Flexible Investment Bond and Total Access Bond

Canada Life™

Flexible Investment Bond and Total Access Bond

Investment Bond new policy application

Contact details

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

Phone: **0845 3452220** (lines are open Monday to Friday 9am – 5pm)

Email: **NBDInvestment@canadalife.co.uk**

Head office address:
New Business Investment Team
Canada Life Limited
Canada Life Place
Potters Bar, Herts EN6 5BA

Website: **www.canadalife.co.uk**

Please be aware that cheques are presented on day of receipt so funds must be available.

In order for your application to be processed as a priority, the following must be completed.

Agency No: L

Quotation Reference No:

Flexible Investment Bond ________

Total Access Bond ________

(The reference number is located on the bottom left hand corner of your Personal Example).

Investment New Business submission checklist

To be completed by the professional adviser.

Help us to help you

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

By completing this form and making sure we have all the required information, including a correct Personal Example reference number, we can issue policies more efficiently.

- **Your Investment Bond will be set up on the basis of the personal example reference number quoted on page 5.**

Checklist – Please check that all required information has been completed and attached.

Copy of the relevant Personal Example (including admin page) matching the clients requirements. ☐

Cheque for full investment amount *(please note these will be banked on the day of receipt)*. Please make cheques payable to Canada Life Limited. For company/third party investments please make sure all cheques are payable to Canada Life Limited Ref: CLIENT NAME ☐

Trust deed *(if applicable)*

- The trust needs to be certified with an original signature.
- If amendments have been made to the trust, subsequent deeds are required.
- If a trustee has died, we require the death certificate.
- All trust deeds need to be fully completed, signed, witnessed and dated.

Certified copy of Power of Attorney (POA) – (if applicable)

- The POA must be certified on the front page and the remaining pages must be initialled.

It can be certified by either a solicitor, donor, notary public, stockbroker or a professional adviser.

If certified by a professional adviser we require the following:

1) Name and FSA number of regulated firm.
2) Full name, position and signature of professional adviser.
3) Date the POA was certified.

Part 1. Professional adviser details

To be completed by the professional adviser.

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

Please make sure we have the correct email address as we will confirm stages of our process via email.

E-mail address

Professional adviser name

Name of person submitting the application *(if different)*

Address *(including postcode)*

Postcode

Telephone number

Fax number

FSA number

For FSA reporting requirements please indicate, by ticking the box, if your client did **not** receive advice for this sale ☐

***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/ifa**

Part 2. Personal details

Please complete in BLOCK CAPITALS and tick small boxes where appropriate. Applications can only be accepted from UK residents

Details of company applications

	Corporate bond owner
Company name	
Registered address *(including postcode)*	
	Postcode

Please complete an anti-money laundering verification of identity corporate and other non-personal entity form (form 8205)

Details of life/lives assured – multiple lives accepted subject to insurable interest

	Life 1/Bond owner 1	Life 2/Bond owner 2
Title *(Mr, Mrs, Miss, other)*		
Surname		
Forenames		
Permanent residential address *(including postcode)*		
	Postcode	Postcode
Telephone number		
Date of birth *(day, month, year)*		
Sex	Male ☐ Female ☐	Male ☐ Female ☐
Are you the owner of this investment?	Yes ☐ No ☐	Yes ☐ No ☐
Are you a life assured for this investment?	Yes ☐ No ☐	Yes ☐ No ☐

Insurable interest – please complete for multiple lives applications

Please state relationship of the owner to life assured or nature of insurable interest	

Additional life/lives assured

	Life 3/Bond owner 3	Life 4/Bond owner 4
Title *(Mr, Mrs, Miss, other)*		
Surname		
Forenames		
Permanent residential address *(including postcode)*		
	Postcode	Postcode
Telephone number		
Date of birth *(day, month, year)*		
Sex	Male ☐ Female ☐	Male ☐ Female ☐
Are you the owner of this investment?	Yes ☐ No ☐	Yes ☐ No ☐
Are you a life assured for this investment?	Yes ☐ No ☐	Yes ☐ No ☐

Part 3. Source of funds/wealth

Please provide all the following information to fulfil the money laundering regulations. Note: Incomplete sections may delay the processing of this application.

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.

Account name

Bank or building society address *(including postcode)*

Postcode

Account number

Sort code — —

Roll number (for building society accounts)

Occupation and wealth

In some cases, we may require documentary evidence to verify the information provided in this section.

	Bond owner 1	Bond owner 2	Bond owner 3	Bond owner 4
Occupation				

Your yearly income before taxation

Please indicate which income band applies to you. Please complete income for joint applications.

	Bond owner 1	Bond owner 2	Bond owner 3	Bond owner 4
Under £10,000	☐	☐	☐	☐
£10,000 to £19,999	☐	☐	☐	☐
£20,000 to £39,999	☐	☐	☐	☐
£40,000 to £49,999	☐	☐	☐	☐
£50,000 or more	☐	☐	☐	☐

Source of wealth

Please indicate source of wealth.

Salary/Bonus ☐	Divorce settlement ☐	Gift ☐
Inheritance ☐	Lottery/Betting win ☐	Policy claim/Maturity ☐
Compensation payment ☐	Sale of investments ☐	Sale of property ☐
Sale of company ☐	Savings ☐	Other *(please give details below)* ☐

Part 4. Withdrawal details

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

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

If you have selected withdrawals, please complete your bank account details here if different from those shown in Part 3.

Account name

Bank or building society account you want us to send the payments to.

Postcode

Account number

Sort code — —

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.**

Date of first payment   Monthly ☐ Quarterly ☐ Termly ☐ Half-yearly ☐ Yearly ☐

For termly withdrawals only:

Date of second payment   Date of third payment

Part 5. Declaration and Data Protection notice

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

The Personal Example reference number is on the bottom left hand corner of the Personal Example.

Applications without the Personal Example reference number will be returned.

This application is for a: *(please tick one box)*

Flexible Investment Bond ☐ Total Access Bond ☐

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 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 Canada Life Limited (Canada Life). 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).**
- this application, and the answers, and the policy or policies shall constitute the entire agreement.
- the statements above are all true and complete and I/we will inform Canada Life 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.
- this is Canada Life's standard client agreement upon which it intends to rely. For your own benefit and protection you should read the key features and Personal Example for the policy before signing this application form. (If you do not understand any point please contact us for further information.)
- where there are two or more signatories, the foregoing declaration and agreements are made by us jointly and severally.
- 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 from its head office in the United Kingdom, together with a letter containing confirmation of acceptance, and the first premium has been paid by a method satisfactory to Canada Life.

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 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.

To protect me and Canada Life from financial crime, I accept that Canada Life may need to confirm my identity from time to time. To do this, Canada Life may use reference agencies to search sources of information about me (an identity search) but this will not affect my credit rating. I accept that if this identity search fails, Canada Life may ask me for documents to confirm my identity.

Data Protection notice

Personal information you provide to Canada Life Limited (Canada Life) as data controller will be treated in accordance with the Data Protection Act 1998.

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

Using personal information
Canada Life uses personal information to undertake any activity relating to its policies, products and services and, where relevant, to process applications, set up and administer policies and handle any claims on policies.

Sharing personal information
Canada Life may share personal information:

- with other companies in the Canada Life group in the United Kingdom and those outside the European Economic Area;
- with its or their service providers, reinsurers and regulators;
- with other insurance companies and associations or credit reference agencies in order to prevent financial crime and fraud; and
- in any circumstances if permitted or required to do so by law or if Canada Life has consent to do so.

Accessing personal information
A person whose personal information is held by Canada Life has various rights including the right to:

- have any incorrect personal information corrected; and
- access the personal information Canada Life holds for which a small fee may be charged.

To do so and/or if you need more information, please contact Canada Life at
Canada Life Limited
Customer Service Department
Canada Life Place
Potters Bar
Hertfordshire EN6 5BA.

Fund switch authority

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

I/We give permission to the professional adviser named in this application form to undertake switches on my/our behalf until further notice. Yes ☐ No ☐

I confirm that ***(name of firm)*** ______

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

Professional adviser's signature	Date *(day, month, year)*

A certified copy of the trust must be included with this application *(please see page 2 for notes)*

Is this policy to be placed under trust? Yes ☐ No ☐

If you place your bond under trust all trustees must sign below

Signatures

	Signature	Date *(day, month, year)*
Owner/Trustee 1		/ /
Owner/Trustee 2		/ /
Owner/Trustee 3		/ /
Owner/Trustee 4		/ /

Part 6. Anti-money laundering verification of identity – Private Individual

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

Details of individual
(see explanatory notes)

Full name of customer *(Bond 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 section 1 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 1

Full name of regulated firm (or sole trader)

FSA reference number

Explanatory notes

1. A separate confirmation must be completed for each customer (eg 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; or
   - 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.

Part 6. Anti-money laundering verification of identity – Private Individual

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

Details of individual
(see explanatory notes)

Full name of customer *(Bond 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 section 1 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 1

Full name of regulated firm (or sole trader)

FSA reference number

Explanatory notes

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   - 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.

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