

# **Delta Account**

## **Personal Application**

(including Personal Trustees)



## 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.

### How to return your form

Please post to: Canada Life House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QJ



Please submit the completed Application and appropriate documents.

## Appropriate documents to be submitted with this Application

**\*Please note Adviser certificates cannot be accepted\***

### Proof of identity (certified copy of one of the following)

- Current valid passport (please ensure that the full document including all reference numbers is provided); or
- Current national identity card with photo; or
- Current full driving license.

Certification wording must state "I certify that the document is a true copy of the original and that the photograph is a true likeness of the individual".

This must then be signed and dated within the last 6 months.

### Proof of residential address (certified copy of one of the following)

- Utility bill no more than 3 months old; or
- Bank statement no more than 3 months old; or
- Latest available rates or council tax bill; or
- Latest available tax assessment document.

Certification wording must state "I certify that the document is a true copy of the original".

This must then be signed and dated within the last 6 months.

**If your Professional Adviser is unable to certify the documents, then any of the following are acceptable certifiers:**

- Formally appointed member of the judiciary or civil servant authorised to issue/certify documents; or
- Regulated accountant

**Policy requirements**

Illustration Reference Number:

Premium Amount

Initial Charge (Option 1)

Charged over five years (Option 2)

GBP     USD     EURO

**Part 1** Applicant/Trustee(s) details

	Applicant/Trustee 1	Applicant/Trustee 2
Title (Mr, Mrs, Miss, Ms, other)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Forename(s) in full	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent residential address in full	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Postcode	Postcode
	Country	Country
Telephone numbers (including STD codes)	Country Code    Area Code    Local Number	Country Code    Area Code    Local Number
	Daytime	Daytime
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
E-mail address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Correspondence address in full (if different from your permanent residential address)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	Postcode	Postcode
	Country	Country
Date of birth (day, month, year)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Please list all Nationality(ies)/Citizenships you hold	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Please state your country(ies) of residence for tax purposes	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Please provide your UK NI Number; or	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Please provide your non-UK Tax Reference Number (if applicable)	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Do you also want to be a life assured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', then your details do not have to be included in Part 2. The maximum number of lives assured is six.

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

**Part 1** Applicant/Trustee(s) details (continued)

**Applicant/Trustee 3**

**Applicant/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)	Country Code <input type="text"/> Area Code <input type="text"/> Local Number <input type="text"/>	Country Code <input type="text"/> Area Code <input type="text"/> Local Number <input type="text"/>
	Daytime <input type="text"/>	Daytime <input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Correspondence address in full (if different from your permanent residential address)	<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"/>
Please list all Nationality(ies)/Citizenships you hold	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Please state your country(ies) of residence for tax purposes	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Please provide your UK NI Number; or	<input type="text"/>	<input type="text"/>
Please provide your non-UK Tax Reference Number (if applicable)	<input type="text"/>	<input type="text"/>
Do you also want to be a life assured?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', then your details do not have to be included in Part 2. The maximum number of lives assured is six.

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

**Part 2** Lives assured details

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

**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

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

**Part 2** Lives assured details (continued)

	Life assured 5	Life assured 6
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent address in full	<input type="text"/>	<input type="text"/>
	<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"/>
Nationality(ies)	<input type="text"/>	<input type="text"/>

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

### Part 3 Existing Trust details (not applicable to CLI or CLIAI trusts)

Part 3 is to be completed where the Applicant(s) is/are acting as Trustee(s) of an existing Trust

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 'suitability certified' copies of extracts of the original Trust deed and subsequent deeds of appointment and/or retirement with this Application to show proper appointment of the Trustee(s).

5. What address do you want us to use for the Trust correspondence?

As per Trustee 1  or

### Part 4 Tax Information Sharing (for Trusts only)

By selecting this box I certify that the trust is a non-professionally managed trust (for example, a trust where all of the trustees are individuals) or other non-trading investment body.

Please contact us should you hold any other classification.

### 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 at any time, 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, charge 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 Communities or an international body). This does not apply to any middle ranking or more junior officials.

Please answer the following questions:

- Are you (or either of you under a joint application), or any other party to this application, now, or previously been a politically exposed person? Yes  No
- Have any parties to the application been connected with any international organisations? Yes  No
- 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.



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



**Part 6** Source of funds

Please tick this box if the premium is to be paid by cheque. If so, please proceed to Part 7.

**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

**Part 6a** Third-party premium payments

If the premium is to be paid from a source not held in the name of the Applicant, please provide the information requested below, so we may consider acceptance.

**We will only consider third-party premiums from a spouse or from a regulated institution provided the monies have been held in an account in the name of the Applicant.**

Relationship between Applicant and premium payer.

Reason payment is coming from a source other than the Applicant

Please note: Where a third party premium payment is deemed to be acceptable, we will be required to identify and verify the identity of the third party.

Should you need further assistance or would like to check the acceptability, please call us.

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

**Part 7** Full details of source of wealth

**This section must be completed in all instances.**

‘Source of wealth’ means the way (or ways) in which the Applicant accumulated their wealth.

**Occupation (or, if retired, your previous occupation)**

Applicant/Settlor 1	Applicant/Settlor 2
<input type="text"/>	<input type="text"/>

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

Applicant/Settlor 1	Applicant/Settlor 2
<input type="text"/>	<input type="text"/>

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

Applicant/Settlor 1	Applicant/Settlor 2
<input type="text"/>	<input type="text"/>

**Total yearly income (Income during employment if retired)**

Applicant/Settlor 1	Applicant/Settlor 2
<input type="text"/>	<input type="text"/>

**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**

- Name of institution where investment was held
- Type of investment
- Length of time investment held
- Institution’s country of registration
- Date amount was received (day, month, year)
- Total amount received
- If received over 3 years ago, please advise where the funds have been held since

**Property sale**

- Address of property sold  

<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
Postcode	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country							
- Length of time property was owned
- Date sale was completed (day, month, year)
- Total sale amount received
- If sale was over 3 years ago, please advise where the funds have been held since

**Inheritance/Gift**

- Donor’s name and relationship to applicant
- Reason for gift
- How gift money was accumulated
- Date amount was received (day, month, year)
- Total amount received
- If received over 3 years ago, please advise where the funds have been held since

**Company Sale**

- Full legal name of the company sold
- Company’s country of registration
- Nature of the company’s business
- Total value of sale
- Your share of total value received
- Date of sale (day, month, year)
- If sale was over 3 years ago, please advise where the funds have been held since

Please contact the Presale Team for assistance – Telephone: +44 (0) 1624 820200  
Please be aware that failure to disclose all relevant facts may delay your investment.

**Part 8** Regular withdrawals (optional)

Please note, payments will be made in the base currency.

Amount of each withdrawal payment

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

Frequency of withdrawals Monthly  Quarterly  Half yearly  Yearly

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

Bank name

Account number

Account name

Bank address (including postcode)

Sort code  -  -

Postcode

SWIFT address

Country

IBAN

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

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.

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

## Part 9 Fund adviser nomination and appointment

To and in favour of: The Company.

- A. The Applicant 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 Applicant who shall act as agent of the Company.

### The Applicant nominates

Fund adviser name				
Fund adviser address				
	Postcode			
Regulator				
Country				
Reference number				

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

The following fee will be a payment made by the Company to the fund adviser, based on the valuation of the Policy at the end of each calendar quarter.

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

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

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

### Appointment:

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

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

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

### Agreed and accepted by:

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



#### Important:

You must answer all questions fully, accurately and truthfully.

## Part 9a

## 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, 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 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 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 nominated by you;
  - b) any acts or omissions of any fund adviser 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, to follow the investment guidelines supplied by you for the Policy or relevant fund; and
6. You must notify the Company immediately if you would like the Company to terminate the appointment of any fund adviser or amend the terms of the appointment of any fund adviser. 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 nominated by the Applicant or amend the terms of appointment of any fund adviser (including, for the avoidance of doubt, any amendment or replacement nomination).
8. The Company shall have the right to terminate the appointment of any fund adviser at any time:
  - (a) if the fund adviser ceases to meet the criteria set by the Company from time to time for a person to act as a fund adviser of the Policy or relevant fund; or
  - (b) 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
  - (c) in the event that the Company considers that there is a reasonable likelihood of a termination event occurring; or
  - (d) 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 by the Company of such personal data as the Company may consider necessary for the fund adviser to undertake its obligations as fund adviser.
12. You will further reimburse the Company against any claim of an Applicant or any other person under the Policy or relevant fund in relation to any charges and fees levied by the fund adviser.

**Part 10** Investment choice

You may choose to invest in up to ten Canada Life International Limited internal funds from our Core investment range at any time (including additional investments). Please refer to our website [www.canadalifeint.com](http://www.canadalifeint.com) for our full range of funds.

If this section is left blank then we will use the fund choice stated in your pre-sale illustration.

Fund name	Fund number (3 digits)	Fund currency	% amount to be invested in each fund
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
			<b>Total 100%</b>


**Important:**

You must answer all questions fully, accurately and truthfully.

**Part 11** Adviser charge deductions

1. 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 (these are also known as adviser charges)? Yes  No

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

If 'No', please proceed to Part 12.

2. Is adviser charging to be based on the attached illustration? Yes  No

If 'Yes', please proceed to Part 12

**Part 11a** 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 11b** Ongoing adviser charge

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

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

3. How much would you like paid each year? £   
or  
 % of the fund value

4. How often would you like this deducted? Monthly  Quarterly  Half yearly  Yearly

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

## Part 12

## 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 confirm that I/we am/are eligible to apply for a Canada Life International Limited policy.

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

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

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

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

- the statements above are all true and complete and I/we will inform the Company of any change to any material fact occurring before acceptance of this Application and understand that failure to do so may result in the proposed contract becoming void.
- the Policy and this Application are the Company's contract with me/us, upon which it intends to rely. For our own benefit and protection I/we should read the Key Information Document, the Key Features, 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 your current or prospective professional adviser with any information it holds about the policy, including any adviser charge deductions.

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

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

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

### Adviser charge deductions

I/We consent to any adviser charge deductions as set out in part(s) 11a and/or 11b of this Application.

### Data Protection Notice

Any personal data that you may provide to Canada Life Limited (CLL) as data controller will be treated in accordance with the Data Protection Act 2018 (DAP).

Any personal data you may provide to Canada Life International Limited (CLI) as data controller will be treated in accordance with the GDPR and LED Implementing Regulations 2018.

(CLL and CLI together will be defined as 'Canada Life' in the remainder of this notice).

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 Information

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

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

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

We use 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.

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



## Part 12

## Declaration by the Applicant(s) (continued)

## Data Protection Notice

**Sharing personal information**

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

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

**International Transfers**

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

**Retention of your personal data**

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

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

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

Limited, an Irish registered entity within the Canada Life group, as its Representative. The Representative may also be called upon to cooperate with competent supervisory authorities with regard to ensuring compliance with the General Data Protection Regulation ('GDPR').

Contractual clauses in place between Canada Life and its group entities and external suppliers are compliant with the GDPR, which ensures that personal data provided to Canada Life is processed in accordance with our instructions and the requirements of the GDPR. Canada Life will continue to follow and apply all appropriate data protection legislation including that provided by the UK Government and the Information Commissioner's Office (ICO) with regards to data protection.

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

You may have the right to require us to:

- provide you with further details on the use we make of your personal data or your special categories of data;
- provide you with a copy of the personal data that you have provided to us or which we hold;
- 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 Limited, Canada Life Place, Potters Bar, Hertfordshire, EN6 5BA**  
or by email at: [dpo@canadalife.co.uk](mailto:dpo@canadalife.co.uk).

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

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

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

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

The full version of our DPN can be found on our website, [www.canadalife.co.uk](http://www.canadalife.co.uk) or is available upon request by calling 0345 606708.

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

**Part 12** Declaration by the Applicant(s) (continued)

**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.

Additional note(s)

Signature confirming your agreement to this Application including the adviser charge deductions (Part 11-11b), declaration and data protection notice (Part 12)

**Applicant /Trustee 1**

**Applicant /Trustee 2**

Print name

Date (day, month, year)

/ / 2

/ / 2

**Applicant /Trustee 3**

**Applicant /Trustee 4**

Print name

Date (day, month, year)

/ / 2

/ / 2

Copies of the completed Application form are available on request.

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

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

**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

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

UK  Other

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(s).

Regulatory body authorisation number

Regulatory body

FCA  Other

Canada Life International Limited Terms of Business reference number

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

Company stamp

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

## Part 14

## Method of payment

**Payment by telegraphic transfer or swift transfer****Bank account details**

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

Account name: Canada Life International Limited.

Currency	IBAN (International Bank Account Number)	Sort code/ IBAN SWIFT BIC	Cover information	
			Correspondent name	Correspondent's SWIFT BIC address
Sterling	GB63NWBK55910010904808	55 91 00	NatWest Plc	NWBKGB2L
US Dollars	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.



Canada Life International Limited, registered in the Isle of Man no. 33178. 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.canadalife.co.uk 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 Financial Services Authority.



This paper is made from recycled materials