**APPLICATION FORM FOR INDIVIDUALS** 



The London & Colonial Flexible Life Annuity ('FLA') is provided by London & Colonial Assurance PCC Plc ('LCA'). LCA is a Gibraltar registered company and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company (PCC). LCA is licensed and regulated by the Gibraltar Financial Services Commission and is part of STM Group Plc, a multi-jurisdictional financial services group listed on AIM, a market operated by the London Stock Exchange.

The security and safety of your data is very important to LCA. A copy of LCA's Privacy Notice can be found on our website:

info.stmgroupplc.com/privacy-notice





PART OF

APPLICATION FORM FOR INDIVIDUALS

#### Checklist

Section	Requirement	Who By?	Completed
1. Annuitant / Applicant Details	Complete in Full	Applicant	
2. Premium Details	Complete in Full	Applicant	
3. Source of Funds / Wealth	Complete in Full	Applicant	
4. Annuity Details and Payment Instructions	Complete in Full	Applicant	
5. Independent Financial Adviser	Complete in Full (if applicable)	Independent Financial Adviser	
6. Investment Adviser	Complete in Full (if applicable)	Investment Adviser	
7. Discretionary Fund Manager	Complete in Full (if applicable)	Applicant	
8. Investment Instructions	Complete in Full	Applicant & Investment Adviser	
9. Product Charges	Complete in Full	Applicant	
10. Declaration, General Principles and Signature	Confirm Terms have been read and understood and Application Signed	Applicant	
11. Who Can Certify Documents			
12. Queries, Complaints and Contact Details			
13. Data Protection			

#### **Application Checklist**

Fully completed all relevant sections of the Application Form

Completed the relevant International Tax Compliance Questionnaire(s)

Provided details of Source of Funds / Wealth and suitably certified documentation (as outlined in Section 3 of this Application Form)

Read and understood the Key Information Document for the London & Colonial Flexible Life Annuity

Provided verification of bank account which will receive the Annuity payments (as outlined in Section 4 of this Application Form)

Provided identification\*

Provided verification of current residential address\*\*

- \* Verification of identity **must** be provided. Please send a certified copy of your passport or National Identity Card showing your photograph(s).
- \*\* Verification of current residential address **must** be provided. Please send a certified copy of at least one of the following documents:

Please tick which documents you are sending us	Acceptable document
	Latest bank account or credit card statement
	Utility, rates or council tax bill (less than 3 months old). Mobile telephone bills are not acceptable.
	Current driving licence
	Proof of ownership or rental at current residential address
	Mortgage statement
	Tax assessment document
	State pension, benefit book or other government produced document showing benefit entitlement
	Extract from official register of electors
	Proof of payment for a PO Box service (which must also show the residential address) where the PO Box shown is also the correspondence address of the Applicant
	Entry in local telephone directory

The signed Application Form together with the documentation listed above should be scanned and emailed to <u>Gibraltar@londoncolonial.com</u>. Once LCA Life confirm that all the relevant documentation has been included, the originals can be mailed to: LONDON & COLONIAL ASSURANCE PCC PLC, MONTAGU PAVILION, 8-10 QUEENSWAY, GIBRALTAR

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#### **SECTION 1. Annuitant / Applicant Details**

This Application Form should be read in conjunction with the Key Features and the Key Information Document for this product which, together with the policy documentation, set out the terms and conditions of the contract. If you have any questions while completing this Application Form, please speak to your Independent Financial Adviser.

		-									
Title:											
Surname:											
First Name:											
Email:											
Gender:		Male	Ť	Fema	ale 🛉	Pleas	e tick here to	confirm yo	u are a UK tax	reside	nt:
Residential Address:							Nationality:				
						С	Pate of Birth:	Day	Month		Year
							Postcode:				
Country:							Phone:				
Tax ID Number:						Natio	nal Insurance Number*:				
If you are also tax res please state the co	sident in an untry and	other c Tax ID N	country, Number								

#### **Section 2. Premium Details**

Premium Amount:	f	
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All payments made to London & Colonial Assurance PCC Plc must originate from a bank / building society account in the name of the Applicant.

The Premium Amount should be sent electronically to the following account:

Bank Name: NATWEST GIBRALTAR
Bank Address: 57 Line Wall Road, Gibraltar
Account Name: London & Colonial Assurance PCC Plc

**Account Number:** 47675829 **Sort Code:** 60 - 60 - 60

**IBAN Number:** GI 40 NWBK0 606060 47675829

**BIC**: RBOSGIGI

Reference: Applicant/Annuitant Name

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<sup>\*</sup>If you have lost or do not have a National Insurance number then please obtain one from UK HMRC here <u>www.gov.uk/lost-national-insurance-number</u>

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#### **SECTION 3. Source of Funds / Wealth**

#### **SOURCE OF WEALTH**

Please tick the appropriate option(s) relating to Source of Wealth and supply suitably certified documentation as a minimum requirement.

SOURCE OF WEALTH	INFORMATION WE REQUIRE	DOCUMENTATION REQUIRED AS A MINIMUM*
Savings from Employment (Salary and/or Bonuses)	Occupation. Average salary per annum for last 3 years. Name and address of employer(s). Length of service with employer(s).	Payslip from within the last three months OR     Letter from employer confirming salary/bonus, position, and length of employment
Savings from Self- Employment	Occupation. Earnings per annum (average or detailed per year for last five years).	<ul> <li>Business accounts, preferably with preparing accountant's report OR</li> <li>Letter from practising accountant confirming your earnings OR</li> <li>Your tax returns (All for approximately 3 years)</li> </ul>
Company Dividends (including where you own or part-own the company)	Amount(s), date(s), and company(s) involved (name and address).	<ul> <li>Dividend vouchers OR</li> <li>Evidence of share ownership (certificates, Crest extract, etc) OR</li> <li>Where from privately owned company(s), evidence of ownership and dividend payments such as audited accounts</li> </ul>
Sale or Maturity of Investments	Amount(s), date(s), and details of the investments sold/matured/transferred in or in-specie transfer.	Sale/surrender contract notes or certificates OR     Statement from a recognised broker or investment manager
Property Sale	Details of the property, date of sale and total sale amount.	Copy of completion statement OR     Letter of confirmation from your lawyer
Life Policy Proceeds	Amount(s) and date(s) received, Policy Provider and Policy reference number. Length of time the Policy was held and date of surrender or maturity.	Policy surrender/maturity documentation (original or certified) OR     Letter from Policy Provider
Private Company Sale	Amount(s), date(s), and company involved (name and address). Company activities.	<ul><li>Original or certified copy of sales contract OR</li><li>Letter confirming details from your lawyer</li></ul>
Inheritance / Gift	Amount(s) and date(s) of the inheritance/gift(s), benefactor's details and their relationship to you. Details of benefactor's source of wealth	<ul> <li>Original or certified copy of relevant document (e.g. Will) OR</li> <li>Letter confirming details from your lawyer OR</li> <li>Letter from donor if gift over £50,000</li> </ul>
Other	Details including dates and amounts involved, from whom the money was received and for what reason.	Documentation and/or third party confirmation relevant to each circumstance
	exhaustive list and LCA reserves the right to reque. der to comply with Gibraltar's statutory Anti-Mone	st any further information and/ or documentation we reasonably by Laundering requirements.

Generally, the "Information We Require" can be provided by way of a written note from you. The "Documentation Required as a Minimum" should always be from a third party and suitably certified as detailed below. If you choose to provide it with the initial Application then it may speed up the application process.

#### SOURCE OF FUNDS

The premium payment must come from an account held in the name of the Applicant. If you are making multiple payments, please photocopy the page, attach the details and the reason why multiple payments are being made with this Application Form and tick here

Payment Amount:	£	Bank Account Holder:	
Bank Account Number / IBAN:			
Sort Code:		SWIFT or BIC code:	
ABA Number:		Branch Code for non-UK Banks:	
Bank Name:			
Bank Address:			

· Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.

Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN)

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Section 4. Annu	ity Details and Payment	Inst	ructions				
Reference number of	Illustration received:						
Frequency of payment	ts. Please tick the appropriate box:						
Per Annum	Per Half Year		Per Quarter			Per Mont	:h
Annuity Payment Amount:			Date of first payment:	Month		Year	
Please allow 7 working oby third party may take l	days for your account to be credited who longer to clear.	ere the	e funds are held in the	current	account o	of the policy.	Funds hel
Where do you want the (Payments will be made	he funds to be paid? by electronic transfer. A certified copy of	f an up	-to-date statement fo	r this bar	nk account	t must be pro	ovided)
Bank Name:							
			Account name:				
Bank Address:			Account number:				
			Sort Code:				
Country:			IBAN:				
Postcode:			SWIFT / BIC:				
·	endent Financial Adviser						
	ce has been given on the sale of this proc		Yes		No		
	the Independent Financial Adviser who g	gave yo	ou the advice to purch	ase this p	roduct:		
Name:							
Company Name:							
Registration Number:			Phone:				
Registered			Mobile:				
Address:			Signature of the Independent				
Country:			Financial Adviser:				<u> </u>
Postcode:			Date:	Day	Month	Year	
Email:							

Your Independent Financial Adviser acts as your agent and not as an agent of LCA (see declaration on page 8).

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Section 6. Investment Adviser				
Please provide details of the Investment Adviser that y	ou would like LC.	A to consider appointir	ng as the Investment Advise	r to this Annuity
Name:				
Company Name:				
Registered		Registration Number:		
Address:		Telephone:		
		Mobile:		
		Country:		
Email Address:				
Declaration				
I declare that I wish to appoint the Investment Advis held within my Annuity. I request LCA to enter into a this appointment.	er named above t any formal agreer	to be the Investment A ments required by the I	dviser of the underlying asson nvestment Adviser to facilita	ets ate
I declare that I have delegated investment decisions without having to consult me first, to make all invest authorise LCA to act upon the investment instruct Applicant / Annuitant.	stment decisions	to buy or sell assets, he	old cash or other investmen	its.
For completion by the Investment Adv	viser			(Please tick to confi
I confirm that I hold the appropriate authorisatio	n to provide ong	oing investment advice	e to the Applicant	
Signature of the Investment Adviser:		Date: Day	Month	
investment Adviser.				
SECTION 7. Discretionary Fund Mai	nager (if a	pplicable)		
Please provide details of the Discretionary Fund N		· ·	consider appointing to th	is Annuity.
Name of Discretionary Fund Manager:  ("the Manager")				
Registration Number:		Coun	try:	
		Mobile:		
Registered Address:		Fax:		
Audiess.		Telephone:		

#### Declaration

Email Address:

I declare that I wish for the underlying assets held within my Annuity to be placed in a discretionary account, which will be managed on a discretionary basis by the Manager.

I acknowledge that these investments are held in the name of LCA and therefore I request LCA to enter formal agreement(s) appointing the Manager.

(Please tick to confirm)

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#### **SECTION 8. Investment Instructions**

Please give full details below of your initial asset selection.

Please note that if any of the investment instructions are unclear, LCA will not make the investments until the information has been clarified. If no investment instructions are given on this Application Form then LCA shall hold any funds in cash until such time as LCA receives valid investment instructions.

Amount	to Invest	Asset Details		
Cash Amount	% of The Premium Amount	SEDOL, ISIN or FPI Mirror Fund Code	Asset Name	Base Currency Unit

There should be sufficient cash held in the cash account to cover 1st year charges and income payments.

Any assets which have not previously been accepted by LCA may be subject to an asset acceptance process.

#### **SECTION 9. Product Charges**

LCA Charges			
Establishment Charge:	%		
Annual Management Charge:	%		
Independent Financial Adviser Charg	es (if applicable)		
Initial Charge:	f	or	%
Annual Renewal Charge:	£	or	%
Investment Adviser Charges (if applied	cable)		
Initial Charge:	f	or	%
Annual Renewal Charge:	f	or	%

All annual charges and fees due will be deducted annually on each anniversary of the commencement date. All charges will be deducted from the Portfolio unless otherwise advised, and will be inclusive of VAT if applicable.

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#### **SECTION 10. Declaration, General Principles and Signature**

This declaration is to be read, signed and dated by the Applicant.

By signing this Application, the Applicant declares and understands the following:

- a. The Applicant is applying for The London & Colonial Flexible Life Annuity on the Standard Terms and Conditions and confirms that to the best of his/ her knowledge and belief all of the above statements are true and complete and shall, together with such Terms and Conditions and any nomination forms, form the basis of the contract between the Applicant and LCA.
- b. The Applicant confirms that he/she has read and understood the Terms and Conditions, the Key Features and the Key Information Document, and he/she understands the charges that will be levied. The Applicant also confirms that the charging structure for this product has been discussed and the Applicant agrees to the fees as set out on the Illustration.
- LCA is not providing any advice as to the UK or other tax implications of investing in this product.
- d. LCA does not give any warranty as to the performance or profitability of the assets that are purchased by the Annuity fund and, accordingly, LCA shall not be liable for any loss or depreciation in the value of the assets, whether such loss or depreciation may result from a fall in the value of any investment or from any other cause (but excluding any loss arising from negligence, wilful default or fraud by LCA).
- e. Any shares in companies to which this product is directly or indirectly linked will be held by LCA solely as an investment and, accordingly, LCA will not normally undertake any responsibility for the day-to-day management of any such company.
- f. The Applicant confirms that to the best of his/her knowledge and belief that he/she is not subject to any taxation, exchange control or legislation that would make this Application unlawful.
- g. The Applicant understands and agrees that the contract he/she is applying to enter into with LCA will be subject to Gibraltar law and that the terms of the contract will be in the English language.
- h. With reference to this Application, the Applicant may request that LCA considers the appointment of the Investment Adviser suggested in section 6, subject to the terms and conditions as set out in the Investment Adviser Agreement. This appointment will not commence until a fully completed Investment Adviser Appointment Form has been received and duly acknowledged by LCA.
- i. The contract could be invalidated by any failure to disclose facts which

- might influence LCA's assessment of this Application prior to acceptance. If the Applicant has any doubt as to whether a fact is relevant then it should be disclosed.
- j. The Applicant understands that LCA shall not be responsible for any loss or liability caused to this product resulting from advice given by or negligence of the named Investment Adviser or for the investment return produced by this product.
- k. The Applicant authorises LCA to debit the Annuity fund on each anniversary of the commencement date with the charges that have been agreed.
- I. The Applicant acknowledges that the Independent Financial Adviser (IFA) has entered into an agreement which sets out the basis upon which LCA is prepared to accept applications submitted by the IFA on his / her behalf. This agreement categorically states that the IFA acts as the agent of the Applicant and not as the agent of LCA. The Applicant acknowledges that the IFA has no authority to act as the agent of LCA or to state, suggest, or imply that he / she has such authority.
- m. The Applicant consents to LCA performing electronic searches on him/ her to verify his/her identity for Anti-Money Laundering purposes as and when may be required.
- n. The Applicant agrees that he/she will inform LCA within 30 days in writing if there is any change in his/her name or permanent residential address.
- The Applicant consents to LCA using any personal information supplied on this Application or obtained from any third party to be used for the administration of The London & Colonial Flexible Life Annuity.
- p. The Applicant authorises LCA to pass his/her personal information to:
  - Any professional financial or investment adviser(s) which the Applicant has nominated on this Application Form or in any associated correspondence; and
  - 2. Any necessary third party in connection with administering this Annuity;
  - 3. Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements;
  - 4. Other companies within STM Group Plc.
- q. The Applicant consents to LCA providing any relevant information related to The London & Colonial Flexible Life Annuity to any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so.

In consideration of LCA agreeing to accept instructions from the Applicant by email and fax ('the instructions') without requiring written confirmation bearing actual signatures, before acting on the instructions the Applicant confirms that: LCA is hereby authorised to act on the instructions which LCA believes emanate from the Applicant and LCA shall not be liable for acting in good faith on instructions which emanate from unauthorised individuals.

The Applicant hereby requests that the amount shown in Section 2 be invested as an initial premium for this product and requests LCA to issue the Annuity in the Applicant's name.

The Applicant hereby declares that the advice for this product was given in the UK and that, to the best of their knowledge and belief, the statements made in this Application and any related documents are true, consistent and complete and that no material facts have been concealed.

#### Annuitant / Applicant

Name: (BLOCK CAPITALS)					
Signature:		Date:	Day	Month	Year
Signature.					

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#### Section 11. Who Can Certify Documents

Where copies of original documents are provided they must be properly certified (and have been certified within the last three months) using the correct wording, and be certified by the correct person, as detailed below:

Certified to be a true copy of the original as seen by me.

Where the document contains a photograph, I certify that this is a true likeness of the person in the photograph.

Name: ..... (of the person certifying) Tel. Number: .....(of the person certifying) Position: ..... (of the person certifying) Company: ..... (of the person certifying)

Date: ..... (the date the certification was made) Signature: ..... (the signature of the person certifying)

THE PERSON CERTIFYING THE DOCUMENT MUST BE A PROFESSIONAL PERSON WITH VERIFIABLE CREDENTIALS AND SHOULD NOT BE:

- Related to you
- Living at the same address
- In a relationship with you

#### **Section 12. Queries, Complaints and Contact Details**

For further information, or if you wish to complain about any aspect of the service you have received, please contact:

Managing Director London & Colonial Assurance PCC Plc PO Box 1175

Montagu Pavilion 8-10 Queensway Gibraltar **GX11 1AA** 

Email Address: Gibraltar@londoncolonial.com

oft@gibraltar.gov.gi

+350 200 71700

Telephone: + 44 (0)2036 406845

If you feel that your complaint is not being resolved satisfactorily, you can contact the Office of Fair Trading's Consumer Protection division at:

Email Address:

Office of Fair Trading Suite 975 Europort Gibraltar

Telephone:

**GX11 1AA** 

Making a complaint will not prejudice your right to take legal proceedings.

#### Section 13. Data Protection

The security and safety of your data is very important to LCA. A copy of LCA's Privacy Notice can be found on our website: info.stmgroupplc.com/privacy-notice



PART OF



POSTAL ADDRESS: LONDON & COLONIAL ASSURANCE PCC PLC

> **ROCKWOOD HOUSE** 9-17 PERRYMOUNT ROAD HAYWARDS HEATH WEST SUSSEX, RH16 3TW T: 0044 (0)2036 406845

WWW.LONDONCOLONIAL.COM GIBRALTAR@LONDONCOLONIAL.COM

GIBRALTAR COMPANY REGISTRATION NUMBER: 80650 GIBRALIAR COMPANY REGISTRATION NOWINGER: 80050
LONDON & COLONIAL ASSURANCE PCC PLC IS A GIBRALTAR REGISTERED COMPANY, AND IS INCORPORATED UNDER THE GIBRALTAR
INSURANCE COMPANIES ACT AS A PROTECTED CELL COMPANY, LONDON & COLONIAL ASSURANCE PCC PLC IS LICENSED AND REGULATED
BY THE GIBRALTAR FINANCIAL SERVICES COMMISSION. REGISTERED OFFICE: MONTAGU PAVILION, 8-10 QUEENSWAY, GIBRALTAR, GX11 1AA