

Application for Trustees of Personal Injury Trusts and Court of Protection Appointed Deputies (including Corporate Trustees)

Application

To be used for

- Premiere Europe Account
- Premiere Account

Applicants must be resident in and, the advice must be given in, a territory from which Canada Life International (CLI)/Canada Life International Assurance (Ireland) DAC (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.

Introduction

Please use this form if you are a trustee of a Personal Injury Trust or a deputy appointed under a Court of Protection (referred to as “the Court” in the remainder of this document) order.

A “personal injury” is the term usually used for an injury or illness that has been caused by someone else’s negligence. The injured person (“Claimant”) may be able to make a personal injury claim for compensation from those responsible.

Solicitors may arrange with the Court for the compensation to be paid as a lump sum payment.

Sometimes though, the Court will order that the compensation is paid as monthly or yearly instalments known as ‘periodical payments’ instead. This will often happen if the compensation covers long-term care costs.

The payments will usually be made directly to the Claimant. However, the Court will establish a deputy if the Claimant is unable to manage their own financial affairs, for example because a brain injury has left them with reduced mental capacity.

The Court, the deputy or the claimant could establish a personal injury trust at any time but consideration given to the 52 week disregard period if the Claimant is in receipt of means-tested benefits.

Notes

- This application should be read in conjunction with the relevant Client Guide, the Key Information Document, the Key Features document and the Policy Provisions of the contract (the ‘Account’).
- **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 Account 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 Account.

If a Trust has been created, as an express trust, the trustees may be legally obliged to register the beneficial ownership of the Trust on the Trust Registration Service (TRS), if the settlor and trustees are resident in the UK.

Personal Injury Trusts are exempt from registration if they meet certain conditions please see HMRC’s website for further information

<https://www.gov.uk/guidance/register-a-trust-as-a-trustee>

The beneficial owners of the Trust for the purpose of TRS are the people who have any form of interest or control over the trust, such as the person who created the trust (the settlor/donor), the trustees and the beneficiaries.

Trusts created prior to 1 September 2022 must be registered on TRS by 1 September 2022 or within 90 days of creation of the Trust, if later.

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

You should consult with your financial or tax adviser regarding trustees obligations in respect of TRS.

Further information can be found on our website
<https://www.canadalife.co.uk/technical-support/registering-your-trust/>

Where trustees invest with CLIAI, the trustees must also register on the Central Register of Beneficial Ownership of Trusts (CRBOT) in Ireland, as the trustees have a business relationship with a financial institution in Ireland.

More information on this can be found on the Irish Revenue website

<https://www.revenue.ie/en/crbot/how-to-register-on-the-crbot/index.aspx>

You should consult with your financial or tax adviser regarding the trustees obligations in respect of CRBOT.

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

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

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

Since 23 April 2021, Canada Life International Assurance (Ireland) DAC has had a regulatory obligation to collect evidence of the registration of the Trust on CRBOT and we will request this information at the following times:

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

We will not be able to proceed with any new business or trustee requests until evidence has been received.

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

Appropriate documents to be submitted with this application

Previously verified applicants

If you are a corporate entity and/or a corporate trustee and have previously submitted applications related to a Personal Injury Trust to us, we may have the required verification documentation for your company on file. To check whether you are already verified with us, please contact focus@canadalifeint.com or by phone +44 (0) 333 015 1382.

For private limited companies/trust 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) for CLI, verification of identity of all persons with a beneficial interest of 25% or more of the partnership/business. For CLIAI, verification of identity of all persons who ultimately own or control the partnership/business or who own or control more than 25% of its shares
- (g) for any complex corporate structures, a detailed structure chart

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

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)
- (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) 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

To enable us to accept this application we will need the following documentation:

- a suitably certified copy of the applicable Court Order, containing details of the Claimant and appointed deputy if applicable. This must also include the amount of the court award
- if the Deputy is acting in a professional capacity, identity requirements can be satisfied by confirming their professional status, through their trade or association body (i.e. print out from Law Society website). If that is not possible the requirements below apply
- if the Deputy is acting in a personal capacity, we will require appropriate verification of identity and address, in accordance with the verification requirements for personal applicants

For more information on our verification requirements for trustees, please refer to our guide to anti money laundering and preventing the financing of terrorism, which can be found via the following link:

<https://documents.canadalife.co.uk/canada-life-international-guide-to-anti-money-laundering-and-preventing-the-financing-of-terrorism.pdf>

If you are a deputy appointed by the Court and are applying on behalf of the Claimant please complete sections all sections excluding part 3.

If you are applying for this bond as Trustees of a personal injury trust then please complete all sections excluding part 2.

IMPORTANT: You must answer all questions fully, accurately and truthfully.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Canada Life International Limited and
Canada Life International Assurance (Ireland) DAC
Personal Injury Trust trustee or Deputy appointed by Court of Protection Premiere
and Premiere Europe Account Application (including Corporate Trustees)

Part 1a

Account 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 Charged over five years (Option 2)

Ongoing Charge (Option 3)

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

GBP USD EURO

How many underlying 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 Account to be denominated?

GBP USD EURO

How many underlying policies are required?

(maximum 99,999)

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

IMPORTANT: You must answer all questions fully, accurately and truthfully.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Canada Life International Limited and
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Part 2a

Applicant details – Claimant (Protected Individual)

Title (Mr, Mrs, Miss, Ms, other)				
Surname				
Forename(s) in full				
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>		
Permanent residential address in full (This will not be used as a correspondence address. Any correspondence we issue will be sent to the correspondence address entered in Part 2b)				Postcode
Country				
Date of birth (day, month, year)				
Country of birth				
Please list all Nationalities/ Citizenships you hold				
Please provide your country(ies) of tax residency				
Please provide your tax reference number(s) or equivalent tax identification number				

IMPORTANT: You must answer all questions fully, accurately and truthfully.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Canada Life International Limited and
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Part 2b

Applicant details – Deputy(ies)

Personal deputy(ies)

Deputy 1

Deputy 2

Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Country	<input type="text"/>	Country <input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Relationship to Claimant	<input type="text"/>	<input type="text"/>
Is the correspondence address the residential address?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
	<input type="text"/>	<input type="text"/>

Corporate deputy(ies)

Name of entity	<input type="text"/>
Company number	<input type="text"/>
If 'public listed', please provide details of the listings in which the firm appears	<input type="text"/>
Full address of registered office or principal office	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Country	<input type="text"/>
Correspondence address in full	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Country	<input type="text"/>
Where the correspondence address is not the registered office or principal office please explain why	<input type="text"/>

Part 2b **Applicant details – Deputy(ies) (continued)**

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.

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
- for CLI, verification of identity of all persons with a beneficial interest of 25% or more of the partnership/business. For CLIAI, verification of identity of all persons who ultimately owe or control the partnership/business or who own or control more than 25% of its shares

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

	Director/Shareholder 1	Director/Shareholder 2
Title (Mr, Mrs, Miss, Ms, other)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Surname	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Forename(s) in full	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Permanent residential address in full	<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	Postcode
	Country	Country
Date of birth (day, month, year)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Relationship to entity (such as, Director, Shareholder)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
Percentage share of beneficial interest in the partnership or entity	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" 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 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"/>

IMPORTANT: You must answer all questions fully, accurately and truthfully.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

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Part 2b

Applicant details – Deputy(ies) (continued)

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"/>	Postcode <input type="text"/>
Country	<input type="text"/>	<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"/>
	<input type="text"/>	<input type="text"/>

If there are more than 4 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 4.

I/We are the current trustee(s) of a trust created on Date (day, month, year) by the settlor(s)

1. The trust name is

Note: A typical trust name format would be - Trustees of the John Smith Personal Injury Trust (the year of the court award can also be included).

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.

If the entity captured in part 2b of this application is also the corporate trustee, please tick this box.

Note: If the Directors/Shareholders captured in part 2b of the application are also trustees, please indicate in the fields below. (Example; In the Trustee surname field please enter Director 1, if that director is Trustee 1.) If the corporate trustees details are not captured in part 2b please enter them in the trustee fields below.

Trustee 1

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"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<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"/>	<input type="text"/>
Please provide your tax reference number(s)	<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

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Part 3 Trust details (cont.)

Trustee 3

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"/>
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"/>
Nationality	<input type="text"/>	<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"/>	<input type="text"/>
Please provide your tax reference number(s)	<input type="text"/>	<input type="text"/>

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

Continued on the following page

Part 4 Lives assured details (not applicable to the capital redemption option)

Note: Consideration should be given to whether additional lives assured are appropriate if this application is being made by the trustee(s) of a Personal Injury Trust set up on an absolute basis for the benefit of the Claimant.

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 <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent address in full		
	Postcode	Postcode
	Country	Country
Date of birth (day, month, year)	/ /	/ /
Nationality(ies)		

Life assured 3

Life assured 4

Title (Mr, Mrs, Miss, Ms, other)		
Surname		
Forename(s) in full		
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent address in full		
	Postcode	Postcode
	Country	Country
Date of birth (day, month, year)	/ /	/ /
Nationality(ies)		

Life assured 5

Life assured 6

Title (Mr, Mrs, Miss, Ms, other)		
Surname		
Forename(s) in full		
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (day, month, year)		
Relationship to the applicant(s)		

Part 5

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

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

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

and

- their siblings.

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

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

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

If the answer is 'Yes' to 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

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

Part 6 Source of funds

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

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

Source of funds details
(for electronic transfers only)

Bank/Building society name

Account holder name

Bank/Building society address (including postcode)

Postcode

Country

SWIFT address

Bank account number or IBAN

Sort code - -

Building society roll number

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

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

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

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

Name of account holder

Relationship to Applicant

Reason for payment being made from Non-personalised bank account

Account number

Sort code - -

IBAN Bank

BIC/Swift code

Name and address of bank

Postcode

Country

State what activity generated the funds used to pay the premium.

IMPORTANT: You must answer all questions fully, accurately and truthfully.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

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Part 7

Full details of source of wealth

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

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

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

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

Employment information is mandatory – to be completed

Settlor 1 (for trust applicants only)

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

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

How long has the individual been in this employment role?

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

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)

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

How long has the individual been in this employment role?

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

Total yearly income (Income during employment if retired)

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

Original or suitably certified copy of:

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

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

Compensation Claim/Award

1. Name of compensation payer

2. Reason for payment

3. Total compensation received

4. Date received

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

- An original or suitably certified copy of a letter or Court Order from the compensating body
- 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

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Part 7 Full details of source of wealth (continued)

5. If the compensation award was made more than 3 years ago, please provide details of where the wealth has been held during this period

Other

Note

For further information please refer to our guide to anti-money laundering and preventing the financing of terrorism, which can be found [here](https://documents.canadalife.co.uk/canada-life-international-guide-to-anti-money-laundering-and-preventing-the-financing-of-terrorism.pdf) (https://documents.canadalife.co.uk/canada-life-international-guide-to-anti-money-laundering-and-preventing-the-financing-of-terrorism.pdf).

Part 8 Regular withdrawals (optional)

Please note, payments will be made in the base currency of the Accounts 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 Account has been issued.

Bank name

Account name

Bank address (including postcode)

Postcode

Country

How long has the account been held? Year(s) Month(s)

Account number

Sort code

 - -

SWIFT address

IBAN

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 9

Investment services

Please note, the ability for a deputy to appoint a Fund adviser or Discretionary Fund Manager must be stated on the Court order to select this investment option. Without it we cannot process your chosen investment option. 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 8a.
- **Professional adviser nomination** Part 8b.
- **Third party platform nomination** Part 8c.
- **Discretionary fund manager nomination** Part 8d.

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 10 of this application as the remaining parts of 8 and 9 are not applicable for SPS.

Part 9a

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

Canada Life International Limited and
Canada Life International Assurance (Ireland) DAC
Personal Injury Trust trustee or Deputy appointed by Court of Protection Premiere
and Premiere Europe Account Application (including Corporate Trustees)

Part 9b Professional adviser nomination

I/We request that the Company accepts the dealing instructions specified in Part 9, on my/our behalf from the professional adviser, either directly or on the Company's online portal.

Part 9c 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 Account.

Please specify the cash value in Part 9b which is to be transferred to the Platform and their custodian.

The terms of the nomination are set up in Part 12.

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 Account.

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 9d 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 12.
- 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DFM contact name	<input type="text"/>
DFM contact e-mail	<input type="text"/>
DFM contact telephone number	<input type="text"/>

The details provided in the above fields will be used to open an account with the DFM.

Please specify the cash value in Part 9b 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 Account 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.

Managing the trading cash account

Your policy includes a trading cash account from which all fees, policy charges, adviser charges, purchases, withdrawals and partial surrenders are debited. It is important to monitor this account. We also quote the position of the cash account on our quarterly valuations that we issue.

You may wish to, as a minimum, retain the first couple of year's adviser charge, plus our quarterly administration charges, plus an additional amount to cover the estimated transaction and transfer charges based on your anticipated trading activity. Any overdrawn/negative balances will incur interest charges of 3% above the prevailing UK Bank of England base rate for the overdrawn period. This interest will be deducted quarterly in arrears.

If the assets are held with a Discretionary Fund Investment Manager or Platform Provider, they can set up a standing order to return cash to the trading cash account with Canada Life International on a quarterly basis. We would require an instruction authorised by the deputy/ trustees/fund adviser/fund manager. In all other instances we would need a specific dealing instruction form to be submitted, authorised by the deputy/trustees/fund adviser/fund manager, for each top up.

There are a number of transactions which may pass through the trading cash account. These include: dealing fees; administration charges; adviser charges (if applicable); withdrawals/partial surrenders; policy surrender and maturity; fund adviser charges; establishment charges, and management fees. Your account will become overdrawn when the value of the policy transactions exceed the current balance of the policy's trading cash account.

We will pay you a rate on any surplus balance held in the trading cash account. The interest rate is tiered and linked to the current base rate. The current and historic interest rates are available on request.

An overdrawn position avoided can be prevented from happening in one of three ways:

1. Maintain a positive balance in the trading cash account from the start of the policy. This can be achieved by completing the 'Investment Details' section on your application form. This holding would then be used for future policy transactions until exhausted.

2. A dealing instruction can be provided at any time by either the deputy(ies), trustees or appointed fund adviser (if appropriate) to sell a holding (or holdings) to clear the overdrawn balance. Instructions can be given to our Dealing Team either by phone +44 (0)1624 820369 or fax +44 (0)1624 820319. We also accept standing dealing instructions to cover any future negative cash positions that may arise.
3. Where a discretionary fund manager holds the policy assets then a standing order can be set up to return funds to the policy to cover ongoing policy transactions.

Either the deputy(ies), trustees or appointed fund adviser (if appropriate) or trustees are able to provide instructions to clear overdrawn balances.

Overdrafts in line with our Company Policy of Treating Customers Fairly, we will look to minimise the impact of an overdraft which has occurred by making sure the overdrawn position is taken into account whenever we are in receipt of an instruction to sell or switch investments. If no interim instruction is received, we will automatically clear overdrafts when they exceed £5,000.00 or currency equivalent. The process to clear the overdraft is as follows: use all available cash including all CLI Money funds*, thereafter, check our records for any standing instructions held in relation to clearing overdrafts, thereafter, check for any external instant access cash accounts, finally, sell from the largest liquid holding(s) in terms of monetary value* If after a sale has settled and if there are still insufficient funds to clear the overdrawn position, units will be sold from the next largest holding and so on until the position is cleared*. If an asset is suspended it will be excluded from those assets used to clear the overdraft regardless of its monetary amount. Please note that whilst we sell from the largest holding by value, we will also take into account the time it takes for a transaction to settle and clear the overdraft balance. The aim here is to clear the overdraft as quickly and efficiently as possible. It must further be noted that we are not making an investment decision when choosing which asset(s) to sell.

For more information on managing the trading cash account on your account please refer to our guide [Tips for managing your trading cash account](#), which can be found [here](#).

* This may involve a foreign exchange transaction to cover the overdraft from an investment held in a different currency

Part 10a

Investment choice (continued)

You request that the Company makes the investments as detailed in Part 9b ('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 10b 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 10.

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 8, 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

For external securities only

SEDOL/ Fund number	Fund name (in full)	Fund currency (such as GBP, USD, Euro)	Investment house name (in full) (see note ii)	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 Account 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 9) 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.

IMPORTANT: You must answer all questions fully, accurately and truthfully.

Please complete in BLOCK CAPITALS and tick small boxes where appropriate

Canada Life International Limited and
Canada Life International Assurance (Ireland) DAC
Personal Injury Trust trustee or Deputy appointed by Court of Protection Premiere
and Premiere Europe Account Application (including Corporate Trustees)

Part 11

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 10a and/or 10b

If No, please proceed to Part 10c

Part 11a

Initial adviser charge

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

Before setting-up your Account

or

After setting-up your Account

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

£

or

% of the investment amount

Part 11b

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 Account 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 11c

Fund adviser fees (Not applicable for SPS and only applies if Part 9a has been completed)

I/We instruct the following fee to be paid to the fund adviser and that such amounts be deducted from the Account 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 10b 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 Account at the end of each calendar quarter. If a third party platform or discretionary fund manager is being used on this Account 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 advice to do with the product.

Part 12

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

CLIAI 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 3 (Appropriate documents to be submitted with this Application)

Signature

Signatory name

Signatory position

Date (day, month, year)

Note
Digital Signatures can be accepted in certain circumstances. For more information please visit our website at <https://www.canadalife.co.uk/adviser-support/electronic-signatures/>

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 13

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 Account 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
 - (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 Account 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 Account)
 - (b) any failure by the fund adviser, Platform, or DFM to follow the investment guidelines supplied by you for the Account 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 Account 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 Account 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 Account or relevant fund
 - (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 8d 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 the 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 Account or relevant fund
 - (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
 - (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 Account 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
 - (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 Account 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 Account you are applying for.

Part 14

Declaration by the Trustees or Deputies

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 Account as indicated above.

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

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.
- I/We confirm that this application is in respect of a compensation award payment by the Court of Protection for a personal injury award and as such is exempt from FATCA and CRS reporting.
- 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 Account 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 Account, 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 Account.

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 10 of this application.

Data protection notice

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

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

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

Using Personal Data

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

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

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer-related group products. To do this we need to use the personal data provided to carry out analysis of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

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

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

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

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

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

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

Sharing personal data

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

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

International Transfers

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

Retention of your personal data

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

Non-EU entities

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

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

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

You may have the right to require us to:

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

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

Data Protection Officer (DPO)

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

Canada Life International Limited

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

Canada Life International Assurance (Ireland) DAC, Irish Life Centre, Lower Abbey Street, Dublin 1 or email at: CLIAIDPO@canadalifeint.ie

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

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

Ireland: Data Protection Commission, 21 Fitzwilliam
Square South, Dublin 2, D02 RD28, Ireland

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

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

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 Account (for example on payments from the Account) 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 2018 to 31 December 2018
- 1 January 2019 to 31 December 2019
- 1 January 2020 to 31 December 2020

will become ordinarily resident with effect from 1 January 2020.

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 2018 to 31 December 2018 and departs from the State in that year will remain ordinarily resident up to the end of the tax year 1 January 2020 to 31 December 2020.

Applicants resident outside Ireland are required by the Irish Revenue Commissioners to make the declaration set out below, which is in a format authorised by them, in order to receive payments without deduction of Irish tax:

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 Account.
- 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 and tick small boxes where appropriate

Canada Life International Limited and
Canada Life International Assurance (Ireland) DAC
Personal Injury Trust trustee or Deputy appointed by Court of Protection Premiere
and Premiere Europe Account Application (including Corporate Trustees)

Part 15c

Declaration

Signature confirming your agreement to this application including the adviser charge deductions (Part 10), declaration and data protection notice (Part 13)

Note

Where the deputy or trustee is an entity then the application must be signed by two authorised signatories.

	Authorised Signature/Deputy 1/Trustee 1	Authorised Signature/Deputy 2/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 Signature/Deputy 3/Trustee 3	Authorised Signature/Deputy 4/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 Account 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 Account 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.



Canada Life International Limited, registered in the Isle of Man no. 033178C. Registered office: Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ.
Telephone: +44 (0) 1624 820200 Fax: +44 (0) 1624 820201 www.canadalifeint.com Member of the Association of International Life Offices.
Canada Life International Limited is an Isle of Man registered company authorised and regulated by the Isle of Man Insurance Financial Services Authority.

Canada Life International Assurance (Ireland) DAC, registered in Ireland no. 440141. Registered office: Irish Life Centre, Lower Abbey Street, Dublin 1, Ireland
Telephone: +44 (0) 1624 820200 Fax: +44 (0) 1624 820201 www.canadalifeinternational.ie Member of the Association of International Life Offices.

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