



i IMPORTANT

- This application form is for an Individual applicant only, if you are a Corporate or Trustee applicant, you should complete an alternative application form which is available from your Financial Advisor.
- Complete all the information requested on this form and initial each page.
- An incomplete form may be deemed invalid and will lead to unnecessary delays in processing the application.
- Correction fluid is not permitted, and any amendments must be initialled by the applicant/s.
- We recommend that you speak to your Financial Advisor before completing this form.
- If there are more Lives Assured/Beneficiaries than space has been provided for, please provide the additional information on a separate schedule, signed by the applicant/s and submit together with this application form.
- This form must be completed together with the accompanying Policy Charges Schedule which forms part of the contract between the applicant and the Insurer.

SECTION 1: APPLICANT DETAILS

FIRST APPLICANT

First names			
Surname		Title	(Mr/Mrs/Ms, etc.)
Identity or passport number		Expiry date	(dd/mm/yyyy)
Country and place of birth		Date of birth	(dd/mm/yyyy)
Country of residence		Nationality	
Taxation country of residence		Tax reference number	
Occupation			
Relationship status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Telephone (home)		Telephone (office)	
Mobile			
Email			
Do you wish to be the life assured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Residential address			
Postal code		Country	
Postal address	Same as residential address <input type="checkbox"/>		
Postal code		Country	

SECOND APPLICANT (if applicable)

First names			
Surname		Title	(Mr/Mrs/Ms, etc.)

Identity or passport number		Expiry date	(dd/mm/yyyy)
Country and place of birth		Date of birth	(dd/mm/yyyy)
Country of residence		Nationality	
Taxation country of residence		Tax reference number	
Occupation			
Relationship status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Telephone (home)		Telephone (office)	
Mobile			
Email			
Do you wish to be the life assured?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Residential address			
Postal code		Country	
Postal address	Same as residential address <input type="checkbox"/>		
Postal code		Country	

LIFE ASSURED

Only complete this section **if the applicants are not the lives to be insured**. There must be at least one life assured.

FIRST LIFE ASSURED (if applicable)

First names			
Surname		Title	(Mr/Mrs/Ms, etc.)
Identity or passport number		Expiry date	(dd/mm/yyyy)
Country and place of birth		Date of birth	(dd/mm/yyyy)
Country of residence		Nationality	
Taxation country of residence		Tax reference number	
Occupation			
Relationship status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>
Telephone (home)		Telephone (office)	
Mobile			
Email			
Residential address			
Postal code		Country	

SECTION 2: BENEFICIARY DETAILS

i IMPORTANT

- A Beneficiary is a person/s nominated to receive the Insured's benefit if they die whilst insured under the policy. In the case of a joint policyholder account, this will be upon the death of the last life assured.
- In the case of a joint policyholder application, the applicants cannot be nominated as Beneficiaries.
- A Beneficiary can be a natural person/s or a juristic person/s.
- A Beneficiary must be alive or in the case of a juristic person/s must be in existence at the time of receiving the benefit.
- More than one Beneficiary can be nominated.
- The percentages in the Share of Benefit column must add up to 100%.
- If the Insured experiences a life-changing event (i.e. marriage, divorce, birth of a child, etc.) throughout the term of this policy, a new Beneficiary nomination form must be completed and submitted to the Insurer.

Please complete this section for the nomination of an **Individual beneficiary (natural person/s)**:

Surname	First names	Title	Date of birth	Passport number	Relationship to life assured/s	Share of benefit
						%
						%
						%
						%
						%
TOTAL						100%

Please complete this section for the nomination of a **Corporate or Trust beneficiary (juristic person)**:

Company/Trust name			
Trustee name			
Share of benefit (%)		%	
Registered address			
Postal code		Country	
Postal address	Same as registered address <input type="checkbox"/>		
Postal code		Country	
Contact person first names			
Contact person surname		Title	(Mr/Mrs/Ms, etc.)
Telephone (office)		Email	

SECTION 3: INVESTMENT DETAILS

i IMPORTANT

- If transferring non-cash instruments, please provide documentation that supports proof of ownership. Additional supporting documentation may be requested.
- Transfer and acceptance of non-cash instruments are at the discretion of the Insurer.
- **The Insurer reserves the right to maintain a cash balance of up to 3% of the policy's value to provide for ongoing charges. The percentage (%) will depend on a variety of factors including, but not limited to, the liquidity of the underlying investments, the amount of the ongoing charges and the frequency of trading/switching within the portfolio.**

Amount	Currency	Type
		Cash <input type="text"/> Asset transfer <input type="text"/>
		Cash <input type="text"/> Asset transfer <input type="text"/>

Policy and sum assured reporting currency (only select one): USD EUR GBP

Please specify below the details of the instrument/s and the % (percentage) to be invested for each:

Instrument name	Identifier (ISIN/SEDOL)	Currency	% to be invested
1.			%
2.			%
3.			%
4.			%
5.			%
Total percentage			100%

If you wish to transfer any **existing non-cash instruments**, please specify below the details of the existing instrument/s to be transferred:

Instrument name	Administrator	No. of shares/units	Value in USD
1.			
2.			
3.			
4.			
5.			

If you have any additional notes regarding your investment, please provide the details below:

SECTION 4: SOURCE OF FUNDS & WEALTH

i IMPORTANT

- The Anti Money Laundering and Combatting the Financing of Terrorism Handbook, issued by the Financial Services Commission pursuant to the Financial Intelligence and Anti-Money Laundering Act 2002, together with the Financial Intelligence and Anti-Money Laundering Regulations 2018, as may be amended from time to time, requires all long term life insurance businesses in Mauritius to conduct ongoing monitoring of a business relationship, including, obtaining information on the source of funds and/or source of wealth. Mauritius is committed to maintaining the highest possible standards of business practice and to counter money laundering and the financing of terrorism.
- We reserve the right to request documentary evidence or further information relating to the source of funds and/or wealth if it's considered necessary.
- **PEP (Politically Exposed Person) are individuals who are or have been entrusted with prominent public functions in foreign, domestic and international organisations/institutions. This also includes close relatives and associates of such individuals.**

	First Applicant	Second Applicant (if applicable)
Are you or have you in the past been a Politically Exposed Person (PEP)?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please provide details <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', please provide details <input type="text"/>
How long have you known your Financial Advisor?	<input type="text"/>	<input type="text"/>
Have you been visited by your Financial Advisor?	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', where? <input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> If 'Yes', where? <input type="text"/>

SOURCE OF WEALTH

	First Applicant	Second Applicant (if applicable)
Approximate Net Worth (in USD)	<input type="text"/>	<input type="text"/>
Please select the source of your wealth. If multiple sources, please select all that apply.	First Applicant	Second Applicant (if applicable)
Savings from current or previous employment income or business profits	<input type="checkbox"/>	<input type="checkbox"/>
Current or last estimated income p.a.	(in USD)	(in USD)
Current or last occupation (if retired)	<input type="text"/>	<input type="text"/>
Business name	<input type="text"/>	<input type="text"/>
Business address	<input type="text"/>	<input type="text"/>
Savings from other income (i.e. rental income, pension income, dividends)	<input type="checkbox"/>	<input type="checkbox"/>
Property (i.e. rental income)	(in USD)	(in USD)
Other (i.e. pension income, dividends, etc.)	(in USD)	(in USD)
Gifts and inheritance	<input type="checkbox"/>	<input type="checkbox"/>
Name of benefactor	<input type="text"/>	<input type="text"/>
Relationship with applicant/s	<input type="text"/>	<input type="text"/>
Amount received	(in USD)	(in USD)
Disposal of business or asset (i.e. sale of property/shares)	<input type="checkbox"/>	<input type="checkbox"/>
Details of business or asset	<input type="text"/>	<input type="text"/>
Relationship between the applicant/s and the business or asset	<input type="text"/>	<input type="text"/>

Amount received	(in USD)	(in USD)
Private loan	<input type="checkbox"/>	<input type="checkbox"/>
Lender's name		
Lender's address		
Relationship with lender		
Amount received	(in USD)	(in USD)
Other (i.e. matured policy/redemption proceeds/pension settlement/compensation payment)	<input type="checkbox"/>	<input type="checkbox"/>
Please provide further details		

SOURCE OF FUNDS

How are you funding the premium? (i.e. Pension Transfer/Savings/Gifts/Inheritance/Disposal of business/asset/Other)

SECTION 5: POLICY CHARGES SCHEDULE

☐ Please tick this box and sign below to confirm that you have read, understood, completed and agree to the fees in the **Policy Charges Schedule** which is annexed herewith and forms an integral part of this application form. It is understood that by completing this section and signing below you accept the terms specified in this section, together with the terms specified in the annexed Policy Charges Schedule.

First Applicant

Second Applicant (if applicable)

Signature

Signature

First names

First names

Date (dd/mm/yyyy)

Date (dd/mm/yyyy)

SECTION 6: INVESTMENT MANDATE

I/We appoint the Financial Advisor mentioned in Section 7 below to act in the capacity of Advisor to my/our policy.

1. I/We understand that the Financial Advisor will act on my/our behalf in accordance with the terms and conditions specified in the sections below, to advise on and change the investment portfolios to which the value of my/our policy is linked. I/We authorise the Insurer to provide all relevant information relating to my/our policy to my/our Financial Advisor when requested.
2. I/We agree that the Insurer shall not be responsible for any loss or liability incurred as a result of the actions, or failure to take action, by my/our appointed Financial Advisor.
3. I/We agree to indemnify the Insurer, the Company, its Officers, Agents and Employees and/or Contractors, all Shareholders in and the Directors of the Company and Cells against any claims, demands, proceedings or actions of any nature whatsoever and howsoever arising which may be made against one or more or all of them (by any person, including me/us and any third party) resulting from this arrangement.
4. I/We confirm that all communications in relation to my/our policy, including investment decisions, should be directed to my/our Financial Advisor.
5. I/We confirm that I/we will inform the Insurer in writing immediately, should I/we decide to change my/our Financial Advisor or bring this agreement to an end in the future.
6. I/We acknowledge that the Insurer has the right to reject the appointment of my/our Financial Advisor at its discretion and that the Insurer is entitled, at its absolute discretion, to refuse or accept an investment instruction properly given by the Financial Advisor.

AUTHORITY GRANTED

Please tick the appropriate box below for the chosen authority granted to the Financial Advisor:

- ☐ **Non-discretionary authority:** I/We confirm that the Financial Advisor will be acting on a non-discretionary basis. This means that the Financial Advisor will discuss any proposed alterations to the composition of the Investment Portfolio with me/us and that they must have my/our prior written agreement before any investment instructions are forwarded to the Insurer. I/We authorise the Insurer to act upon the investment instructions of the Financial Advisor as confirmed by myself/us in writing. Investment instructions may be forwarded to the Insurer only with my/our prior consultation, **or**
- ☐ **Discretionary authority:** I/We confirm that the Financial Advisor will be acting on a discretionary basis. This means the Financial Advisor has complete discretionary authority, without consulting me/us, to make investment decisions, to buy or sell, hold cash or other investments into any fund, share, ETF, interest in a certificate, note or debenture, other security or financial instrument. I/We authorise the Insurer to act upon the investment instructions of the Financial Advisor. Investment instructions may be forwarded to the Insurer without my/our prior consultation.

SECTION 7: FINANCIAL ADVISOR DETAILS

This section must be completed by the Financial Advisor.

First names			
Surname			
Financial Advisory firm name			
Telephone (office)		Mobile	
Email			

FINANCIAL ADVISOR DECLARATION

In my/our capacity of Financial Advisor to this application, I/we agree to the following terms and conditions:

1. All instructions should be received in a format as agreed by the Insurer.
2. The Insurer reserves the right to accept/reject any instruction from the Financial Advisor.
3. The Financial Advisor confirms that they have concluded the financial needs analysis necessary to provide appropriate advice which is both suitable for the applicant/s and takes into account their circumstances.
4. The Financial Advisor confirms that they have fully explained to the applicant/s the details, risks and constraints of the products, funds, sub-funds and investment instruments into which the applicant/s will invest, and further confirms that the applicant/s understands the information.
5. The Financial Advisor confirms that the applicant/s fully understand the consequences of any incorrect information provided on the details, risks and constraints of the products, funds, sub-funds and investment instruments into which the applicant/s will invest.
6. The Financial Advisor confirms and declares that they have provided full and transparent disclosure of all fees and commissions to the applicant/s and the Insurer accepts no responsibility for any non-disclosure by the Financial Advisor.
7. The Financial Advisor agrees to provide copies of discussions with the applicant/s, for evidence, where the Financial Advisor is acting on an advisory basis. The Financial Advisor has the duty to maintain these records.
8. The Financial Advisor confirms that it has such authorisations and licences with such regulatory bodies as is necessary to act as a Financial Advisor and agrees to notify the Insurer in writing, immediately should this authorisation change or cease.
9. The Insurer reserves the right to remove the Financial Advisor from the policy without specifying a reason and on giving one-month written notice to the applicant/s and the Financial Advisor.
10. The Financial Advisor may resign his appointment by giving one month's written notice to the applicant/s and the Insurer.
11. The Financial Advisor's appointment shall cease immediately upon the death, bankruptcy, dissolution, wilful misconduct or negligent act or omission, conviction for criminal offence or insolvency of the Financial Advisor or if the Financial Advisor is in breach of any regulatory requirement or it becomes illegal for the Financial Advisor to act in this capacity.
12. The Financial Advisor confirms that they have independently verified all the relevant applicant/s identities and personal details, as disclosed in this form and enclose certified copies of all requisite documents for the Insurer's records.
13. The Financial Advisor confirms that they are not aware of any reason why this application should not be concluded.
14. The Financial Advisor confirms that they have taken reasonable steps to ensure that the applicant/s premium is legitimate to the best of their knowledge; all the information provided by the applicant/s is true and complete and has been obtained by them, from the applicant/s.
15. The Financial Advisor declares that, to the best of their knowledge and belief, the information given in this form is true and complete.
16. The Financial Advisor declares that they have not made any changes to this form after the authorised signatory/ies, or applicant/s have signed it.
17. The Financial Advisor declares that they have informed the applicant/s of the Insurer's Data Protection and Privacy Policy and explained to the applicant/s their rights as Data Subjects in relation to the Data Protection Act 2017.

SIGNATURE

I/We confirm that as the appointed Financial Advisor I/we have read, fully understand and agree to the above declaration and my/our appointment as the applicant/s Financial Advisor.

I/We the undersigned appointed Financial Advisor hereby confirm my/our acceptance of and having read and understood all **eleven (11) pages** of this application form and the annexed Policy Charges Schedule.

I/We the undersigned appointed Financial Advisor hereby agree to the following documents forming the basis of the contract between me/us, the applicant/s and the Insurer:

1. this Application form
2. the Policy Charges Schedule
3. the Terms & Conditions document
4. the Policy Schedule
5. any endorsements to the Policy Schedule
6. any Dealing Instruction Form

Financial Advisor signature.....

Date..... (dd/mm/yyyy)

SECTION 8: BANK & PAYMENT DETAILS

IMPORTANT

- For non-cash transfers, please speak to your Financial Advisor for more information on how to proceed with the transfer.
- For telegraphic transfers, please request the Insurer's bank account details from your Financial Advisor.

APPLICANT BANK DETAILS

For joint applicants, please provide the joint bank account details or at least one of the applicant's bank details.

Account holder's name
(as stated on the bank
account)

Bank name

Bank address

Country

Account/IBAN number

Swift/BIC

Currency

SECTION 9: APPLICANT/S DECLARATION

1. **I/We, the applicant/s, warrant in favour of the Insurer that:**
 - 1.1. I/We confirm that I/We have read the policy product literature including the policy Terms & Conditions, which may be amended from time to time. The Terms & Conditions are also available on the Insurer's website – www.international-assurance.com
 - 1.2. I/We hereby consent to receiving my/our Policy Schedule and Terms & Conditions in digital format (should the applicant wish to receive their Policy Schedule and Terms & Conditions in paper-based form, then the applicant should notify the Insurer of their requirement).
 - 1.3. I/We declare that all the information provided in this form, any additional documentation, and any other written statements to the Insurer are to the best of my/our knowledge and belief, true and complete and that no material fact has been withheld.
 - 1.4. By signing this form, I/we agree to the policy being governed by the policy Terms & Conditions.
 - 1.5. I/We agree to provide additional information if requested by the Insurer.
 - 1.6. I/We confirm that to the best of my/our knowledge and belief, I/we are not subject to any legislation that would make my/our investment into this policy unlawful.
 - 1.7. I/We are aware that the Insurer does not provide investment advice, is not responsible for managing the investments and does not determine whether or not investments are suitable for me/us. The Insurer only acts on instructions received from me/us and/or where applicable, my/our Financial Advisor. I/We understand that the Insurer offers access to a range of investment instruments including funds, shares, ETF's, interest in a certificate, notes or debentures, other securities or financial instruments offered by external companies. I/We accept that the ultimate responsibility for the selection of investments lies with me/us and/or my/our appointed Financial Advisor, the value of which may rise or fall and that there is no financial guarantee against loss of investment.
 - 1.8. Should any investments underperform and as a consequence the value of my/our policy decreases, I/we hereby indemnify the Insurer, the Company, its Officers, Agents and Employees and/or Contractors, all Shareholders in and the Directors of the Company and Cells against any claims, demands, proceedings or actions of any nature whatsoever and howsoever arising which may be made against one

or more or all of them (by any person, including me/us and any third party) resulting from the purchase or sale of any investments, and/or the decrease in value of my/our policy.

- 1.9. I/We request that the Insurer allocates my/our premium to the investments selected as part of this application. In order for the Insurer to do this I/we confirm the following:
 - 1.9.1. I/We agree to the Insurer acting on instructions received from me/us or my/our appointed Financial Advisor, and I/we will read the documentation issued by the fund manager/product promoter for each investment prior to selecting it for my/our policy.
 - 1.9.2. I/We are aware that some investments may have Terms & Conditions that could:
 - 1.9.2.1. restrict the Insurer from realising a cash value when requested and prevent the Insurer paying out benefits from the policy in a timely fashion.
 - 1.9.2.2. result in the Insurer having to pay back some or all of the sale proceeds if an adjustment has to be made after the payment. If the Insurer is required to make such a repayment and the policy value is too low to cover it, or I/we have surrendered or terminated the policy, I/we agree to compensate the Insurer for any loss that it has suffered as a result.
 - 1.9.3. I/We accept that the Insurer has the right to sell funds linked to the policy without requiring my/our permission. The Insurer may do this if it decides that a fund may have harmful legal, tax or other consequences under law.
 - 1.9.4. I/We are aware that there may be fees to pay when the Insurer sells one or more of the investments linked to the policy. Any fees due when selling an investment should be detailed by the fund manager/product promoter in the fund/product documentation.
 - 1.9.5. I/We confirm that I/we am/are aware of the fees that I/we may pay in relation to my/our chosen investments.
- 1.10. I/We have fully familiarised myself/ourselves with any applicable income tax and exchange control laws and regulations regarding the purchase of investments.
- 1.11. I/We are not prevented or restrained legally, commercially, or otherwise from purchasing the product from the Insurer in accordance with the terms of this application.
2. I/We declare that I/we am/are not, nor are any beneficiaries nor lives assured, resident in Mauritius for the purpose of the Income Tax Laws in force in Mauritius and undertake to notify the Insurer if this declaration ceases to be correct.
3. I/We understand that my/our application will not be accepted unless cleared funds and the applicable Know Your Client information and any supporting documentation has been received and is compliant. Details of the required additional documentation are available on request from my/our Financial Advisor. The Insurer and/or their duly appointed Compliance Officer reserves the right to request any further documentation as and when required.
4. I/We acknowledge and agree that I/we have acquainted myself/ourselves with the following:
 - 4.1. The Insurer's Data Protection and Privacy Policy which is available on its website as a download.
 - 4.2. The Insurer's Complaints Handling Policy which is available on its website as a download.
5. I/We understand my/our rights as data subjects as detailed in the Insurer's Data Protection and Privacy Policy.
6. I/We consent to the collection, use, and processing of my/our personal data by the Insurer for any lawful purpose as required by the Insurer, as detailed in the Insurer's Data Protection and Privacy Policy.
7. I/We understand and agree that information provided to the Insurer by me/us will be stored on their computer systems and manually by its agents and delegates.
8. I/We as the guardian/parent of the child (minors under the age of 18 years of age) under the beneficiaries' section of this application form hereby consent to the use of their personal data provided, where applicable.
9. For the purpose of transferring my/our personal data outside Mauritius, I/we explicitly consent to the transfer, and I/we have been informed of the possible risks involved in the transfer of my/our personal data.
10. In providing the Insurer with information, I/we hereby represent and warrant to the Insurer that I/we have obtained the consent of any data subjects other than myself/ourselves authorising the Insurer to process their personal data (including the explicit consent of these data subjects for the processing of any special categories of personal data). For the purposes of this form, "data subject", "personal data", "process/ing" and "special categories of personal data" shall have the meanings attributed to them in the Data Protection Act 2017.
11. I/We understand that the Insurer does not provide legal/tax or financial advice and it is my/our responsibility to seek independent legal/tax or financial advice prior to completing this form.
12. I/We declare that all monies transferred to the Insurer, or its agents/delegates come from legitimate sources and agree to further justify the source of the funds to the Insurer on request.
13. I/We hereby authorise the Insurer to accept facsimile/e-mail/other electronic documents and instructions regarding my/our policy (hereafter referred to as 'electronic documents and instructions').
14. I/We accept that if I/we suffer any loss as a result of the Insurer's acceptance or interpretation of any electronic documents and instructions coming from or purporting to come from me/us, my/our Financial Advisor or my/our authorised representative, I/we shall have no claim against the Insurer, the Company, its Officers, Agents and Employees and/or Contractors, all Shareholders in and the Directors of the Company and Cells. I/We further agree to indemnify the Insurer, the Company, its Officers, Agents and Employees and/or Contractors, all Shareholders in and the Directors of the Company and Cells against any claims, demands, proceedings or actions of any nature whatsoever and howsoever arising which may be made against one or more or all of them (by any person, including me/us and any third party) and against any liabilities, costs, charges, losses or expenses incurred directly or indirectly by the Insurer as a result of it acting in accordance with any electronic documents and instructions provided (other than where there is fraud, gross negligence or wilful misconduct on the part of the Insurer or its Officers or Employees).
15. I/We agree that any signature (including any electronic symbol or process attached to, or associated with, this form or other document and adopted by me/us with the intent to sign, authenticate or accept such form or other document) hereto or to any agreement or document related to this application, and any record-keeping through electronic means shall have the same legal validity and enforceability as a manually executed signature or use of a paper-based recordkeeping system to the fullest extent permitted by applicable law, including the Electronic Transactions Act 2000, the Guidelines for issue of Insurance Policy Documents in Digital Format issued under section 7(1) (a) of the Financial Services Act 2007 and section 130 of the Insurance Act 2005, and I/we hereby waive any objection to the contrary.
16. I/We agree to this policy being governed by Mauritius law and to the Courts in Mauritius having the right to decide any case that may be brought in relation to this policy.

17. I/We hereby declare that the Insurer is discharged from any liabilities and or claims arising from the processing of this application.

APPLICANT/S RISK DECLARATION

In connection with the purchase of the financial instruments listed above, I/we the undersigned applicant/s declare that:

1. I/We understand that I/we am/are solely responsible for reviewing any investment into any fund, share, ETF, interest in a certificate, note or debenture, bond, or any other security or financial instrument ("Financial Instrument/s"), its offering and any statements made by an investment manager, sponsor or promoter or like person (a natural person, company, close corporation or other juristic person or corporate entity, a charity, trust, partnership, joint venture, syndicate or other association of persons) and for performing such due diligence as I/we may deem appropriate, including consulting my/our own Financial Advisor, legal and tax Advisers, and that any information provided by the Insurer shall not form the basis of my/our investment decision.
2. I/ We acknowledge that, in connection with any Financial Instrument listed above, I/we have read and understood each instrument, and its underlying instruments', offering memorandum(s), scheme particulars, prospectus(es) or other such similar documents. Further, that I/we have read and understood each Financial Instruments' risk factors as detailed in each offering memorandum, scheme particulars, prospectus, or other such similar documents.
3. I/We acknowledge that, in the case of a sub-fund administered by the Insurer, I/we have read and understood the scheme particulars and supplemental scheme particulars. I/We further acknowledge and understand the risk factors involved in investing in a sub-fund and I/we acknowledge that the Insurer accepts no responsibility for losses, damages and/or costs (including but not limited to legal fees) that may be incurred as a consequence of investing in a sub-fund.
4. In the event of my/our investment into a crypto structure that I/we have read, understood and signed the Crypto Investment Suitability Waiver form.
5. I/We understand that any investment promotional material of any nature whatsoever including but not limited to, listing particulars, scheme particulars, offering memorandums, brochures, leaflets or fact sheets, presented to me/us have been provided by my/our Financial Advisor and are not from the Insurer. The Insurer does not represent that such material or part thereof is accurate, complete, and/or up-to-date and, if applicable, time indicated nor does the Insurer accept any responsibility to update any opinion, analyses or other information contained in the material. The material presented to me/us has been provided by my/our Financial Advisor, or like person, is for my/our information only and is not an offer or solicitation to buy or sell or invest into any Financial Instrument.
6. I/We acknowledge that any choice of investment is entirely at my/our risk, and it is my/our responsibility to ensure that all available investment promotional material has been read and understood in respect of any investment chosen. Whilst the Insurer may allow an investment to be selected, it does not approve or endorse any investment that is available for selection. As such, I/we accept that the Insurer is not responsible for any losses, damages and/or costs that may be incurred as a result of acting on any instruction received from me/us or my/our Financial Advisor in dealing with my/our chosen investments.
7. I/We understand that some investments may not be appropriate for me/us. These investments can be speculative and may involve a high degree of risk, above and beyond those associated with traditional asset class investments and I/we could lose all or a substantial amount of my/our investment.
8. I/We acknowledge that the Insurer accepts no responsibility for ensuring that my/our investment objectives and risk levels are followed by my/our Financial Advisor and that the Insurer will not monitor compliance by the Financial Advisor with these investment objectives and risk levels.
9. I/We understand that some Financial Instruments have eligibility requirements including, but not limited to, minimum investment amounts. In the event that an instruction to purchase, sell, transfer and/or trade a Financial Instrument alone does not fulfil any applicable investment requirements, the Insurer will not purchase the relevant Financial Instrument despite receipt of an instruction from me/us and/or my/our Financial Advisor to do so.
10. I/We acknowledge that the Insurer may refuse or accept an investment instruction to purchase, sell, transfer and/or trade a Financial Instrument, and that this refusal or acceptance of an investment instruction does not amount to investment advice by the Insurer or does not indicate any judgement by the Insurer about its investment potential.
11. I/We am/are aware that the Insurer does not provide investment advice, is not responsible for managing the investments and does not determine whether or not investments are suitable for me/us. The Insurer only acts on instructions received from me/us and/or where applicable, my/our Financial Advisor. I/We understand that the Insurer offers access to a range of investment instruments including the Financial Instruments listed above or other financial instruments offered by external companies. I/We accept that the ultimate responsibility for the selection of investments lies with me/us and/or my/our appointed Financial Advisor, the value of which may rise or fall and that there is no financial guarantee against loss of investment.
12. I/We understand that the Insurer may be prevented from acting or unable to act on an instruction to purchase, sell, transfer and/or trade a Financial Instrument. The reasons for such inability or prevention include, but are not limited to, regulatory restrictions or changes, the temporary or permanent inaccessibility of the exchanges or securities administrators used by the Insurer, the suspension of trading in respect of any Financial Instrument, and/or normal market forces.
13. I/We acknowledge and understand that in the event that there is no secondary market for any of the Financial Instruments listed above, I/we may not be able to redeem the investment prior to the maturity date. I/We understand the risks associated with investing in a Financial Instrument that may have limited liquidity or no secondary market, and I/we accept these risks.
14. I/We acknowledge that we are acquainted with the legal, tax and reporting implications and requirements related to the purchase, sale, transfer, trading of and/or investment in any Financial Instrument in all jurisdictions which are applicable to me/us and undertake to ensure that I/we strictly comply with any such requirements.
15. The Insurer is under no obligation to ensure regulatory and/or legislative compliance with the purchase, sale, transfer, or trading of and/or investment in any Financial Instrument. I/We warrant that any instruction provided to the Insurer to buy, sell, transfer, trade and/or invest in any Financial Instrument shall comply with any and all applicable regulations and/or legislation and their jurisdiction. I/We hereby waive and abandon any right/s and/or claim/s which I/we may enjoy against the Insurer as a result of the Insurer's failure to comply with any applicable regulation and/or legislation in acting on any instruction received from me/us or my/our Financial Advisor in respect of the purchase, sale, transfer, trading of and/or investment in any Financial Instrument.
16. I/We accept that the Insurer shall not be liable for any loss or damages of any nature whatsoever, and howsoever arising, sustained by me/us directly or indirectly related to the conclusion, implementation or termination of any terms of business with any exchange or securities

administrator including, but not limited to any loss or damages sustained as a result of the Insurer's failure to act on an instruction to purchase, sell, transfer and/or trade a Financial Instrument.

17. I/We acknowledge and understand that the Insurer will make use of third-party service providers to facilitate the purchase, sale, transfer, trading, safe-keeping and custody of the Financial Instruments on my/our behalf, and hereby indemnify and hold the Insurer harmless against any loss which I/we may suffer as a result of the actions or omissions of any such third-party service provider. I/We acknowledge and agree that I/we shall be liable for any costs, charges or expenses of whatsoever nature associated with the Insurer's use of such third-party service providers in the implementation of the terms of my/our policy.
18. I/We acknowledge and agree that investing with a bank, custodian, or dealer involves inherent risks which may result in financial loss or harm to our assets. These risks include, but are not limited to insolvency, negligence, fraudulent action, ceased operations or other unforeseen circumstances. I/We further acknowledge and agree that the Insurer shall not be held liable for any losses, damages, or claims arising directly or indirectly from the bank's, custodian's or dealer's insolvency, negligence, misconduct, failure, breach of duty or any other acts or omissions.
19. I/We understand that some investments may have limited or no regulation and are not collective investment schemes or generally recognised securities and are not subject to the same regulatory requirements as collective investment schemes. Some investments may use leverage and other speculative investment practices that may increase the risk of capital loss. These investments may have performance that is volatile and may hold underlying investments that are illiquid.
20. I/We acknowledge that I/we have been made aware by my/our Financial Advisor, or like person, of the risks associated with the Financial Instruments listed above and accept all of the aforesaid risks which may result in financial loss and hereby waive and abandon any right to hold the Insurer responsible thereof as a result of such risk/s materialising, save in the event of gross negligence by the Insurer.
21. I/We agree that the Insurer is hereby indemnified against any loss or damage suffered by me/us in connection with the Financial Instruments listed above.
22. I/We acknowledge that one or more of my/our chosen Financial Instruments may default, suspend, or liquidate in the future or may have defaulted, been suspended or liquidated prior to transfer. I/We accept that the Insurer may recover all legal costs from me/us that the Insurer may incur as a result of any such default, suspension, or liquidation, along with any other related actions brought against any financial instrument provider in the event of such default, suspension or liquidation.
23. I/We acknowledge that the purchase, sale, transfer, trade of and/or investment in any Financial Instrument may result in the levying of fees and/or commissions and/or other costs and authorise the Insurer to incur such costs on my/our behalf. I/We acknowledge and agree that such fees and/or commissions and/or other costs shall in no way impact or substitute any fees which may be charged by the Insurer for its services in terms of this form/policy and any supplementary or additional investments.
24. I/We acknowledge that the Financial Instruments listed above may have charging structures that might include various fees and commissions and that these have been disclosed to me/us by my/our Financial Advisor, or like person.
25. I/We agree that I/we will remain liable for any and all of the Insurer's fees including, but not limited to, administrative and policy fees during any period in which the purchase, sale, transfer, trade of and/or investment in any Financial Instrument that is suspended or impaired in any manner whatsoever.
26. I/We acknowledge and understand that any investment into any of the Financial Instruments listed above may have sale/redemption restrictions that may limit sales/redemptions to certain periods, certain points in time or future dates and may require advance notice before any sale/redemption, and I/we further acknowledge that I/we are acquainted with the sale/redemption restrictions that may apply to the Financial Instruments listed above.
27. I/We confirm that I/we have read and fully understand the risks and related terms and conditions contained in this form.
28. I/We acknowledge and agree that each of the declarations made above shall apply to the purchase, sale, transfer, or trade of the Financial Instruments listed above, and to any subsequent purchase, sale, transfer, or trade of a Financial Instrument.

SIGNATURES

I/We confirm that I/we have read, fully understand and agree to all parts of the above declarations and appointments and that, as applicant/s, I/we will be the beneficial owner(s) of this policy.

I/We the undersigned hereby confirm my/our acceptance of and having read and understood all **eleven (11) pages** of this application form and the annexed Policy Charges Schedule.

I/We the undersigned agree to the following documents forming the basis of the contract between me/us and the Insurer:

1. this Application Form
2. the Policy Charges Schedule
3. the Terms & Conditions document
4. the Policy Schedule
5. any endorsements to the Policy Schedule
6. any Dealing Instruction Form

First Applicant

Signature

First names

Surname

Date (dd/mm/yyyy)

Second Applicant (if applicable)

Signature

First names

Surname

Date (dd/mm/yyyy)



LINKED INVESTMENT POLICY
SINGLE PREMIUM INVESTMENT PLAN

i IMPORTANT

- This Policy Charges Schedule must be completed together with the accompanying application form and is part of the contract between the applicant and the Insurer.
- Complete all the information requested in this Policy Charges Schedule.
- Correction fluid is not permitted, and any amendments must be initialled.

The applicant/s **may choose one** of the following Establishment Charging Structures (please tick the chosen option):

A	<input type="checkbox"/>	0 year Establishment Charging Structure (92.5% allocation) There is no surrender charge under this structure.
B	<input type="checkbox"/>	5 year Establishment Charging Structure (100% allocation) An initial surrender charge of 7.5% reducing daily to nil after 5 years.
C	<input type="checkbox"/>	8 year Establishment Charging Structure (100% allocation) An initial surrender charge of 7.5% reducing daily to nil after 8 years.
D	<input type="checkbox"/>	10 year Establishment Charging Structure (100% allocation) An initial surrender charge of 7.5% reducing daily to nil after 10 years.

ONGOING FEE (all fees are calculated daily and withdrawn monthly)

Financial Advisor's advisory fee% p.a (maximum charge of 2%)
Insurer's administration fee	0.35% p.a
Insurer's policy fee	USD 100 p.a.