- Name and date of birth for each primary beneficiary
- Information about any existing life insurance policies you currently have

Next

Need Help?

12. The application is divided into three sections

- Your Policy
- About You
- Health History

**Note:** Left margin will indicate what types of questions will be asked in each section

All sections must be completed fully and accurately

## Complete the Advisor-Assisted Application



Legal & General

View T&C, HIPAA, and Honesty Statement

Save and Exit

Application Information

Your Policy

Personal or Business Insurance

Owner

Select rider

Plan

Secondary address

Primary beneficiary

Contingent beneficiary

Existing insurance

Total amount of coverage

About You

Health History

Need help?

Let's get started with your policy details.

We'll cover questions about the policy you're applying for, any existing life insurance, payment information, and details on who will be receiving the benefits of this policy.

Here's some helpful information to have on hand:

- Name and date of birth for each primary beneficiary
- Information about any existing life insurance policies you currently have

Next >

**Note:** If the advisor and/or client needs to stop the application at any point

- Click on the **Save and Exit** button located in the top right corner of each screen
- An email will be sent to the client with a secured link
- Client will log in and complete the remaining application online

## Complete the Advisor-Assisted Application



### Who would you like to be your primary beneficiary?

**i** You've chosen 'All lawful children equally' as the contingent beneficiary for this policy. If you update the primary beneficiary to 'All lawful children equally', then the contingent beneficiary will be removed, as the contingent beneficiary and the primary beneficiary can't be the same.

- Individual(s)
- Trust
- Estate of Insured
- Business
- All lawful children equally
- Other type

We are obligated to notify you that we cannot pay the insurance proceeds directly to a minor. Payment can be made only after a court appoint that minor and the natural parent does not automatically fill the role. The court appointment process can be lengthy and may delay the payment. We suggest you consult an attorney if you have any questions.

Next >

## 13. Your Policy sample questions (i.e., beneficiary, owner, additional coverage)

### Would you like to add any additional coverage to your policy?

(Please check all that apply)

**i** Please note adding a rider to your policy will increase your premium and may require additional underwriting requirements.

- i** Please note, you can add either a Term Rider or a Child Rider.
- Term Rider**  
*Term Riders can be stacked on top of your base term policy for 10, 15, or 20 years allowing you to customize your life insurance in a cost-effective way by providing additional coverage for a specified number of years to match your financial responsibilities.*
- Child Rider**  
*A Child Rider is an eligible child that is covered by your life insurance policy. Please keep in mind, this rider will not cover infants under 15 days old or children over the age of 18.*
- No thanks, I don't want to customize my coverage.

Next >

## Complete the Advisor-Assisted Application



The screenshot displays the Legal & General application interface. On the left is a navigation menu with sections: Application Information, Your Policy, and About You. The 'About You' section is expanded, listing various topics such as Driver's license, Citizenship, Birth origin, Employment status, Occupations, Occupation duties, Hazardous activities, Aviation-pilot license, Foreign travel, Foreign residency, Annual income, Household income, Premium financing, and Residency. The main content area shows a progress bar with three steps: 'Your Policy', 'About You' (the current step), and 'Health History'. Below the progress bar, the text reads: 'We want to talk about you and what you do. We'll cover topics like your occupation, lifestyle, and activities. Here's some helpful information to have on hand:' followed by a bulleted list: 'Proof of citizenship (passport/visa)', 'Driver's license or state ID', 'Your annual & household income', and 'Health insurance information'. A blue 'Next' button with a right-pointing arrow is located at the bottom of the list. In the top right corner of the application, there are links for 'View TSC, HIPAA, and Honesty Statement' and a 'Save and Exit' button. A 'Need Help?' link is visible at the bottom left of the main content area.

14. Next section of the application is the **About You** section (i.e. driver's license, citizenship, occupation, foreign residency...)

## Complete the Advisor-Assisted Application



Progress bar: Your Policy (active), About You, Health History

Do you intend to travel outside the U.S. or Canada in the next 12 months?

Progress bar: Your Policy, About You (active), Health History

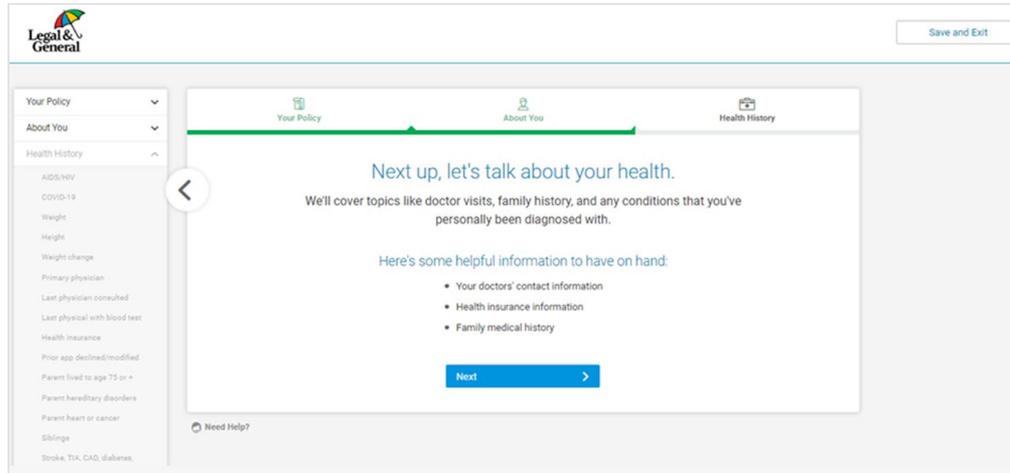
How many weeks do you expect to be outside of the U.S. and Canada in the next 12 months?

Progress bar: Your Policy, About You (active), Health History

What countries do you intend to travel to?

I'm travelling to  for

15. Here are sample reflexive questions in the **About You** section



The screenshot shows the Legal & General application interface. On the left is a navigation menu with categories: Your Policy, About You, and Health History. The Health History section is expanded, listing various medical and insurance-related items. The main content area has a green progress bar at the top with three steps: Your Policy, About You, and Health History. The current step is 'About You'. The main text reads: 'Next up, let's talk about your health. We'll cover topics like doctor visits, family history, and any conditions that you've personally been diagnosed with. Here's some helpful information to have on hand.' Below this is a bulleted list: 'Your doctors' contact information', 'Health insurance information', and 'Family medical history'. A blue 'Next' button with a right-pointing arrow is at the bottom. A 'Save and Exit' button is in the top right corner. A 'Need Help?' link is at the bottom left.

15. In order to move on to the **Health History** section, the client must have agreed to the **Terms and Conditions** and the authorize the **HIPPA disclosure**

**Note:** If the client has not agreed to the Terms and Conditions and HIPPA disclosure or if the client wants to complete the health history on their own

- Click on the **Save and Exit** button
- An email will be sent to the client with a secured link
- Client will log in and can complete the remaining portion of the application themselves online

## Complete the Advisor-Assisted Application



Legal & General Save and Exit

About You **Health History** Your Policy

During the last 5 years have you consulted a licensed health care professional regarding or have you been diagnosed or treated for any of the following?  
(Please check all that apply)

- Disease or disorder of the kidneys, bladder, or prostate  
Cyritis, Blood in your Urine, Kidney Stones, Sugar in your Urine, Protein in your Urine, Elevated PSA, Benign Prostatic Hyperplasia (BPH)
- Disease or disorder of the esophagus, stomach, gallbladder or bowel  
Bernett's Esophagus, Gastroesophageal Reflux Disorder (GERD)/Acid Reflux, Colic Disease (Stomach Inflammation), Gall Bladder Disease, Esophagitis, Diverticular Disease, Gallbladder Disease, Ulcers, Blood in your stool
- Disease or disorder of the lungs or breathing  
Asthma, Emphysema, Chronic Bronchitis, Sarcoidosis, Suspected or diagnosed Sleep Apnea, COPD (Chronic Obstructive Pulmonary Disease), Tuberculosis (TB), Pulmonary Fibrosis, Anaphylaxis
- Arthritis or auto-immune condition  
Lupus, Osteomyelitis, Fibromyalgia, Rheumatoid Arthritis, Ankylosing Spondylitis, Gout
- Mental illness  
Anxiety, Schizophrenia, Amnesia or Bulimia, Bipolar Disorder, Depression, PTSD (Post-Traumatic Stress Disorder), Suicidal Thoughts or Actions, ADHD (Attention Deficit Hyperactivity Disorder)
- Dementia or memory loss  
Memory Loss, Alzheimer's Disease
- None of the above

Next

Legal & General Save and Exit

About You **Health History** Your Policy

What arthritis or auto-immune condition do you have?  
(Please check all that apply)

- Lupus
- Osteomyelitis
- Fibromyalgia
- Rheumatoid Arthritis
- Ankylosing Spondylitis
- Gout
- Psoriasis
- Psoriatic Arthritis
- Other arthritis or auto-immune disease or

Next

Legal & General Save and Exit

About You **Health History** Your Policy

Are you currently waiting to be evaluated or tested at a hospital or by a licensed health care professional?

ⓘ This doesn't include routine testing, wellness check-ups, or evaluations related to a diagnosis already disclosed.

Yes No

[Need Help?](#)

15. Here are sample reflexive questions in the **Health History** section

## Complete the Advisor-Assisted Application



Darcy Burge is ready for review

Darcy has been tentatively approved subject to signed application for \$500,000.00 of coverage for 15 years.

Send for Signature

Darcy's payment amount is:

**\$254.26**  
Quarterly

Darcy must review and sign their application now.

This offer is based on the current answers we've received. Information on the application can be updated as needed, but may impact the application decision above. In order to process the application, please send the application to your client by selecting the Save and Exit button above.

a

16. Upon completion, you will be notified as to what the next steps are for underwriting; possible examples:
- A notification for instant decision
  - A notification that their application requires further underwriting

Raj Smallwood needs to review and sign the application

Please click the 'Send for Signature' button below to send your client a link to review and sign the application.

An APS and Exam with labs will be ordered for your client as soon as we receive the signed application. To prevent any delay or the chance of your client's application from expiring, please ensure your client promptly reviews and signs the application.

Send for Signature

Application Summary

If you'd like to revisit the marked questions of the application or make changes, click the edit icons below.

Application Information

Client Information

b

## Complete the Advisor-Assisted Application



Your advisor: Banner Life Insurance Company  
Your application ID: 1000013697

Your policy: 5060170844; 30-year term; \$1,000,000

Hello Tomd,

Thanks for choosing Legal & General America for your life insurance needs. Please click the button below to review and sign your application.

[Review and Sign](#)

This is time sensitive so don't let this opportunity pass you by.

Thank you,

Customer Support

Banner Life Insurance Company | A Legal & General America Company  
1-855-914-9115  
9:00am to 10:00pm EST, Monday-Friday

[OnlineApp@lgamerica.com](mailto:OnlineApp@lgamerica.com)

This is the email the client will receive to review and sign the application

# Complete the Advisor-Assisted Application



Almost there! Ready to review and sign your application?  
You'll have an opportunity to review the full application documents before you sign them.

### Review Your Application

if you'd like to revisit any part of your application or make changes, use the links below.

#### Application Information

**Your Information**

Date of Birth 11/22/1978	Gender Male
Address 2131 CENTURY PARK LN APT 313 LOS ANGELES, California 90087	Last 4 digits of SSN 1
Email Address osterholt.bordelon@gmail.com	Phone Number 318-987-3960

#### Product Information

Product 10 Years	Term Riders Not Interested
Coverage Amount \$100,000	Waiver of Premium Not Interested
Billing Frequency Semi-Annually	Child Rider Not Interested

Temporary Insurance Coverage  
Included

Please contact your advisor if you want to change any product information.

About You

Health History

Your Policy

Next >

if you'd like to revisit any part of your application or make changes, use the links below.

#### Application Information

#### About You

Do you have a driver's license or state issued ID? Yes	What is your driver's license or state issued ID number? Maryland - 123456789
Are you a U.S. citizen? Yes	Where were you born? I was born inside the U.S. in the state of Maryland
What is your current employment status? Paid employee or self-employed	Do you work in any of the following occupations: None of the above
Do the duties of your occupation require you to be: None of the above	Which of the following activities do you engage in or plan to engage in the next 6 months? None of the above
Do you have a valid pilot's license? No	Do you intend to travel outside the U.S. or Canada in the next 12 months? Yes
How many weeks do you expect to be outside of the U.S. and Canada in the next 12 months? 2	What countries do you intend to travel to? I'm travelling to Anaba for 5 days
Do you intend to change your country of residence in the next 12 months? No	What is your annual earned income (include salary, bonus, commissions, etc.)? \$75,000
What is your total household earned income? \$75,000	Do you have a spouse or life partner? No
Will any portion of the initial or future premiums for this policy be borrowed, loaned, or otherwise financed by any individual(s) or entity(ies) other than yourself or your immediate family members? No	In the last 5 years, have you filed for bankruptcy? No
In the past 10 years have you used any form of tobacco or nicotine product? No	In the last 5 years, have you used marijuana (cannabis) in any form? No
Do you drink alcoholic beverages? Yes	How many alcoholic drinks do you consume per week? 3
When you consume alcohol, what is the average number of drinks you have? 2	Have you ever been addicted to alcohol or been advised by a medical professional to reduce the amount of alcohol you drink due to how much you use? No
Have you ever been advised by a physician or member of the medical profession to attend or attend an alcohol support group? No	Have you ever used narcotics, barbiturates, anabolic steroids, amphetamines, hallucinogens, heroin, crack, cocaine, or habit forming drugs except as prescribed by a licensed health care professional? No
Have you ever been addicted to or misused prescription medication? No	In the last 8 years, how many times have you been convicted of, or pled guilty or no contest to Driving While Intoxicated (DWI) or Driving Under the Influence (DUI)? 0
In the past 5 years, have you had your driver's license suspended or revoked, or been convicted of, or pled guilty or no contest to a moving violation? No	Have you been convicted of, or currently charged with, a felony, or are you currently on parole or probation? No

17. Your client will review the application and is able to make adjustments prior to signing

## Complete the Advisor-Assisted Application



The screenshot shows a web interface for reviewing and signing an application. At the top left is the Legal & General logo. At the top right is a 'Save and Exit' button. The main content area has a blue header with the text 'Review and sign your application' and a link to 'View application packet(PDF)'. Below the header is a white section with a checked checkbox and the text: 'I agree that I have read and reviewed my application packet. I authorize my electronic signature to be added to my application.' A blue 'Sign Application' button is centered below this text. At the bottom right of the page is a 'Need Help?' link.

18. Your client will check an agreement indicating they have reviewed their application and authorize their electronic signature
  - a. Select **Sign Application** to submit

**Thank you for your business**



**Legal &  
General**