

Select Account

Application for a new policy

Your Account will be set-up on the basis of your Personal Example reference number quoted here:

P	O	B											
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This reference number is on the bottom left hand corner of the Personal Example.

Applications without the Personal Example reference number will be returned.

Important notice

Please answer all questions honestly and take reasonable care to make sure that those answers are correct. Failure to answer the questions honestly or correctly, could mean your account may be cancelled from the start.



Guidance notes

Please make sure all relevant sections of this application are completed in full and the client has signed the declaration.

We are able to issue policies more efficiently if we receive a completed form, Personal Example reference number and all the required information.

We will set this Account up on the basis of the Personal Example reference number quoted on the front page of this application.

We require:

- **Copy of the relevant Personal Example (including admin page) matching the clients requirements.**
- **The full investment to be sent directly into our bank account by electronic transfer. Our bank details are: sort code 60-17-49 and account number 13486497. Please use your Personal Example reference number quoted on the front page as the payment reference. Please complete page 5 with the bank details where you are sending the money from.**
- **Alternatively, we can accept cheques made payable to Canada Life Ltd. Please ensure a building society cheque, cheque drawn from a solicitor account or bankers draft is made payable to Canada Life Ltd and also includes the name of the client as part of the payee (for example Canada Life Ltd, reference 'client name'). We will require further information of where the funds originated from if this is not provided.**
- **Certified copy of the power of attorney (POA) – (if applicable)**
 - Any copies of the POA need to be certified on the front page with the remaining pages all being initialled. The certification must be the original signature.
 - It can be certified by a solicitor, notary public, donor, stockbroker or a professional adviser.
 - If certified by a professional adviser we require the following information:
 1. Name of the regulated firm
 2. Their regulatory body number
 3. The signature of the professional adviser and their full name
 4. Confirmation of their position in the firm
 5. Date
- **Form 8205 for corporate anti-money laundering verification (if applicable)**

Contact details

- You should contact your professional adviser in the first instance.
- If you have any questions or you want to alter your Account you can contact us in the following ways:

Call us

0345 6060708

Lines are open Monday to
Friday from 9am to 5pm

**By email**

NBDInvestment@canadalife.co.uk

**By post**

New Business Investment Team,
Canada Life Limited,
Canada Life Place,
Potters Bar, Herts,
EN6 5BA



Further information can be found on our website at www.canadalife.co.uk

Part 1 Personal details

Corporate applications

Company name

Registered address (including postcode)

Postcode

Please complete an anti-money laundering verification of identity corporate and other non-personal entity form (reference 8205) plus Self-certification declaration form for an entity (reference ID6286).

Details of lives assureds, owners, settlor/donor & trustee – accepted subject to insurable interest

	Person 1	Person 2
Title	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Main residential address	<input type="text"/> <input type="text"/> <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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Telephone numbers	Home <input type="text"/> Business <input type="text"/> Mobile <input type="text"/>	Home <input type="text"/> Business <input type="text"/> Mobile <input type="text"/>
E-mail address	<input type="text"/>	<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"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Are you the owner of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a life assured of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been appointed under a power of attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If the policy is going into a trust; Settlor/Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a trustee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Insurable interest – please complete where the life/lives assured are not the owners

Please state relationship of the owner(s) to the life/lives assured or nature of insurable interest

Part 1 Personal details (continued)

Details of lives assureds, owners, settlor/donor & trustee – accepted subject to insurable interest

	Person 3	Person 4						
Title	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
Surname	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
Forenames	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
Main UK residential address	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>						
Postcode	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>						
Telephone numbers	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Home</td></tr> <tr><td style="padding: 2px;">Business</td></tr> <tr><td style="padding: 2px;">Mobile</td></tr> </table>	Home	Business	Mobile	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Home</td></tr> <tr><td style="padding: 2px;">Business</td></tr> <tr><td style="padding: 2px;">Mobile</td></tr> </table>	Home	Business	Mobile
Home								
Business								
Mobile								
Home								
Business								
Mobile								
E-mail address	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>						
Date of birth (day, month, year)	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>						
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>						
Are you the owner of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you a life assured of this investment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Have you been appointed under a power of attorney?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
If the policy is going into a trust; Settlor/Donor	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						
Are you a trustee?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>						

Part 2 Tax residency and tax information

Please read the following notes carefully before completing this section.
This section **must** be completed in all cases, unless you are a Court Deputy.

If you are a Court Deputy tick here and move on to Part 3

Background

The UK Government has and will be agreeing a number of inter-governmental agreements to share tax information, where applicable, with the tax authorities in other jurisdictions. The requirement to collect certain information about each customer's tax arrangement is part of UK 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 UK law. The inter-governmental agreements will not change the requirement for UK 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 Limited is not authorised to give such advice.

Part 2 Tax residency and tax information (continued)

- Q1 Are any of the account owners, trustees or beneficiaries resident for tax purposes anywhere other than the UK? Yes No
- Q2 If you answered 'Yes' to Q1, please list the person's details and the country or countries in which they are resident for tax purposes, together with any tax reference numbers ('TRN') or tax identification numbers ('TIN') if relevant.

Full name	Date of birth (day month, year)	Full address	Is this person an Account Owner, Trustee or Beneficiary?	Country/countries of tax residency	TRN / TIN	Signature

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 Limited immediately.

Part 3 Source of investment funds

Please provide all the following information to fulfil the anti-money laundering regulations. Note: Incomplete sections may delay the processing of this application.
 Canada Life bank details: sort code 60-17-49, account number 13486497. Use quote reference (on Page 1) as payment reference.

Please provide details of the bank/building society account from where the investment amount (premium) originated if paying by electronic transfer, such as BACS or CHAPS.

Bank/Building Society Account holders name	<input type="text"/>	Account number	<input type="text"/>
Bank or building society address (including postcode)	<input type="text"/>	Sort code	<input type="text"/>
	<input type="text"/>	Roll number (for building society accounts)	<input type="text"/>
	<input type="text"/>		
	Postcode		

Please ensure any building society cheque or bankers draft is made payable to Canada Life Ltd and includes the name of the client or we will require further proof of where funds have originated.

Part 3 Source of investment funds (continued)

Occupation and wealth We may require further information to verify details of salary or source of investment funds.

	Account owner 1	Account owner 2	Account owner 3	Account owner 4
Occupation				

If retired – please state previous occupation and previous yearly income

Please indicate which income band applies to you. Please complete income for all applicants.

Your yearly income before taxation	Up to £20,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£20,001 to £29,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£30,000 to £49,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£50,000 to £99,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£100,000 to £199,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£200,000 to £249,999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	£250,000 or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of investment funds Please indicate source of investment

Salary and Bonus <input type="checkbox"/>	Sale of property and sale of company <input type="checkbox"/>	Savings <input type="checkbox"/>
Inheritance <input type="checkbox"/>	Divorce settlement <input type="checkbox"/>	Gift <input type="checkbox"/>
Compensation payment <input type="checkbox"/>	Lottery/Betting win <input type="checkbox"/>	Policy claim/Maturity <input type="checkbox"/>
Sale of investments <input type="checkbox"/>	Other (please give details below) <input type="checkbox"/>	

Please provide more information as to how the funds were accumulated

Part 4 Withdrawal details

Please complete in BLOCK CAPITALS and tick small boxes where appropriate.

Your Account will be set-up using the basis of your Personal Example.

If you have selected withdrawals, please complete bank account details that you want us to send payments to.

Account holders name		Account number	
Bank or building society name and address		Sort code	
Postcode		Roll number (for building society accounts)	

- At least one month should be allowed from the date that Canada Life Limited receives this application.
- Payments can only be made between 1st and 28th of each month inclusive.

Date of first payment Monthly Quarterly (every three months) Termly (three times a year) Half-yearly (every six months) Yearly (every twelve months)

For termly withdrawals only:

Date of second payment Date of third payment Amount £

Please be aware that we are unable to pay withdrawals to a third party. The withdrawals must be paid to either the policy owner or a trustee.

Part 5

Adviser charge deductions

Do you want Canada Life Limited to facilitate the payment of either an initial fee or ongoing fee to your professional adviser as part of this application (these are known as adviser charges)? Yes No

If 'Yes', please complete the relevant part(s) below.

If 'No', please proceed to Part 6.

Initial adviser charge

How would you like the initial adviser charge deducted? Before setting up your Account (shown as addition to or deduction from premium on the Personal Example)

or

After setting-up your Account (shown as cancellation of units on the Personal Example)

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

or

% of the investment amount

Important information – initial adviser charge:

- If the initial adviser charge is deducted **before** your Account is setup then we will apply the net investment amount to your Account. This adviser charge deduction will not count towards your 5% yearly withdrawal allowance for UK income tax purposes.
- If the initial adviser charge is deducted **after** your Account is set-up then the full (gross) investment amount will be applied to your Account and an immediate withdrawal will be taken. The deduction will be part of your 5% allowance.

Ongoing adviser charge

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

How long are the ongoing adviser charge deductions to continue for? Please enter a month and year, duration or 'Until further notice'.

How much would you like paid **each year**? £

or

% of the investment amount

or

% of the fund value

If the ongoing adviser charge deduction is specified as a percentage then the payments will be based on the Account's value on the day the deduction is made. Deductions can only be made between the 1st and 28th of each month.

How often would you like this deducted? Monthly Quarterly (every three months) Half-yearly (every six months) Yearly (every 12 months)

Important information – initial and ongoing adviser charges:

- UK income tax legislation currently allows up to 5% of an investment amount to be withdrawn from an Account each policy year as a return of capital without incurring income tax liability (any unused amounts may be used in a later year). The 5% allowance will include any initial or ongoing adviser charge deductions, withdrawals and partial surrenders taken. Exceeding the 5% yearly withdrawal allowance may give rise to an income tax liability.
- Whenever we choose to facilitate any initial or ongoing adviser charge it is at our discretion and we will notify you in the event we choose not to do so.
- There may be instances where we may need to query the adviser charge(s) with your adviser, in which instance we will contact you for further instructions.
- If you return the cancellation notice after the Account has been issued then the money returned to you will not include any adviser charge paid to your professional adviser.



NOTE:
If a new trust is being set up the trustees will need to agree to this charge. See Part 6.

Part 6

Declaration and Data Protection notice

Data Protection Notice (DPN)

Canada Life Limited (referred to as 'Canada Life', 'we', 'us' or 'our' in this DPN) takes its privacy obligations very seriously. Any personal data provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member (referred to as 'you' or 'your' in this DPN), will be treated in accordance with the Data Protection Act 2018 (DPA).

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 underwriting software 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.

Part 6 Declaration and Data Protection notice

Data Protection Notice
Continued

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

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

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

Data Protection Officer (DPO)

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

Canada Life Limited
Canada Life Place
Potters Bar
Hertfordshire
EN6 5BA
or by email at: dpo@canadalife.co.uk

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

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

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

Declaration

Please sign overleaf once you have read this declaration. If you are unsure as to whether any information should be given, you should provide it.

I/We confirm the following:

- I/We have (or, where applicable, the Trust has) an insurable interest in the life/lives of the person or persons whose lives are assured through this Account (such as you have an interest in the preservation of the life/lives assured and/or you would suffer loss on their death(s)).
- Where there are two or more signatories, the foregoing declaration and agreements are made by us jointly and severally.
- 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 understand that the contract hereby applied for will not come into force and no cover will be provided under it until the policy has been issued by Canada Life Limited from its head office in the United Kingdom, together with a letter containing confirmation of acceptance, and the investment amount has been paid by a method satisfactory to Canada Life Limited.
- I/We confirm that I/we have answered the questions in this application honestly and have taken reasonable care to ensure that those answers are correct.

- I/We confirm that in the period before the acceptance of this application I/we will inform Canada Life Limited of any matter or fact that would make the answers to the questions in this application incorrect or untrue

I/We understand that:

- English law applies to the contract.
- the policy will qualify for the statutory cancellation rights, which are exercisable by the policyholder(s) within 30 days from the receipt of the policy.
- complaints that Canada Life Limited cannot settle may be referred to the Financial Ombudsman Service.

Important notes

Copies of this application form when completed and the policy conditions are available on request, at any time.

I/We accept that in order to comply with regulatory obligations, Canada Life may require documents to verify my/our identity and residential address. In the absence of such documents, Canada Life Ltd may use credit reference agency searches to verify my/our identity and address. This will not affect my/our credit rating. Canada Life reserves the right to ask for further documentation to confirm my identity and address.

Fund switch authority

This authority gives your professional adviser permission to move (switch) investments to other funds.

I confirm that (name of firm)

holds permission to switch funds on the client(s) behalf.

Professional adviser's signature

Date (day, month, year)

Part 6

Declaration and Data Protection notice

Adviser charge deductions I/We consent to any adviser charge deductions as set out in Part 5 of this application.

Signatures

Please make all cheques payable to Canada Life Limited (for third party/company payments please include the client/s name on the payee details).

Signature confirming your agreement to this application including the adviser charge deductions (Part 5) and declaration.

Applicant/trustee 1	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/ /"/>
Applicant/trustee 2	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/ /"/>
Applicant/trustee 3	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/ /"/>
Applicant/trustee 4	Signature <input type="text"/>	Date (day, month, year) <input type="text" value="/ /"/>

Trusts

Is this Account to be placed into a new Canada Life trust? Yes No

If 'Yes', we will need to see an original trust document and the trustees should sign below to confirm their agreement to the Ongoing adviser charge deductions (Part 5).

Is there an existing trust? Yes No

If 'Yes', we will need to see an original certified copy of the trust documents.

Certification of the trust deed (if applicable)

- The copy of the trust document needs to be certified on every page. The certification must be the original signature.
- It can be certified by a solicitor, notary public, stockbroker or a professional adviser.

- If certified by a professional adviser we require the following information:
 1. Name of the regulated firm
 2. Their regulatory body number
 3. The signature of the professional adviser and their full name
 4. Confirmation of their position in the firm
 5. Date
- If amendments have been made to the trust, certified copies of the subsequent deeds are required.
- If a trustee has died, then the death certificate is required.
- All trusts need to be fully completed, that is, signed, witnessed and dated.

Trustee Signatures

Only required if a new Canada Life trust is being set up

We consent to any ongoing adviser charge deductions as set out in Part 5 of this application.

Trustee	Signature <input type="text"/>	Trustee	Signature <input type="text"/>
	Full Name <input type="text"/>		Full Name <input type="text"/>
	Date (day, month, year) <input type="text" value="/ /"/>		Date (day, month, year) <input type="text" value="/ /"/>
Trustee	Signature <input type="text"/>	Trustee	Signature <input type="text"/>
	Full Name <input type="text"/>		Full Name <input type="text"/>
	Date (day, month, year) <input type="text" value="/ /"/>		Date (day, month, year) <input type="text" value="/ /"/>

Part 7 Anti-money laundering verification of identity – Private Individual

Details of individual
(see explanatory notes)

Full name of customer (Account owner 1)				
Current address				
				Postcode
Previous address if individual has changed address in the last three months				
				Postcode
Date of birth (day, month, year)				

Confirmation

I/We confirm that: (a) the information in the section above was obtained by me/us in relation to the customer;
(b) the evidence I/we have obtained to verify the identity of the customer:

(Tick only one)

- meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or
- exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signed	Name
<input type="text"/>	<input type="text"/>
Position	Date (day, month, year)
<input type="text"/>	<input type="text" value="/ /"/>

Details of introducing firm (or sole trader) if different from Part 8

Full name of regulated firm (or sole trader)	<input type="text"/>
Regulatory body reference number	<input type="text"/>

Explanatory notes

1. A separate confirmation must be completed for each customer (such as joint holders, trustee cases and joint life cases). Where a third party is involved, such as a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification.
 - Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations.
 - Those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

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

Part 7 Anti-money laundering verification of identity – Private Individual (continued)

Details of individual
(see explanatory notes)

Full name of customer (Account owner 2)

Current address

 Postcode

Previous address if individual has changed address in the last three months

 Postcode

Date of birth (day, month, year)

Confirmation

I/We confirm that: (a) the information in the section above was obtained by me/us in relation to the customer;
 (b) the evidence I/we have obtained to verify the identity of the customer:

(Tick only one)

meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or

exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation)

Signed

Name

Position

Date (day, month, year)

 / /

Details of introducing firm (or sole trader) if different from Part 8

Full name of regulated firm (or sole trader)

Regulatory body reference number

Explanatory notes

1. A separate confirmation must be completed for each customer (such as joint holders, trustee cases and joint life cases). Where a third party is involved, such as a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
 - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification.
 - Those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations.
 - Those whose identity has been verified using the source of funds as evidence.
3. This confirmation must carry an original signature, or an electronic equivalent.

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

Part 8 Professional adviser details

Agency number, if known
(You will find this on your statement. If you do not supply this information it may delay your payments)

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Please make sure we have the correct e-mail address as we will confirm stages of our process by e-mail.

E-mail address

Professional adviser name

Name of person submitting the application (if different)

Address
(including postcode)

Postcode

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Telephone number

Fax number

Regulatory body number

For regulatory body reporting requirements please indicate, by ticking the box

Advised – independent <input type="checkbox"/>	Non-advised – execution only <input type="checkbox"/>
– restricted <input type="checkbox"/>	No advice <input type="checkbox"/>

If you are dealing with your clients at a distance (not face to face) you will need to provide them with the policy provisions of the contract. These can be found at www.canadalife.co.uk/adviser

Have you completed all parts of the Application form?

Section 1 – Application form (please tick all that apply)

Have you completed all parts of the application?	<input type="checkbox"/>
Have you requested a quote to reflect the application form?	<input type="checkbox"/>
Have you sent the administration page and the Personal Example?	<input type="checkbox"/>

Section 2 – Anti-money laundering (please tick all that apply)

Have you included an anti-money laundering form for each of the following that this applies to:

Policy owner/s	<input type="checkbox"/>
Trustees	<input type="checkbox"/>
Attorneys	<input type="checkbox"/>

Section 3 – Monies

Please note cheques will be banked on the date of receipt

Have you sent the investment to us by (please select one option only) Cheque BACS TT

For BACS or TT payments when was the money sent?


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

For further information about Canada Life Limited, please visit www.canadalife.co.uk or call us on **0345 6060708**.



Canada Life Limited, registered in England no. 973271. Registered office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.
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