Name of independent financial advisor

Contract number (if already allocated)

EOU number
(To which this application is to be attached
for business processing purposes)

HANSARD
INTERNATIONAL

Application Form

For QROPS and SIPPS for Regulated Trustees

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Please read carefully before completing this form

1. This form should be used by Regulated Trustees who have already been through the due diligence process with Hansard International Limited and are applying for either a Life Assurance or Capital Redemption Contract.

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

3. Please forward this form to Hansard International Limited, Harbour Court, Lord Street, Box 192, Douglas, Isle of Man, IM99 1QL, British Isles.

4. Please note that an email will be sent inviting you to sign up to an Online Account when your contract is active or alternatively you can request one from your independent financial advisor or contact us.

5. Any reference to the Company means Hansard International Limited.

2. Details of Applicant

Name of QROPS or SIPPS Scheme: MW SIPP 2

Name of Trust Company: MW SIPP Trustess Limited

3. Details of Settlor

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

Surname

Forename

Other names (including maiden name)

Sex: Male ☐ Female ☐

Date of birth: D D M M Y Y

Country of birth

Marital status: Married ☐ Divorced ☐ Separated ☐ Single ☐

Other ☐ Please state

Occupation

Industry

Residential address including country and postcode.

4. Politically Exposed Person

Is any party to this application, a Politically Exposed Person (PEP) or a close associate/family member of a PEP? Yes ☐ No ☐

All Isle of Man authorised life companies 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 or source of wealth of a client. This may include requesting additional documentation which will support the identity, residency, source of funds 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. Further information can be obtained from hansard.com.

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

Based on the information provided, we reserve the right to request further information or documentation.

5. Contract Details

a) Type of Product	☐ UPP	☐ Capital Builder 2		
b) Version	☐ Life Assurance	☐ Capital Redemption		
c) Option (UPP only)	☐ Y	☐ Z5	☐ Z8	☐ Z1

c) Contract currency

d) Contribution details

Contribution amount _____ Currency

Apx. _____ Figures

6. Asset Choice/Unit Funds Choice

For UPP Contracts - Details of the assets you want to link to your contract must be listed on the separate Personal Portfolio Deal Instruction form (HO1581O) or placed using Online Dealing via your approved fund advisor.

You must ensure that you understand the nature of your investment and the current liquidity profile of the asset being purchased, and how its liquidity might be affected under stress.

For Capital Builder 2 Contracts - Details of the series 2 unit fund range are available from your independent financial advisor. Your Investment may be spread across a maximum of 20 unit funds at inception.

Please enter details of the unit funds chosen in the table below. When entering the details of your chosen unit funds, please note that if the unit fund name and unit fund code do not agree, we will default to the unit fund code. Any unit funds that are in short or long term suspension will not be available.

Unit Fund Code	Unit Fund Name	Percentage	Unit Fund Code	Unit Fund Name	Percentage
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
		%			%
				Total	1 0 0 %

7. Source of Contribution Payment

This section must be completed in all instances. This is for regulatory purposes and does not instruct your bank to pay the money to us.

If you ask your bank to send the payment for your investment by standing order or telegraphic transfer, we need to know which bank account the money has come from.

Bank/Building Society/Financial institution name

Bank/Building Society/Financial institution address

Name of account holder

Account number

Bank sort code (required for all banks in the UK)

Building society roll number (if applicable)

Bank BIC/Swift code (required for all banks outside of the UK)

IBAN number (required for all banks in the EU)

8. Standing Instruction for Clearance of Negative Cash Balances

For UPP Contracts - Negative cash balances arise when there is insufficient cash in your contract to cover the charges as they fall due.

In order to settle any negative cash balances the Company's standard instruction will apply as follows: sufficient Hansard International Limited unit funds will be sold to meet the balance, beginning with the unit fund with the largest current value; if this is not sufficient, external assets will be sold, again beginning with the asset with the largest value regardless of any redemption penalties applicable, until the negative cash balance is cleared. Please note these deals will be placed without notice.

9. Additional Notes

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

Account name:

10. Data Protection

I consent to the Company using the information supplied on or in conjunction with this application form in order to assess and decide upon my application for insurance (and any renewals or new insurance products) and to administer my contract (and any renewals or new insurance products). I acknowledge that the information will be held on the Company's records (both manual and electronic) and consent to its use for underwriting, administration (including contribution collection, information storage and record-keeping), tax reporting, claims assessing and handling and other related purposes, marketing analysis, and for the purpose of sending information to me in relation to my contract (and any renewals or new insurance products). I consent to any Company within the Hansard Group using my information to inform me of any of their products and services. If you do not want to receive any such information, please tick the box. ☐

The information I have given may be disclosed to any persons necessary in connection with any of the foregoing (including financial representatives, agents, brokers, other intermediaries, employees and contractors, or any of those persons set out in the Company's Data Protection Registration) governmental or regulatory bodies, any recognised Ombudsman or similar official, other insurance/reinsurance companies and to other companies within the Hansard Group, including, for the purposes of processing the data and obtaining actuarial, underwriting and similar advice and administrative services (including marketing if I have not opted out), and to any person to whom my contract may be assigned. The disclosure of my information (including sensitive information such as medical history) to other Hansard Group companies will include the transfer of this information outside the Isle of Man to other countries which do not have the same level of protection under the data protection laws. However, the Company will ensure that all reasonable measures will be taken to ensure the integrity and security of my personal information. I consent to such a transfer, including a transfer of any sensitive information referred to above outside the Isle of Man.

I, and any party to this application, can request that any information concerning us contained in any files used by the Company and any provider of administrative services (within the restrictions of a data processing service agreement) be sent to us or rectified. The right of access and rectification can be exercised at the Company's address shown on page 3 of this application form.

11. Declarations

We have applied for the Contract stated (the "Contract") on the Company's applicable standard terms and conditions. We declare that the answers given in this Application Form are true and complete to the best of our knowledge and belief and will be incorporated into the Contract. We understand that any failure to disclose any material fact[1] may invalidate the Contract.

In completing this Application Form we confirm and/or agree that:

a) We are authorised to provide all requested information and sign this Application Form on behalf of the Scheme.

b) We undertake to advise the Company in writing as soon as reasonably practicable of any change to the information provided in this Application Form from the date of submission and going-forward should there be a change in name or address, etc.

c) We have full authority to manage all assets that will be wrapped by the Contract pursuant to the powers contained in the Scheme's governing Trust Deed and Trust Rules.

d) We have read and understood all relevant materials for the Contract that will govern the contractual relationship between the Company and between the Company and us.

e) We acknowledge that the Company accepts no liability for any current or future tax or other legislation changes which may impact the Contract.

f) We acknowledge and agree to receive communication by email and accept that communication by email is an insecure medium, in particular because the contents of the mail can be altered without this being apparent and that in the absence of negligence, misconduct or fraud the Company accepts no liability whatsoever.

g) We acknowledge that for Trust investments the Company will take the country of residence of the Trust as the residency of the Trust for any obligatory tax reporting or payment purposes.

[1]A material fact is one which may influence the assessment or acceptance of this Application Form for the Contract stated. If you are in any doubt as to the relevance of any information, please give details.

First trustee or authorised signatory

Signature

Date D D M M Y Y Y Y

Please print full name

Second trustee or authorised signatory

Signature

Date D D M M Y Y Y Y

Please print full name

Hansard International Limited
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Registered Number: 032648C
Regulated by the Isle of Man Financial Services Authority