Name of Independent Financial Advisor

Contract number (if already allocated)

LAB

Entity code
(To which this application is to be attached
for business processing purposes)

HANSARD
INTERNATIONAL

Application Form

Future Focus / Ascend

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In order to ensure the smooth & timely processing of the information contained within this form, please ensure that you are using the latest version. The latest version can be found here or on our document library hansard.com/document-library.

Please read carefully before completing this form

Please read this in conjunction with the Privacy Policy document which is available to view on our website: hansard.com/privacy-policy.

1. Where a question is not applicable, please always mark “N/A”.

2. Please forward this form to our Administration Centre for Correspondence: 55 Athol Street, Box 192, Douglas, Isle of Man, IM99 1QL, British Isles. Alternatively, please scan and email the completed form to onboarding@hansard.com

3. Please note that an email will be sent requesting you to sign into your Online Account when your contract is active. Your contract documents will only be available through your Online Account - we will not send any correspondence by post.

4. Any reference to “we”, “us”, “our”, or “the Company” means Hansard International Limited.

5. Any reference to “I” means the applicant, or joint applicants.

6. Please complete section 6 to nominate beneficiaries to receive the amount due under the proposed contract in the event of the death benefit becoming payable. A maximum of four beneficiaries can be nominated.

7. This notice is being provided to you as a customer of Hansard International Limited (Far East) which is regulated by the Labuan Financial Services Authority as the Labuan branch of Hansard International Limited. Both Hansard International Limited (Far East) and Hansard International Limited are Group companies of Hansard Global plc. Hansard International Limited is based in the Isle of Man and is regulated by the Isle of Man Financial Services Authority. The Isle of Man Financial Services Authority’s Insurance (Conduct of Business) (Long Term Business) Code 2021 requires an Isle of Man authorised insurer to put in place measures to ensure the fair treatment of its customers. As part of these conduct requirements, Hansard International Limited is required to provide you with information about this product to help you understand the nature, risks, and costs of this product, including commission paid to third parties. Hansard International Limited (Far East) is not obligated under local regulations to provide you with the specific information required under the Isle of Man legal and regulatory framework. If you have any questions about the information that has been provided, you should raise them with your Independent Financial Advisor. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your Independent Financial Advisor or to the Labuan Financial Services Authority.

2. Product Details

a. Product name:

Ascend ☐ Future Focus ☐

b. Contract currency

Note currency cannot be amended after the contract has commenced.

USD ☐ GBP ☐ EUR ☐

c. Contribution details

Full contribution amount (in contract currency) _____

For Ascend contracts only:

Frequency of contribution ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Commitment Period _____ Years

Please note that if contributions are not made for the selected commitment period, the value at maturity will be reduced.

Please remember to include your full name and contract number (if known) on your payment instruction.

d. Payment method

Note that standing order/telegraphic transfer is the only payment method available for Future Focus.

Contribution type		**Payment Method**
Initial	Subsequent	
☐	☐	Standing Order/Telegraphic Transfer
☐	☐	Credit Card (For regular Ascend contributions only)
☐	☐	Visa Debit (For regular Ascend contributions only)
☐	☐	Other (please state) _____
☐	☐	Other (please state) _____

Payment(s) must be made in favour of: Hansard International Limited

e. Are you cancelling an existing contract with us or any other Hansard Group company, or any other provider to effect this contract?

Yes ☐ No ☐

3. Details of Applicant and Life Assured

Applicant and Life Assured 1

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please state

First name | Middle name | Last name

Date of birth D D M M Y Y Y Y Country of residence

Nationality 1

Nationality 2

Country of birth Town/City of birth

Gender Male ☐ Female ☐

Marital status Married ☐ Divorced ☐ Separated ☐ Single ☐

Other ☐ Please state

Permanent residential address

(PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 14

City/Town

Country Postcode

Email address

Telephone number

	Country code	Area code	Phone number
Mobile/Cell			
Business			
Home			

Employment status Employed ☐ Self-employed ☐ Retired ☐

Other ☐ Please state

Occupation

Industry

Name of employer/Company name or if retired, final employer/ company name

Annual Income Below 300,000 ☐ 300,000 - 500,000 ☐ 500,000 - 1m ☐ Above 1m ☐

Currency

Declaration of Tax Residence

I hereby confirm that I am, for tax purposes, resident in the following jurisdictions. Please indicate the Tax Identification Number (TIN) for each jurisdiction. Your Taxpayer Identification Number (TIN) is a unique combination of letters and/or numbers assigned to you/your entity. Some countries/jurisdictions do not issue a TIN, but may rely on other issued numbers such as social security/national insurance numbers or company registration numbers for entities. You may need to provide these if requested. The OECD has published a list of the acceptable Taxpayer Identification Number (TIN) formats and their alternatives.

Jurisdiction of Tax Residence 1		TIN	
Jurisdiction of Tax Residence 2		TIN	
Jurisdiction of Tax Residence 3		TIN	
Jurisdiction of Tax Residence 4		TIN	
Jurisdiction of Tax Residence 5		TIN	

If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers) below:

Declaration of US Citizenship or US Residence for Tax Purposes

US includes the 50 states: All individual states within the United States, The District of Columbia, the U.S Territories including Puerto Rico, Guam, the US Virgin Islands, American Samoa and the Northern Mariana Islands.

Please tick either (a) or (b) or (c) and complete as appropriate:

(a) ☐ I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test).

(b) ☐ I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as a I have voluntarily surrendered my citizenship as evidenced by the attached documents.

- i. ☐ Certificate of Loss of Nationality (CLN)
- ii. ☐ Stamped and annotated US passport
- iii. ☐ Receipt for renunciation fee
- iv. ☐ Other – Please provide details

(c) ☐ I confirm that I am not a US citizen or resident in the US for tax purposes.

Applicant and Life Assured 2

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please state

First name | Middle name | Last name

Date of birth D D M M Y Y Y Y Country of residence

Nationality 1

Nationality 2

Country of birth | Town/City of birth

Gender Male ☐ Female ☐

Marital status Married ☐ Divorced ☐ Separated ☐ Single ☐

Other ☐ Please state

Permanent residential address

(PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 14

City/Town

Country | Postcode

Email address

Telephone number

	Country code	Area code	Phone number
Mobile/Cell			
Business			
Home			

Employment status Employed ☐ Self-employed ☐ Retired ☐

Other ☐ Please state

Occupation

Industry

Name of employer/Company name or if retired, final employer/ company name

Annual Income Below 300,000 ☐ 300,000 - 500,000 ☐ 500,000 - 1m ☐ Above 1m ☐

Currency

Declaration of Tax Residence

I hereby confirm that I am, for tax purposes, resident in the following jurisdictions. Please indicate the Tax Identification Number (TIN) for each jurisdiction. Your Taxpayer Identification Number (TIN) is a unique combination of letters and/or numbers assigned to you/your entity. Some countries/jurisdictions do not issue a TIN, but may rely on other issued numbers such as social security/national insurance numbers or company registration numbers for entities. You may need to provide these if requested. The OECD has published a list of the acceptable Taxpayer Identification Number (TIN) formats and their alternatives.

Jurisdiction of Tax Residence 1		TIN	
Jurisdiction of Tax Residence 2		TIN	
Jurisdiction of Tax Residence 3		TIN	
Jurisdiction of Tax Residence 4		TIN	
Jurisdiction of Tax Residence 5		TIN	

If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers) below:

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US includes the 50 states: All individual states within the United States, The District of Columbia, the U.S Territories including Puerto Rico, Guam, the US Virgin Islands, American Samoa and the Northern Mariana Islands.

Please tick either (a) or (b) or (c) and complete as appropriate:

(a) ☐ I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test).

(b) ☐ I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as a I have voluntarily surrendered my citizenship as evidenced by the attached documents.

- i. ☐ Certificate of Loss of Nationality (CLN)
- ii. ☐ Stamped and annotated US passport
- iii. ☐ Receipt for renunciation fee
- iv. ☐ Other – Please provide details

(c) ☐ I confirm that I am not a US citizen or resident in the US for tax purposes.

4. Details of the Ultimate Beneficial Owner or Controller if not the Contract Owner

This section must be completed by corporate applicants.

Title — Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please state

Surname

Forename

Other names
(including maiden name)

Gender — Male ☐ Female ☐ Date of birth D D M M Y Y Y Y

Country of birth — Town/City of birth

Permanent residential address
(PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 14

Nationality 1

Nationality 2

Marital status — Married ☐ Divorced ☐ Separated ☐ Single ☐

Other ☐ Please state

Employment status — Employed ☐ Self-employed ☐ Retired ☐

Other ☐ Please state

Occupation

Industry

Name of employer/Company name or if retired, final employer/ company name

Identification type provided — Passport[1] ☐ National ID Card[1] ☐ Other[1] ☐ Please state

ID document number

Issued by

[1]A suitably certified copy must be supplied (see section 14)

Declaration of Tax Residence

I hereby confirm that I am, for tax purposes, resident in the following jurisdictions. Please indicate the Tax Identification Number (TIN) for each jurisdiction. Your Taxpayer Identification Number (TIN) is a unique combination of letters and/or numbers assigned to you/your entity. Some countries/jurisdictions do not issue a TIN, but may rely on other issued numbers such as social security/national insurance numbers or company registration numbers for entities. You may need to provide these if requested. The OECD has published a list of the acceptable Taxpayer Identification Number (TIN) formats and their alternatives.

Jurisdiction of Tax Residence 1		TIN	
Jurisdiction of Tax Residence 2		TIN	
Jurisdiction of Tax Residence 3		TIN	
Jurisdiction of Tax Residence 4		TIN	
Jurisdiction of Tax Residence 5		TIN	

If a TIN is not available please provide a functional equivalent (such as your social security, national insurance, citizen, personal identification or a resident registration number). If no TIN or functional equivalent is available for any of the jurisdictions listed please advise the reason why (such as the jurisdiction does not issue such numbers) below:

Declaration of US Citizenship or US Residence for Tax Purposes

US includes the 50 states: All individual states within the United States, The District of Columbia, the U.S Territories including Puerto Rico, Guam, the US Virgin Islands, American Samoa and the Northern Mariana Islands.

Please tick either (a) or (b) or (c) and complete as appropriate:

(a) ☐ I confirm that I am a US citizen and/or resident in the US for tax purposes (green card holder or resident under the substantial presence test).

(b) ☐ I confirm that I was born in the US (or a US territory) but I am no longer a US citizen as a I have voluntarily surrendered my citizenship as evidenced by the attached documents.

- i. ☐ Certificate of Loss of Nationality (CLN)
- ii. ☐ Stamped and annotated US passport
- iii. ☐ Receipt for renunciation fee
- iv. ☐ Other – Please provide details

(c) ☐ I confirm that I am not a US citizen or resident in the US for tax purposes.

5. Politically Exposed Person

This section must be completed by all applicants.

We are required to identify any parties to the application who are Politically Exposed Persons ("PEP") and request enhanced due diligence.

A PEP is a person who is or has been entrusted with prominent public functions. This includes immediate family members or any close associate. Enhanced Due Diligence (EDD) means, in addition to fulfilling the minimum verification requirements, the life company may be required to take extra steps to verify the identity, address, source of funds and/or source of wealth of a client. This may include requesting additional documentation which will support the identity, residency, source of funds and/or source of wealth of the applicant(s).

Examples of PEPs include: a head of state, a holder of a political or government post, a high-level member of the judiciary, a high-ranking officer in the military, an employee of a state-owned corporation or a board member of a central bank.

Is any party to this application a Politically Exposed Person (PEP) or a close associate/family member of a PEP?

Yes ☐ No ☐

If the answer is "Yes", please provide further details below (including full name and PEP status).

I hereby request that, in the event of the death benefit becoming payable, the benefit shall be paid to the nominated beneficiary(ies) whose details are given below. I reserve the right to change the nominated beneficiary(ies) at any time via the Online Account.

Beneficiary 1

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please state

First name | Middle name | Last name

Gender Male ☐ Female ☐

Date of birth D D M M Y Y Y Y

Nationality 1

Nationality 2

Residence address

City/Town

Country Postcode

Email address

Telephone number

Country code | Area code | Phone number

Mobile/Cell

Share of total benefit ☐☐☐ %

Beneficiary 2

Title Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐ Please state

First name | Middle name | Last name

Gender Male ☐ Female ☐

Date of birth D D M M Y Y Y Y

Nationality 1

Nationality 2

Residence address

City/Town

Country Postcode

Email address

Telephone number

Country code | Area code | Phone number

Mobile/Cell

Share of total benefit ☐☐☐ %

If you would like to nominate more than two beneficiaries, please copy the previous page, complete and return. For life assurance contracts, a maximum of four beneficiaries can be nominated.

Important Notes

- Completing this section directs us to pay the death benefit under the contract to the nominated beneficiaries. It does not constitute a transfer of title of the contract, which will remain the property of the contract owner(s).
- We are under no obligation to determine the validity of this beneficiary nomination, or whether there are any restrictions or prohibitions in law governing the distribution of property that could affect the execution of this instruction.
- This section can be used to divide the benefit payable under the contract between up to four nominated beneficiaries by specifying a percentage in the box headed “share of total benefit”. For example, nominated beneficiary A - 70%, nominated beneficiary B - 30%. If no percentages are entered the benefit will be split into equal shares.
- The beneficiary details provided will be used for identification and contact in the event that the death benefit becomes payable. At such point, we will require the further provision of certified documentary evidence to verify the identity and residential address of all nominated beneficiaries prior to any payments being made.
- If a nominated beneficiary is under the age of 18 years, any payment due to that nominated beneficiary will be made to the nominated beneficiary’s parent or legal guardian.
- The nomination will be revoked if:
  - the contract owner instructs us via the Online Account to cancel the appointment or provides a replacement beneficiary nomination;
  - the contract is subsequently assigned by the contract owner to a third party and notice of the assignment is given to us in writing;
  - the contract ends before the death benefit becomes payable; or
  - the nominated beneficiary pre-deceases the contract owner.
- Any personal information that you have provided on this form will be processed for the intended purpose. We may also use this information for any other purpose specified in our Privacy Policy which is available to view on our website: Hansard.com/privacy-policy If you have any questions about the usage of your personal information, please contact our Data Protection Officer by emailing data.protection@hansard.com, or Hansard directly, using the details at the end of this form.

7. Investment Options

Please enter details of the Investment Options chosen in the table below. Please note that if the Investment Option name and code do not match, we will default to the Investment Option code. Any Investment Options that are in short or long-term suspension will not be available.

Investment Option Code	Investment Option Name	Investment Option Percentage

Investment Option Code	Investment Option Name	Investment Option Percentage
		TOTAL 100%

Source of Contribution - Applicant 1

To comply with our regulatory obligations, we need to understand how applicants have acquired the monies they are investing with Hansard. **If this is a joint application, answer this question collectively. Please tick all that apply.**

The original source of the contribution to be invested is wealth created from:

- ☐ Income
- ☐ Investments
  - ☐ Liquid Assets
  - ☐ Equities or Other Investments
- ☐ Proceeds from an Insurance Policy
- ☐ Sale of Property
- ☐ Borrowing
- ☐ Other Sources
  - ☐ Gifts
  - ☐ Inheritance

If the total contributions (including other Hansard International Limited contracts that you hold):

- are equal to or exceed GBP 1,000,000 / USD 1,250,000 / EUR 1,000,000 for single contribution contracts; or
- are equal to or exceed GBP 100,000 / USD 125,000 / EUR 100,000 per year for regular contribution contracts; or
- where both single contribution contracts and regular contribution contracts are held, the contracted contributions are to equal or exceed GBP 1,000,000 / USD 1,250,000 / EUR 1,000,000 within the next five years, then supporting documentary evidence is required.

If the source of the contribution to be invested is wealth created from:

1. **Income** please provide the following:
   - suitably certified copies of three months of recent payslips; or
   - a letter from your employer which evidences income and bonuses earned for the past 3 months; or
   - recent business accounts or tax returns if self-employed
2. **Investments** please provide the following:
   - if liquid assets (deposits), please provide bank statement or similar
   - if equities or other investments, please provide stock broker's statement or similar

Please also provide:

- a certified copy of the investment statement showing sale proceeds; or
- a contract note

3. **Another insurance contract** please provide the following:
   - a suitably certified copy of the letter notifying the amount of proceeds to be transferred
4. **Sale of property** please provide the following:
   - details of the property sold including dates of purchase and sale

Please also provide:

- signed letter from the solicitor; or
- suitably certified copy of the sale contract

5. **Borrowing** please provide the following:

- name and address of the financial institution providing the loan

Please also provide:

- a suitably certified copy of the loan agreement

6. **Other** (for example inheritance or gifts) please provide the following:

- name of person(s) providing the inheritance or gift

Please also provide:

- if an inheritance, a suitably certified copy of the will including a value of the estate
- if a gift, a letter from the donor confirming details of the gift and suitably certified copy of evidence of the original source of this wealth (as per the other document requirements).

Please note, the documents listed in 1 - 6 are examples only and we reserve the right to request alternative documents if required.

Source of Annual Income - Applicant 1

Please provide details of your **individual** annual income for the last three years in the contract currency.

Further information and/or supporting evidence may be required upon review of the details provided.

Type of Income	Year 1	Year 2	Year 3
Salary (including annual bonus)			
Investment income			
Business Income (including dividends)			
Pension income			
Rent from property			
Other sources (please specify other sources below)			

Value of Overall Assets - Applicant 1

Please estimate the total value of your overall assets in your contract currency.

For jointly held assets input the full value of the asset.

Asset Type	Asset Value
Property	
Mutual Funds / Equity	
Bank Deposits (cash)	
Others (please specify)	

Asset Accumulation - Applicant 1

Please provide details of how the total assets have been accumulated and what activity(ies) generated the wealth.
Examples of source of wealth can include one or more of the following:

- **Employment income**
- **Business ownership**
- **Family wealth**
- **Inheritance**
- **Lottery winnings**

Where an asset is held jointly, please describe the ownership e.g. property is jointly owned with spouse/joint applicant.

Source of Contribution - Applicant 2

To comply with our regulatory obligations, we need to understand how applicants have acquired the monies they are investing with Hansard. **If this is a joint application, answer this question collectively. Please tick all that apply.**

The original source of the contribution to be invested is wealth created from:

- ☐ Income
- ☐ Investments
  - ☐ Liquid Assets
  - ☐ Equities or Other Investments
- ☐ Proceeds from an Insurance Policy
- ☐ Sale of Property
- ☐ Borrowing
- ☐ Other Sources
  - ☐ Gifts
  - ☐ Inheritance

If the total contributions (including other Hansard International Limited contracts that you hold):

- are equal to or exceed GBP 1,000,000 / USD 1,250,000 / EUR 1,000,000 for single contribution contracts; or
- are equal to or exceed GBP 100,000 / USD 125,000 / EUR 100,000 per year for regular contribution contracts; or
- where both single contribution contracts and regular contribution contracts are held, the contracted contributions are to equal or exceed GBP 1,000,000 / USD 1,250,000 / EUR 1,000,000 within the next five years, then supporting documentary evidence is required.

If the source of the contribution to be invested is wealth created from:

1. **Income** please provide the following:
   - suitably certified copies of three months of recent payslips; or
   - a letter from your employer which evidences income and bonuses earned for the past 3 months; or
   - recent business accounts or tax returns if self-employed
2. **Investments** please provide the following:
   - if liquid assets (deposits), please provide bank statement or similar
   - if equities or other investments, please provide stock broker's statement or similar

   Please also provide:
   - a certified copy of the investment statement showing sale proceeds; or
   - a contract note
3. **Another insurance contract** please provide the following:
   - a suitably certified copy of the letter notifying the amount of proceeds to be transferred
4. **Sale of property** please provide the following:
   - details of the property sold including dates of purchase and sale

   Please also provide:
   - signed letter from the solicitor; or
   - suitably certified copy of the sale contract

5. **Borrowing** please provide the following:

- name and address of the financial institution providing the loan

Please also provide:

- a suitably certified copy of the loan agreement

6. **Other** (for example inheritance or gifts) please provide the following:

- name of person(s) providing the inheritance or gift

Please also provide:

- if an inheritance, a suitably certified copy of the will including a value of the estate
- if a gift, a letter from the donor confirming details of the gift and suitably certified copy of evidence of the original source of this wealth (as per the other document requirements).

Please note, the documents listed in 1 - 6 are examples only and we reserve the right to request alternative documents if required.

Source of Annual Income - Applicant 2

Please provide details of your **individual** annual income for the last three years in the contract currency.

Further information and/or supporting evidence may be required upon review of the details provided.

Type of Income	Year 1	Year 2	Year 3
Salary (including annual bonus)			
Investment income			
Business Income (including dividends)			
Pension income			
Rent from property			
Other sources (please specify other sources below)			

Value of Overall Assets - Applicant 2

Please estimate the total value of your overall assets in your contract currency.

For jointly held assets input the full value of the asset.

Asset Type	Asset Value
Property	
Mutual Funds / Equity	
Bank Deposits (cash)	
Others (please specify)	

Asset Accumulation - Applicant 2

Please provide details of how the total assets have been accumulated and what activity(ies) generated the wealth.
Examples of source of wealth can include one or more of the following:

- **Employment income**
- **Business ownership**
- **Family wealth**
- **Inheritance**
- **Lottery winnings**

Where an asset is held jointly, please describe the ownership e.g. property is jointly owned with spouse/joint applicant.

9. Source of Contribution Payment

This section must be completed by all applicants.

Where is the contribution for this contract being sent from?

For contributions being made from your personal account, please complete all account details in full. Failure to do so will result in us requiring additional documentation to establish the link between you and your contribution.

Name of Financial Institution/Bank

Financial Institution/Bank address

Name of account holder(s) / contract owner(s)

Account number

Sort code

SWIFT/BIC

IBAN

Additional bank details

10. Important Notes

1. If you become resident in the United States of America while your contract is in force, we may not be able to accept any further contributions or any instructions to vary the chosen investment options until after you cease to be resident in the United States of America.
2. We will only accept an application introduced by an Independent Financial Advisor. Your Independent Financial Advisor is acting solely as your agent when advising you and submitting your application to us. Accordingly, we cannot be held responsible for the advice, representations, acts or omissions, made in connection with your application. Please, therefore, ensure that the application conforms with your instructions before you sign it.
3. All contributions must be made payable to “Hansard International Limited”.
4. No liability can be accepted by us for any country’s current or future tax or other legislation which may affect the contract including any benefit that may be payable under it. You should seek independent advice on the applicable legislation in your country of residence.
5. Examples of individuals who may be acceptable as a suitable certifier include:
   - your Independent Financial Advisor provided they have been appointed as a suitable certifier by us;
   - an authorised representative of an embassy or consulate of the country who issued the identification document;
   - a notary public, commissioner for oaths, lawyer or advocate, a registrar or other civil or public servant authorised to issue or certify copy documents;
   - an accountant who is a member of an institute, or other professional organisation.
6. We are a regulated business that is now deemed a Financial Institution (FI) under the Foreign Account Tax Compliance Act, commonly known as FATCA. There is a drive to standardise reporting requirements globally and tax and financial accounts held overseas are now subject to the Common Reporting Standard (CRS) which is to be the standard for international exchange of information.

   You acknowledge and agree that we will be required to disclose information you have provided to us, including personal data as defined in the current Data Protection legislation, for the purposes of complying with any applicable tax or regulatory authority requirement or request for information. In the event that a formal request is made by a relevant tax or regulatory authority for the provision of additional information not held by us you agree to co-operate with such requests without unreasonable delay.

11. Additional Notes

Any additional notes made below by or on behalf of the applicant MUST be countersigned by the applicant.

12. Data Protection

Our Privacy Policy document which is available to view at hansard.com/privacy-policy, describes how we collect and use personal information provided to us as a Data Controller for the purposes of effecting and administering the contract applied for. By signing this application form and providing personal information to us, each applicant acknowledges that we could not provide the contract without the provision of accurate and sufficient personal information. All applicant rights are documented in the Privacy Policy, including details on right of access; right of rectification and erasure; right of restriction on processing; right to data portability; right to withdraw consent; and rights on how to make a complaint.

13. Declarations

To be completed in full by each individual applicant.

I HEREBY DECLARE that:

1. I have read, fully understood, and retained the Product Brochure, Key Information Document, Terms and Conditions, Privacy Policy and a copy of the Declaration and Signature Form. My Independent Financial Advisor has explained the content of these documents to me such that I understand the nature, risks and costs of this product and how it is deemed suitable by my Independent Financial Advisor based upon my financial capabilities and circumstances and in helping to meet my financial needs/goals.
2. I have read and fully understood the important notes and the data protection declaration on this form.
3. My Independent Financial Advisor is acting solely as my agent in respect of my Application. I understand and agree that my Independent Financial Advisor also has the authority to:
   1. review and monitor my contract and investment performance via the Online Account
   2. instruct a withdrawal and/or termination on my behalf via the Online Account to my nominated bank account without further authority or confirmation from me.

   Until I give the Company written notice to the contrary, my Independent Financial Advisor shall continue to act in this capacity once the contract has been issued.
4. I understand that submission of my Application and signing the Declaration and Signature Form does not in itself establish a contract and that the Company has the right to refuse an application.
5. I have been made aware that providing certified documentation relating to my proof of identity, verification of address and tax self-certification information is required by applicable law and regulation.
6. I am a tax resident only in the jurisdictions stated in my Application and no other jurisdictions.
7. I am not a US Citizen or US resident alien with an obligation to file any tax returns (income, estate, gift, or the like) to the Internal Revenue Service of the USA (“IRS”).
8. I will inform the Company immediately if during the life of this contract I change my residential address or if any of my personal details change.
9. I understand that the application will be underwritten and issued in the Isle of Man and is subject to Isle of Man law.
10. In the case of a jointly owned contract, I understand that either myself or the second contract owner will be able to instruct a withdrawal/termination from our contract using the Online Account. I understand the proceeds of the withdrawal/termination will be paid into our nominated bank account, the details of which both myself and the second contract owner have agreed, and which cannot be changed without authorisation of us both.
11. To the best of my knowledge and belief, all statements and declarations made in my Application and the Declaration and Signature Form are true and complete and I wish to proceed with my Application on the basis of the information provided.
12. The Application conforms with my instructions before it was submitted to the Company; it has been submitted on my behalf, and all information used to populate the Application has been provided with my consent. If any person other than myself has completed any part or all of my Application they did so with my full authority.
13. I acknowledge that the information contained in this form and information regarding the Contract Owner and any Reportable Contract(s) may be provided to the tax authorities of the country/jurisdiction in which this contract(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Contract Owner may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

Applicant 1 Authorised Signatory

Signature _____ Date D D M M Y Y Y Y

Please print full name _____

Applicant 2 Authorised Signatory

Signature _____ Date D D M M Y Y Y Y

Please print full name _____

FOR THE INDEPENDENT FINANCIAL ADVISOR'S USE ONLY

If the applicant is effecting this contract as a complete or partial replacement for another contract, please state the reason(s) why you are recommending this contract to the applicant. Please provide details of previous contracts. Please use a separate sheet if necessary.

14. Verification of Customer Identity

This section must be completed by a suitable certifier. Please tick alongside all items enclosed, and ensure that all necessary documents are included.

All suitably certified copies of documents must be "certified as a true copy" and signed and dated by a suitable certifier, whose name must be printed in BLOCK CAPITALS below the signature, in accordance with 'Part B, Identification Requirements - Suitable Certifiers' of the Company's Guidance Notes (HO1254O) for Independent Financial Advisors governing the anti-money laundering requirements of the Isle of Man.

1. Delivery Channel

Have you met the client face to face?

I have met the client face to face (including by digital means e.g., FaceTime/webcam) ☐

I have not met the client face to face ☐

2. CDD/KYC 3rd Party Involvement

Have any elements of Customer Due Diligence/KYC been provided to you by a 3rd party?

No – I obtained CDD/KYC directly from the client ☐

Yes – I obtained CDD/KYC from another 3rd party ☐

Verification of identity materials must be provided for each applicant, and beneficial owner, if different, as follows:

A. INDIVIDUAL APPLICANT

A suitably certified copy of EITHER of the following, which must incorporate a photograph:

1. Current Passport
2. Current National Identity Card

If not available, suitably certified copies[1] of two other formal documents such as a tax assessment, driving licence or similar document.

Together with:

A suitably certified copy of a document showing the residential address of each applicant. Such a document includes a utility[1], rates or council tax bill, a bank or credit card statement, a mortgage statement, a tax assessment document or a driving licence. The document should ideally not be more than six months old.

B. POWER OF ATTORNEY APPLICANT

Where the applicant is acting under a power of attorney, verification will be required of the identity and proof of residence of both the applicant and the individual holding the power, in accordance with the provisions of paragraph A. A suitably certified copy of the power is also required together with the reason for granting that power.

[1]For example gas, electricity, water or telephone bill. Please note mobile phone bills are not acceptable

Please state how and when you were introduced to the applicant(s)

All documentation must be certified by a Suitable Certifier.

Declaration

I confirm that I have seen the original documents specified above and have checked the name and identity of the individual(s) and attach a certified copy of each document for your records.

Suitable certifier signature

Date D D M M Y Y Y Y

Please print full name

Entity code

HANSARD INTERNATIONAL

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