

To be used for

- Premiere Europe Account
- Premiere Account



International

Corporate Premiere and Premiere Europe Account Application (including Corporate Trustees)

Application

Corporate applicants must be resident in, and the advice must be given in, a territory from which CLI/CLIAI is licensed to accept business. For trust cases the majority of trustee applicants must be resident in, and the advice must be given in, a territory from which CLI/CLIAI is licensed to accept business. Additionally, the trust must be administered in a territory from which CLI/CLIAI is licensed to accept business. The Account is not available to US citizens or residents.

Notes

- This Application should be read in conjunction with the relevant Client Guide, the Key Information Document, the Key Features document and the terms and conditions of the contract (the 'Policy').
- **Please note, the final illustration number must be provided in Part 1a in all instances as we use the information contained within it in conjunction with this form.**
- For additional information, please refer to our 'Guide to anti-money laundering and preventing the financing of terrorism' (reference ID3034).
- You must answer all questions fully, accurately and truthfully.
- 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 policy acceptance.
- You are advised to satisfy yourself that under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect this policy.

Please submit the completed Application and appropriate documents to the Company's postal address:

Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ

Appropriate documents to be submitted with this Application

For private limited companies CLI/CLIAI will require the following:

- (a) a suitably certified copy of the certificate of incorporation or equivalent document;
- (b) evidence of the company's registered office, and if this is not the address on the application, satisfactory evidence that the applicant is using the address and the reasons for that address being used;
- (c) a list of all directors to include full names, dates of birth, residential addresses details, tax residency and associated tax reference number. Plus verification of the identity and address of at least two directors, one of whom must be an executive director;
- (d) a set of the latest annual report and accounts;
- (e) a list of the officers from whom CLI/CLIAI may accept instructions and their specimen signatures in the form of a suitably certified signatory list (although their identity need not be verified);
- (f) verification of any beneficial owner that benefits from or exercises control over the entity including all shareholders. Where the holder is a holding company, trust or nominee, then CLI/CLIAI will require further details of that shareholder's ultimate beneficial owner, and verification of identity of the ultimate beneficial owner will be required, in accordance with the provisions for individuals, trusts and corporate applicants as appropriate.
- (g) for any complex corporate structures, a detailed structure chart.

For public companies listed on a recognised stock exchange, CLI/CLIAI will require the following:

- (a) a suitably certified copy of the certificate of incorporation or equivalent document establishing the registered number of the company or document of listing. If these details are not on this document, evidence of the company's registered office should be provided. If the registered office is not the address shown on the application, then CLI/CLIAI must be satisfied as to the reason for the difference;
- (b) confirmation that the company has not been or is not in the process of being dissolved, struck-off, wound up or terminated (this can be found on the application form); and
- (c) a list of the officer(s) from whom CLI/CLIAI may accept instructions and their specimen signatures in the form of a suitably certified signatory list (although their identity need not be verified). We will require evidence that the officer(s) so named are properly able to act on behalf of the company, that is a copy of the board resolution or other authority for any representative to act on behalf of the company in its dealings with CLI/CLIAI.

IMPORTANT: You must answer all questions fully, accurately and truthfully.
Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 1a

Policy Requirements

Illustration reference number: QDN/

Single Premium amount:

Repeat Single Premium amount:

Repeat Single Premium Frequency: Monthly Yearly

Please complete the relevant section below (1b or 1c)

Part 1b

New Canada Life International Limited (CLI) Premiere Account

Capital redemption Initial Charge (Option 1)

Life Assured UK resident (Alpha) Charged over five years (Option 2)

Life Assured Non UK resident (Omega) Ongoing Charge (Option 3)

In which currency would you like the Policy to be denominated?

GBP USD EURO

How many sub-policies are required?

(maximum 99,999)

If you do not enter a value 12,000 will be issued.

Part 1c

New Canada Life International Assurance (Ireland) DAC (CLIAI) - Premiere Europe Account

Capital redemption Initial Charge (Option 1)

Life Assured Ongoing Charge (Option 3)

In which currency would you like the Policy to be denominated?

GBP USD EURO

How many sub-policies are required?

(maximum 99,999)

If you do not enter a value 12,000 will be issued.

Part 2

Applicant details – Company

Name of entity

Company number

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

Full address of registered office or principal office

Postcode
Country

Correspondence address in full

Postcode
Country

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

I/We confirm that

1. The entity has the capacity to enter into the contract applied for.
2. The minimum number of authorised signatories of the entity 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 entity has been included with this application.
4. All changes in controlling persons/members or directors, and other authorised signatories will be immediately notified to the Company in writing and I/we agree that appropriate evidence to verify identity and residential address will be provided.
5. The entity has not been, and is not in the process of being dissolved, struck off, wound up or terminated.

Part 2 Applicant details – Company (continued)

As part of the application the Company is required to verify the identity and residential address of the following persons:

- At least two of the managing partners or directors (as applicable to the firm), one of whom must have an executive capacity; and
- Any beneficial owner that benefits from or exercises control over the entity including all shareholders.

Further documentary evidence may be required for more complex ownership structures.

Director/Shareholder 1

Director/Shareholder 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"/>
	Country	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Relationship to entity (such as, Director, Shareholder)	<input type="text"/>	<input type="text"/>
Percentage share of beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Permanent UK resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you tax resident in the US, a US citizen or otherwise deemed to be a US person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country(ies) of tax residence and associated reference number(s)	<input type="text"/>	<input type="text"/>

Director/Shareholder 3

Director/Shareholder 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"/>
	Country	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Relationship to entity (such as, Director, Shareholder)	<input type="text"/>	<input type="text"/>
Percentage share of beneficial interest in the partnership or entity	<input type="text"/>	<input type="text"/>
Permanent UK resident	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you tax resident in the US, a US citizen or otherwise deemed to be a US person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country(ies) of tax residence and associated reference number(s)	<input type="text"/>	<input type="text"/>

Part 2 Applicant details – Company (continued)

Director/Shareholder 5

Director/Shareholder 6

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

Surname

Forename(s) in full

Permanent residential address in full

Postcode

Country

Date of birth (day, month, year)

Relationship to entity (such as, Director, Shareholder)

Percentage share of beneficial interest in the partnership or entity

Permanent UK resident Yes No

Are you tax resident in the US, a US citizen or otherwise deemed to be a US person? Yes No

Country(ies) of tax residence and associated reference number(s)

Postcode

Country

Relationship to entity (such as, Director, Shareholder)

Percentage share of beneficial interest in the partnership or entity

Permanent UK resident Yes No

Are you tax resident in the US, a US citizen or otherwise deemed to be a US person? Yes No

Director/Shareholder 7

Director/Shareholder 8

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

Surname

Forename(s) in full

Permanent residential address in full

Postcode

Country

Date of birth (day, month, year)

Relationship to entity (such as, Director, Shareholder)

Percentage share of beneficial interest in the partnership or entity

Permanent UK resident Yes No

Are you tax resident in the US, a US citizen or otherwise deemed to be a US person? Yes No

Country(ies) of tax residence and associated reference number(s)

Postcode

Country

Relationship to entity (such as, Director, Shareholder)

Percentage share of beneficial interest in the partnership or entity

Permanent UK resident Yes No

Are you tax resident in the US, a US citizen or otherwise deemed to be a US person? Yes No

If there are more than 8 shareholders and directors, please re-print or copy this page as required.

Part 3 Trust details

Part 3 is only to be completed where the applicant(s) is/are acting as trustee(s) of an existing trust. If there is no trust then proceed to Part 5.

I/We am/are the current trustee(s) of a trust created on Date (day, month, year) 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 any subsequent deeds of appointment and/or retirement with this application to show proper appointment of the trustee(s).

Other parties to the trust

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

Settlor 1

Settlor 2 (if applicable)

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	<input style="width: 100px;" type="text"/>
Country	<input type="text"/>	
Date of birth (day, month, year)	<input style="width: 100px;" type="text"/>	Date of death (if applicable) <input style="width: 100px;" type="text"/>
Nationality	<input type="text"/>	
Are you tax resident in the US, a US citizen or otherwise deemed to be a US person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide your country(ies) of tax residency	<input type="text"/>	
Please provide your tax reference number(s)	<input type="text"/>	

Protector 1 (if applicable)

Protector 2 (if applicable)

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	<input style="width: 100px;" type="text"/>
Date of birth (day, month, year)	<input style="width: 100px;" type="text"/>	Date of death (if applicable) <input style="width: 100px;" type="text"/>
Are you tax resident in the US, a US citizen or otherwise deemed to be a US person?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide your country(ies) of tax residency	<input type="text"/>	
Please provide your tax reference number(s)	<input type="text"/>	

Part 4 Applicant details – Individual person(s) as trustee(s)

Part 4 is to be completed where some of the applicants are individual person(s) acting in their capacity as trustee(s) of an existing trust.

	Individual trustee 1	Individual trustee 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"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
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)	Landline <input type="text"/>	Landline <input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
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"/>
Please provide your country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide your tax reference number(s) or equivalent tax identification number	<input type="text"/>	<input type="text"/>

IMPORTANT: You must answer all questions fully, accurately and truthfully.
Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 4 Applicant details – Individual person(s) as trustee(s) (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"/>
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"/>
Telephone numbers (including STD codes)	Landline <input type="text"/>	Landline <input type="text"/>
Email address	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
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"/>
Please provide your country(ies) of tax residency	<input type="text"/>	<input type="text"/>
Please provide your tax reference number(s) or equivalent tax identification number	<input type="text"/>	<input type="text"/>

Part 5 Lives assured details (not applicable to the capital redemption option)

The maximum number of lives assured is six.

Life assured 1

Life assured 2

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

Surname

Forename(s) in full

Sex Male Female

Permanent address in full

Postcode
Country

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

Nationality(ies)

Male Female

Postcode
Country

/ /

Life assured 3

Life assured 4

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

Surname

Forename(s) in full

Sex Male Female

Permanent address in full

Postcode
Country

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

Nationality(ies)

Male Female

Postcode
Country

/ /

Life assured 5

Life assured 6

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

Surname

Forename(s) in full

Sex Male Female

Date of birth (day, month, year)

Relationship to the applicant(s)

Male Female

Part 6

Entities Classification

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

A non-professionally managed trust (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.

Part 7

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.

NOTE: Under Irish law a PEP is an individual who is, or has at any time in the preceding 12 months been entrusted with one of the above positions.

Please answer the following questions:

1. Are any parties to this application, now, or have any such parties 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

If the answer is 'Yes' to any of the above questions, please give details of any organisation involved, and the relevant person, including country, the position held, when held and a brief description of the role undertaken. 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 8

Full details of source of wealth

‘Source of wealth’ means the way (or ways) in which the Applicant/Settlor accumulated the money being used to pay the premium. We need to understand how the Applicant/Settlor has accumulated the monies to be used as the premium. We require documentary evidence of source of wealth when the cumulative premium amount (across all client policies) is equal to or exceeds £1 million or £50,000 a year. We may sometimes ask for documentary evidence of the source of wealth for cases below these amounts.

Settlor 1 (for trust applicants only)

Occupation (or, if retired, please state ‘retired’ and confirm your previous occupation)

Name(s) of employer(s) (if self-employed, please state ‘self-employed’)

Please state the nature of your/your employer’s business

Total yearly income (Income during employment if retired)

Settlor 2 (for trust applicants only)

Occupation (or, if retired, please state ‘retired’ and confirm your previous occupation)

Name(s) of employer(s) (if self-employed, please state ‘self-employed’)

Please state the nature of your/your employer’s business

Total yearly income (Income during employment if retired)

Documentary evidence required for where cumulative premiums are £1 million or greater.

Original or suitably certified copy of:

- A recent payslip showing salary; or
- bank statements clearly showing receipt of three recent months’ income; or
- a letter from your employer on company headed paper confirming your salary; or
- your latest P60 or equivalent.

If you accumulated the money being used to pay the premium by means other than savings from employment please complete the relevant section below:

Sale/Maturity of existing investments

1. Name of institution where investment was held

Documentary evidence required when cumulative premiums are £1 million or greater.

Original or suitably certified copy of:

- the relevant chargeable event certificate; or
- a letter from the organisation giving details of the amount paid; or
- a legal sale document

2. Institution’s country of registration

3. Length of time investment held

4. Date amount was received (day, month, year)

5. Total amount received

6. If received over 3 years ago, please advise where the funds have been held since

Part 8 Full details of source of wealth (continued)

Inheritance/Gift

1. Donor's name and relationship to applicant

2. Reason for gift

3. How did the donor accumulate the gift money?

4. Date amount was received (day, month, year)

5. Total amount received

6. If received over 3 years ago, please advise where the funds have been held since

Company profits

1. Full legal name of the company which created the profit

2. Company's country of registration

3. Operating address of the company

4. Nature of the company's business

5. Total amount of annual profit

6. Financial year in which profits arose

Property sale

1. Address of property sold

	Postcode
Country	

2. Length of time property was owned

3. Date sale was completed (day, month, year)

4. Total sale amount received

5. If sale was over 3 years ago, please advise where the funds have been held since

Documentary evidence required when cumulative premiums are £1 million or greater.

Original or suitably certified copy of:

- the grant of probate (with copy of the will attached) showing the value of the estate; **or**
- signed letter from the solicitor involved in the case confirming details and the amount received; **or**
- signed letter from the Donor confirming the details and amount of the gift and the relevant documentary evidence for the Donor's Source of Wealth.

Documentary evidence required when cumulative premiums are £1 million or greater. (in bold)

Original or suitably certified copy of:

- The company's relevant audited accounts.

Documentary evidence required when cumulative premiums are £1 million or greater.

- 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 8

Full details of source of wealth (continued)

Company/Shares Sale

1. Full legal name of the company/Shares sold

2. Company's country of registration

3. Nature of the company's business

4. Total value of sale

5. Your share of total value received

6. Date of sale (day, month, year)

7. If sale was over 3 years ago, please advise where the funds
have been held since

Documentary evidence required when cumulative premiums are £1 million or greater.

- 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.

Compensation Claim/Award

1. Name of compensation payer

2. Reason for payment

3. Total compensation received

4. Date received

Documentary evidence required when cumulative premiums are £1 million or greater.

- An original or suitably certified copy of a letter or Court Order from the compensating body; **or**
- an original or suitably certified copy of a letter from the solicitor involved in the case confirming the details and amount received.

IMPORTANT: You must answer all questions fully, accurately and truthfully.
Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 9

Regular withdrawals (optional)

Please note, payments will be made in the base currency of the Policy as shown in Part 1.

Amount of each withdrawal payment

Commencement date of withdrawals (day, month, year) /

If you have chosen a capital redemption option and you choose regular withdrawals from the Account the maturity value will be reduced proportionately.

Frequency of withdrawals Monthly Quarterly Half yearly Yearly

Please note that regular withdrawal payments cannot commence until the Policy has been issued.

Bank name	<input type="text"/>	Account number	<input type="text"/>
Account name	<input type="text"/>		<input type="text"/>
Bank address (including postcode)	<input type="text"/>	Sort code	<input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/> - <input type="text" value=""/> <input type="text" value=""/>
	<input type="text"/>	SWIFT address	<input type="text"/>
	Postcode <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>		
	Country <input type="text"/>	IBAN	<input type="text"/>
How long has the account been held?	Year(s) <input type="text"/>		Month(s) <input type="text"/>

Payment will be made by BACS transfer for sterling payments to UK clearing banks only. Please note, our bankers and any intermediary banks will make a charge for TTs, which will be deducted from the payment. Our bankers will charge for CHAPS payments to overseas banks and this charge will be deducted from the payment.

Part 10 Investment services

Please note, if you select a capital redemption option and nominate/appoint an investment services provider then you are selecting a lower maturity guarantee.

Please complete the following as applicable:

- **Fund adviser nomination** Part 10a.
- **Professional adviser nomination** Part 10b.
- **Third party platform nomination** Part 10c.
- **Discretionary fund manager nomination** Part 10d.
- **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 12 of this Application as the remaining parts of 10 and 11 are not applicable for SPS.

Part 10a Fund adviser nomination

To and in favour of: The Company.

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			

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

Signature	
Print name	
Date (day, month, year)	/ / 2

IMPORTANT: You must answer all questions fully, accurately and truthfully.
Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 10b

Professional adviser nomination

I/We request that the Company accepts dealing instructions on my/our behalf from the professional adviser specified in Part 13, either directly or on the Company's online portal.

Part 10c

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 11b which is to be transferred to the Platform and their custodian.

The terms of the nomination are set up in Part 13 of this form.

Name of platform

Platform Account Number

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 10d 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 14.
- 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	<input type="text"/>
Please provide the exact name of the legally registered DFM	<input type="text"/>
DFM FCA registration number	<input type="text"/>
DFM address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode <input type="text"/>
DFM contact name	<input type="text"/>
DFM contact e-mail	<input type="text"/>
DFM contact telephone number	<input type="text"/>

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 11b 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.

Instructions for clearing overdrawn trading cash accounts

Fees, stockbroking costs, certain adviser charges, partial surrenders and withdrawals are deducted from the trading cash account on the Account (which may become overdrawn). The overdraft position can be cleared any time by selling units in funds. We will automatically clear any overdrawn position from the largest liquid holding (by monetary value). The trading cash account will be accessed first. Please note that cancellation of units from funds will raise transaction fees. (No selection made by the Company constitutes investment advice.)

You request that the Company makes the investments as detailed in Part 11b ('Initial Investments') and any selected future investments ('Future Investments') 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 Account 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 does 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 previous consent if the Company in its sole discretion determines that to continue to link the value of your Account to such of the Initial Investments or the Future Investments may result in adverse consequences for the Company or its policyholders (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 trading 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 instructions to the Company to link the Initial Investments and/or the Future Investments to funds intended for professional investors. In such circumstances you will be required to complete a Professional Investor Declaration for every investment you select in such funds, which will determine your qualification as a professional investor. You understand that if you cannot meet the professional investor qualifying criteria then the Company will be unable to link the value of your account to such investments.

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 Account or policyholders of the Company generally.

IMPORTANT: You must answer all questions fully, accurately and truthfully.
Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 11b Investment choice (continued)

Please refer to the ‘Permissible Assets – Guidance notes’ for a list of permissible assets.

Would you like to purchase the funds listed on the attached illustration? Yes If ‘Yes’, please proceed to Part 12.

Is any of the Premium an in specie or stock transfer? Yes If ‘Yes’, please provide a current statement (including fund identification numbers) for the assets to be transferred.

If funds are to be managed by a fund manager or sent to a platform, named in Part 10, please confirm the percentage or amount that needs to be sent# (If both boxes are left blank we will send 100% of the available cash to the fund manager/platform)

% £

Please complete just one box

Investment choice

SEDOL/ Fund number	Fund name (in full)	Fund currency (such as GBP, USD, Euro)	Investment house name (in full) (see note ii)	For external securities only	
				Income or accumulation units or class of share (see note iii)	% or amount to be invested after initial charge deduction (note i)

- Notes:**
- i) The amount of investment will be net of any initial charges, establishment charges and fees. The first and ongoing administration charges will be taken from the trading cash account.
 - ii) If there are both onshore and offshore funds of the same name with the same fund manager please make sure the SEDOL is quoted and country where domiciled. If neither is quoted we will purchase the onshore (UK) fund.
 - iii) If not otherwise stated, we will purchase accumulation units. Where requests are received to purchase income units, the income will be taken and credited to the Policy as cash.
- If you have selected the capital redemption option and you insert any investment choices here or nominate/appoint an investment services provider (under part 10) then you are selecting a lower maturity guarantee. If you want the higher maturity guarantee then you will be restricted solely to the CLI Sterling Money Fund (CLI) or the CF Canlife UK Government Bond Fund (CLIAI) and should write ‘Higher maturity guarantee’ and not select any funds.

Part 12

Adviser charge deductions

Do you want the Company to facilitate the payment of an initial fee and/or ongoing fees to your professional adviser as part of this Application?

Yes No

If Yes, please complete Part 12a and/or 12b
If No, please proceed to Part 12c

Part 12a

Initial adviser charge

1. How would you like the initial adviser charge deducted?

Before setting-up your Policy

or

After setting-up your Policy

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

£

or

% of the investment amount

Part 12b

Ongoing adviser charge

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

Immediately

2. How long are the ongoing adviser charge deductions to continue for?
Please enter an expiry date (month and year), duration or 'Until further notice'.

Until further notice

3. How much would you like paid each year?

£

or

% of the fund value*

* If the ongoing adviser charge is specified as a percentage then the payments will be based on the Policy value on 31 March, 30 June, 30 September and/or 31 December depending on whether the payments are to be made quarterly, half yearly or yearly. Please choose a start month and an end month which is/are March, June, September or December.

4. How often would you like this deducted?

Quarterly

Half yearly

Yearly

Part 12c

Fund adviser fees (Not applicable for SPS and only applies if Part 10a has been completed)

I/We instruct the following fee 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.

% of the fund value each year (plus VAT, if applicable)

Please note that the fee is separate to the adviser charges shown in your Illustration. Instructing a fee in Part 12b and completing this section will generate two separate adviser payments.

This 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 above) 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.

IMPORTANT: You must answer all questions fully, accurately and truthfully.
Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Part 13 Professional adviser's details

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

i) Independent
ii) Restricted
iii) Simplified

CLI Only Country in which I gave the Applicant(s) the advice concerning this Application.

UK Other

CLI Only Country in which this Application was subsequently completed and signed.

UK Other

If the advice was not given to the Applicant whilst they were in the UK, and/or the Application was not signed in the UK, please contact us to discuss the circumstances, as we may not be able to accept the application.

I confirm that, where applicable, all information provided was obtained directly from the Applicant.

Regulatory body authorisation number

Regulatory body FCA Other

The Company Terms of Business reference number

Please refer to Page 2 (Appropriate documents to be submitted with this Application)

Signature

Signatory name

Signatory position

Date (day, month, year)

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)

E-mail address

Part 14 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 (acting 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.
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 10d 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
 - (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.
13. This appointment shall be governed by the law applicable to the policy you are applying for.

Part 15

Declaration by the applicant(s)

Please sign this declaration 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 wish to apply for a Policy as indicated above.

I/We confirm that I/we am/are eligible to apply for the Policy.

I/We confirm that all individuals stated in this application are only UK resident for tax purposes unless otherwise stated.

I/We consent to Canada Life International Limited (CLI) and Canada Life International Assurance (Ireland) DAC (CLIAI) seeking a bank reference and I/we authorise the giving of such information.

(CLI and CLIAI together will be defined as the 'Company' in the remainder of this declaration).

I/We 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.
- the statements 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 we should read the Key Information Document, Key Features document, pre-sale illustration, relevant Charges and Fees, Client Guide and the 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.
- upon request (and at the Company's discretion) the Company can provide my/our current or prospective professional adviser with any information it holds about the policy, including any adviser charge deductions.

I/We have received the consent of the life/lives assured to have their information shared, used, disclosed or transferred outside the European Economic Area to enable this application or any subsequent transactions to be processed.

I/We understand that the law applicable to the CLI Premiere Account will be the law of Isle of Man.

I/We understand that the law applicable to the CLIAI Premiere Europe Account will be the law of Ireland.

I/We hereby agree to submit to the jurisdiction of the court in which the Company is registered.

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

I/We understand that if I/we have applied for Option B under the Capital Redemption Bond (as detailed in the Policy Provisions) and the value of the unit falls below the Maturity Value, the Company will stop my/our right to choose the fund or funds in which the remaining value is invested.

Adviser charge deductions

I/We consent to any adviser charge deductions as set out in Part 12 of this application.

Data protection notice

Any personal information you may provide to Canada Life International Limited (CLI) as data controller will be treated in accordance with the Isle of Man Data Protection Act (as amended)

Any personal information that you may provide to Canada Life International Assurance (Ireland) DAC as data controller will be treated in accordance with the Data Protection Acts (as amended)

(CLI & CLIAI together will be defined as 'Canada Life' in this notice).

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

We use personal information 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 or member personal data for marketing purposes and we do not make your personal information 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 information 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 Data Protection Act 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 Data Protection Act 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 information

We share personal information 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 information 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 information.

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.

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 information or your special categories of data;
- provide you with a copy of the personal information that you have provided to us or which we hold;
- update any inaccuracies in the personal information we hold;
- delete any special category of data or personal information for which we no longer have lawful grounds to use;
- cease processing of your personal information 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 information 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 information, 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

Canada Life International Assurance (Ireland) DAC,
Irish Life Centre,
Lower Abbey Street,
Dublin1.

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's Office, First Floor, Prospect House, Prospect Hill, Douglas, Isle of Man, IM1 1ET

Ireland: Data Protection Commissioner, Canal House, Station Road, Portlington, R32 AP23 Co. Laois

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 5th March 2018. Any future updates will be made available as described above.

Part 15a

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 and also, 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 fraud is suspected that this may be recorded and shared with other organisations.

Part 15b

Declaration of tax residence outside of Ireland – (CLIAI Premiere Europe Account only)

Each applicant must read the definitions below and complete the declaration.

Important: Irish 'Exit' Tax may be applied to your Policy (for example on payments from the Policy) if this declaration is not completed.

This form may be subject to inspection by the Irish Revenue Commissioners. It is an offence under Irish Law to make a false declaration. This declaration must be signed by the applicants who are neither resident nor ordinarily resident in Ireland. It may also be signed by a person who holds power of attorney from the applicant(s). A copy of the power of attorney should be enclosed with this declaration.

Tax residence definition – individual

An individual will be regarded as being tax resident in Ireland for a tax year if she/he:

- spends 183 days or more in Ireland in that tax year, or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year
- Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual at the end of the day (midnight)."

Ordinary tax residence definition – individual

The term 'ordinary residence' as distinct from 'residence' relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity.

An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

For example, an individual who is resident in the State for the tax years:

- 1 January 2015 to 31 December 2015
- 1 January 2016 to 31 December 2016
- 1 January 2017 to 31 December 2017

will become ordinarily resident with effect from 1 January 2017.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which she/he is not resident.

Thus, an individual who is resident and ordinarily resident in the tax year 1 January 2015 to 31 December 2015 and departs from the State in that year will remain ordinarily resident up to the end of the tax year 1 January 2017 to 31 December 2017.

I/We declare that

- I/We have read the explanation of the terms detailed in the 'Tax residence definitions' above.
- I am/We are the applicant(s) in respect of which this declaration is being made.
- I am/We are not resident or ordinarily resident in Ireland.
- I/We hereby undertake(s) to inform CLIAI of any change in my/our country of residence during the life of the Policy.
- I/We have received the consent of the life/lives assured to have their information shared, used, disclosed or transferred outside the European Economic Area to enable this application or any subsequent transactions to be processed.

Note: The CLIAI Premiere Europe Account cannot be purchased or assigned to individuals that are resident in Ireland (for tax purposes as described above or otherwise).

IMPORTANT: You must answer all questions fully, accurately and truthfully.
Please complete in BLOCK CAPITALS

Part 15b

Declaration of tax residence outside of Ireland – (CLIAI Premiere Europe Account only) (continued)

Signature confirming your agreement to this Application including the adviser charge deductions (Part 12),
declaration and data protection notice (Part 15)

	Authorised Signature/Trustee 1	Authorised Signature/Trustee 2
Signature	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>
Date (day, month, year)	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>
	Authorised/Trustee 3	Authorised/Trustee 4
Signature	<input type="text"/>	<input type="text"/>
Print name	<input type="text"/>	<input type="text"/>
Date (day, month, year)	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>

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 16

Method of payment

CLI

Payment by telegraphic transfer

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	Account Number	Sort code
Sterling	10904808	55 91 00

Currency	IBAN (International Bank Account Number)	Sort code/ IBAN SWIFT BIC	Correspondent name	Correspondent's SWIFT BIC address
US dollars	GB27RBOS60954540212590	RBOSIMD2	Wells Fargo Bank NA, New York	PNBPUS3NNYC
Euro	GB27RBOS60954540212590	RBOSIMD2	NatWest Plc	NWBKGB2L

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

Payment by cheque

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

The Company will only accept sterling cheques.

CLIAI

Payment by telegraphic transfer

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 Assurance (Ireland) DAC – Premium.

Currency	Account Number	Sort code
Sterling	40309446	60 95 45

Currency	IBAN (International Bank Account Number)	Sort code/ IBAN SWIFT BIC	Correspondent name	Correspondent's SWIFT BIC address
US dollars	GB35RBOS60954540309446	RBOSIMD2	Wells Fargo Bank NA, New York	PNBPUS3NNYC
Euro	GB35RBOS60954540309446	RBOSIMD2	NatWest Plc	NWBKGB2L

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

Payment by cheque

Please make cheques payable to 'Canada Life International Assurance (Ireland) DAC'.

The Company will only accept sterling cheques.



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