

# CanInvest Select Account - Discounted Gift Trusts

## Application for a new policy

Your CanInvest Select Account - Discounted Gift Trust (“Account”) will be set up on the basis of your Underwritten Personal Example reference number quoted below:

P	O	B															1
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Please note that we cannot proceed with this application without an Underwritten Personal Example.

### **Important notice**

Please answer all questions honestly and take reasonable care to make sure that the answers are correct. Failure to answer the questions honestly or correctly could mean your Account may be issued on the wrong terms.

**Key Point** This form should be completed after the Applicant(s)/Settlor(s) has (have) been underwritten and the Underwritten Personal Example has been received.

## Guidance notes

Please make sure all relevant sections of this application are completed in full and the Applicant(s)/Settlor(s) has (have) signed the declaration and all of the Trustees have signed for any ongoing adviser charge.

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

### We require:

- A copy of the Underwritten Personal Example (including administration page) matching the Applicant/Settlor's 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 Underwritten Personal Example reference number quoted on the front page as the payment reference. Please complete page 7 with the bank details from where the funds are being sent.
- 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 Applicant(s)/Settlor(s) as part of the payee (that is Canada Life Ltd, reference 'Applicant name'). We will require further information of where the funds originated from if this is not provided.
- Trust deed
  - One of the following trusts must be fully completed, signed and witnessed:
    - Discounted Trust Account Discretionary Settlement Deed (reference 6509)
    - Discounted Trust Account Bare Trust (reference 6612)

### Contact details

- You should contact your professional adviser in the first instance.
- If you have any questions you can contact us in the following ways:
  - For help with Personal Examples or completing this application form:  
Phone: **01707 422927**  
(lines are open Monday to Friday 9am - 5pm)  
Email: **adviser.support@canadalife.co.uk**
  - For submitted applications:  
Phone: **0345 6060708**  
(lines are open Monday to Friday 9am - 5pm)  
Email: **NBDInvestments@canadalife.co.uk**

Please return this application and the completed trust form to:

**New Business Investment Team**  
**Canada Life Limited**  
**Canada Life Place, Potters Bar, Herts EN6 5BA**

### Process

- Before you complete this application please make sure you have received the Underwritten Personal Example quoted on the front page.
- Please submit this completed application together with the required trust form to the address above.
- Once all requirements are received, together with the funds, we will set up and activate your Account within 3 working days, and issue written confirmation to you and your professional adviser.

### Minimums/Maximums

	Minimum		Maximum		Notes
	Single Settlor	Joint Settlor	Single Settlor	Joint Settlor	
<b>Settlor/ Applicant</b>	1	2	1	2	Settlors or their spouses/civil partners cannot be Lives Assured.
<b>Life/Lives Assured</b>	1	1	4	4	
<b>Trustees</b>	2	2	4	4	Settlors are automatically Trustees. Other Trustees can be anyone over the age of 18.

**Part 1** Personal Details

**Details of Applicant(s)/Settlor(s)**

**Key Point** The Settlor(s) will automatically be a Trustee(s).

	Applicant/Settlor 1	Applicant/Settlor 2
Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<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"/>
Main UK 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"/> <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"/> Mobile <input type="text"/>	Home <input type="text"/> Mobile <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

**Details of Lives Assured/Trustees – accepted subject to insurable interest**

**Key Point** The Settlor and their spouse/civil partner cannot be a Life Assured.

	1	2
Are you a Life Assured?	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"/>
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"/>
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"/> Mobile <input type="text"/>	Home <input type="text"/> Mobile <input type="text"/>
Email 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"/>

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.

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

**Part 1** Personal Details (cont)

Details of Lives Assured/Trustees (Continued)

	<b>3</b>	<b>4</b>
Are you a Life Assured?	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"/>
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"/>
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"/> Mobile <input type="text"/>	Home <input type="text"/> Mobile <input type="text"/>
Email 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"/>

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.

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

**Part 1** Personal Details (cont)

**Additional Trustee details – Individual person(s) as Trustee(s)**

**Key Point** If a Life Assured is a Trustee their details don't need to appear here.

	1	2
Title	<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"/>
Forenames	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Main UK residential address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Telephone numbers	Home <input style="width: 100%; height: 20px;" type="text"/> Mobile <input style="width: 100%; height: 20px;" type="text"/>	Home <input style="width: 100%; height: 20px;" type="text"/> Mobile <input style="width: 100%; height: 20px;" type="text"/>
Email address	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Date of birth (day, month, year)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

	3
Title	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>
Forenames	<input style="width: 100%;" type="text"/>
Main UK residential address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
Postcode	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Telephone numbers	Home <input style="width: 100%; height: 20px;" type="text"/> Mobile <input style="width: 100%; height: 20px;" type="text"/>
Email address	<input style="width: 100%; height: 20px;" type="text"/>
Date of birth (day, month, year)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.

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

**Part 2** Tax residency and tax information

Please read the following notes carefully before completing this section. This section must be completed in all cases.

**Key Point** Where any Trustees or named beneficiaries live outside of the UK “Yes” must be ticked to Q1 and the box below filled in.

**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 countries/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(ies) in which they are resident for tax purposes, together with any tax reference numbers/tax identification numbers (‘TIN’) if relevant.

Full name (first names, surname)	Date of birth (day month, year)	Full address (including postcode)	Is this person a Settlor, Trustee or Beneficiary?	Country/Countries of tax residency	Tax reference number(s)	Signature

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.

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.

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

### 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 the Underwritten Personal Example reference number on the front of this application as the 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		Account number	
Bank/building society address (including postcode)		Sort code	
		Roll number (for building society accounts)	
	Postcode		

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

### Occupation and wealth

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

	Applicant/Settlor 1	Applicant/Settlor 2
Occupation		

Please indicate which income band applies to each Applicant.

Your yearly income before taxation		<input type="checkbox"/>		<input type="checkbox"/>
	Under £20,000			
	£20,001 to £29,999	<input type="checkbox"/>		<input type="checkbox"/>
	£30,000 to £49,999	<input type="checkbox"/>		<input type="checkbox"/>
	£50,000 to £99,999	<input type="checkbox"/>		<input type="checkbox"/>
	£100,000 to £199,999	<input type="checkbox"/>		<input type="checkbox"/>
	£200,000 to £249,999	<input type="checkbox"/>		<input type="checkbox"/>
	£250,000 or more	<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 <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

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.

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

**Part 4** Withdrawal details

Please be aware that we are unable to pay withdrawals to a third party. The withdrawals must be paid to the Applicant/Settlor.

**Key Point** We can only pay the withdrawals into one bank account.

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

Please complete your bank/building society account details here.

Bank/Building Society Account holders name	<input type="text"/>	Account number	<input type="text"/>
Bank/building society account you want us to send the payments to (name, address and postcode)	<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 (day, month, year)         Monthly  Quarterly  Half-yearly  Yearly

Withdrawal amount

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.



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

**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.

**Part 5a** Initial adviser charge

Any initial adviser charge is deducted before setting up your Account (shown as addition to or deduction from premium on the Underwritten Personal Example)

(To be agreed by the Applicant Settlor)

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

**Important information – initial adviser charge:**

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.

or  
 % of the investment amount

**Part 5b** Ongoing adviser charge

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

(To be agreed by the Trustees)

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  Half yearly  Yearly

**Important information – 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 ongoing adviser charge deductions, withdrawals and partial surrenders taken. Exceeding the 5% yearly withdrawal allowance may give rise to an income tax liability.
- 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.

**Key Point** Please refer to our 'Guide to paying your professional adviser – Estate Planning' which highlights popular methods of paying your adviser.

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.

## Part 6 Data protection notice and declaration for a new policy

**Data Protection Notice** Canada Life Limited (referred to as ‘Canada Life’, ‘we’, ‘us’ or ‘our’ in this DPN) takes its privacy obligations very seriously. Any personal data provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member (referred to as ‘you’ or ‘your’ in this DPN), will be treated in accordance with the Data Protection Act 2018 (DPA).

### 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 policyholder, member or beneficiary 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 underwriting software 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.

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

### 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; 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. In doing so, we will ensure there are contractual arrangements in place with those organisations who have appropriate 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.

### Post Brexit – UK departure from the European Union

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, each Canada Life entity listed above 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 including that provided by the UK Government and the Information Commissioner’s Office (ICO) with regards to data protection.

### 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;

## Part 6 Data protection notice and declaration for a new policy (cont)

- 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 (for example, the prevention or detection of crime), our interests (for example, 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 Limited**  
**Canada Life Place**  
**Potters Bar**  
**Hertfordshire**  
**EN6 5BA**  
or by email at: [dpo@canadalife.co.uk](mailto:dpo@canadalife.co.uk)

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 address is: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF

The full version of our DPN can be found on our website, [www.canadalife.co.uk](http://www.canadalife.co.uk) or is available upon request by calling **0345 6060708**.

This DPN is dated 1st January 2021. Any future updates will be made available as described above.

### Declaration by the Applicant/Settlor

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 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 a financial 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 from its head office in the United Kingdom, together with a letter containing confirmation of acceptance, and the premium has been paid by a method satisfactory to Canada Life.
- 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 of any matter or fact that would make the answers to the questions in this application or the Underwritten Personal Example Request Form 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 cannot settle may be referred to the Financial Ombudsman Service.

### Important notes

Copies of this application form, and the Underwritten Personal Example Request 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. Canada Life will 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.

## Part 7 Release of information to HM Revenue & Customs

There may be reporting requirements to Her Majesty's Revenue and Customs (HMRC) over a certain limit.

Where this is the case the Actuary acting for HMRC may ask Canada Life to provide sight of the medical records/information Canada Life has.

Please tick here if you do not want Canada Life to release copies of your medical records to HMRC.

Please make sure you have discussed the potential implications of ticking this box with your professional adviser.

**Part 8** Signatures

**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)

**Applicant 1/Settlor 1**

Signature confirming your agreement to this application including the adviser charge deductions (Part 5b and 5c), declaration and release of information to HMRC (Part 6 & 7)

**Applicant 2/Settlor 2**

Date (day, month, year)

**Key Point** Settlor(s) do not need to sign here again.

**Additional Trustee 1**

Signature confirming your agreement in this application regarding the ongoing adviser charge deductions (Part 5c)

**Additional Trustee 2**

Date (day, month, year)

**Additional Trustee 3**

Signature confirming your agreement in this application regarding the ongoing adviser charge deductions (Part 5c)

Date (day, month, year)

Copies of the completed application form and Underwritten Personal Example request form are available on request.

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.

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

## Part 9 Anti-money laundering verification of identity - Private Individual

### Details of individual

(see explanatory notes below)

**Key Point** Please copy this page if needed for additional Trustees.

Full name of customer (Applicant/Settlor/Trustee)				
Current address				
	Postcode			
Previous address if individual has changed address in the last 3 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)

exceeds the standard evidence (written details of the further  
verification evidence taken are attached to this confirmation)

Signed

Name

Position

Date (day, month, year)

 /  / 

### Details of introducing firm (or sole trader) if different from Part 10

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

### Explanatory notes

1. A separate confirmation must be completed for each customer. 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.



#### Important:

You must answer all questions fully, accurately and truthfully.

## Part 9 Anti-money laundering verification of identity - Private Individual (cont)

### Details of individual

(see explanatory notes below)

Full name of customer (Applicant/Settlor/Trustee)											
Current address											
									Postcode		
Previous address if individual has changed address in the last 3 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:

(Tick only one)

meets the standard evidence set out within the guidance for the UK  
Financial Sector issued by JMLSG; or

exceeds the standard evidence (written details of the further  
verification evidence taken are attached to this confirmation)

Signed

Name

Position

Date (day, month, year)

 /  / 

### Details of introducing firm (or sole trader) if different from Part 10

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

### Explanatory notes

1. A separate confirmation must be completed for each customer. 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.



#### Important:

You must answer all questions fully, accurately and truthfully.

**Part 10** Anti-money laundering verification of identity - Private Individual (cont)

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 email.

Email 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

– restricted

– 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?

Is this based on an Underwritten Personal Example?

Have you sent the administration page and the Underwritten 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:

Applicant(s)/Settlor(s)

Trustees

**Section 3 – Monies**

Please note cheques will be banked on the date of receipt

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

For BACS or TT payments when will the money be sent?

**+**  
**Important:**  
You must answer all questions fully, accurately and truthfully.



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

Canada Life Limited, registered in England no. 973271. Registered office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.  
Telephone: 0345 6060708 Fax: 01707 646088 [www.canadalife.co.uk](http://www.canadalife.co.uk) Member of the Association of British Insurers.

Canada Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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