

**Premiere Account &  
Premiere Europe Account  
Personal Application (including Personal Trustees)**

**Application**



## Notes

- This Personal Investment 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').
- **If you are resident in the United States of America for tax purposes or are a US citizen you cannot effect this policy.**
- **Please note, the final illustration number must be provided in Part 1a in all instances as we use the information contained within it in conjunction with this form.**
- For additional information, please refer to our 'Guide to anti-money laundering and preventing the financing of terrorism' (reference ID3034).
- You must answer all questions fully, accurately and truthfully.
- You must include all facts that are likely to influence the assessment and acceptance of your application.
- If you are not sure if a fact is relevant you should include it in your answers. Please bear in mind that failure to disclose all relevant facts may delay your investment and policy acceptance.
- You are advised to satisfy yourself that under any taxation, exchange control or insurance legislation to which you may be subject, you are permitted to effect this policy.

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

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

## Appropriate documents to be submitted with this Application

### **\*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 3 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 3 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



**Part 2** Applicant/Trustee(s) details

**Applicant/Trustee 1**

**Applicant/Trustee 2**

Title (Mr, Mrs, Miss, Ms, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forename(s) in full	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Permanent residential address in full	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
	Country <input type="text"/>	Country <input type="text"/>
Telephone numbers (including STD codes. At least one landline telephone number required)	Country Code Area Code Local Number	Country Code Area Code Local Number
	Landline <input type="text"/>	Landline <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"/>
Date of birth (day, month, year)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please list all Nationalities/ Citizenships you hold	<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? (not applicable to the Capital Redemption option)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', then your details do not need to be included in Part 3. The maximum number of lives assured is six.

**Part 2** Trustee(s) details

**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"/>
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. At least one landline telephone number required)	Country Code Area Code Local Number	Country Code Area Code Local Number
	Landline <input type="text"/>	Landline <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"/>
Date of birth (day, month, year)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Please list all Nationalities/Citizenships you hold	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Please 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? (not applicable to the Capital Redemption option)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If 'Yes', then your details do not need to be included in Part 3. The maximum number of lives assured is six.

**Part 3** Lives assured details (not applicable to the capital redemption option)

If you are the Applicant/Trustee and a life assured (not applicable to the Capital Redemption option) then your details should 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

Permanent address in full   
  
 Postcode   
 Country

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

Nationality(ies)

Male  Female

Postcode   
 Country

/  /

**Life assured 3**

**Life assured 4**

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

Surname

Forename(s) in full

Sex Male  Female

Permanent address in full   
  
 Postcode   
 Country

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

Nationality(ies)

Male  Female

Postcode   
 Country

/  /

**Life assured 5**

**Life assured 6**

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

Surname

Forename(s) in full

Sex Male  Female

Permanent address in full   
  
 Postcode   
 Country

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

Nationality(ies)

Male  Female

Postcode   
 Country

/  /

**Part 4**

**Existing Trust details (not applicable to CLI or CLIAI trusts)**

**Part 4 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 5**

**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 6**

**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, 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 Communities 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 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
- 2. Have any parties to the application been connected with any international organisations? Yes  No
- 3. Does any immediate family member or close business associate of any party to this application fall into any of the categories mentioned in question 1 and 2 above? Yes  No

**If the answer is 'Yes' to any of the above questions,** please give details of any organisation involved, and the relevant person, including country, the position held, when held and a brief description of the role undertaken. Based on the information provided, we reserve the right to request further information or documentation in order to accept this application.

**Part 7** Source of funds

If the premium is to be paid by cheque please proceed to Part 8.

**Source of funds details**  
(for electronic transfers only)

Bank/Building society name	<input type="text"/>							
Account holder name	<input type="text"/>							
Bank/Building society address (including postcode)	<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"/>	
	Country	<input type="text"/>						
SWIFT address	<input type="text"/>							
Bank 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"/>
Building society roll number	<input type="text"/>							



**Part 8** Full details of source of wealth

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

**Applicant/Settlor 1**

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

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

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

Total yearly income (Income during employment if retired)

**Applicant/Settlor 2**

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

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

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

Total yearly income (Income during employment if retired)

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

Original or suitably certified copy of:

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

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

**Sale/Maturity of existing investments**

1. Name of institution where investment was held

2. Institution’s country of registration

3. Length of time investment held

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

5. Total amount received

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

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

Original or suitably certified copy of:

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

**Part 8**

**Full details of source of wealth (Continued)**

**Inheritance/Gift**

1. Donor's name and relationship to applicant

2. Reason for gift

3. How did the donor accumulate the gift money?

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

5. Total amount received

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

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

Original or suitably certified copy of:

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

**Property sale**

1. Address of property sold

			Postcode				
Country							

2. Length of time property was owned

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

4. Total sale amount received

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

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

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

**Part 8** Full details of source of wealth (Continued)

**Company/Shares Sale**

1. Full legal name of the company/Shares sold

2. Company's country of registration

3. Nature of the company's business

4. Total value of sale

5. Your share of total value received

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

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

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

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

**Part 9** Regular withdrawals (optional)

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

Amount of each withdrawal payment

Commencement date of withdrawals (day, month, year)

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

Frequency of withdrawals Monthly  Quarterly  Half yearly  Yearly

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

Bank name

Account number

Account name

Bank address (including postcode)

Sort code

SWIFT address

Postcode

Country

IBAN

How long has the account been held?

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

**Part 10** Investment services

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

Please complete the following as applicable:

- **Fund adviser nomination** Part 10a.
- **Professional adviser nomination** Part 10b.
- **Third party platform nomination** Part 10c.
- **Discretionary fund manager nomination** Part 10d.
- **Segregated portfolio service (SPS) manager**

I wish to appoint an SPS Manager (please tick)

As you wish to appoint an SPS Manager please submit a completed Segregated Portfolio Services – Manager Appointment Form (reference IOM00968) with this Application. Please proceed to Part 12 of this Application as the remaining parts of 10 and 11 are not applicable for SPS.

**Part 10a** Fund adviser nomination

To and in favour of: The Company.

The 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.

**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:

	<b>Fund adviser</b>
Signature	
Print name	
Date (day, month, year)	/ / 2

**Part 10b** Professional adviser nomination

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

**Part 10c** Third party platform nomination

I/We request that the Company opens an account with the third party platform (the 'Platform') provider named below and accepts any future investment links selected by my/our professional adviser or fund adviser for allocation to my/our Policy.

Please specify the cash value in Part 11b which is to be transferred to the Platform and their custodian.

The terms of the nomination are set up in Part 14 of this form.

Name of platform

Platform Account Number

Please note that you shall inform the Company if you wish to revoke, or amend the appointment of your professional adviser, fund adviser or the Platform in any way. Unless and until the Company receives such notice, the Company may permit your professional adviser or fund adviser to execute your instructions without recourse to you as if the instructions had been given by you.

You understand that it is the responsibility of your professional adviser and/or fund adviser to make sure that they are at all times appropriately authorised and/or regulated to undertake such activities, or to give instructions, on the Policy.

The Company may in its absolute discretion refuse to permit your professional adviser or fund adviser to execute instructions, either on the Platform or with the Company directly.

The Company may refuse to accept the nomination of a Platform.

**Part 10d** Discretionary fund manager nomination

To and in favour of: The Company.

- A. The Applicant wishes to nominate a discretionary fund manager (the 'DFM') to manage the constituent investments of a fund (the 'relevant' fund), with the DFM arranging custodial services for the investments of the relevant fund, subject to the terms and conditions set out in Part 14.
- B. The Company may refuse to accept the nomination of a DFM.
- C. The DFM must act on a discretionary basis.

**The Applicant nominates**

DFM name	<input type="text"/>		
Please provide the exact name of the legally registered DFM	<input type="text"/>		
DFM FCA registration number	<input type="text"/>		
DFM address	<input type="text"/>		
	<input type="text"/>		
	Postcode	<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"/>		

to be the DFM in respect of the relevant fund to be specified in the discretionary investment management agreement to be entered into between the Company and the DFM.

Please specify the cash value in Part 11b which is to be transferred to the DFM and their custodian.

**Investment guidelines**

The Applicant wishes the following investment guidelines to be applied to the relevant fund:

Example: Income, Balanced, Growth or exactly how you wish to define the instruction to the DFM.

Please note that if at any time during the operation of the Policy the investment guidelines of the relevant fund are to change, it is the responsibility of the Applicant and/or the fund adviser (if any) to advise the Company in writing. The Company will then provide this information to the DFM of the relevant fund.

Please note that if the above investment objectives are not completed by the Applicant, this may delay execution of the discretionary investment management agreement between the Company and the DFM.

It is not the responsibility of the Company to monitor the investment guidelines with the nominated fund manager.

**Part 11a**

**Investment choice**

**Instructions for clearing overdrawn trading cash accounts**

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

You request that the Company makes the investments as detailed in Part 11b ('Initial Investments') and any selected future investments ('Future Investments') by you or your designated fund adviser.

In order that the Company may make the Initial Investments referred to above or any Future Investments, you confirm the following:

1. You authorise the Company to link the value of your Account to the Initial Investments and the Future Investments, notwithstanding that you may not have read the prospectus for each and every investment. You understand that it is your responsibility to have read and understood the prospectus for each and every relevant investment. You understand that the Company may refuse to permit any investment link within the Initial Investments or the Future Investments and that the Company does not have to give any reason for any such rejection.
2. You understand that some investments may involve terms that could restrict the Company's ability to realise the cash value of those investments at any time. Where some or all of the Initial Investments and/or Future Investments request links to investments which demonstrate these characteristics, the Company may delay the settlement of any claim, or may delay the actioning of any request for variations within the Future Investments, to reflect the terms of the linked investment.
3. You understand that some investments may involve terms that could result in the Company receiving the proceeds of redemption of those investments in more than one instalment. Where some or all of the Initial Investments and/or Future Investments request links to investments which demonstrate these characteristics, the Company may delay the settlement of any claim, or may delay the actioning of any request for variations within the Future Investments, to reflect the terms of the linked investment.
4. You understand that the Company may or may not hold investments which match or mirror the Initial Investments and the Future Investments at any time and may sell, redeem or otherwise dispose of its interests in any investment at any time without reference to you.
5. You understand that the Company has the right to change your Initial Investments and/or Future Investments at any time and without seeking or requiring your previous consent if the Company in its sole discretion determines that to continue to link the value of your Account to such of the Initial Investments or the Future Investments may result in adverse consequences for the Company or its policyholders (or any of them).
6. You understand that some investments may involve terms that impose minimum redemption amounts or minimum asset holdings. You understand that the Company may find it necessary to sell, redeem or otherwise dispose of its interests in investments linked to the Initial Investments and the Future Investments due to the imposition of these conditions. You understand that when this occurs the Company will reflect this in your Initial Investments and Future Investments, and any excess cash obtained from such a transaction will be placed on trading the cash account. Details of these terms are documented in the relevant prospectus issued by the provider of such investment.
7. You understand that some investments may involve terms that could result in the Company incurring redemption or surrender charges when exiting from the investment. Where some or all of the Initial Investments and/or Future Investments request links to investments which apply such charges, the Company will reflect the amount of these charges in the Account value as and when they occur. Details of these charges will be documented in the relevant prospectus issued by the provider of such investment.
8. You may give instructions to the Company to link the Initial Investments and/or the Future Investments to funds intended for professional investors. In such circumstances you will be required to complete a Professional Investor Declaration for every investment you select in such funds, which will determine your qualification as a professional investor. You understand that if you cannot meet the professional investor qualifying criteria then the Company will be unable to link the value of your account to such investments.  

You recognise that such funds are not usually intended for retail sale to private investors.

You acknowledge that such funds, by their nature, usually involve a higher degree of risk and understand and accept those added risks in respect of the Initial Investments and the Future Investments. You understand that it is your responsibility to have read the relevant prospectus and risk warnings issued by the provider.
9. You understand that the Company will make all investments as a professional investor (or equivalent) and will sign any required disclaimer to that effect.
10. Notwithstanding the above, the Company reserves the right to request further declarations for specific investment links from you where the Company determines this to be necessary or in the best interests of you in respect of the Account or policyholders of the Company generally.





## Part 12 Adviser charge deductions

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

Yes  No

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

## Part 12a Initial adviser charge

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

Before setting-up your Policy

or

After setting-up your Policy

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

£

or

% of the investment amount

## Part 12b Ongoing adviser charge

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

Immediately

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

Until further notice

3. How much would you like paid each year?

£

or

% of the fund value\*

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

4. How often would you like this deducted?

Quarterly

Half yearly

Yearly

## Part 12c Fund adviser fees (Not applicable for SPS and only applies if Part 10a has been completed)

I/We instruct the following fee to be paid to the fund adviser and that such amounts be deducted from the policy at quarterly intervals, at the appropriate quarterly valuation point.

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

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

This fee will be a payment made by the Company to the fund adviser, based on the valuation of the Policy at the end of each calendar quarter. If a third party platform or discretionary fund manager is being used on this Policy and a fee is being charged at portfolio level, then the fee (shown above) will be made as an additional payment to the fund adviser.

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

**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.

Regulatory body authorisation number

Regulatory body  FCA    Other

The Company Terms of Business reference number

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

Signature

Signatory name

Signatory position

Date (day, month, year)

**The Company will provide regular updates on the progress of this Application. Please complete the contact information below.**

Contact name

Telephone number (including STD code)

E-mail address

Company stamp

Part 14

Statements

Words and expressions used and not otherwise defined in this form shall have the meanings ascribed to them in the Policy Provisions. Any reference to any gender shall be deemed to include any other gender, the singular shall be deemed to include the plural and vice versa and references to persons shall be deemed to include natural persons, companies, bodies corporate, unincorporated associations, partnerships, firms and other entities whether or not having separate legal personality.

In consideration of the Company appointing the nominated fund adviser, Platform, or DFM, you (meaning the Applicant) undertake to and covenant and agree with the Company in the following terms.

1. The Company shall not be responsible for providing any investment advice to the Applicant, or be liable for any investment advice given to the Company or to the Applicant (acting as agent of the Company) by the fund adviser or anyone else, or for investment decisions made by you.
2. Where an Applicant does not wish to nominate a fund adviser pursuant to this Application (optional) then you and the Policy shall be self-advised (a 'self-advised Applicant') and:
  - (a) the Company shall not be responsible or liable for providing investment advice to the self-advised Applicant or for any investment decisions made by the self-advised Applicant; and
  - (b) the self-advised Applicant hereby waives any claim (present or future) that he may have against the Company for failing to give any investment advice to the self-advised Applicant.
3. The Company shall not be responsible or liable for and you waive any claim (present or future) that you may have against the Company in connection with any loss, liability, damage, cost (including without limitation legal and other professional costs) and/or expense suffered or incurred by you or any other person in relation to the Policy arising as a result of:
  - (a) any act or omission of any fund adviser, Platform, or DFM by or on your behalf (including without limitation any advice given, decisions made or any dealing in or holding of the constituent investments of the relevant fund by any such person, including but not limited to, any selection or de-selection of units in funds of the Company for the Policy); and/or
  - (b) any failure by the fund adviser, Platform, or DFM to follow the investment guidelines supplied by you for the Policy or relevant fund, except in circumstances where the failure occurs as a result of the Company's negligence.
4. The Company shall not be responsible or liable for any guarantees involved in any constituent investments of the Policy or relevant fund. Also, as the Company does not provide any investment advice to you, it is not responsible for the suitability of any investment advice given to you when acting as agent of the Company.
5. You will reimburse the Company for any loss, liability, damage, cost (including without limitation legal and other professional costs) and expense incurred or suffered by the Company as a result of or in connection with:
  - (a) the appointment, amendment of the terms of appointment, or termination of the appointment of any fund adviser, Platform, or DFM nominated by you;
  - b) any acts or omissions of any fund adviser, Platform, or DFM nominated by you (including without limitation any advice given, decisions made or any dealing in or holding of the constituent investments of the Policy or relevant fund by any such person);
  - (c) any failure by the fund adviser, Platform, or DFM to follow the investment guidelines supplied by you for the Policy or relevant fund; and
  - (d) the failure of the Platform, or DFM to produce valuations of the constituent investments of the relevant fund within five business days of each calendar quarter end or otherwise within five business days of any request for such valuations from the Company.
6. You must notify the Company immediately if you would like the Company to terminate the appointment of any fund adviser, Platform, or DFM, or amend the terms of the appointment of any fund adviser, Platform, or DFM. Notice must be given in the applicable Investment Administration form in use by the Company at the relevant time.
7. The Company may in its absolute discretion refuse to appoint any fund adviser, Platform, or DFM nominated by the Applicant or amend the terms of appointment of any fund adviser, Platform, or DFM (including, for the avoidance of doubt, any amendment or replacement nomination).
8. You confirm that the investment guidelines provided in Part 10 have been fully discussed with the DFM and the fund adviser, if any, and relate only to the relevant fund.
9. The Company shall have the right to terminate the appointment of any fund adviser, Platform, or DFM at any time:
  - (a) if fund adviser, Platform, or DFM ceases to meet the criteria set by the Company from time to time for a person to act as a fund adviser, Platform, or DFM of the Policy or relevant fund; or
  - (b) if there is breach of these terms and conditions, the discretionary investment management agreement with the DFM or the agreement with the Platform or the fund adviser, as the case may be; or
  - (c) if the Company, in its sole discretion, considers it necessary to terminate the discretionary investment management agreement with the DFM or the agreement with the Platform or the fund adviser, as the case may be. The Company shall not be responsible or liable for and the Applicant waives any claim (present or future) that he may have against the Company in connection with any loss, liability, damage, cost (including without limitation legal and other professional costs) and/or expense suffered or incurred by you or any other person in relation to the Policy or relevant fund arising as a result of the termination of the appointment of any DFM or Platform or the fund adviser.
  - (d) in the event of death, bankruptcy, dissolution, insolvency, winding-up, conviction for a criminal offence or ceasing to be authorised or licensed by any regulator or the breaching of the terms and conditions of any such authorisation or licence (each such event a 'termination event'); or
  - (e) in the event that the Company considers that there is a reasonable likelihood of a termination event occurring; or
  - (f) on receipt of a written request to do so from you.
10. The fund adviser or DFM or Platform 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 the Applicant or any other person under the Policy or relevant fund in relation to any charges and fees levied by the fund adviser, Platform, or DFM.
13. This form shall be governed by, and its provisions constructed in accordance with, the laws of Ireland.

Part 15

Declaration by the applicant(s)

Please sign this declaration once you have read the entire application form. If you are unsure as to whether any information should be given, you should provide it. If you do not understand any point please contact us for further information.

I/We wish to apply for a Policy as indicated in Part 1 above.

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

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

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

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

I/We declare and agree the following:

- to my/our best knowledge and belief the statements in this application are complete and true and contain all material facts (A material fact is one that will influence whether and upon what terms this application is accepted by the Company. Failure to give complete and true answers and disclose all material facts could result in the contract(s) being void. If there is any doubt whether a certain fact is material it should be disclosed).
- where I/we have declared my/our tax residency, and other details, the declaration has been made to the best of my/our knowledge and belief and is complete and true.
- the statements are all true and complete and I/we will inform the Company of any change to any material fact occurring before acceptance of this Application and understand that failure to do so may result in the proposed contract becoming void.

- the Policy and this application are the Company's contract with me/us, upon which it intends to rely. For our own benefit and protection we should read the Key Information Document, Key Features, pre-sale illustration, relevant Charges and Fees, Client Guide and the Policy Provisions before signing this application form.
- where there are two or more signatories, the foregoing declaration and agreements are made by us jointly and severally.
- upon request (and at the Company's discretion) the Company can provide my/our current or prospective professional adviser with any information it holds about the policy, including any adviser charge deductions.

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

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

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

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

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

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

Adviser charge deductions

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

Data Protection Notice

Any personal 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.

Any personal data that you may provide to Canada Life International Assurance (Ireland) DAC as data controller will be treated in accordance with the Data Protection Acts 2018.

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

By signing this form you consent to Canada Life using and sharing your personal 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 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.

### Sharing personal data

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

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

### International Transfers

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

### Retention of your personal data

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

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

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

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

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

You may have the right to require us to:

- provide you with further details on the use we make of your personal data or your special categories of data;
- provide you with a copy of the personal data that you have provided to us or which we hold;
- 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 information, you should first contact our DPO, on the details below:

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

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

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

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

**Ireland:** Data Protection Commissioner, 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](http://www.canadalife.co.uk) or is available upon request by calling **0345 6060708**.

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

## Part 15a

### Verification of identity

I/We understand and consent that the Company may make a search with an external reference agency for the purposes of verifying my/our identity. This will involve checking the details I/we supply against those held on any database the reference agency has access to. This includes information from the electoral register and fraud prevention agencies. I/We understand that the Company will use scoring methods to verify my/our identity and that a record of any search will be kept that may be used

to help other companies to verify my/our identity and also, that the Company may pass information to financial and other organisations involved in fraud prevention to protect themselves, ourselves and their clients from theft and fraud. I/We understand that should I/we provide the Company with false or inaccurate information and fraud is suspected that this may be recorded and shared with other organisations.

## Part 15b

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

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

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

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

#### Tax residence definition – individual

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

- spends 183 days or more in Ireland in that tax year, or
- has a combined presence of 280 days in Ireland, taking into account the number of days spent in Ireland in that tax year together with the number of days spent in Ireland in the preceding year. Presence in a tax year by an individual of not more than 30 days in Ireland will not be reckoned for the purpose of applying the two-year test. Presence in Ireland for a day means the personal presence of an individual:
- at the end of the day (midnight) for tax years 2019 and earlier, and
- at any time during that day for tax year 2020 onwards.

#### 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 Ireland for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in Ireland ceases to be ordinarily resident at the end of the third consecutive tax year in which she/he is not resident. An individual who is resident and ordinarily resident in Ireland in 2020 and departs from Ireland in that year will remain ordinarily resident up to the end of the tax year 2023.

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

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

**Part 15c**

**Declaration by all Applicants/Trustees**

All Applicants/Trustees must sign below confirming your agreement to this Application including the adviser charge deductions (Part 12), declaration and data protection notice (Part 15)

	Applicant/Trustee 1	Applicant/Trustee 2
Signature	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Print name	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Date (day, month, year)	<input style="width: 100%; height: 25px;" type="text" value=" / /"/>	<input style="width: 100%; height: 25px;" type="text" value=" / /"/>
	Trustee 3	Trustee 4
Signature	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Print name	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Date (day, month, year)	<input style="width: 100%; height: 25px;" type="text" value=" / /"/>	<input style="width: 100%; height: 25px;" 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 Premiere Account**  
Payment by telegraphic transfer

Bankers: Isle of Man Bank, East Region, P. O. Box 13, 2 Athol Street, Douglas, Isle of Man IM99 1AN.  
Bank account name: Canada Life International Limited.

Currency	Account Number	Sort code
Sterling	10904808	55 91 00

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

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

**Payment by cheque**

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

The Company will only accept sterling cheques.

**CLIAI Premiere Europe Account**  
Payment by telegraphic transfer

Bankers: Isle of Man Bank, East Region, P. O. Box 13, 2 Athol Street, Douglas, Isle of Man IM99 1AN.  
Bank account name: Canada Life International Assurance (Ireland) DAC – Premium.

Currency	Account Number	Sort code
Sterling	40309446	60 95 45

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

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

**Payment by cheque**

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

The Company will only accept sterling cheques.



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 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.

Canada Life International Limited is an Isle of Man registered company authorised and regulated by the Isle of Man Financial Services Authority.  
Canada Life International Assurance (Ireland) DAC is authorised and regulated by the Central Bank of Ireland. Category A Insurance Permit holder with the Jersey Financial Services Commission.