



Canada Life™

## Select Investment Bond

### Application for a new policy

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

Agency No:

Reference No:

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



# Part 1. Personal details

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

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

	Life 1	Life 2
Title (Mr, Mrs, Miss, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Permanent residential address (including postcode)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
Telephone numbers*	<input type="text" value="Home"/>	<input type="text" value="Home"/>
	<input type="text" value="Business"/>	<input type="text" value="Business"/>
	<input type="text" value="Mobile"/>	<input type="text" value="Mobile"/>
E-mail address*	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

## 2. Additional life/lives assured

	Life 3	Life 4
Title (Mr, Mrs, Miss, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Permanent residential address (including postcode)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text" value="Postcode"/>	<input type="text" value="Postcode"/>
Telephone numbers*	<input type="text" value="Home"/>	<input type="text" value="Home"/>
	<input type="text" value="Business"/>	<input type="text" value="Business"/>
	<input type="text" value="Mobile"/>	<input type="text" value="Mobile"/>
E-mail address*	<input type="text"/>	<input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>

\* Optional

## Part 2. Product details

### 1. Policy details

Basis Single life  Joint life, 1st death  Joint life, 2nd death  Multiple lives, last death

New policy number  
**For office use only:**

**For increases (to an existing Select Investment Bond) please indicate your policy number here. Please note, this will be set up as a new policy number.**

Policy to be written in trust Yes  No

### Investment details

Total investment amount £

Allocation %  **We will apply the number of segments as per your Personal Example.**

**Important note: The latest Personal Example reference number which is shown in the bottom left hand corner of the Personal Example must be shown in the following box:**

### 2. Withdrawal details

Please tick

- |          |                          |   |
|----------|--------------------------|---|
| Option 1 | <input type="checkbox"/> | Your selected level of withdrawals will be apportioned across all of your chosen funds. This means that the amount deducted from each fund will be proportionate to the value of that fund compared to the value of the bond at the time of the withdrawal.                             |
| Option 2 | <input type="checkbox"/> | Your selected level of withdrawals will not be apportioned across all your chosen funds but from up to 5 funds selected by you. Please select your chosen funds in the section headed ' <b>3. Fund selection</b> '.   |
| Option 3 | <input type="checkbox"/> | You are selecting to take a specific amount from up to 5 funds selected by you. Unlike Options 1 & 2 above, the amount taken from each fund will remain the same. Please select the amounts you wish to take from your chosen funds in the section headed ' <b>3. Fund selection</b> '. |

**In the event that a fund has less than the required amount to pay a regular withdrawal, please specify in the box below which fund/funds you would like us to deduct units from.**

Account name

Sort code

 -  - 

Account number

Roll number (for building society accounts)

Please provide the name, and address (including postcode) of the bank or building society account you want us to send the payments to.

Postcode

Amount

Monthly  Quarterly  Half yearly  Yearly  Termly

Date of first payment

**\* At least one month should be allowed from the date that Canada Life Limited receives this application.**

**\* Payments can only be made on 1st to 28th of each month.**

**For termly withdrawals only:**

Date of second payment

Date of third payment







**5. Ownership**

**Please complete appropriate column. If this is an existing trust application, including gift and loan please go to Part 5 – Individual Trustee(s) owner details**

<b>Single Life</b>		<b>Joint Lives</b>	
<input type="checkbox"/> Own policy		<input type="checkbox"/> Joint ownership	
<b>OR</b>		<b>OR</b>	<b>OR</b>
<input type="checkbox"/> Other owner/owners		<input type="checkbox"/> Single ownership - Life 1	<input type="checkbox"/> Other owner/owners
		<b>OR</b>	
		<input type="checkbox"/> Single ownership - Life 2	

**Details of other owner/owners**

<b>Owner 1</b>	Title (Mr, Mrs, Miss, other)	<input type="text"/>		
	Surname	<input type="text"/>		
	Forenames	<input type="text"/>		
<b>Owner 2</b>	Title (Mr, Mrs, Miss, other)	<input type="text"/>		
	Surname	<input type="text"/>		
	Forenames	<input type="text"/>		
	Correspondence address (including postcode)	<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		
		Postcode	<input type="text"/>	<input type="text"/>

**Insurable interest**

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

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# Part 3. Source of funds/wealth

Please provide all the following information which is required under 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 originated

Account name	<input style="width: 300px; height: 20px;" type="text"/>	Sort code	<input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/> - <input style="width: 30px; height: 20px;" type="text"/>
Bank or building society address (including postcode)	<input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/> <input style="width: 300px; height: 20px;" type="text"/>	Account number	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
	Postcode		Roll number (for building society accounts)
	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		<input style="width: 150px; height: 20px;" type="text"/>
Has the account been held for less than six months	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**Source of funds (to be completed in all cases)**

Please give a detailed explanation of the original source of funds, ie a summary of how the funds were acquired (lump sum from retirement, accumulated savings from bank or building society, payment under a will, redundancy payment, sale of shares, received inheritance, sale of property). If a full and detailed explanation is not provided, this may result in a delay in investment and acceptance. Please note, one word answers are not acceptable.

If from a third party, please explain the circumstances

Please confirm details of the dates and transactions involved if the source is from sale of investments

Date (day, month, year)	<input style="width: 150px; height: 20px;" type="text"/>	Transaction	<input style="width: 350px; height: 20px;" type="text"/>
Date (day, month, year)	<input style="width: 150px; height: 20px;" type="text"/>	Transaction	<input style="width: 350px; height: 20px;" type="text"/>
Date (day, month, year)	<input style="width: 150px; height: 20px;" type="text"/>	Transaction	<input style="width: 350px; height: 20px;" type="text"/>

Please provide details of occupation(s) (eg office manager/retired/admin clerk/construction worker/mechanic)

<b>1. Life/Owner/Trustee</b>	<b>2. Life/Owner/Trustee</b>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
<b>3. Life/Owner/Trustee</b>	<b>4. Life/Owner/Trustee</b>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>

Please provide details of the owner's income

<b>1. Owner</b>	<b>2. Owner</b>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>
<b>3. Owner</b>	<b>4. Owner</b>
<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>

## Part 4. Declaration and Data Protection Notice

### Declaration

Please sign this declaration once you have read it. If you are unsure as to whether any information should be given, you should provide it (if you do not understand any point please ask for further information).

I/We, the undersigned, declare and agree the following:

- to my/our best knowledge and belief the statements in this application are complete and true and contain all material facts (**A material fact is one that will influence whether and upon what terms this application is accepted by Canada Life Limited. 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 Limited 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 Limited'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.
- 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 Limited 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 Limited.

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.

To protect me and Canada Life Limited from financial crime, I accept that Canada Life Limited 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

Any personal information you may provide to Canada Life Limited or CLFIS (U.K.) Limited, (each referred to as 'Canada Life' in this notice) 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, products and services and handle any claims.

#### Sharing personal information

Canada Life may share personal information:

- with other companies in the Canada Life group in the United Kingdom and with those outside the European Economic Area;
- with any of its or their service providers, reinsurers and regulators;

- with other companies, organisations and associations and/or credit reference agencies in order to prevent financial crime or fraud;
- for employer-related products and services, with the employer, the trustee(s) and their agents; and/or
- 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/or
- access the personal information Canada Life holds for which a 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.**

### Money laundering regulations

Canada Life Limited's Money Laundering Certificate must be completed by your adviser and returned with this application. Full details are provided in the document 'Money laundering identity verification certificate'.

### Signatures

**Please make all cheques payable to Canada Life Limited**

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

## Part 5. Individual Trustee(s) owner details

This is for completion by Trustees of existing trusts and gift and loan trusts only. Please complete in full and delete where appropriate.

I am/We\* are the current Trustee(s) of the Trust created on date (in full)  Date  by  the Settlor(s)

and confirm the following

1. The Trust name is:

2. The nature and purpose of the Trust is:

3. I/We\* have the necessary powers to make the proposed investment.

4. I/We\* will advise Canada Life Limited in writing immediately of any changes of Trustee(s) and I/we\* understand that appropriate evidence of identity will be required.

5. All Trustee(s) must act unanimously / the Trustee(s) may act by majority\* (we shall assume the Trustee(s) must act unanimously unless indicated otherwise).

6. I/We\* confirm that the identity of the beneficiaries are known to us, and will be disclosed if necessary

\*delete as applicable

### Trustee(s)

#### Trustee 1

#### Trustee 2

Title (Mr, Mrs, Miss, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Correspondence address (including postcode)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Previous address (including postcode) (if you have been at the above address for less than 6 months)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Country of habitual residence	<input type="text"/>	<input type="text"/>
Are you an existing Canada Life client?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'Yes', please provide policy number	<input type="text"/>	<input type="text"/>
What is your relationship to the other Trustee(s) signing this application	<input type="text"/>	<input type="text"/>

#### Trustee 3

#### Trustee 4

Title (Mr, Mrs, Miss, other)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Forenames	<input type="text"/>	<input type="text"/>
Correspondence address (including postcode)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Previous address (including postcode) (if you have been at the above address for less than 6 months)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode <input type="text"/>	Postcode <input type="text"/>
Country of habitual residence	<input type="text"/>	<input type="text"/>
Are you an existing Canada Life client?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please provide policy number	<input type="text"/>	<input type="text"/>
What is your relationship to the other Trustee(s) signing this application	<input type="text"/>	<input type="text"/>

For trustee applications, the trustees must sign the declaration (Part 4) as owners of this policy.

## Part 6. 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)	<input type="text" value="L"/>	Company stamp <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
Professional adviser name	<input type="text"/>	
Name of person submitting the application (if different)	<input type="text"/>	
Address (including postcode)	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	
Telephone number	<input type="text"/>	
Fax number	<input type="text"/>	
E-mail address	<input type="text"/>	
Regulatory body	<input type="text"/>	
FSA number	<input type="text"/>	
For FSA reporting requirements please indicate, by ticking the box, if your client did <b>not</b> receive advice for this sale	<input type="checkbox"/>	
Are you part of a network/national? If 'Yes', please provide name	<input type="text"/>	
Is this the first time you have placed business with Canada Life?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Commission rate:	<input type="text"/> % of which <input type="text"/> % to be rebated	
Trail commission rate:	<input type="text"/> %	
Additional comments	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

If you are dealing with your clients at a distance (not face to face) you will need to provide them with the terms and conditions of the contract. These can be found at [www.canadalife.co.uk/ifa](http://www.canadalife.co.uk/ifa)

## Part 7. Contact details

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- 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 6060708** (lines are open Monday to Friday 9am – 5pm)

E-mail: [NBDInvestment@canadalife.co.uk](mailto: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](http://www.canadalife.co.uk)



Canada Life Limited, registered in England no. 973271. Registered office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA  
Telephone 0845 6060708 Facsimile 01707 646088 [www.canadalife.co.uk](http://www.canadalife.co.uk)

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