

Controlled Access Account Application

Are you an existing Canada Life International Limited or CLI Institutional Limited client? Yes No

Reference number(s) of existing policies:

Quote reference number:

Please note that we are unable to accept applications with United States (US) nationals, citizens or residents as lives assured or acting as a controlling party (beneficiary, settlor, trustee etc.). Please contact us to discuss your options.

Important Information About Trusts

Trusts created prior to 1 September 2022 must be registered on HMRC's Trust Registration Service (TRS) by 1 September 2022 or within 90 days of creation of the Trust, if later.

Any changes to the beneficial ownership, such as the appointment or retirement of trustees or a beneficiary receiving a benefit from the trust fund must be reported by the trustees on TRS within 90 days of becoming aware of the change.

You should consult with your financial or tax adviser regarding trustees obligations in respect of TRS. Further information can be found on our website <https://www.canadalife.co.uk/technical-support/registering-your-trust/>

From 1 September 2022, Canada Life Limited (CLUK), Canada Life International (CLI) and Canada Life International Institutional (CLII) have a regulatory obligation to collect evidence of the registration of the Trust on TRS and we will request this information at the following times:

- Applications for new business
- Increments to existing policies
- Requests for maturities/surrender
- Payment of funds to beneficiaries
- Changes of trustees.

Failure to provide the information requested may delay any application or trustee request and in the worst case may cause the investment to be unwound and funds returned to the original source.

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Important notes for applicants

- This Application should be read in conjunction with the current CAA Key Information Document, Controlled Access Account Client Guide, the Key Features document and the terms and conditions of the contract (the 'Policy'). Copies of the latest versions are available upon request from Canada Life International Limited (the 'Company').
- 'Account' as defined in this application shall mean the Controlled Access Account.
- Please note, a copy of the pre-sale illustration must be included with all submitted applications.
- Please refer to our 'Guide to Anti-Money Laundering' (reference ID3034) with regard to documentary evidence of your identity and source of wealth.
- Please complete this form in **BLACK INK ONLY** using **BLOCK CAPITALS** and **INITIAL AND DATE ANY ALTERATIONS**. Please do not use correction fluid.
- You must include all facts that are likely to influence the assessment and acceptance of your application.
- **If you are not sure if a fact is relevant you should include it in your answers. Please bear in mind that failure to disclose all relevant facts may delay your investment and Account acceptance.**
- The applicant is advised to satisfy him/herself that under any taxation, exchange control or insurance legislation to which he/she may be subject, he/she is permitted to effect this Account.

Please submit the original completed application to the Company's registered office address:

**Canada Life International Limited,
Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ
Telephone: +44 (0) 1624 820200 Fax: +44 (0) 1624 820201**

Part 1 Applicant type

Please indicate on which basis you are applying.

Trustee applicant(s) or Corporate trustee applicant(s)

Part 2 Trustee/Corporate trustee (policyholder) applicant details

Trust name	<input type="text"/>			
Registered office address in full (if applicable)	<input type="text"/>			
	<input type="text"/>			
	Postcode	<input type="text"/>	<input type="text"/>	
Country	<input type="text"/>			
Correspondence address in full	<input type="text"/>			
	<input type="text"/>			
	Postcode	<input type="text"/>	<input type="text"/>	
Country	<input type="text"/>			
Where the correspondence address is not the registered office, please explain why	<input type="text"/>			
Telephone numbers (including STD codes)		Country code	Area code	Local number
	Daytime	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Evening	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>			
Contact name	<input type="text"/>			
Position	<input type="text"/>			

Part 3 Life assured details

Life assured/Child beneficiary details

Title (Mr, Mrs, Miss, Ms, other)

Surname

Forename(s) in full

Sex Male Female

Any previous name(s) or alias(es)

Permanent address in full

Postcode

Previous address in full (if you have only lived at permanent address for less than six months)

Postcode

Date of birth (day, month, year) / /

Country of birth

If you were born outside the UK, how long have you been a UK resident? Year(s) Month(s)

Permanent UK resident Yes No

If 'No', please confirm your country of habitual residence

Nationality

What is your relationship to the other parties signing this application?

Part 4 Politically exposed persons

We are required to identify politically exposed persons (PEPs) under anti-money laundering regulations, and apply enhanced customer due diligence procedures. A politically exposed person means an individual who is, or has been entrusted with a prominent public function (such as a head of state, head of government, government minister or deputy or assistant government minister; a member of a parliament; a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal; a member of a court of auditors or of the board of a central bank; an ambassador, chargé d'affaires or high-ranking officer in the armed forces, a member of the administrative, management or supervisory body of a state-owned enterprise; any such officials in an institution of the European Union or an international body). This does not apply to any middle ranking or more junior officials.

Please answer the following questions:

1. Are you (or either of you under a joint application), or any other party to this application, now, or previously been a politically exposed person? Yes No
2. Have any parties to the application been connected with any international organisations? Yes No
3. Does any immediate family member or close business associate of any party to this application fall into any of the categories mentioned in question 1 and 2 above? Yes No

Family members include spouse, or any partner considered by national law as equivalent to a spouse;

- their children and their spouse's or partner's children;
- their parents and parents-in-law;
- their grandparents;
- their grandchildren;
- and
- their siblings.

The 'close associates' of a person entrusted with prominent public functions would include:

- Friends.
- Any natural or legal person with whom they are known to have joint beneficial ownership of a legal entity. For example, the joint shareholder of a company.
- Any natural or legal person with whom they are known to have a joint legal arrangement or any other close business relation. For example, a professional partner, a co-director of a company, or a co-trustee.
- Any natural or legal person who has sole beneficial ownership of a legal entity or legal arrangement which is known to have actually been set up for the benefit of the person entrusted with a prominent public function. For example, a nominee shareholder

If the PEP is a family member or close associate, please confirm the relationship.

If the answer is 'Yes' to either of the above questions, please give details below of the relevant person(s), the organisation(s) involved, the position(s) held, when the position(s) were held, the relevant country(ies), and a brief description of the role undertaken. **If more room is required, please continue under the additional notes section in Part 14.**

Please note: Based on the information provided, we reserve the right to request further information or documentation in order to accept this application.

Use this box for additional notes

Part 5 Account and policy requirements

Please indicate how you wish the Account to be structured. The Policies will be set-up to mature at the end of each year over a fixed number of years and there can be a number of Policies maturing in each year. You may elect to have multiple Policies subject to the following rules:

- All Policies must be of the same initial value, subject to a minimum of £2,000
- The maximum number of Policies available is 99
- No Policy can mature later than the 49th birthday of the life assured

For an example of how to complete this part please refer to the example below.

Total investment amount
Note: The minimum premium is £50,000

£

Establishment charge Option 1 (one-off charge) Option 2 (charge over 5 years)

Maturities are to commence in year (minimum year 1)

And to cease after years

The Company will allocate the maximum number of Policies available, based on premium and maturity term.

Do you wish an additional quarterly Account statement to be sent to you? Yes No

Example

For example only* Premium of £180,000

Total investment amount
Note: The minimum premium is £50,000

£ 180,000

Maturities are to commence in year

Year 1 (minimum year 1)

And to cease after

10 years

Policies allocated would be 90

*Please note that this is an example of a Policy set-up

If you require different amounts maturing in each year please complete the following grid (an example is detailed below).

Policy Year	Policy size £	x	No. of Policies	=	Total value
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
Totals					

Example

Policy Year	Policy size £	x	No. of Policies	=	Total value
1	2,000		10		20,000
2	2,000		9		18,000
3	2,000		9		18,000
4	2,000		9		18,000
5	2,000		9		18,000
6	2,000		9		18,000
7	2,000		9		18,000
8	2,000		9		18,000
9	2,000		9		18,000
10	2,000		8		16,000
Totals			90		180,000

Part 6

Source of funds

This section must be completed in all instances.

‘Source of funds’ means the origin of the particular funds or other assets involved in a business relationship or occasional transaction and includes the activity that generated the funds used in the business relationship or occasional transaction, and the means through which the funds were transferred.

Please complete the bank details from where the payment will be made below. Please note:

- If the source of funds details provided do not match those for the source from which the money is actually received, we may ask for additional information to understand the reasons why.
- If we receive the premium in instalments from more than one source, we may ask for additional information to understand the reasons why.
- We may ask for additional information if the premium (or part of the premium) is received from a source which is not in the applicant’s name.
- We may ask for additional information if the premium (or part of the premium) is received from a source in a country which is not a FATF Member.

Source of funds details
(for electronic transfers only)

Bank/Building society name	<input type="text"/>
Bank/Building society address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
	Country <input type="text"/>
Bank/Building society account name	<input type="text"/>
Bank account number or IBAN	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>
SWIFT address	<input type="text"/>
Building society roll number	<input type="text"/>
How long has the bank account been held?	Year(s) <input type="text"/> Month(s) <input type="text"/>

+ Details can follow if not known at present, please email to **Onboarding@canadalifeint.com** once available.

We are unable to accept funds from any third party individual.

If the premium is being paid from a Non-Personalised bank account, please complete the below details.

The term ‘non-Personalised account’ describes an account owned by a corporate entity making payment on behalf of the applicant such as an Accountant or Solicitor.

Name of account holder	<input type="text"/>
Relationship to Applicant	<input type="text"/>
Reason for payment being made from Non-personalised bank account	<input type="text"/>
Account number	<input type="text"/>
Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>
BIC/Swift code	<input type="text"/>
Name and address of bank	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
State what activity generated the funds used to pay the premium	<input type="text"/>

Part 6b Full details of source of wealth

‘Source of wealth’ means the way (or ways) in which the applicant has generated their entire body of wealth and includes the total assets of the Applicant.

We require documentary evidence to support the source of wealth in the following circumstances:

- Where the funds to be invested or cumulative premium (across all client policies held at Canada Life) is equal to or exceeds £1million or £50,000 a year.
- Where any party linked to the policy is considered to be a PEP or family member/close associate of a PEP.

We may request additional Source of Wealth evidence on a case by case basis, depending on the risk profile of the client.

- We may sometimes ask for documentary evidence of the source of wealth for cases below these amounts.
- Where a significant period of time has passed since the premium money was accumulated, we may ask for additional information to confirm where the monies have been invested in the interim period.
- In some cases ‘suitably certified’ copies of documents are acceptable as evidence of source of wealth. If original documents are sent instead, then this is done at the sender’s own risk. If you have any queries about certification, please contact us for further guidance.
- The decision to ask for further evidence of the source of wealth would be made having evaluated the information received and that which we already hold on file.

Please complete all relevant boxes below to cover your entire body of wealth. Alternatively, ask your IFA to provide this information by letter or email.

1. Savings from employment income

	Details
Name of employer	<input type="text"/>
Nature of employer’s business	<input type="text"/>
Employment income whilst saving	<input type="text"/>
Name of organisation where the savings were accumulated	<input type="text"/>
Period of time saved over	<input type="text"/>
Total amount saved	<input type="text"/>
Date amount was received (day, month, year)	<input type="text"/>

Documentary evidence required in the circumstances set out at the start of this section.

- An original or suitably certified copy of the savings certificate showing total amount saved; **or**
- an original, signed letter from the organisation confirming the total amount saved; **or**
- an original, signed letter from a solicitor or regulated accountant detailing the savings accumulated.

2. Property sale

	Details							
Address of property sold	<input type="text"/>							
	<input type="text"/>							
	<table border="1"> <tr> <td>Postcode</td> <td><input type="text"/></td> </tr> </table>	Postcode	<input type="text"/>					
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Length of time property was owned	<input type="text"/>							
Please note we may require further information depending on the length of time the property was owned.								
Total sale amount received	<input type="text"/>							
Date sale was completed (day, month, year)	<input type="text"/>							

Documentary evidence required in the circumstances set out at the start of this section.

- An original, signed letter from the solicitor or regulated accountant involved in the sale confirming the details and amount received; **or**
- an original, signed letter from the estate agent involved in the sale (if applicable) confirming the details and amount received; **or**
- the original or suitably certified copy of the sale contract.

Part 6b

Full details of source of wealth (continued)

3. Maturing investments or policy claims

Details	
Name of organisation where investment was held	<input type="text"/>
Length of time the investment was held	<input type="text"/>
Total amount reclaimed	<input type="text"/>
Please note we may require further information depending on the length of time the investments were held.	
Date of maturity/claim (day, month, year)	<input type="text"/>

Documentary evidence required in the circumstances set out at the start of this section.

Original or suitably certified copy of:

- A letter from the organisation, giving the details of the amount paid; **or**
- the relevant chargeable event certificate.

4. Company sale

Details	
Full legal name of the company sold	<input type="text"/>
Company's country of registration	<input type="text"/>
Nature of the company's business	<input type="text"/>
Total value of sale	<input type="text"/>
Share of total value received	<input type="text"/>
Date of sale (day, month, year)	<input type="text"/>

Documentary evidence required in the circumstances set out at the start of this section.

- An original, signed letter from the solicitor involved in the sale confirming details of the sale and the amount received; **or**
- an original, signed letter from a regulated accountant confirming details of the sale and the amount received; **or**
- original or suitably certified copies of the contract of sale and the bank statement clearly showing the amount received.

5. Sale of shares

Details	
Full legal name of the company in which shares were held	<input type="text"/>
Company's country of registration	<input type="text"/>
Type and number of shares sold	<input type="text"/>
Name and address of any intermediary used in the sale (such as the name and address of the stockbroker used)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Total amount received	<input type="text"/>
Date of sale (day, month, year)	<input type="text"/>

Documentary evidence required in the circumstances set out at the start of this section.

Original or suitably certified copy of:

- legal sale document confirming the details; **or**
- the contract notes.

Part 6a

Source of wealth (continued)

6. Inheritance/Gift

Details

Donor's name	<input type="text"/>
Applicant's relationship to donor	<input type="text"/>
Date of donor's death (if applicable) (day, month, year)	<input type="text"/>
Reason for gift	<input type="text"/>
Total amount received	<input type="text"/>
Date amount was received (day, month, year)	<input type="text"/>

Documentary evidence required in the circumstances set out at the start of this section.

- An original or suitably certified copy of the grant of probate (with copy of the will attached) showing the value of the estate; or
- an original, signed letter from the solicitor involved in the case confirming details and the amount received.

7. Other

Details

Please include full details including name of payer, reasons for payment, date received and amount.

If more room is required, please continue under the 'Additional notes' section in Part 14.

Part 7 Investment services

Please complete the following as applicable:

- **Fund adviser nomination and appointment** Part 7a.
- **Third party platform nomination** Part 7b.
- **Professional adviser nomination** Part 7c.
- **Discretionary fund manager nomination** Part 7d.
- **Segregated portfolio service (SPS) manager**

I wish to appoint an SPS Manager (please tick)

As you wish to appoint an SPS Manager please submit a completed Segregated Portfolio Services – Manager Appointment Form (reference IOM00968) with this Application. Please proceed to Part 9 of this Application as the remaining parts of 7 and 8 are not applicable for SPS.

Part 7a Fund adviser nomination and appointment

To and in favour of: The Company.

A. The Policyholder wishes to nominate the adviser named below, to give instructions to the Company to select and de-select units in funds for the Account or alternatively, to give instructions to the Policyholder who shall act as agent of the Company.

The Applicant nominates

Fund adviser name

Fund adviser address

 Postcode

Regulator

Country

Reference number

to be the fund adviser in respect of the Policy and requests that the Company appoints such person as fund adviser to the Policy.

The following fee will be a payment made by the Company to the fund adviser, based on the valuation of the Policy at the end of each calendar quarter. If a third party platform or discretionary fund manager is being used on this Policy and a fee is being charged at portfolio level, then the fee (shown below) will be made as an additional payment to the fund adviser.

Any fund adviser fee must be solely in respect of advice relating to the investment selection on the Policy. This does not relate to any ongoing adviser charge.

I/We instruct a fee of % each year (plus VAT if applicable*) to be paid to the fund adviser and that such amounts be deducted from the Policy at quarterly intervals, at the appropriate quarterly valuation point.

* If the fund adviser is VAT registered, the Company will provide a statement following which a VAT invoice should be submitted. Payment will be made on receipt of this invoice.

Appointment:

A. Unless the Company refuses to accept the Policyholder’s nomination, the fund adviser shall be appointed and will give its instructions to the Company or the Policyholder acting as an agent of the Company.

The Company authorises the Policyholder to act as its agent to receive, evaluate and act upon investment advice and recommendations of the fund adviser only in respect of the assets owned by the Company and linked to the value of the Account.

B. Any nomination and subsequent appointment shall be subject to the statements in the form and the Policy Provisions for the Account.

Agreed and accepted by:

	Fund adviser	Canada Life International Limited
Signature	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>
Date (day, month, year)	<input type="text"/> / <input type="text"/> / 2	<input type="text"/> / <input type="text"/> / 2

Part 7b Third party platform nomination

I/We request that the Company opens an account with the third party platform (the 'Platform') provider named below and accepts any future investment links selected by my/our professional adviser or fund adviser for allocation to my/our Policy.

Please specify the cash value in Part 8b which is to be transferred to the Platform and their custodian.

The terms of the nomination are set up in Part 7e of this form.

Name of platform

Please note that you shall inform the Company if you wish to revoke, or amend the appointment of your professional adviser, fund adviser or the Platform in any way. Unless and until the Company receives such notice, the Company may permit your professional adviser or fund adviser to execute your instructions without recourse to you as if the instructions had been given by you.

You understand that it is the responsibility of your professional adviser and/or fund adviser to make sure that they are at all times appropriately authorised and/or regulated to undertake such activities, or to give instructions, on the Policy.

The Company may in its absolute discretion refuse to permit your professional adviser or fund adviser to execute instructions, either on the Platform or with the Company directly.

The Company may refuse to accept the nomination of a Platform.

Part 7c Professional adviser nomination

I/We request that the Company accepts dealing instructions on my/our behalf from the professional adviser specified below, either directly or via the Company's online portal.

Adviser name

Contact details

Reference number

Part 7d

Discretionary fund manager nomination

To and in favour of: The Company.

- A. The Applicant wishes to nominate a discretionary fund manager (the 'DFM') to manage the constituent investments of a fund (the 'relevant' fund), with the DFM arranging custodial services for the investments of the relevant fund, subject to the terms and conditions set out in Part 7e.
- B. The Company may refuse to accept the nomination of a DFM.
- C. The DFM must act on a discretionary basis.

The Applicant nominates

DFM name

Please provide the exact name of the legally registered DFM

DFM FCA registration number

DFM address

				Postcode					

DFM contact name

DFM contact e-mail

DFM contact telephone number

to be the DFM in respect of the relevant fund to be specified in the discretionary investment management agreement to be entered into between the Company and the DFM.

Please specify the cash value in part 8b which is to be transferred to the DFM and their custodian.

Investment guidelines

The Applicant wishes the following investment guidelines to be applied to the relevant fund:

Example: Income, Balanced, Growth or exactly how you wish to define the instruction to the DFM.

Please note that if at any time during the operation of the Policy the investment guidelines of the relevant fund are to change, it is the responsibility of the Applicant and/or the fund adviser (if any) to advise the Company in writing. The Company will then provide this information to the DFM of the relevant fund.

Please note that if the above investment objectives are not completed by the Applicant, this may delay execution of the discretionary investment management agreement between the Company and the DFM.

It is not the responsibility of the Company to monitor the investment guidelines with the nominated fund manager.

Part 7e

Statements

Words and expressions used and not otherwise defined in this form shall have the meanings ascribed to them in the Policy Provisions. Any reference to any gender shall be deemed to include any other gender, the singular shall be deemed to include the plural and vice versa and references to persons shall be deemed to include natural persons, companies, bodies corporate, unincorporated associations, partnerships, firms and other entities whether or not having separate legal personality.

In consideration of the Company appointing the nominated fund adviser, Platform, or DFM, you (meaning the Applicant) undertake to and covenant and agree with the Company in the following terms.

1. The Company shall not be responsible for providing any investment advice to the Applicant, or be liable for any investment advice given to the Company or to the Applicant (act as agent of the Company) by the fund adviser or anyone else, or for investment decisions made by you.
2. Where an Applicant does not wish to nominate a fund adviser pursuant to this Applicant (optional) then you and the Policy shall be self-advised (a 'self-advised Applicant') and:
 - (a) the Company shall not be responsible or liable for providing investment advice to the self-advised Applicant or for any investment decisions made by the self-advised Applicant; and
 - (b) the self-advised Applicant hereby waives any claim (present or future) that he may have against the Company for failing to give any investment advice to the self-advised Applicant.
3. The Company shall not be responsible or liable for and you waive any claim (present or future) that you may have against the Company in connection with any loss, liability, damage, cost (including without limitation legal and other professional costs) and/or expense suffered or incurred by you or any other person in relation to the Policy arising as a result of:
 - (a) any act or omission of any fund adviser, Platform, or DFM by or on your behalf (including without limitation any advice given, decisions made or any dealing in or holding of the constituent investments of the relevant fund by any such person, including but not limited to, any selection or de-selection of units in funds of the Company for the Policy); and/or
 - (b) any failure by the fund adviser, Platform, or DFM to follow the investment guidelines supplied by you for the Policy or relevant fund, except in circumstances where the failure occurs as a result of the Company's negligence.
4. The Company shall not be responsible or liable for any guarantees involved in any constituent investments of the Policy or relevant fund. Also, as the Company does not provide any investment advice to you, it is not responsible for the suitability of any investment advice given to you when acting as agent of the Company.
5. You will reimburse the Company for any loss, liability, damage, cost (including without limitation legal and other professional costs) and expense incurred or suffered by the Company as a result of or in connection with:
 - (a) the appointment, amendment of the terms of appointment, or termination of the appointment of any fund adviser, Platform, or DFM nominated by you;
 - (b) any acts or omissions of any fund adviser, Platform, or DFM nominated by you (including without limitation any advice given, decisions made or any dealing in or holding of the constituent investments of the Policy or relevant fund by any such person);
 - (c) any failure by the fund adviser, Platform, or DFM to follow the investment guidelines supplied by you for the Policy or relevant fund; and
 - (d) the failure of the Platform, or DFM to produce valuations of the constituent investments of the relevant fund within five business days of each calendar quarter end or otherwise within five business days of any request for such valuations from the Company.
 - (e) the appointment of a DFM where VAT remains due on DFM fees as a result of the DFM not charging and settling applicable VAT to HM Revenue & Customs ("HMRC").
6. You must notify the Company immediately if you would like the Company to terminate the appointment of any fund adviser, Platform, or DFM, or amend the terms of the appointment of any fund adviser, Platform, or DFM. Notice must be given in the applicable Investment Administration form in use by the Company at the relevant time.
7. The Company may in its absolute discretion refuse to appoint any fund adviser, Platform, or DFM nominated by the Applicant or amend the terms of appointment of any fund adviser, Platform, or DFM (including, for the avoidance of doubt, any amendment or replacement nomination).
8. You confirm that the investment guidelines provided in Part 7d have been fully discussed with the DFM and the fund adviser, if any, and relate only to the relevant fund.
9. The Company shall have the right to terminate the appointment of any fund adviser, Platform, or DFM at any time:
 - (a) if fund adviser, Platform, or DFM ceases to meet the criteria set by the Company from time to time for a person to act as a fund adviser, Platform, or DFM of the Policy or relevant fund; or
 - (b) if there is breach of these terms and conditions, the discretionary investment management agreement with the DFM or the agreement with the Platform, as the case may be; or
 - (c) if the Company, in its sole discretion, considers it necessary to terminate the discretionary investment management agreement with the DFM or the agreement with the Platform, as the case may be. The Company shall not be responsible or liable for and the Applicant waives any claim (present or future) that he may have against the Company in connection with any loss, liability, damage, cost (including without limitation legal and other professional costs) and/or expense suffered or incurred by you or any other person in relation to the Policy or relevant fund arising as a result of the termination of the appointment of any DFM or Platform.
 - (d) in the event of death, bankruptcy, dissolution, insolvency, winding-up, conviction for a criminal offence or ceasing to be authorised or licensed by any regulator or the breaching of the terms and conditions of any such authorisation or licence (each such event a 'termination event'); or

Part 7e

Statements (continued)

- (e) in the event that the Company considers that there is a reasonable likelihood of a termination event occurring; or
 - (f) on receipt of a written request to do so from you.
10. The fund adviser shall notify the Company immediately upon the occurrence of a termination event giving reasonable details of the nature and circumstances of such termination event.
11. You hereby consent to the release to the fund adviser, Platform or DFM by the Company of such personal data as the Company may consider necessary for the fund adviser, Platform, or DFM to undertake its obligations as fund adviser, Platform or DFM, as relevant.
12. You will further reimburse the Company against any claim of a Applicant or any other person under the Policy or relevant fund in relation to any charges and fees levied by the fund adviser, Platform, or DFM.

Part 8a

Investment choice

Instructions for clearing overdrawn cash accounts

Fees, stockbroking costs and withdrawals are taken from any cash accounts followed by Canada Life International Money fund (if held). If there is no cash account or Money fund available we will revert to any standard instruction. In the event that there is no standard instruction we will sell from your largest liquid holding (by monetary value) to clear any overdrawn position. Please note that cancellation of units from funds will raise transaction fees, unless invested into Canada Life International Limited Money funds where transactions are free of charge.

(Note – the funds selected below will attract a dealing fee. No selection made by the Company constitutes investment advice).

You would like units to be cancelled from the following fund(s) to accommodate fees, stockbroking costs and withdrawals.

You request that the Company makes the investments ('Initial Investments') and any selected future investments ('Future Investments'), as detailed in Part 8b, as advised by you or your designated fund adviser.

In order that the Company may make the Initial Investments referred to above or any Future Investments, you confirm the following:

1. You authorise the Company to link the value of your Policy to the Initial Investments and the Future Investments, notwithstanding that you may not have read the prospectus for each and every investment. You understand that it is your responsibility to have read and understood the prospectus for each and every relevant investment. You understand that the Company may refuse to permit any investment link within the Initial Investments or the Future Investments and that the Company do not have to give any reason for any such rejection.
2. You understand that some investments may involve terms that could restrict the Company's ability to realise the cash value of those investments at any time. Where some or all of the Initial Investments and/or Future Investments request links to investments which demonstrate these characteristics, the Company may delay the settlement of any claim, or may delay the actioning of any request for variations within the Future Investments, to reflect the terms of the linked investment.
3. You understand that some investments may involve terms that could result in the Company receiving the proceeds of redemption of those investments in more than one instalment. Where some or all of the Initial Investments and/or Future Investments request links to investments which demonstrate these characteristics, the Company may delay the settlement of any claim, or may delay the actioning of any request for variations within the Future Investments, to reflect the terms of the linked investment.
4. You understand that the Company may or may not hold investments which match or mirror the Initial Investments and the Future Investments at any time and may sell, redeem or otherwise dispose of its interests in any investment at any time without reference to you.
5. You understand that the Company has the right to change your Initial Investments and/or Future Investments at any time and without seeking or requiring your prior consent if the Company in its sole discretion determines that to continue to link the value of your Policy to such of the Initial Investments or the Future Investments may result in adverse consequences for the Company or its Applicants (or any of them).

6. You understand that some investments may involve terms that impose minimum redemption amounts or minimum asset holdings. You understand that the Company may find it necessary to sell, redeem or otherwise dispose of its interests in investments linked to the Initial Investments and the Future Investments due to the imposition of these conditions. You understand that when this occurs the Company will reflect this in your Initial Investments and Future Investments, and any excess cash obtained from such a transaction will be placed on the cash account. Details of these terms are documented in the relevant prospectus issued by the provider of such investment.
7. You understand that some investments may involve terms that could result in the Company incurring redemption or surrender charges when exiting from the investment. Where some or all of the Initial Investments and/or Future Investments request links to investments which apply such charges, the Company will reflect the amount of these charges in the Account value as and when they occur. Details of these charges will be documented in the relevant prospectus issued by the provider of such investment.
8. You may give written instructions to the Company to link the Initial Investments and/or the Future Investments to 'Experienced Investor Funds' as defined under the Financial Supervision (Experienced Investor Fund) (Exemption) Order 1999, 'Qualifying Funds' as defined under the Financial Supervision (Qualifying Fund) (Exemption) Order 2007, 'Specialist Funds' as defined under the Financial Supervision (Specialist Fund) (Exemption) Order 2007, or their equivalent under the laws of any other jurisdiction.

You recognise that such funds are not usually intended for retail sale to private investors.

You acknowledge that such funds, by their nature, usually involve a higher degree of risk and understand and accept those added risks in respect of the Initial Investments and the Future Investments. You understand that it is your responsibility to have read the relevant prospectus and risk warnings issued by the provider.

9. You understand that the Company will make all investments as a professional investor (or equivalent) and will sign any required disclaimer to that effect.
10. Notwithstanding the above, the Company reserves the right to request further declarations for specific investment links from you where the Company determines this to be necessary or in the best interests of you in respect of the Policy or Policyholders of the Company generally.

Part 9 Corporate (company & partnership) applicant(s) details

To be completed if you are a corporate trustee applicant. Corporate trustees must also complete Part 10.

Applicant (company name)

Are you a Partnership Private company Public listed company Other entity (please specify)

If 'public listed', please provide details of the listings in which the firm appears

Full address of registered office or principal office

 Postcode
 Country

Full address for correspondence (if different to the registered or principal office)

 Postcode
 Country

Where the address for correspondence is not the registered office or principal office, please explain why

Please give the name and address of the firm's appointed auditors to whom Canada Life International Limited may refer

 Postcode

- I/We confirm that**
1. The firm has the capacity to enter into the contract applied for.
 2. The minimum number of authorised signatories of the firm required to provide instructions including without prejudice to the generality of the foregoing instructions to change underlying investments, make withdrawals or totally encash the contract(s) is/are numbered
 3. An authorised signatory list for the firm has been included with this application.
 4. All changes in Controlling Persons/members or directors, and other authorised signatories will be immediately notified to Canada Life International Limited in writing and I/we agree that appropriate evidence to verify identity and residential address will be provided.
 5. The firm has not been, and is not in the process of being dissolved, struck off, wound up or terminated.
 6. Where this is possible, a copy of the latest annual report and accounts has been provided with this application.

Part 9 Corporate (company & partnership) applicant(s) details (continued)

Please provide details of all Controlling Persons as appropriate to the firm. If necessary as separate listing can be provided.

Controlling Person 1

Controlling Person 2

Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Relationship to Entity (e.g. Director, Shareholder etc.)	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

Controlling Person 3

Controlling Person 4

Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Relationship to Entity (e.g. Director, Shareholder etc.)	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

Part 9 Corporate (company & partnership) applicant(s) details (continued)

Controlling Person 5

Controlling Person 6

Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth	<input type="text"/>	<input type="text"/>
Relationship to Entity (e.g. Director, Shareholder etc.)	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

As part of the application Canada Life International Limited are required to verify the identity and residential address of the following persons:

- At least two of the Controlling Persons (as defined in Part 12) or directors (as applicable to the firm), one of whom must have an executive capacity; and
- All members holding 25% or more of an interest, or shareholders holding 25% or more of the issued share capital (as applicable to the firm), as at the date of the application.

Please note: Should any or all of the Controlling Persons, directors, members or shareholders be firms themselves, the relevant documentation should be provided by referring to the appropriate section of our Guide to Anti-Money Laundering at www.canadalifeint.com

Part 10 Corporate trustee applicant(s) details

I/We* confirm the following:
 (*please delete as applicable)

That

is/are* the beneficial owner(s) of the company's shares (not applicable for a Public Limited company).

We are the current trustee(s) of the trust created on date (in full) Date / / by the settlor(s)

1. The trust name is:
2. The nature and purpose of the trust is:
3. I/We have the necessary powers to make the proposed investment.
4. I/We have included 'suitably certified' copies of extracts of the original Trust deed and subsequent deeds of appointment and/or retirement with this application to show proper appointment of the Trustee(s).
5. The minimum number of authorised signatories of the firm required to provide instructions including without prejudice to the generality of the foregoing instructions to change underlying investments, make withdrawals or totally encash the contract(s) is/are numbered

Other parties to the Trust

Please provide full names, current residential addresses and dates of birth for all donors, protectors and beneficiaries of the Trust at the time the application is being made. Where a donor has died, please also provide their date of death.

	Donor 1	Donor 2
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth	<input type="text"/>	<input type="text"/>
Date of death (if applicable)	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

Part 10 Trust details (continued)

Delete as appropriate	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 1	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 2
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

Delete as appropriate	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 3	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 4
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

Part 10 Individual trustee applicant(s) details

I am/We are the current trustee(s) of the Trust created on date (in full) / / by the settlor(s)

	Individual Trustee 1	Individual Trustee 2												
Title (Mr, Mrs, Miss, Ms, other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>												
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>												
Forename(s) in full	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>												
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>												
Any previous name(s) or alias(es)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>												
Permanent residential address in full	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>												
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>												
	Postcode <input style="width: 10px;" type="text"/>	Postcode <input style="width: 10px;" type="text"/>												
	Country <input style="width: 100%;" type="text"/>	Country <input style="width: 100%;" type="text"/>												
Telephone numbers (including STD codes. At least one landline telephone number required)	Country Code Area Code Local Number	Country Code Area Code Local Number												
	Daytime <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>							Daytime <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>						
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Mobile <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>							Mobile <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td><td style="width: 15%;"></td></tr></table>							
Date of birth (day, month, year)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>												

Continued on the following page

Part 11 Individual trustee applicant(s) details (continued)

	Individual Trustee 1	Individual Trustee 2
Country of birth	<input type="text"/>	<input type="text"/>
Please list all Nationalities/ Citizenships you hold	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
If you were born outside the UK, how long have you been a UK resident?	<input type="text"/> Year(s) <input type="text"/> Month(s)	<input type="text"/> Year(s) <input type="text"/> Month(s)
Are you a permanent UK resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', please confirm your country of habitual residence	<input type="text"/>	<input type="text"/>
Please provide your country(ies) of tax residency	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the Trust	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's name	<input type="text"/>	<input type="text"/>
Nature of employer's business	<input type="text"/>	<input type="text"/>

(Please contact us to discuss your options if you are a US national, citizen or tax resident)

Part 11 Individual trustee applicant(s) details (continued)

	Individual Trustee 3	Individual Trustee 4		
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>		
Surname	<input type="text"/>	<input type="text"/>		
Forename(s) in full	<input type="text"/>	<input type="text"/>		
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>		
Any previous name(s) or alias(es)	<input type="text"/>	<input type="text"/>		
Permanent residential address in full	<input type="text"/>	<input type="text"/>		
	<input type="text"/>	<input type="text"/>		
	Postcode	Postcode		
	Country	Country		
Telephone numbers (including STD codes. At least one landline telephone number required)	Country Code	Area Code	Local Number	
	Daytime	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Evening	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mobile	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>		

Continued on the following page

Part 11

Individual trustee applicant(s) details (continued)

Individual Trustee 3

Individual Trustee 4

Country of birth	<input type="text"/>	<input type="text"/>
Please list all Nationalities/ Citizenships you hold	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
If you were born outside the UK, how long have you been a UK resident?	Year(s) <input type="text"/> Month(s) <input type="text"/>	Year(s) <input type="text"/> Month(s) <input type="text"/>
Are you a permanent UK resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', please confirm your country of habitual residence	<input type="text"/>	<input type="text"/>
Please provide your country(ies) of tax residency	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the Trust	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Employer's name	<input type="text"/>	<input type="text"/>
Nature of employer's business	<input type="text"/>	<input type="text"/>

(Please contact us to discuss your options if you are a US national, citizen or tax resident)

Part 11 Individual trustee applicant(s) details (continued)

Donor 1

Donor 2

Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Date of Death (if applicable)	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

(Please contact us to discuss your options if you are a US national, citizen or tax resident)

Part 11 Trust details (continued)

Delete as appropriate	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 1	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 2
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>
Delete as appropriate	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 3	Protector (if applicable) / Immediate or contingent Beneficiary and/or Class - 4
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth	<input type="text"/>	<input type="text"/>
Percentage share or beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Please provide country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide National Insurance Number (if applicable) and local Tax Reference Number	<input type="text"/>	<input type="text"/>

(Please contact us to discuss your options if you are a US national, citizen or tax resident)

Part 12

Tax Residency and Tax Information

Please read the following notes carefully before completing this section.

Background

The Isle of Man Government has and will be agreeing a number of Inter-Governmental agreements to share tax information, where applicable, with the tax authorities in other countries/jurisdictions. These agreements are linked to the Foreign Account Tax Compliance Act issued by the US Government which is commonly known as FATCA.

The requirement to collect certain information about each customer's tax arrangement is part of Isle of Man legislation and as a financial services company we are legally obliged to collect it. We are asking for your tax residency, tax reference and national insurance numbers (where applicable) and will record these on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under Isle of Man law.

The Inter-Governmental agreements will not change the requirement for Isle of Man life assurance companies to report chargeable events to HM Revenue & Customs.

Definition of the term 'Entity'

The aforementioned inter-governmental agreements all use the term '**Entity**' to describe incorporated bodies (such as a company, limited liability partnership or foundation), as well as unincorporated bodies and legal arrangements (such as an ordinary/general/simple partnership or a Trust).

For the remainder of this section, the term '**Entity**' will be used to refer to incorporated entities, unincorporated entities and/or legal arrangements. Therefore, if you are completing this application form as trustees, the Trust itself should be treated as if it were the **Entity** whilst answering questions under Part 12a, 12b and 12c.

Tax residency of 'Entities'

Tax residency rules for **Entities** vary from country to country, and can be quite complicated. For instance, companies will often be tax resident in the country where they are incorporated and may also be resident in any other countries in which they conduct business; Trusts may need to consider where their trustees are resident. If there is doubt about where an **Entity** is tax resident, **we recommend that you speak to your tax or legal adviser.**

Controlling Persons

'**Controlling Persons**' means the natural persons who exercise control over a policy. In the case of a Trust; the settlor, the trustees, the protector (if any), the beneficiaries (where named) and any other natural person exercising ultimate effective control over the Trust. For Trusts this would only apply to beneficiaries, settlors when they are also beneficiaries and protectors where they have the power to change the trustees, thereby influencing the distribution of trust assets.

The term 'Controlling Persons' will be interpreted in a manner consistent with the Financial Action Task Force (FATF) Recommendations which can be found at <http://www.fatf-gafi.org/topics/fatfrecommendations/>

Guidance

Under these agreements we are required to record a classification under each applicable agreement which is determined by the information that we hold and through self-certification by our clients.

US agreement:

If you are a US citizen or hold a US passport or a green card, you will also be considered tax resident in the US even if you live outside of the US.

Common Reporting Standard (CRS)

Under CRS we are required to record the tax residency of all policyholders and the Controlling Persons of non-professionally managed trust or a private investment company, this information (if appropriate) will be shared with all member countries.

If you are unsure of your classification we recommend that you speak to your tax or legal adviser, as the Company is not authorised to give such advice.

If this section is not fully completed, the Entity will automatically default to a UK and/or US Specified Persons reportable status and we will automatically report any persons associated with this policy to the relevant authority.

Part 12a

Tax Residency Status of the Entity

Please list the country(ies)/jurisdiction(s) in which the **Entity** is resident for tax purposes, together with the corresponding Tax Reference Number(s):

Country(ies) / Jurisdiction(s) of Tax Residency	Tax Reference and/or Global Intermediary Identification Number(s)

Please note that we reserve the right to request additional information or documentary evidence to support your declaration made in Parts 12a to 12c.

Any acceptance and investment of your premium may be delayed should we have reason to doubt any of the information provided in Parts 12a to 12c.

Part 12b

U.S. FATCA – Inter-Governmental Agreement between the U.S. and the Isle of Man

Please contact us to discuss your options if any **Controlling Person**⁴ (i.e. settlor, trustee, beneficiary) is a US national, citizen or tax resident.

Part 12c

U.S. FATCA – Inter-Governmental Agreement between the U.S. and the Isle of Man

Please confirm the Entities Classification by ticking the appropriate box below:

A non-professionally managed trust³ (i.e. a trust where all of the trustees are individuals) or other non-trading investment body

Actively trading non-financial institution

A Court deputy

A Registered UK Pension Scheme or similar arrangement¹

A Financial Institution, including a professionally managed trust (if ticked, please state your GIIN number² if available)

Other (if ticked, please specify)

Notes

- 1 Similar arrangements are defined as “non-registered pension arrangements, including arrangements with overseas pension funds, where annual contributions are limited to £50,000 AND the funds contained cannot be accessed before the age of 55 except in circumstances of serious ill health.”
- 2 If you do not have a GIIN yet, please notify us when you have been issued one. GIIN numbers are required from 1 January 2015.
- 3 Tax residency rules for trusts and companies vary from country to country, and can be quite complicated. For instance, companies will often be tax resident in the country where they are incorporated and may also be resident in any other countries in which they conduct business, while trusts may need to consider where their trustees are resident. If there is doubt about where a trust is tax resident, professional advice may be required.
- 4 Controlling persons – for a trust this includes settlor/donor, trustee, deputy, attorney, authorised signatory or named beneficiary.

Part 13

Adviser charge deductions

Do you want the Company to facilitate the payment of an initial fee to your professional adviser as part of this application (this is also known as an adviser charge)?
Ongoing fees are not permitted on the Controlled Access Account.

Yes No

If 'Yes', please complete part 13a below to indicate how you would like us to structure the payment(s) to your professional adviser.

If 'No', please proceed to Part 14.

Part 13a

Initial adviser charge (to be agreed by the applicant / settlor)

How much would you like us to deduct before setting-up your Policy?

£

or

% of the investment amount

Important information – initial adviser charge:

- This adviser charge deduction will not count towards your 5% yearly/annual withdrawal allowance for UK income tax purposes.

Please refer to our 'Guide to paying your professional adviser – Estate planning' (reference MKT649) which highlights popular methods of paying your adviser.

Part 14

Declaration by the applicant(s)

Please sign this declaration below once you have read the entire application form. If you are unsure as to whether any information should be given, you should provide it. If you do not understand any point please contact us for further information.

I/We confirm that I/we am/are eligible to apply for the Account as shown in Part 5.

(Canada Life International Limited will be defined as the 'Company' in the remainder of this declaration).

I/We consent to the Company seeking a bank reference and I/we authorise the giving of such information.

I/We, the undersigned, declare and agree the following:

- to my/our best knowledge and belief the statements in this application are complete and true and contain all material facts (A material fact is one that will influence whether and upon what terms this application is accepted by the Company. Failure to give complete and true answers and disclose all material facts could result in the contract(s) being void. If there is any doubt whether a certain fact is material it should be disclosed).
- where I/we have declared my/our tax residency, and other details, the declaration has been made to the best of my/our knowledge and belief and is complete and true.
- I/We confirm that all individuals stated in this application are only UK resident for tax purposes unless otherwise stated.

- the statements above are all true and complete and I/we will inform the Company of any change to any material fact occurring before acceptance of this application and understand that failure to do so may result in the proposed contract becoming void.
- the Policy and this Application are the Company's contract with me/us, upon which it intends to rely. For our own benefit and protection I/we should read the Key Information Document, the key features document, pre-sale illustration, relevant Charges and Fees, Client Guide and Policy Provisions before signing this Application form.
- where there are two or more signatories, the foregoing declaration and agreements are made by us jointly and severally.

I/We understand that the law applicable to the Policy will be the law of Isle of Man.

I/We hereby agree to submit to the jurisdiction of the Isle of Man courts.

I/We hereby confirm that I/we have read and agree to be bound by the Policy.

Adviser charge deductions

I/We consent to any adviser charge deductions as set out in Part 13a of this application.

Data protection statement

You may interact with Canada Life International Limited (CLI) (referred to as 'Canada Life', 'we', 'us' or 'our' in this DPN) in any one (or more) of the following capacities: as data controller, a policyholder, joint policyholder, employer policyholder, trustee, insured person, professional adviser, beneficiary, next of kin, personal representative, executor claimant, or member. No matter which capacity you interact with Canada Life, you will be referred to as 'you' or 'your' in this DPN. Any personal data about yourself (provided by you or about you by another party) or which you provide about someone else will be treated in accordance with the applicable laws and regulations in any relevant jurisdiction relating to privacy or the use or processing of personal data; Canada Life takes its privacy obligations very seriously

By signing this form you consent to Canada Life using and sharing your personal data as set out in this notice including, without limitation, the processing of special category personal data.

If submitting personal data about another person, by signing this form you confirm that you have their consent to provide such information to Canada Life and for their information to be used as set out in this notice.

Using Personal Data

We use personal data to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use personal data for marketing purposes and we do not make your personal data available to third parties for the purpose of direct marketing.

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer-related group products. To do this we need to use the personal data provided to carry out analysis

of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

We use an underwriting engine to process some applications and quotations which will use an element of automated decision making.

Exceptionally, we may rely on our legitimate interests to process your personal data. When we do, we will demonstrate compelling legitimate grounds for doing so.

For employer-related group insurance products the DPA permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

For employer-related group products the DPA permits that members may individually withdraw their consent, in those instances Canada Life will be unable to provide cover for that individual.

We rely on legitimate interest to process your personal data for statistical analysis, which helps us to improve our processes, products and services. The purpose of this statistical analysis is not to make decisions about you directly, but to undertake data analysis to help us to improve our processes, our products and services. Additionally, we will process your personal data to undertake market research, including customer feedback surveys. To maximise the security of your information, we pseudonymise your personal information where possible. This means removing information from which you can be directly identified.

When medically underwriting or assessing a claim we will obtain consent from the employee.

Data protection statement (continued)

Sharing personal data

We share personal data only on the basis of the purposes for which it was collected. This notice is intended to illustrate the instances where data may be shared. However, we will share your data only for the limited and compatible purposes for which it was originally obtained:

- with other Canada Life group companies including those outside the European Economic Area (EEA);
- with any of our service providers, reinsurers and / or regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs (HMRC), Department of Work and Pensions (DWP);
- in order to prevent, detect or investigate financial crime including fraud or other criminal activity, we may share your data with other companies (including private investigators), organisations (including fraud prevention agencies and databases), public bodies (including the police) and associations and credit reference agencies;
- we will not share your medical information with anyone other than yourself without your consent except as described in the next bullet point. This includes your employer, spouse, other relatives, friends or your legal or professional adviser. In some circumstances, it may be appropriate to advise your employer about your medical information, for example, to recommend alternative supportive therapy. However, we will seek your consent in such circumstances;
- for employer-related products and services only, some medical information related to underwriting decisions and non-medical information about you necessary for lawful policy and claim administration purposes will be shared with your employer;
- we will not share non-medical information concerning you with your spouse, other relatives, friends or your legal or professional adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals;
- with selected third-party suppliers for the purposes of statistical analysis to help us improve our products, services and processes;
- with selected third-party research agencies and providers of market research services, including customer feedback surveys; and/or
- in any circumstances if permitted or required to do so by law or if we have your consent to do so.

International Transfers

Given the global nature of our business, we use third party suppliers and outsourced services (including cloud-based services), which can require transfers of personal data outside of the EEA and countries that have an EU adequacy decision. In doing so, we ensure there are contractual arrangements in place with those organisations who have organisational and technical measures to protect your personal data.

Retention of your personal data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim under this insurance, or where we are required to keep your personal data due to legal or regulatory reasons.

Non-EU entities

On 31 January 2020 the UK left the European Union ('EU'), ceasing to be a member. EU law requires that all entities processing the data of EU citizens that are not established in the EU designate in writing a Representative in the EU to be addressed in addition to or instead of that entity by EU citizens on all issues related to data processing. In order to meet our requirements, any Canada Life entity listed above that is not established in the EU, which processes the personal data of EU citizens has designated Canada Life Irish Holding Company Limited, an Irish registered entity within the Canada Life group, as its Representative. The Representative may also be called

upon to cooperate with competent supervisory authorities with regard to ensuring compliance with the General Data Protection Regulation ('GDPR').

Contractual clauses in place between Canada Life and its group entities and external suppliers are compliant with the GDPR, which ensures that personal data provided to Canada Life is processed in accordance with our instructions and the requirements of the GDPR. Canada Life will continue to follow and apply all appropriate data protection legislation.

YOUR RIGHTS AND CONTACT DETAILS OF THE INFORMATION COMMISSIONER'S OFFICE (ICO)

You may have the right to require us to:

- provide you with further details on the use we make of your personal data or your special categories of data;
- provide you with a copy of the personal data that you have provided to us or which we hold;
- update any inaccuracies in the personal data we hold;
- delete any special category of data or personal data for which we no longer have lawful grounds to use;
- cease processing of your personal data that is based on consent, by withdrawing your consent to that particular processing;
- cease any processing based on legitimate interests grounds, unless our reasons for undertaking that processing outweigh any prejudice to your data protection rights; and
- restrict how we use your personal data whilst a complaint is being investigated.

In certain circumstances, we may need to restrict the rights listed above in order to safeguard the public interest (e.g. the prevention or detection of crime), our interests (e.g. the maintenance of our legal responsibilities) and for the performance of our contract with an employer who is the policyholder for employer-related products and services.

Data Protection Officer (DPO)

If you have any questions, or complaints, in relation to our use of your personal data, you should first contact our DPO, on the details below:

Canada Life International Limited
Canada Life House, Isle of Man Business Park,
Douglas, Isle of Man, IM2 2QJ
or email at: FMRiskandCompliance2@canadalifeint.com

In the unlikely event that you are dissatisfied with our response, you have the right to take the matter up with the Information Commissioner's Office (ICO), whose addresses are:

Isle of Man: Information Commissioner, P.O. Box 69,
Douglas, Isle of Man IM99 1EQ

The full version of our DPN can be found on our website, www.canadalife.co.uk or is available upon request by calling 0345 6060708.

This DPN is dated 1st February 2023. Any future updates will be made available as described above.

Verification of identity

I/We understand and consent that the Company may make a search with an external reference agency for the purposes of verifying my/our identity. This will involve checking the details I/we supply against those held on any database the reference agency has access to. This includes information from the electoral register and fraud prevention agencies. I/We understand that the Company will use scoring methods to verify my/our identity and that a record of any search will be kept

that may be used to help other companies to verify my/our identity. I/We understand that the Company may pass information to financial and other organisations involved in fraud prevention to protect themselves, ourselves and their clients from theft and fraud. I/We understand that should I/we provide the Company with false or inaccurate information and that fraud is suspected that this may be recorded and shared with other organisations.

Additional note(s)

Director/Trustee/Authorised Signatory 1

Director/Trustee/Authorised Signatory 2

Signature confirming your agreement to this application including the adviser charge deductions (Part 13-13a), declaration and data protection (Part 14)

Print name

Date
(day, month, year)

/ / 2

/ / 2

Director/Trustee/Authorised Signatory 3

Director/Trustee/Authorised Signatory 4

Signature confirming your agreement to this application including the adviser charge deductions (Part 13-13a), declaration and data protection (Part 14)

Print name

Date
(day, month, year)

/ / 2

/ / 2

Copies of the completed application form are available on request.

Telephone calls with the Company may be monitored/recorded to maintain and improve our service and to also assist security and staff training. If a misunderstanding should arise and a recording is available, this would be accessed only under our authorisation.

Part 15

Professional adviser's details

For FCA reporting requirements please indicate the basis for any advice or service given in relation to this application

Advised

- i) Independent
- ii) Restricted
- iii) Simplified

Non-advised

- i) No advice
- ii) Execution only

Country in which I gave the applicant(s) the advice concerning this application.

Country in which this application was subsequently completed and signed.

on Date (day, month, year) / /

I confirm that, if applicable, all information provided was obtained directly from the applicant(s).

Regulatory body authorisation number

Regulatory body

Canada Life International Limited Terms of Business reference number

Canada Life account manager's name

Submitting adviser/ Authorised signatory

Signatory name

Position

Date (day, month, year)

Your company stamp

The Company will provide regular updates on the progress of this application. Please complete the contact information below.

Contact name

Telephone number (including STD code)

Fax number (including STD code)

E-mail address

Part 16

Method of payment

Payment by telegraphic transfer or swift transfer

Bank account details

Bankers: Isle of Man Bank, East Region, P. O. Box 13, 2 Athol Street, Douglas, Isle of Man IM99 1AN.

Bank account name: Canada Life International Limited.

Currency	IBAN (International Bank Account Number)	Sort code/ IBAN SWIFT BIC	Cover information	
			Correspondent name	Correspondent's SWIFT BIC address
Sterling	GB63NWBK55910010904808	55 91 00	NatWest Plc	NWBKGB2L
US Dollars	GB92RBOS60954540038760	RBOSIMD2	Wells Fargo Bank NA New York	PNBPUS3NNYC
Euro	GB92RBOS60954540038760	RBOSIMD2	NatWest Plc	NWBKGB2L

Remitting GBP within the UK

Instruct your bankers to transfer funds via CHAPS quoting your Policy name and number (if known) or quote reference number.

Remitting GBP from outside the UK

Instruct your bankers to transfer funds via SWIFT or MT103 quoting your Policy name and number (if known) or quote reference number in field 70 of your bank's instruction.

Remitting non GBP from within or outside the UK

Instruct your bankers to transfer funds via SWIFT or MT103 quoting your Policy name and number (if known) or quote reference number in field 70 of your bank's instruction.

Also instruct your bankers to send an MT202 to our correspondent bank, shown in the table above, quoting your Policy name and number (if known) or quote reference number in field 72 of your bank's instruction.

Payment by cheque

Please make sure that your name is quoted with all payments.

Please make cheques payable to 'Canada Life International Limited'.

Part 17

Appropriate trust to submit with this application

Please submit the following undated trust.

Bespoke Trust	Controlled Access Account Bare Trust Deed (reference 6970)
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