



Canada Life

# CanInvest Select Account

## Application for a new policy

Your Account will be set-up on the basis of your  
Personal Example reference number quoted here:

**P O B**

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This reference number is on the bottom left  
hand corner of the Personal Example.

**Applications without the Personal Example reference number will be returned.**

### Important notice

**Please answer all questions honestly and take reasonable care to make sure that those answers are correct.  
Failure to answer the questions honestly or correctly, could mean your account may be cancelled from the start.**



## Investment new business submission checklist

**Guidance notes**

Please make sure all relevant sections of this application are completed in full and the client has signed the declaration.

We are able to issue policies more efficiently if we receive a completed form, Personal Example reference number and all the required information.

We will set this Account up on the basis of the Personal Example reference number quoted on the front page of this application.

**We require:**

- Copy of the relevant Personal Example (including admin page) matching the clients requirements.
- The full investment to be sent directly into our bank account by electronic transfer. Our bank details are: sort code 60-17-49 and account number 13486497. Please use your Personal Example reference number quoted on the front page as the payment reference. Please complete page 5 with the bank details where you are sending the money from.
- Alternatively, we can accept cheques made payable to Canada Life Ltd. Please ensure a building society cheque, cheque drawn from a solicitor account or bankers draft is made payable to Canada Life Ltd and also includes the name of the client as part of the payee (for example Canada Life Ltd, reference 'client name'). We will require further information of where the funds originated from if this is not provided.
- Certified copy of the power of attorney (POA) – (if applicable) 
  - Any copies of the POA need to be certified on the front page with the remaining pages all being initialled. The certification must be the original signature.
  - It can be certified by a solicitor, notary public, donor, stockbroker or a professional adviser.
  - If certified by a professional adviser we require the following information:
    1. Name of the regulated firm
    2. Their regulatory body number
    3. The signature of the professional adviser and their full name
    4. Confirmation of their position in the firm
    5. Date
- Form 8205 for corporate anti-money laundering verification (if applicable)

**Contact details**

- You should contact your professional adviser in the first instance.
- If you have any questions or you want to alter your Account you can contact us in the following ways:

Phone: **0345 6060708** (lines are open Monday to Friday 9am – 5pm)

E-mail: **NBDInvestment@canadalife.co.uk**

Head office address:

**New Business Investment Team**

**Canada Life Limited**

**Canada Life Place, Potters Bar, Herts EN6 5BA**

Website: **www.canadalife.co.uk**

**Part 1. Personal details**

Please complete in BLOCK CAPITALS and tick small boxes where appropriate. Applications can only be accepted from UK residents.

**Corporate applications**

Company name				
Registered address (including postcode)				
	Postcode			

Please complete an anti-money laundering verification of identity corporate and other non-personal entity form (reference 8205) plus Self-certification declaration form for an entity (reference ID6286).

**Details of life/lives assured / applicants / trustees – accepted subject to insurable interest**

	Details of life assured 1 / applicant 1 / trustee 1	Details of life assured 2 / applicant 2 / trustee 2
Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Main residential address	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Telephone numbers	Home <input type="text"/>	Home <input type="text"/>
	Business <input type="text"/>	Business <input type="text"/>
	Mobile <input type="text"/>	Mobile <input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you the owner of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a life assured of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a trustee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been appointed under a power of attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Insurable interest – please complete where the life/lives assured are not the owners**

Please state relationship of the owner(s) to the life/lives assured or nature of insurable interest

**Part 1.** Personal details (continued)

Please complete in BLOCK CAPITALS and tick small boxes where appropriate. Applications can only be accepted from UK residents.

**Details of life/lives assured / applicants / trustees – accepted subject to insurable interest**

**Details of life assured 3 / applicant 3 / trustee 3**

**Details of life assured 4 / applicant 4 / trustee 4**

Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Main UK residential address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <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"/> <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"/>
Telephone numbers	Home <input type="text"/>	Home <input type="text"/>
	Business <input type="text"/>	Business <input type="text"/>
	Mobile <input type="text"/>	Mobile <input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you the owner of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a life assured of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a trustee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been appointed under a power of attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part 2. Tax residency and tax information**

Please complete in BLOCK CAPITALS and tick small boxes where appropriate. Applications can only be accepted from UK residents.

Please read the following notes carefully before completing this section. This section must be completed in all cases, unless you are a Court Deputy.

If you are a Court Deputy tick here and move on to Part 3

**Background**

The UK Government has and will be agreeing a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other jurisdictions. The requirement to collect certain information about each customer's tax arrangement is part of UK legislation and as a financial services company we are legally obliged to collect it. We are asking for your tax residency and tax reference numbers (where applicable) and will record this on our records now, but will only disclose this information to the relevant tax authorities if and when we are required to under UK law.

The inter-governmental agreements will not change the requirement for UK life assurance companies to report chargeable events to HM Revenue & Customs.

**Tax residency**

Your tax residence generally is the country in which you live for more than half a year. Special circumstances (such as studying abroad, working overseas, or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). The country(ies) in which you pay income tax are likely to be your country(ies) of tax residence.

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

If you have any questions on how to complete this section we recommend that you speak to your tax or legal adviser, as Canada Life Limited is not authorised to give such advice.

Q1 Are any of the account owners, trustees or beneficiaries resident for tax purposes anywhere other than the UK? Yes  No

Q2 If you answered 'Yes' to Q1, please list the person's details and the country or countries in which they are resident for tax purposes, together with any tax reference numbers ('TRN') or tax identification numbers ('TIN') if relevant.

Full name	Date of birth (day month, year)	Full address	Is this person an Account Owner, Trustee or Beneficiary?	Country/countries of tax residency	TRN / TIN	Signature

Please note that we reserve the right to request additional information or documentary evidence to support your declaration.

Any acceptance and investment of your premium may be delayed should we have reason to doubt any of the information provided above.

Should your tax residency change at any time in the future, you must notify Canada Life Limited immediately.

**Part 3. Source of funds/wealth**

Please provide all the following information to fulfil the anti-money laundering regulations. Note: Incomplete sections may delay the processing of this application.

Canada Life bank details: sort code 60-17-49, account number 13486497. Use quote reference (on Page 1) as payment reference.

Please provide details of the bank/building society account from where the investment amount (premium) originated if paying by electronic transfer, such as BACS or CHAPS.

Bank/Building Society Account holders name  Bank or building society address (including postcode)   Postcode		Account number <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Sort code <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> - <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Roll number (for building society accounts) <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; height: 20px;"></td></tr></table>															

Please ensure any building society cheque or bankers draft is made payable to Canada Life Ltd and includes the name of the client or we will require further proof of where funds have originated.

**Part 3. Source of funds/wealth (continued)**

Please provide all the following information to fulfil the anti-money laundering regulations. Note: Incomplete sections may delay the processing of this application.

**Occupation and wealth**

In some cases, we may require documentary evidence to verify the information provided in this section.

	Account owner 1	Account owner 2	Account owner 3	Account owner 4
Occupation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please indicate which income band applies to you. Please complete income for all applicants.

Your yearly income before taxation	Under £10,000	£10,000 to £19,999	£20,000 to £39,999	£40,000 to £49,999	£50,000 or more
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of wealth Please indicate source of wealth.

Salary	<input type="checkbox"/>	Sale of company	<input type="checkbox"/> *	Savings	<input type="checkbox"/> *	Other (please give details below)	<input type="checkbox"/> *
Bonus	<input type="checkbox"/>	Divorce settlement	<input type="checkbox"/>	Gift	<input type="checkbox"/> *		
Inheritance	<input type="checkbox"/> *	Lottery/Betting win	<input type="checkbox"/>	Policy claim/Maturity	<input type="checkbox"/> *		
Compensation payment	<input type="checkbox"/>	Sale of investments	<input type="checkbox"/> *	Sale of property	<input type="checkbox"/> *		

\* Please provide more information on how the funds are made up

**Part 4. Withdrawal details**

Please complete in BLOCK CAPITALS and tick small boxes where appropriate.

Your Account will be set-up using the basis of your Personal Example.

If you have selected withdrawals, please complete bank account details that you want us to send payments to.

Account holders name	<input type="text"/>	Account number	<input type="text"/>
Bank or building society name and address	<input type="text"/>	Sort code	<input type="text"/>
	<input type="text"/>	Roll number (for building society accounts)	<input type="text"/>
Postcode	<input type="text"/>		

- At least one month should be allowed from the date that Canada Life Limited receives this application.
- Payments can only be made between 1st and 28th of each month inclusive.

Date of first payment  Monthly  Quarterly (every three months)  Termly (three times a year)  Half-yearly (every six months)  Yearly (every twelve months)

**For termly withdrawals only:**

Date of second payment  Date of third payment

Please be aware that we are unable to pay withdrawals to a third party. The withdrawals must be paid to either the policy owner or a trustee.

Part 5.

Adviser charge deductions

Do you want Canada Life Limited to facilitate the payment of either an initial fee or ongoing fee to your professional adviser as part of this application (these are known as adviser charges)? Yes  No

If 'Yes', please complete the relevant part(s) below.

If 'No', please proceed to Part 6.

Initial adviser charge

How would you like the initial adviser charge deducted? **Before** setting up your Account (shown as addition to or deduction from premium on the Personal Example)

or

**After** setting-up your Account (shown as cancellation of units on the Personal Example)

How much would you like us to deduct from your investment amount? £

or

% of the investment amount

**Important information – initial adviser charge:**

- If the initial adviser charge is deducted **before** your Account is setup then we will apply the net investment amount to your Account. This adviser charge deduction will not count towards your 5% yearly withdrawal allowance for UK income tax purposes.
- If the initial adviser charge is deducted **after** your Account is set-up then the full (gross) investment amount will be applied to your Account and an immediate withdrawal will be taken. The deduction will be part of your 5% allowance.

Ongoing adviser charge

**NOTE:** If a new trust is being set up the trustees will need to agree to this charge. See Part 6.

When would you like the ongoing adviser deductions to start from? Please enter a month and year or 'Immediately'.

How long are the ongoing adviser charge deductions to continue for? Please enter a month and year, duration or 'Until further notice'.

How much would you like paid **each year**? £

or

% of the investment amount

or

% of the fund value

If the ongoing adviser charge deduction is specified as a percentage then the payments will be based on the Account's value on the day the deduction is made. Deductions can only be made between the 1st and 28th of each month.

How often would you like this deducted? Monthly  Quarterly (every three months)  Half yearly (every six months)  Yearly (every 12 months)

**Important information – initial and ongoing adviser charges:**

- UK income tax legislation currently allows up to 5% of an investment amount to be withdrawn from an Account each policy year as a return of capital without incurring income tax liability (any unused amounts may be used in a later year). The 5% allowance will include any initial or ongoing adviser charge deductions, withdrawals and partial surrenders taken. Exceeding the 5% yearly withdrawal allowance may give rise to an income tax liability.
- Whenever we choose to facilitate any initial or ongoing adviser charge it is at our discretion and we will notify you in the event we choose not to do so.
- There may be instances where we may need to query the adviser charge(s) with your adviser, in which instance we will contact you for further instructions.
- If you return the cancellation notice after the Account has been issued then the money returned to you will not include any adviser charge paid to your professional adviser.

**Part 6. Declaration and Data Protection notice**

**Data Protection Notice**

Any personal information provided to Canada Life Limited, (referred to as 'Canada Life' in this notice) as data controller will be treated in accordance with the Data Protection Act 1998.

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

If submitting personal information 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 information**

Canada Life uses personal information to undertake any activity relating to its policies, products and services and, where relevant, to process applications, set up and administer policies, products and services and handle any claims.

Given the global nature of Canada Life's business, it may be necessary to transfer information to countries outside the European Economic Area ('EEA') in order to provide Canada Life's services.

**Sharing personal information**

Canada Life may share personal information:

- with other Canada Life group companies including those outside the EEA;
- with any of its or their service providers, reinsurers and regulators;

- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs;
- with other companies, organisations and associations and credit reference agencies in order to prevent, detect or investigate crime;
- for employer-related products and services, with the employer, the trustee(s) and their agents;
- for insurance related products, with your own doctor or relevant medical professionals; and/or
- in any circumstances if permitted or required to do so by law or if Canada Life has consent to do so.

**Accessing personal information**

A person whose personal information is held by Canada Life has various rights including the right to:

- have any incorrect personal information corrected; and/or
- access the personal information Canada Life holds for which a fee may be charged.

To do so and/or if you need more information, please contact Canada Life at:

**Canada Life Limited, Canada Life Place, Potters Bar, Hertfordshire, EN6 5BA. Telephone 0345 606 0708.**

**Declaration**

Please sign overleaf once you have read this declaration. If you are unsure as to whether any information should be given, you should provide it.

I/We confirm the following:

- I/We have (or, where applicable, the Trust has) an insurable interest in the life/lives of the person or persons whose lives are assured through this Account (such as you have an interest in the preservation of the life/lives assured and/or you would suffer loss on their death(s)).
- Where there are two or more signatories, the foregoing declaration and agreements are made by us jointly and severally.
- 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 understand that the contract hereby applied for will not come into force and no cover will be provided under it until the policy has been issued by Canada Life Limited from its head office in the United Kingdom, together with a letter containing confirmation of acceptance, and the first premium has been paid by a method satisfactory to Canada Life Limited.
- I/We confirm that I/we have answered the questions in this application honestly and have taken reasonable care to ensure that those answers are correct.

- I/We confirm that in the period before the acceptance of this application I/we will inform Canada Life Limited of any matter or fact that would make the answers to the questions in this application incorrect or untrue

I/We understand that:

- English law applies to the contract.
- the policy will qualify for the statutory cancellation rights, which are exercisable by the policyholder(s) within 30 days from the receipt of the policy.
- complaints that Canada Life Limited cannot settle may be referred to the Financial Ombudsman Service.

**Important notes**

Copies of this application form when completed and the policy conditions are available on request, at any time.

I/We accept that in order to comply with regulatory obligations, Canada Life may require documents to verify my/our identity and residential address. In the absence of such documents, Canada Life Ltd may use credit reference agency searches to verify my/our identity and address. This will not affect my/our credit rating. Canada Life reserves the right to ask for further documentation to confirm my identity and address.

**Fund switch authority**

This authority gives your professional adviser permission to move (switch) investments to other funds.

I confirm that  
(name of firm)

holds permission to switch funds on the client(s) behalf.

Professional adviser's signature

Date (day, month, year)



**Part 6.**

**Declaration and Data Protection notice (continued)**

**Adviser charge deductions**

I/We consent to any adviser charge deductions as set out in Part 5 of this application.

**Signatures**

**Please make all cheques payable to Canada Life Limited (for third party/company payments please include the client/s name on the payee details).**

Signature confirming your agreement to this application including the adviser charge deductions (Part 5) and declaration.

<b>Applicant/trustee 1</b>	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>
<b>Applicant/trustee 2</b>	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>
<b>Applicant/trustee 3</b>	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>
<b>Applicant/trustee 4</b>	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>

**Trusts**

**Is this Account to be placed into a new Canada Life trust?** Yes  No

If 'Yes', we will need to see an original trust document and the trustees should sign below to confirm their agreement to the Ongoing adviser charge deductions (Part 5).

**Is there an existing trust?** Yes  No

If 'Yes', we will need to see an original certified copy of the trust documents.

**Certification of the trust deed (if applicable)**

- The copy of the trust document needs to be certified on every page. The certification must be the original signature.
- It can be certified by a solicitor, notary public, stockbroker or a professional adviser.

- If certified by a professional adviser we require the following information:
  1. Name of the regulated firm
  2. Their regulatory body number
  3. The signature of the professional adviser and their full name
  4. Confirmation of their position in the firm
  5. Date
- If amendments have been made to the trust, certified copies of the subsequent deeds are required.
- If a trustee has died, then the death certificate is required.
- All trusts need to be fully completed, that is, signed, witnessed and dated.

**Trustee Signatures**

**Only required if a new Canada Life trust is being set up**

We consent to any ongoing adviser charge deductions as set out in Part 5 of this application.

<b>Trustee</b>	Signature <input type="text"/>	<b>Trustee</b>	Signature <input type="text"/>
	Full Name <input type="text"/>		Full Name <input type="text"/>
	Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>		Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>
<b>Trustee</b>	Signature <input type="text"/>	<b>Trustee</b>	Signature <input type="text"/>
	Full Name <input type="text"/>		Full Name <input type="text"/>
	Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>		Date (day, month, year) <input type="text" value="/"/> <input type="text" value="/"/>

**Part 7. Anti-money laundering verification of identity – Private Individual**

To be completed by the professional adviser in BLOCK CAPITALS and tick small boxes where appropriate.

**Details of individual**  
(see explanatory notes)

Full name of customer (Account owner 1)			
Current address			
	Postcode		
Previous address if individual has changed address in the last three months			
	Postcode		
Date of birth (day, month, year)			

**Confirmation**

I/We confirm that: (a) the information in the section above was obtained by me/us in relation to the customer;

(b) the evidence I/we have obtained to verify the identity of the customer:

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or	(Tick only one)
	<input type="checkbox"/>
exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)	<input type="checkbox"/>

Signed

Name

Position

Date (day, month, year)

 /  / 

**Details of introducing firm  
(or sole trader) if different  
from Part 8**

Full name of regulated firm (or sole trader)			
Regulatory body reference number			

**Explanatory notes**

1. A separate confirmation must be completed for each customer (such as joint holders, trustee cases and joint life cases). Where a third party is involved, such as a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification.
  - Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations.
  - Those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

**Part 7.** Anti-money laundering verification of identity –  
Private Individual (continued)

To be completed by the professional adviser in BLOCK CAPITALS and tick small boxes where appropriate.

**Details of individual**  
(see explanatory notes)

Full name of customer (Account owner 2)			
Current address			
	Postcode		
Previous address if individual has changed address in the last three months			
	Postcode		
Date of birth (day, month, year)			

**Confirmation**

I/We confirm that: (a) the information in the section above was obtained by me/us in relation to the customer;

(b) the evidence I/we have obtained to verify the identity of the customer:

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or	(Tick only one)
	<input type="checkbox"/>
exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)	<input type="checkbox"/>

Signed

Name

Position

Date (day, month, year)

 /  / 

**Details of introducing firm  
(or sole trader) if different  
from Part 8**

Full name of regulated firm (or sole trader)	
Regulatory body reference number	

**Explanatory notes**

1. A separate confirmation must be completed for each customer (such as joint holders, trustee cases and joint life cases). Where a third party is involved, such as a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification.
  - Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations.
  - Those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

**Part 8. Professional adviser details**

To be completed by the professional adviser in BLOCK CAPITALS and tick small boxes where appropriate.

Agency number, if known  
(You will find this on your statement.  
If you do not supply this information  
it may delay your payments)

L

Please make sure we have the correct e-mail address as we will confirm stages of our process by e-mail.

E-mail address

Professional adviser name

Name of person submitting  
the application (if different)

Address  
(including postcode)

Postcode

Telephone number

Fax number

Regulatory body number

For regulatory body reporting  
requirements please indicate, by  
ticking the box

Advised – independent       Non-advised – execution only   
 – restricted                                   No advice   
 – simplified

If you are dealing with your clients at a distance (not face to face) you will need to provide them with the policy provisions of the contract. These can be found at [www.canadalife.co.uk/adviser](http://www.canadalife.co.uk/adviser)

**Have you completed all parts of the Application form?**

**Section 1 – Application form (please tick all that apply)**

- Have you completed all parts of the application?
- Have you requested a quote to reflect the application form?
- Have you sent the administration page and the Personal Example?

**Section 2 – Anti-money laundering (please tick all that apply)**

- Have you included an anti-money laundering form for each of the following that this applies to:
  - Policy owner/s
  - Trustees
  - Attorneys

**Section 3 – Monies**

Please note cheques will be banked on the date of receipt

- Have you sent the premium to us by (please select one option only)
  - Cheque     BACS     TT

For BACS or TT payments when was the money sent?



For further information about Canada Life Limited, please visit [www.canadalife.co.uk](http://www.canadalife.co.uk) or call us on **0345 6060708**.

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