Generali Worldwide
Choice
Application Booklet

PLEASE RETURN COMPLETED BOOKLET TO:

Client Services Team
Generali Worldwide Insurance Company Limited, P.O. Box 613, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Interpretation

In this Application Booklet any reference to:

- words in the singular shall include words in the plural and vice versa;
- the masculine gender shall include the feminine and the neuter and vice versa;
- a statute or regulation shall be construed as a reference to such statute or regulation as amended, re-enacted or replaced from time to time; and
- a "person" shall include any individual, trust, body corporate or un-incorporated body.

Any statements that refer to "us", "we", "our" or "Generali Worldwide" mean Generali Worldwide Insurance Company Limited. Any statements that refer to "I", "me", "my", "you" or "your" mean the Applicant, a prospective Planholder being a person applying for Choice unless the context indicates otherwise. Capitalised terms used and not defined in this Application Booklet shall have the meanings given to them in the Terms and Conditions.

Please complete all sections of this booklet in BLOCK CAPITALS or tick the boxes, where appropriate.
Please note: Generali Worldwide reserves the right to seek further information or documentation prior to accepting the application.

Application Booklet – Generali Worldwide Choice

Financial Adviser Details

Company name: _____

Address: _____

_____

_____

Name of Financial Adviser: _____

Agency number: _____

Contact e-mail: _____

Contact telephone: _____

Additional information/ special instructions: _____

_____

_____

_____

Please provide any supporting documentation, if applicable.

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation requested in this booklet or otherwise requested by Generali Worldwide may result in a delay in the application being processed. Further, non-disclosure of material facts or the inclusion of untrue, incomplete or inaccurate information could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced or the Plan being rendered invalid. Further, information may be required during the validation process (i.e. questions arising from the information provided).

Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.

Application Form		**Completed by:**
General	Section 1 – 3	☐ Applicant
Confirmation of Citizenship/ Nationality and Tax Residency	Section 4	☐ Applicant
Life or Lives Assured – Personal Details	Section 5	☐ Lives assured
Plan Details	Section 6 – 9	☐ Applicant
Declarations	Section 10	☐ Applicant
Far East CPD Declaration (For applications submitted through the Hong Kong office only)	Section 11	☐ Applicant
Payment Instruction Form	Section 12	☐ Account Signatories
Verification of Applicant/ Life Assured Identity Form – Individual	Section 13	☐ Financial Adviser
Source of Funds Questionnaire	Section 14	☐ Financial Adviser and Applicant
Nomination/ Change of Beneficiaries	Section 15	☐ Applicant
The following supplementary forms may need to be completed and are available from us on request:		
Discretionary Switch Authority		☐ Applicant
Verification of Corporate/ Trustee Identity (Required if the Applicant is a Company or a Trust)		☐ Financial Adviser
Medical Questionnaire		☐ Life Assured (including any Applicant who is also a Life Assured)

The information provided and declarations given in this Application Booklet shall be relied upon and form (together with the Terms and Conditions, Plan Schedule, any relevant written statements made or further forms completed by you and/or the Life or Lives Assured and written notice of all changes and endorsements issued by Generali Worldwide) the basis of your contract of life assurance with Generali Worldwide.

Application Form

General

1. Type of Advice

I have sought the following type of advice from the Financial Adviser named on page 3 of this Application Booklet:

Comprehensive planning ☐ Specific need(s) planning ☐ No needs analysis ☑

2. Life Assurance

Please indicate the type of life assurance you require:

Single life ☐ Joint-life, first death ☐ Multiple-lives last survivor ☐

In the case of Single life please indicate if cover is to be:

Own life (Applicant is the Life Assured) ☐ Life of another (Applicant is not the Life Assured) ☐

3. Applicant – Personal Details

First Applicant

Surname: MW SIPP Trustees Limited Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

Trust: MW SIPP 2

Permanent residential address[1]: (If at this address for less than 18 months please see Section 13)

Sovereign House , Port Causeway, Bromborough Wirral

CH62 4TP, United Kingdom

Correspondence address (if different to above):

AS ABOVE

E-mail address: UKpensions@SovereignGroup.com

Tel. no (Home): +44(0)1513281777

(Mobile): _____

City/ Town of birth: _____

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

Date of Birth: D D M M Y Y

Occupation and nature of employment (if retired, please state former occupation): _____

Second Applicant (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

Permanent residential address[1]: (If at this address for less than 18 months please see Section 13)

Correspondence address (if different to above):

E-mail address: _____

Tel. no (Home): _____

(Mobile): _____

City/ Town of birth: _____

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

Date of Birth: D D M M Y Y

Occupation and nature of employment (if retired, please state former occupation): _____

Relationship to first Applicant: _____

1 This is the address in the jurisdiction of which you claim to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the place at which you normally reside.

4. Confirmation of Citizenship/ Nationality and Tax Residency

Please tick all boxes that apply to you and you must complete the information requested below in relation to your citizenship/ nationality and tax residency.

First Applicant

I declare and certify that I am a citizen/ national[2] of:

United States ☐

Please state your US Federal Taxpayer Identification Number ("TIN"):

_____

United Kingdom ☑

Please state your National Insurance Number ("NIN"):

MW SIPP Trustees Limited TIN: 1215617745

Other ☐

Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident[3]: _____

_____

_____

Please state your tax identification number(s) ("TIN"), for those jurisdiction(s) you have listed above:

TIN 1: _____

Jurisdiction: _____

TIN 2: _____

Jurisdiction: _____

Second Applicant (if any)

I declare and certify that I am a citizen/ national[2] of:

United States ☐

Please state your US Federal Taxpayer Identification Number ("TIN"):

_____

United Kingdom ☐

Please state your National Insurance Number ("NIN"):

_____

Other ☐

Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident[3]: _____

_____

_____

Please state your tax identification number(s) ("TIN"), for those jurisdiction(s) you have listed above:

TIN 1: _____

Jurisdiction: _____

TIN 2: _____

Jurisdiction: _____

Please note that in certain circumstances, Generali Worldwide may need additional documentation to support your answers in the self-certification above (e.g. for US citizens, the submission of IRS forms W-8 or W-9 may be necessary). Generali Worldwide or your Financial Adviser will inform you if any additional documentation is required.

Signature of the first Applicant[4]:	Signature of the second Applicant:
Date: D D M M Y Y	Date: D D M M Y Y

2 If you are unsure whether you are a US citizen or citizen/ national in any other jurisdiction, you should seek legal advice.
3 If you are unsure whether you are resident for tax purposes in the United States, United Kingdom or in any other jurisdiction, you should seek financial/ legal advice.
4 If the Applicant is not an individual, a separate 'ITC Entity Form' must be completed and signed by its authorised signatories in accordance with its authorised signatory list.

5. Life or Lives Assured – Personal Details

The Life Assured should complete this section if not an Applicant outlined in section 3. In this section "I", "me", "my" or "you" refer to the proposed Life Assured.

First Life Assured

Surname: _____ Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

_____

Residential address: (If at this address for less than 18 months please see Section 13)

_____

_____

_____

_____

Do you wish to be a Life Assured? Yes ☑ No ☐

Place and Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

Date of Birth: D D M M Y Y

Occupation and nature of employment (if retired, please state former occupation): _____

_____

Relationship to Applicant: Pension scheme member

_____

Second Life Assured (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

_____

Residential address: (If at this address for less than 18 months please see Section 13)

_____

_____

_____

_____

Do you wish to be a Life Assured? Yes ☐ No ☐

Place and Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

Date of Birth: D D M M Y Y

Occupation and nature of employment (if retired, please state former occupation): _____

_____

Relationship to Applicant: _____

_____

My signature is confirmation that:

I agree to be a Life Assured;

- I agree to be a Life Assured;
- I understand that I am responsible for all answers given and statements made by me in section 5 or in any other communication between me and Generali Worldwide;
- I declare that to the best of my knowledge and belief, the information provided in this section 5 is true and complete and that no material fact has been omitted or concealed, and I understand that non-disclosure of material facts or the inclusion of incorrect information in section 5 or otherwise given to Generali Worldwide, whether before or during the life of the Plan, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid; and
- I agree to be bound by the declarations regarding Data Protection contained in section 10 (xiv) of this application.

Signature of the first Life Assured:	Signature of the second Life Assured (if any):

Date: D D M M Y Y

Date: D D M M Y Y

If there are further Lives Assured, please complete this section on an additional sheet(s) and attach securely to this application.
Please tick this box if additional sheet(s) attached ☐

The Applicant should complete sections 6 to 9 inclusive before reading and signing the declarations contained in section 10.

Plan Details

6. Other Investment Plans

Do you already hold any other life assurance plans with us? Yes ☑ No ☐

If Yes, please advise us of your life assurance plan number(s): Various plans

7. Plan Currency

Please indicate the currency in which you require your Plan to be denominated.
Benefits will be calculated and charges deducted in the Plan Currency.

US dollar ☐ GB pound ☐ Euro ☐ Japanese yen ☐

8. Investment Details

Please indicate the amount you wish to invest, noting that Investment Amounts should normally be made in the Plan Currency you specified in section 7: Apx.

The minimum initial Investment Amounts are as follows:

Plan Currency	Investment amount
USD	36,000
GBP	20,000
EUR	30,000
JPY	4,000,000

Please complete the Payment Instruction Form supplied in section 12 of this Application Booklet.

9. Investment Amount Allocation Instructions

Please choose Funds from our International Fund Selection brochure. The maximum number of Funds that can be selected at outset is 10.
Please enter the percentage of your Investment Amount to be allocated to each Fund below. The minimum bid value of Notional Units to be allocated to each Fund depends on the Fund currency as follows:

Plan Currency	Minimum allocation
USD	1,350
GBP	750
EUR	1,125
JPY	150,000

9. Investment Amount Allocation Instructions (continued)

I wish to allocate my Investment Amount to the following Funds:

Underlying Fund name	Currency	Percentage to be allocated
	Total	100%
	(Please ensure your allocation instruction totals 100%)	0

10. Declarations

It is important that you read, understand and accept the following declarations:

i) I confirm that before I signed this declaration, I had received, read and understood the Details Guide (in particular, the section entitled "Cancellation Rights"), the International Fund Selection brochure and the Illustration document given to me by my Financial Adviser explaining the Choice product to which this Application Booklet relates. I understand that the Details Guide does not form part of the contractual documents of the Plan. I have been given an opportunity to raise any queries that I may have had and have received satisfactory answers to those queries. I have had the opportunity to obtain specialist legal, accounting and tax advice, if required. I hereby apply for a Plan with the features indicated in this application which I understand will be subject to the Terms and Conditions of the Plan.

ii) In applying for Choice, I warrant to Generali Worldwide that I am eligible to hold the Plan under the laws of any jurisdiction applicable to me. Furthermore, I confirm that I can legally take out a contract of life assurance in respect of the person named as Life Assured in this Application Booklet. I acknowledge that I should obtain specialist legal advice should I have any concerns about my ability to take out a contract of life assurance in respect of the person named as the Life Assured.

iii) I understand that I am responsible for all answers given and statements made by me in the Application Booklet or in any other communication between me and Generali Worldwide.

iv) I understand that Generali Worldwide is required by law to verify the identity and permanent residential address of each Applicant, Life Assured and Beneficiary and any other party involved in the ownership or control of my Plan, together with information regarding the source of funds or wealth used to fund the Plan as may be relevant to the application and I agree to provide (or arrange to provide) any such information and documentation as may reasonably be required by Generali Worldwide upon request and without delay both at the time of application and at any time thereafter during the life of the Plan.

v) I declare that to the best of my knowledge and belief, the information given and declarations made in this Application Booklet are complete, accurate and not misleading and that no material fact has been omitted or concealed. I understand that non-disclosure of material facts or the inclusion of incorrect information in this Application Booklet or otherwise given to Generali Worldwide, whether before or during the life of the Plan, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid.

vi) I agree that the information provided and declarations given in this Application Booklet, together with the Terms and Conditions, Plan Schedule, written notice of all changes and endorsements issued by Generali Worldwide and any relevant written statements made or further forms completed by me and/or the Life or Lives Assured on application or in the future shall be relied upon and form the basis of the contract of life assurance between me and Generali Worldwide in accordance with the law of the Island of Guernsey, and I confirm that I have not applied for my Plan on the basis of any representations that are not expressly incorporated into these documents, endorsements or statements.

10. Declarations (continued)

vii) I understand that my Plan will not commence until this Application Booklet, duly completed, has been received and accepted by Generali Worldwide. I understand that Generali Worldwide has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of Generali Worldwide. I also agree to inform Generali Worldwide of any change in my circumstances between the date of this application and issue of the Plan.

viii) I take full responsibility for the selection of Funds made by me including, to the extent that I consider necessary, reading and understanding the prospectus and supporting literature in respect of each Fund to which I choose to allocate Investment Amounts. I confirm that I understand that Generali Worldwide does not provide advice in relation to the selection of Funds and that I am responsible for seeking such independent advice as I consider necessary.

ix) I understand that the realisable value of my selected Funds determines the value of my Plan. I acknowledge that the value of my Plan is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I understand also that Funds that are denominated in a currency other than the Plan Currency may involve a currency risk and that the value of my Plan may fall as well as rise as a result of exchange rate fluctuations.

x) I acknowledge that, where the Funds in my Plan are not easily convertible to cash, Generali Worldwide reserves the right to defer the payment of benefits under my Plan, either in whole or in part, until such time as it is able to realise those investments allowing for, among other things, notice periods, dealing dates and settlement dates of the investments in question.

xi) I understand and agree that all associated documentation and correspondence relating to my Plan will be sent to my Financial Adviser (named on page 3 of this Application Booklet) in the format agreed between Generali Worldwide and my Financial Adviser, until a written request to the contrary is provided by me.

xii) If an existing similar life assurance plan has been or is to be replaced in full or in part by this Plan, I declare that my Financial Adviser has explained to me the financial consequences of such a replacement, including the possibility of financial loss.

xiii) I have been informed of and understand my rights to cancel the Plan as detailed in the section entitled "Cancellation Rights" in the Details Guide.

xvi) Data Protection

— I accept and consent to any information relating to me held by Generali Worldwide at any time (including information that may be considered confidential or that may constitute personal data for purposes of data protection legislation) ("Personal Data") whether originating from this application or data relating to the execution of my Plan (e.g. Investment Amounts, events insured against, changes to risk or Plan) being disclosed and transferred to Generali Worldwide's regional offices (and, where data is collected by a branch of Generali Worldwide established outside Guernsey, to another regional office or to its head office in Guernsey), ultimate holding company or any company which is a subsidiary of such ultimate holding company (together its "Affiliates") as well as to my Financial Adviser, investment advisers, portfolio managers, investment fund providers, fiscal representatives, re-insurers and any agent, contractor or third-party service provider who provides services to Generali Worldwide in connection with its provision of insurance products and services wherever they are located in the world but only for purposes related to my Plan. For this purpose "holding company" and "subsidiary" have the meanings in the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended). Such companies and third parties may be located in countries whose data protection laws may not be as comprehensive as in Guernsey. I accept that the above applies regardless of whether this Plan is concluded.

— I accept and consent to such Personal Data being disclosed and transferred by Generali Worldwide or any of its Affiliates:

- to any person or entity to whom Generali Worldwide or any of its Affiliates is under an obligation or otherwise required to make disclosure under any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations binding on or applying to Generali Worldwide or any of its Affiliates or with which they are expected to comply or to whom it is otherwise appropriate or desirable to make such disclosure in connection with and in satisfaction of any international requirements regarding the exchange of tax information (including without limitation if this is required to prevent the application of withholding taxes and notwithstanding any certification given by me) which may include reporting information about me and/or about the Plan to the tax authorities in any jurisdiction where Generali Worldwide operates (who may then disclose that information to the tax authorities in other jurisdictions) or to the tax authorities in any jurisdiction where I reside or of which I am a citizen or where I am otherwise subject to tax; or
- pursuant to any contractual or other commitment of Generali Worldwide or any of its Affiliates with or pursuant to any direction, request or requirement (whether or not having the force of law) of, any local or foreign legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations, wherever located and which may exist currently or in the future, and waive all rights I have, if any, to prohibit or restrict such disclosure.

10. Declarations (continued)

- I also accept that Personal Data, however obtained, will be held, recorded and processed by Generali Worldwide (which is registered under and adheres to the Data Protection (Bailiwick of Guernsey) Law, 2001, as may be amended from time to time) on computer and/or manual systems in respect of my insurance dealings with Generali Worldwide both now and in the future for administrative, identification, customer care, service and marketing (see further below) purposes only.
- I agree that with my consent (such consent being given by signing the Application Form, unless I tick the box below) the Personal Data collected or held by Generali Worldwide (whether obtained in this application or otherwise obtained) including contact details, demographic information, financial background, and Plan details and details of underlying investments may be used for the purpose of providing me or having provided to me information or other direct marketing communications concerning financial and insurance products or services of Generali Worldwide which Generali Worldwide believes may be of interest to me.
- I hereby confirm that prior to my provision of information to Generali Worldwide in respect of a third party, the said party has been informed of the use of such information and in this regard I hereby indemnify Generali Worldwide against and in respect of any liability which it may incur in the event of my failure to so notify the third party.
- I understand that I have the right to obtain subject access to and request correction of any Personal Data concerning me held by Generali Worldwide. Requests for such access can be made to Data Protection Officer, Generali Worldwide Insurance Company Limited, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

xvi) I undertake to disclose all facts material to the assessment by Generali Worldwide of this application. Such facts are those, which an insurer would regard as likely to influence the assessment and acceptance of a proposal for a contract of life assurance. If in doubt as to the relevance of any particular information, I understand that I should disclose it as failure to do so could result in me being quoted the wrong terms, a claim being rejected, repudiated or reduced, or rendering the Plan invalid.

If you do not wish us to contact you for marketing purposes, please tick this box ☐

Declarations – Signatures

Signature of the first Applicant[5]:
I understand and agree with all the declarations contained in section 10 i) to xv)

Date: D D M M Y Y

Signature of the second Applicant (if any):
I understand and agree with all the declarations contained in section 10 i) to xv)

Date: D D M M Y Y

Please state country where application was signed:

5 If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

11. Far East CPD Declaration*

(For applications submitted through the Hong Kong office only)

a) **Have you replaced**** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

Yes ☐ (Please complete a Customer Protection Declaration Form (this can be obtained from your Financial Adviser))

No ☐ (Please answer question **b)** below)

b) **Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application?

Yes ☐ (Please complete a Customer Protection Declaration Form (this can be obtained from your Financial Adviser))

No ☐ (Please read carefully and sign the Declaration below)

I realise that if I answer "No" to both questions but indeed,

i) this application has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months, or

ii) my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application,

I may jeopardise my future right of redress if I find later that I have been disadvantaged because of such replacement.

I hereby authorise Generali Worldwide to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority ("IA"), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/ implementation/ execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information.

Signature of the first Applicant:	Signature of the second Applicant (if any):
Date: D D M M Y Y	Date: D D M M Y Y

Notes

* The Financial Adviser must explain this Replacement Declaration to the Applicant before the latter signs it, but this Replacement Declaration does not form part of the application for the new life insurance policy.

** Any transaction involving the purchase of life insurance is construed as a Replacement if **i)** any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or **ii)** a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the Applicant/ proposer, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy's issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended term insurance under the non-forfeiture provision of the existing life insurance policy(ies). "A substantial part" means "50% or above". However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement.

12. Payment Instruction Form

The Applicant(s) should complete this section. Please ensure that account signatories sign the form.

Please note: that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

SINGLE PREMIUM PAYMENT BY BANK TRANSFER
(Please note that payments can be made by Electronic Transfer only)

To the remitting bank

Please charge the amount specified and any charges/ expenses incurred from my account and remit to the appropriate account as per the Routing Instructions shown overleaf.

Applicant name(s):

Plan number (if known):

Amount payable
Currency: US dollar ☐ GB pound ☐ Euro ☐ Japanese Yen ☐

Amount in figures:

Amount in words: _____

Bank details
Name of the remitting bank: _____

Bank address: _____

_____

_____

Account name: _____

Account number/ IBAN: _____

SWIFT/ BIC: _____

Please see overleaf for routing instructions

12. Payment Instruction Form (continued)

Routing Instructions

IMPORTANT NOTICE TO REMITTING BANK
Please ensure APPLICANT NAME and PLAN NUMBER (if known) are quoted in 'Remittance Information/ Payment Reference'.

US dollar:	Please pay USD to the following account held with Citibank N.A. Jersey CI*: **A/C Name:** Generali Worldwide Insurance Company Limited **A/C No:** 411420019 **Swift Code:** CITIJESX **IBAN:** GB53CITI18502641142001 **Correspondent bank:** Please route the payment via Citibank N.A. New York (Swift Code: CITIUS33; ABA: 021000089)
GB pound:	Please pay GBP to the following account held with Citibank N.A. Jersey CI*: **A/C Name:** Generali Worldwide Insurance Company Limited **A/C No:** 411420043 **Swift Code:** CITIJESX **IBAN:** GB69CITI18502641142004 **Correspondent bank:** Please route the payment via Citibank N.A. London (Swift Code: CITIGB2L) If remitting payment from a Channel Islands or Isle of Man bank, the payment should be sent by BACS (Sort Code 18 50 26)
GB pound: (Faster payment method for UK Bank to UK Bank **ONLY**)	Please pay GBP to the following account held with Citibank N.A. London, 33 Canada Square, Canary Wharf, London E14 5LB, United Kingdom: **A/C Name:** Generali 411420 **A/C No:** 00606529 **Sort Code:** 18-50-08 **Swift Code:** CITIGB2L **IBAN:** N/A
Euro:	Please pay EUR to the following account held with Citibank N.A. London, 33 Canada Square, Canary Wharf, London E14 5LB, United Kingdom: **A/C Name:** Generali Worldwide Insurance Company Limited **A/C No:** 00138613094 **Swift Code:** CITIGB2LCITIJESX **IBAN:** GB06CITI18500813861309 **Correspondent bank:** Please route the payment via Citibank N.A. London (Swift Code: CITIGB2L)
Japanese yen:	Please pay JPY to the following account held with Citibank N.A. Jersey CI*: **A/C Name:** Generali Worldwide Insurance Company Limited **A/C No:** 411420035 **Swift Code:** CITIJESX **IBAN:** GB96CITI18502641142003 **Correspondent bank:** Please route the payment via Citibank N.A. Japan (Swift Code: CITIJPJT)

***Please ensure the remitting bank transmits a direct intrabank MT103 message to Citibank's Jersey branch (Swift Code: CITIJESX) advising of the payment details.**

Authorisation

First account signatory[6]:	Second account signatory (if any):
Date: D D M M Y Y	Date: D D M M Y Y

6 If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

13. Verification of Applicant/ Life Assured Identity Form – Individual

Generali Worldwide is required by law to verify the identity and permanent residential address of each Applicant and Life Assured, and may require this information to be periodically updated upon request. The introducing Financial Adviser should complete this section for all applications. In this section "I" refers to the Financial Adviser.

Full name of first Applicant: _____

Full name of second Applicant (if any): _____

Full name of first Life Assured (if different to first Applicant): _____

Full name of second Life Assured (if different to second Applicant): _____

If there are further Lives Assured, please complete this section on an additional sheet and attach securely to this application.

This section is required to verify the identity of the Applicant(s) and/or Lives Assured, if different.
All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of the Applicant or Life Assured.

Please tick alongside all items enclosed and ensure that all necessary documents are included.

For each Individual Applicant (and each Life Assured, if different):

First Applicant:

1. Certified copy of an original photo passport ☐
2. Certified copy of suitable proof of address (showing name and current residential address) ☐

Prior residential address[7]: _____

_____

Second Applicant (if any):

1. Certified copy of an original photo passport ☐
2. Certified copy of suitable proof of address (showing name and current residential address) ☐

Prior residential address[7]: _____

_____

Corporate and Trustee Applicants

If the Applicant shown in this Application Booklet is a Company or a trustee on behalf of a Trust, additional information is required. The introducing Financial Adviser should complete a Verification of Corporate/ Trustee Identity Form, available from us on request.

Declaration

— I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Life/ Lives Assured and attach a certified copy of these documents for your records.

Signature of the Financial Adviser[8]:

Financial Adviser name (printed in BLOCK CAPITALS): _____

Date: D D M M Y Y

If there are further Applicants or Lives Assured, please complete this section on an additional sheet(s) and attach securely to this Application Booklet. Please tick this box if additional sheet(s) attached ☐

7 Please complete if the Applicant/ Life Assured has been less than 18 months at their current residential address, as detailed in section 3 or 5.
8 If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

14. Source of Funds Questionnaire

Generali Worldwide is required by law to obtain information regarding the source of funds and wealth of each Applicant, and may require this information to be verified or periodically updated upon request.

The Applicant and introducing Financial Adviser should complete this section for all applications. The relevant declarations must be signed by the Financial Adviser and Applicant. Please continue on a separate sheet if required. In questions 1 - 8 and Financial Adviser Declaration, "I" or "you" refers to the Financial Adviser. In Applicant Declaration, "I" or "my" refers to the Applicant.

Full name of first Applicant: _____

Full name of second Applicant (if any): _____

1. How and when were you introduced to the Applicant(s)? (specify month and year):

_____

_____

2. Please provide Applicant's bank details (i.e. the account used to pay Investment Amounts and to receive payments from Generali Worldwide):

Bank name: _____

Bank address: _____

Account name: _____

Account number/ IBAN: _____

Years account held*: _____

*If this account has been held for less than 1 year, then previous bank details are also required. Please use a separate page if necessary. Please tick this box if additional information is attached ☐

3. Are there any other parties indirectly involved with this application e.g. lender? Yes ☐ No ☐

If Yes, please give details: _____

_____

_____

4. Are there any concurrent financial proposals for the Applicant being made elsewhere? Yes ☐ No ☐

If Yes, please give details: _____

_____

_____

5. Please state annual income of the Applicant:

i) Total amount received annually from all sources: _____

ii) Where income is received in addition to, or instead of employment, please specify from the list below the source(s) it originated from, including the amount and currency per annum:

US dollar ☐ GB pound ☐ Euro ☐ Other ☐

Rental income: _____

Investment income: _____

Pension income: _____

Other (please specify): _____

_____

_____

_____

14. Source of Funds Questionnaire (continued)

iii) Employment status:

Employed ☐ Self-employed/ Business owner ☐ Other ☐

Does the Applicant beneficially own or part own the company that generates the employment income? Yes ☐ No ☐

If applicable, state percentage owned: _____

If Employed please state:

Name and address of employer: _____

_____

_____

Employer's website address: _____

Annual basic income: _____

Bonus: _____

Benefits in kind (e.g. housing allowance, education, travel etc.): _____

Other (please specify): _____

_____

_____

_____

Length of service with current employer: _____

If less than 18 months, please state previous employer and length of service: _____

_____

If Self-employed/ Business owner, please state:

Business name and address: _____

_____

_____

Website address: _____

Annual income/ dividends: _____

Benefits in kind (e.g. housing allowance, education, travel etc.): _____

Other (please specify): _____

_____

_____

_____

Length of time Self-employed/ Business owner: _____

If less than 18 months, please give details of previous employment status: _____

_____

_____

_____

If Other, please provide details: _____

_____

_____

_____

_____

_____

14. Source of Funds Questionnaire (continued)

6. Please state how the source of wealth for this investment has been raised if other than annual income.
If answering Yes to questions **i)**, **ii)** or **iii)** below, please provide proof by way of supporting documentation.

i) Gift or inheritance from a third-party? Yes ☐ No ☐

If Yes, please give details: _____

ii) The disposal of a business or other asset? Yes ☐ No ☐

If Yes, please give details and specify the original source of wealth for the investment in the business or asset:

_____

_____

iii) Other? Yes ☐ No ☐

If Yes, please give details and specify the original source of wealth for the investment:

How was wealth generated? _____

When was wealth generated? _____

7. When answering these questions, has the information been supplied from your own knowledge of the Applicant's circumstances? Yes ☐ No ☐

If No, where did it originate? _____

_____

8. Please outline the Applicant's reasons for applying for this product: _____

_____

_____

Financial Adviser Declaration

- I declare that, to the best of my knowledge and belief, the Applicant is of good standing and the information given in this questionnaire is true and complete;
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the Investment Amount is derived from legitimate activities;
- I confirm that client fact-find forms have been duly completed; and
- I have not made any changes to the Application Booklet after the Applicant has signed it.

Signature of Financial Adviser[9]:

Date: D D M M Y Y

Financial Adviser name (printed in BLOCK CAPITALS): _____

Applicant Declaration

- I declare that to the best of my knowledge and belief all the information above is true, correct and complete.
- I confirm that the monies being used to pay the Regular or Single Premium is derived from legitimate activities.

Signature of the first Applicant[10]:

Date: D D M M Y Y

Signature of the second Applicant (if any):

Date: D D M M Y Y

If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this application.
Please tick this box if additional sheet(s) is attached ☐

9 If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.
10 If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

15. Nomination of Beneficiary Form

To be completed by the Applicant(s)

Not for use in Singapore. If you are resident in Singapore and wish to nominate a Beneficiary please ask for either 'Form 1: Trust Nomination' or 'Form 4: Revocable Nomination' as applicable.

If you request more than one Beneficiary and any one of them dies before the Death Benefit under your Plan becomes payable, then his percentage benefit will be divided equally between the surviving Beneficiaries.

Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____	Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____
Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____	Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____

It is the responsibility of the Applicant(s) to ensure that the nomination of a Beneficiary(ies) pursuant to this form will be effective under his law of domicile and/or residence.

NOTES:

i) An Applicant cannot be a Beneficiary of the Plan; and

ii) If the Plan is set up on a joint-life first death basis and any Applicant is also a Life Assured, Generali Worldwide may require a signed discharge from both the surviving Planholder and the nominated Beneficiary(ies) before payment of the Plan proceeds can be made.

- I hereby request the above to be the Beneficiary(ies) of my Plan following the occurrence of the Relevant Death in accordance with the Plan Terms and Conditions.
- I understand that Generali Worldwide is required to verify the identity and permanent residential address of each Beneficiary before the payment of any claim can be completed, and no payment will be made to any Beneficiary where their identity cannot be verified satisfactorily.
- I confirm that receipt by the Beneficiary(ies) nominated herein shall be good and full discharge for any payment made under the Plan. Where a nominated Beneficiary is aged under 18 years, or lacks legal capacity, the receipt by their parent or guardian will be sufficient discharge to Generali Worldwide and Generali Worldwide shall not be concerned to see to the application of such payment.
- I undertake that no claim shall be made by my estate or personal representative in respect of any payment made to a Beneficiary under this nomination.

Signature of the first Applicant[11]:	Signature of the second Applicant (if any):
Date: D D M M Y Y	Date: D D M M Y Y

All Applicants must sign this Application Form. If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this application. Please tick this box if additional sheet(s) attached ☐

11 If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

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Registered Head Office address: Generali Worldwide Insurance Company Limited, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Incorporated in Guernsey under Company Registration No. 27151.

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generali-worldwide.com

Regulated in Guernsey as a licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Generali Worldwide Insurance Company Limited is part of the Generali Group, listed in the Italian Insurance Group Register under number 026.

Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.

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