

Offshore Savings Account

Personal Regular Savings Application

Are you an existing Canada Life International Limited or CLI Institutional Limited client?

Yes No

Reference number(s) of existing policies:

This application is being made for:

A new policy

An additional investment ('top-up') to an existing policy

Reference number of policy to apply the additional investment to:

Quote Reference Number:

OBDWG Reference Number(s) (where applicable):



Contents

	Guidance notes	3
Part 1	Applicant(s) (Policyholder) details	4
Part 2	Lives assured details	5
Part 3	Tax residency and tax information	7
Part 4	Politically exposed persons	8
Part 5	Policy requirements	8
Part 6a	Source of funds	9
Part 6b	Source of wealth	10
Part 7	Investment choice	14
Part 8	Regular withdrawals (optional)	14
Part 9	Professional adviser's details	15
Part 10	Additional notes	15
Part 11a	Adviser charge deductions	16
Part 11b	Initial adviser charge	16
Part 11c	Ongoing adviser charge	16
Part 12	Declaration by the applicant(s)	17
	Standing order details	20
	Direct Debit details	21

Guidance notes

- This Personal Regular Savings Application should be read in conjunction with the 'OSA Key Information Document' (reference IOM01006), Offshore Savings Account Client Guide, the Key Features document and the policy provisions (the 'Policy'). Copies of the latest versions are available upon request from Canada Life International Limited (the 'Company').
- Please note, a copy of the pre-sale illustration must be included with all submitted applications.
- Please refer to our Guide to Anti-Money Laundering with regard to documentary evidence of your identity and source of wealth.
- Please complete this form in **BLACK INK ONLY** using **BLOCK CAPITALS**. If you make a mistake **INITIAL AND DATE ANY ALTERATIONS**. Please do not use correction fluid.
- Please tick small boxes where appropriate.
- 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.
- Words and expressions used and not otherwise defined in this form shall have the meanings ascribed to them in the Policy. 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.
- 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. Any tax information the Company provides is based on our understanding of the relevant UK legislation as at August 2014 and could be subject to change in the future. We recommend you seek your own independent tax advice.

How to return your form

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



Please submit the completed Application and appropriate documents.

Part 1 Applicant(s) (Policyholder) details

	Applicant 1	Applicant 2
Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Any previous name(s) or alias(es)	<input type="text"/>	<input type="text"/>
What is your relationship to the other parties signing this application?	<input type="text"/>	<input type="text"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
	Country	Country
Telephone numbers (including STD codes)	Country Code	Country Code
	Area Code	Area Code
	Local Number	Local Number
	Daytime	Daytime
	Evening	Evening
	Mobile	Mobile
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	Postcode
	Country	Country
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
If you were born outside the UK, how long have you been a UK resident?	Year(s)	Year(s)
	Month(s)	Month(s)
Are you a permanent UK resident?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', please confirm your country of habitual residence	<input type="text"/>	<input type="text"/>
Please list all Nationalities/Citizenships you hold	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Name(s) of employer(s) (if self-employed, please state 'self-employed')	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Please state the nature of each employer's business	<input type="text"/>	<input type="text"/>
	<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.

Part 2 Lives assured details

If you are an applicant and wish to become a life assured then your details need not be repeated in this section. 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

Male Female

Any previous name(s) or alias(es)

Current residential address in full

Postcode

Postcode

Date of birth (day, month, year)

Country of birth

Nationality

If you were born outside the UK, how long have you been a UK resident? Year(s) Month(s)

Year(s) Month(s)

Are you a permanent UK resident? Yes No

Yes No

If 'No', please confirm your country of habitual residence

Life assured 3

Life assured 4

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

Surname

Forename(s) in full

Sex Male Female

Male Female

Any previous name(s) or alias(es)

Current residential address in full

Postcode

Postcode

Date of birth (day, month, year)

Country of birth

Nationality

If you were born outside the UK, how long have you been a UK resident? Year(s) Month(s)

Year(s) Month(s)

Are you a permanent UK resident? Yes No

Yes No

If 'No', please confirm your country of habitual residence

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"/>
Any previous name(s) or alias(es)	<input type="text"/>	<input type="text"/>
Current residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
If you were born outside the UK, how long have you been a UK resident?	Year(s) <input type="text"/> Month(s) <input type="text"/>	Year(s) <input type="text"/> Month(s) <input type="text"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'No', please confirm your country of habitual residence	<input type="text"/>	<input type="text"/>

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

Part 3 Tax residency and tax information

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

Background

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

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

Tax residency

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

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

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

Please list the country(ies)/jurisdiction(s) in which you are resident for tax purposes, together with the corresponding tax reference number(s):

	Applicant 1	Applicant 2
Country(ies)/ Jurisdiction(s) of tax residency	<div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div>
National Insurance Number*/ Tax reference number(s)**	<div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div> <div style="border: 1px solid black; height: 40px;"></div>

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

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

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

* If you are UK tax resident you should provide both your National Insurance Number and Tax Reference Number.

** Your national insurance and tax reference numbers are the personal references which are assigned to you by the relevant authority. These can be found in a number of ways the most common of which are listed below:

- By contacting the relevant tax authority
- On your tax return or notification of coding
- On your payslip or through your employer
- From your accountant or tax adviser

Part 4**Politically exposed persons**

In accordance with anti-money laundering regulations, we are required to identify any parties to the application who are politically exposed persons (PEPs), the immediate family members of PEPs or the close associates of PEPs, and apply enhanced customer due diligence procedures. Examples of PEPs can be found in the Canada Life International Limited guide to anti-money laundering at www.canadalifeint.com.

'Immediate family members' and 'close associates' of a PEP would include:

- A spouse, or any partner considered by national law as equivalent to a spouse
- Children (including a spouse's or partner's children)
- Parents, parents-in-law and grandparents
- Grandchildren
- Siblings
- Friends
- Any natural or legal person with whom joint beneficial ownership of a legal entity is held
- Any natural or legal person with whom a joint legal arrangement or any other close business relationship is held

With reference to the above, please answer the following questions:

1. Is any party to this application currently, or has any party previously been, a politically exposed person? Yes No
2. Is any party to this application an immediate family member or close associate of someone who is currently, or who has previously been, a politically exposed person? Yes No

If the answer is 'Yes' to any of the above questions, please give details of the relevant person(s), the organisation(s) involved, the position(s) held, when the position(s) were held, the relevant country(ies), and a brief description of the role undertaken. **If more room is required, please continue under the Additional notes section in Part 10.**

Please note: Based on the information provided, we reserve the right to request further information or documentation in order to accept this application.

Part 5**Policy requirements**

In which currency would you like the Policy to be denominated? GBP* USD** Euro**

Regular premium payment frequency Monthly Yearly

Regular premium amount and currency

* Please note that only regular premiums paid in GBP can be sent by Direct Debit.
 ** A Standing Order will need to be set-up for payment of regular premiums in USD or EUR.

Additional single premium amount and currency (if applicable)

Please note that your Account will be issued as a series of ten identical Policies.

Increase in regular premium amount

Part 6a Source of funds

This section must be completed in all instances.

‘Source of funds’ means the source from which the money for the premium was forwarded to the Company. Please note:

- If the source of funds details provided do not match those for the source from which the money is actually received, we may ask for additional information to understand the reasons why.
- If we receive the premium in instalments from more than one source, we may ask for additional information to understand the reasons why.
- We may ask for additional information if the premium (or part of the premium) is received from a source which is not in the applicant’s name.
- We may ask for additional information if the premium (or part of the premium) is received from a source in a country which is not a FATF Member.

Source of funds details

Bank/building society name	<input type="text"/>
Bank/building society address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
	Country <input type="text"/>
Name of account holder	<input type="text"/>
Account number or IBAN	<input type="text"/>
Sort code	<input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/> – <input type="text"/> <input type="text"/> <input type="text"/>
SWIFT address	<input type="text"/>
Building society roll number	<input type="text"/>
How long has the account been held?	Year(s) <input type="text"/> Month(s) <input type="text"/>

Part 6b**Source of wealth****This section must be completed in all instances.**

'Source of wealth' means the way (or ways) in which the applicant accumulated the money being used to pay the premium. Please note:

- We need to understand how the applicant has accumulated the monies to be used as the premium.
- The requirements to obtain documentary evidence of source of wealth are based on total premium threshold levels that are equal to or above £1 million (or currency equivalent) single premium, or £50,000 (or currency equivalent) per year regular premiums.
- We may sometimes ask for documentary evidence of the source of wealth for cases below these amounts.
- Where a significant period of time has passed since the premium money was accumulated, we may ask for additional information to confirm where the monies have been invested in the interim period.
- Our source of wealth requirements are determined on a risk based approach. Therefore, we may request additional information or documentation to meet our regulatory requirements.
- We may need to see documentary evidence of the source of wealth, as shown.
- In some cases 'suitably certified' copies of documents are acceptable as evidence of Source of Wealth. If original documents are sent instead, then this is done at the sender's own risk. If you have any queries about certification, please contact us for further guidance.
- The decision to ask for further evidence of the source of wealth would be made having evaluated the information received and that which we already hold on file.

1. Income from employment (Basic, regular salary)

Details		Documentary evidence required for large premiums Original or suitably certified copy of: <ul style="list-style-type: none"> • A recent payslip showing salary; or • if self employed, recent complete audited accounts; or • bank statements clearly showing receipt of most recent three months' regular salary payments from named employer; or • a letter from the employer on company headed paper confirming salary; or • the applicant's latest P60 or equivalent.
Name of employer	<input style="width: 100%;" type="text"/>	
Nature of employer's business	<input style="width: 100%;" type="text"/>	
Income received this tax year	<input style="width: 100%;" type="text"/>	
Income received last tax year	<input style="width: 100%;" type="text"/>	

2. Income from employment (Lump sum bonus payments)

Details		Documentary evidence required for large premiums Original or suitably certified copy of: <ul style="list-style-type: none"> • The relevant payslip showing the bonus payment; or • if self employed, recent complete audited accounts; or • bank statement clearly showing receipt of bonus payment from named employer; or • a letter from the employer on company headed paper confirming the bonus.
Name of employer	<input style="width: 100%;" type="text"/>	
Nature of employer's business	<input style="width: 100%;" type="text"/>	
Amount of bonus payment received	<input style="width: 100%;" type="text"/>	
Date amount was received (day, month, year)	<input style="width: 100%;" type="text"/>	

3. Pension income (Regular payments)

Details		Documentary evidence required for large premiums <ul style="list-style-type: none"> • An original or suitably certified copy of a recent pension statement showing amounts paid; or • an original, signed letter from a regulated accountant confirming the details.
Name of paying organisation	<input style="width: 100%;" type="text"/>	
Frequency of income	<input style="width: 100%;" type="text"/>	
Income received this tax year	<input style="width: 100%;" type="text"/>	
Income received last tax year	<input style="width: 100%;" type="text"/>	



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

Part 6b Source of wealth (continued)

4. Pension income (Lump sum payments)

	Details
Name of paying organisation	<input type="text"/>
Amount of lump sum received	<input type="text"/>
Date amount was received (day, month, year)	<input type="text"/>
Income received last tax year	<input type="text"/>

- Documentary evidence required for large premiums**
- An original or suitably certified copy of a recent pension statement showing the lump-sum amount paid; **or**
 - an original, signed letter from a regulated accountant confirming the details.

5. Other, regular unearned income

	Details
Nature of income	<input type="text"/>
Name of paying organisation	<input type="text"/>
Frequency of income	<input type="text"/>
Amount received at each interval	<input type="text"/>
Total amount accumulated	<input type="text"/>
Date total amount was accumulated (day, month, year)	<input type="text"/>

- Documentary evidence required for large premiums**
- An original, signed letter from a regulated accountant confirming the details; **or**
 - original or suitable certified copies of appropriate supporting documentation.

6. Savings from employment income

	Details
Name of employer	<input type="text"/>
Nature of employer's business	<input type="text"/>
Employment income whilst saving	<input type="text"/>
Name of organisation where the savings were accumulated	<input type="text"/>
Period of time saved over	<input type="text"/>
Total amount saved	<input type="text"/>
Date amount was received (day, month, year)	<input type="text"/>

- Documentary evidence required for large premiums**
- An original or suitably certified copy of the bank or building society statement showing total amount saved; **or**
 - an original or suitably certified copy of the savings certificate showing total amount saved; **or**
 - an original, signed letter from the organisation confirming the total amount saved; **or**
 - an original, signed letter from a solicitor or regulated accountant detailing the savings accumulated.

7. Property sale

	Details
Address of property sold	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Length of time property was owned	<input type="text"/>
Please note we may require further information depending on the length of time the property was owned.	
Total sale amount received	<input type="text"/>
Date sale was completed (day, month, year)	<input type="text"/>

- Documentary evidence required for large premiums**
- An original, signed letter from the solicitor or regulated accountant involved in the sale confirming the details and amount received; **or**
 - an original, signed letter from the estate agent involved in the sale (if applicable) confirming the details and amount received; **or**
 - the original or suitably certified copy of the sale contract.

Part 6b Source of wealth (continued)

8. Maturing investments or policy claims

	Details
Name of organisation where investment was held	<input type="text"/>
Length of time the investment was held	<input type="text"/>
Total amount reclaimed	<input type="text"/>
Please note we may require further information depending on the length of time the investments were held.	
Date of maturity/claim (day, month, year)	<input type="text"/>

Documentary evidence required for large premiums
 Original or suitably certified copy of:

- A letter from the organisation, giving the details of the amount paid; **or**
- the relevant chargeable event certificate.

9. Company sale

	Details
Full legal name of the company sold	<input type="text"/>
Company's country of registration	<input type="text"/>
Nature of the company's business	<input type="text"/>
Total value of sale	<input type="text"/>
Share of total value received	<input type="text"/>
Date of sale (day, month, year)	<input type="text"/>

Documentary evidence required for large premiums

- An original, signed letter from the solicitor involved in the sale confirming details of the sale and the amount received; **or**
- an original, signed letter from a regulated accountant confirming details of the sale and the amount received; **or**
- original or suitably certified copies of the contract of sale and the bank statement clearly showing the amount received.

10. Sale of shares

	Details
Full legal name of the company in which shares were held	<input type="text"/>
Company's country of registration	<input type="text"/>
Type and number of shares sold	<input type="text"/>
Name and address of any intermediary used in the sale (such as the name and address of the stockbroker used)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	Postcode <input type="text"/>
Total amount received	<input type="text"/>
Date of sale (day, month, year)	<input type="text"/>

Documentary evidence required for large premiums
 Original or suitably certified copy of:

- legal sale document confirming the details; **or**
- the contract notes.

11. Inheritance

	Details
Donor's name	<input type="text"/>
Applicant's relationship to donor	<input type="text"/>
Date of donor's death (day, month, year)	<input type="text"/>
Total amount received	<input type="text"/>
Date amount was received (day, month, year)	<input type="text"/>

Documentary evidence required for large premiums

- An original or suitably certified copy of the grant of probate (with copy of the will attached) showing the value of the estate; **or**
- an original, signed letter from the solicitor involved in the case confirming details and the amount received.

Part 6b Source of wealth (continued)

12. Loan

	Details
Name of loan provider	<input type="text"/>
Total amount borrowed	<input type="text"/>
Date loan was taken out (day, month, year)	<input type="text"/>

Documentary evidence required for large premiums
Original or suitably certified copy of:

- The loan agreement; **or**
- the last three most recent loan statements.

13. Gift

	Details
Donor's name	<input type="text"/>
Applicant's relationship to donor	<input type="text"/>
Reason for gift	<input type="text"/>
Total value of gift	<input type="text"/>
Date gift was made (day, month, year)	<input type="text"/>
Source(s) of donor's wealth. Please provide relevant details of the donor's source of wealth within this section.	<input style="height: 100px;" type="text"/>

Documentary evidence required for large premiums

- An original, signed letter from the donor confirming the details and amount of the gift; **and**
- the relevant documentary evidence for the donor's source(s) of wealth.

14. Lottery, betting or casino win

	Details
Name of paying organisation	<input type="text"/>
Description of win	<input type="text"/>
Date of win (day, month, year)	<input type="text"/>
Total amount won	<input type="text"/>
Date amount won was received (day, month, year)	<input type="text"/>

Documentary evidence required for large premiums

- An original, signed letter from the paying organisation confirming the details of the win and the amount received; **or**
- an original or suitably certified copy of the bank statement, showing amount clearly being received from paying organisation.

15. Compensation claim

	Details
Name of compensation payer	<input type="text"/>
Reason for payment	<input type="text"/>
Total compensation received	<input type="text"/>
Date amount was awarded (day, month, year)	<input type="text"/>

Documentary evidence required for large premiums

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

If more room is required, please continue under the 'Additional notes' section in Part 10.

Part 7 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 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			
Increases and regular contributions only. Please complete a Fund redirection form (reference 6989) for changes to the investment of regular contributions.			Total 100%

Part 8 Regular withdrawals (optional)

Please note, payments will be made in the base currency of the policy as shown in Part 5.

Amount of withdrawal

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.

Method of payment BACS TT CHAPS (BACS payments will normally credit the designated bank account 3 to 5 days after the above commencement date)

Bank account to which payments are to be sent (only complete if different to Part 6a)

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

Payment will be made by BACS transfer for sterling payments to UK clearing banks only. Please note, a charge will be levied on TTs by our bankers and any intermediary banks, which will be deducted from the payment. Payments to overseas banks will be made by CHAPS for which a charge will be levied by our bankers which will be deducted from the payment. Where payments are to be sent to a third party, an explanation of the relationship between the owner of the Policy and recipient together with evidence of the identity of the bank account holder may be required before release of payment.

Part 9 Professional adviser's details

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

Advised

- i) Independent
- ii) Restricted
- iii) Simplified

Non-advised

- i) No advice
- ii) Execution only

Country in which I gave the applicant(s) the advice concerning this application.

Country in which this application was subsequently completed and signed.

on (day, month, year) Date / / 2

I confirm that, if applicable, all information provided was obtained directly from the applicant(s).

Regulatory body authorisation number

Regulatory body

Canada Life International Limited Terms of Business reference number

Canada Life account manager's name

Submitting adviser/ Authorised signatory

Signatory name

Position

Date (day, month, year)

 / / 2

Company stamp

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)

Fax number (including STD code)

E-mail address

Part 10 Additional notes

Part 11a Adviser charge deductions

Do you want Canada Life International Limited to facilitate the payment of either an initial fee 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.

Part 11b Initial adviser charge

1. How much would you like us to deduct from the investment amount before the premium is applied to your Policy?

£

2. How many premiums would you like us to deduct an initial adviser charge from?

The maximum number of premiums from which the initial adviser charges may be taken is 48 monthly or 4 yearly.

Notes – initial adviser charge:

- The initial adviser charge is deducted **before** your Policy is set-up and we will apply the net investment amount to your Policy as the premium.
- Initial adviser charge cannot be facilitated when premium payments are made by standing order.
- For US Dollar or euro Policies, we are unable to facilitate initial adviser charges.

Part 11c Ongoing adviser charge

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

3. How much would you like to be deducted and paid to your adviser each Policy year?

£

or

 % of the fund value*

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

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

** Monthly ongoing adviser charge payments are only available if you have specified a monetary amount in Part 11c question 3.

Important information – initial and ongoing adviser charges:

- UK income tax legislation currently allows up to 5% of an investment amount to be withdrawn from a Policy each Policy year as a return of capital without incurring an income tax liability (any unused allowance may be used in a later year). This 5% allowance will include any initial or ongoing adviser charge deductions, withdrawals and partial surrenders taken. Exceeding 5% annual withdrawal allowance may give rise to an income tax liability.
- Whether we choose to facilitate any initial or ongoing adviser charge payment is at our discretion and we will notify you in the event we do not choose to facilitate the adviser charge.
- There may be instances where we may need to query the adviser charge(s) with your adviser, in which instance we will notify you and get further instructions from you.
- If you complete and return the cancellation notice then the money returned to you will be the amount remaining after any adviser charge has been paid to your professional adviser.
- Any ongoing adviser charge payments can only be deducted after investment in the Policy (by unit deduction).
- Any deduction after the premium has been invested will count towards your 5% allowance.

Part 12 Declaration by the applicant(s)

Please sign this declaration on page 19 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 an Offshore Savings Account as shown in Part 5.

(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 document, pre-sale illustration, relevant Charges and Fees, Client Guide and 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 11 of this application.

Data protection Notice

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

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

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

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

Using personal information

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

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

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

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

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

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

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

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

Sharing personal information

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

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

International Transfers

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

Retention of your personal data

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

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

You may have the right to require us to:

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

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

Data Protection Officer (DPO)

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

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

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

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** or is available upon request by calling **0345 6060708**.

This DPN is dated 5th March 2018. Any future updates will be made available as described above.

Part 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. I/We consent to the data protection statement above.

	Applicant 1	Applicant 2
Signature confirming your agreement to this application including the adviser charge deductions (Part 11), declaration and data protection wording (Part 12)		
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.

Standing order details For use with banks outside the UK clearing banking system.

To the manager

Name of bank				
Address (including postcode)				
	Postcode			
Country				

Please transfer the sum, after bank charges, of

Currency/Figures	GBP / USD / EURO
Words	
Commencement date (day, month, year)	
Quoting reference	

and each month / year (please delete) thereafter.

(to be completed by **Canada Life International Limited.**)

for the credit of Canada Life International Limited (bank details below).

Name of account to be debited			
Account number	Branch sort code		
Client address (including postcode)			
	Postcode		

Signature 1

Signature 2

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

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

Payment by cheque (yearly premium only)

Please make sure that your name is quoted with all payments.

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

The Company will accept cheques in the same base currency as your investment (that is sterling, US Dollars or euro).



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.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 Financial Services Authority.



This paper is made from recycled materials

6233 – 118R/B