Generali Worldwide

Professional Portfolio

Application Booklet – Plan Application

Not for use by individuals

INTRODUCTION

This **Plan Application** is for use by companies or trustees on behalf of a trust who have separately completed an **Entity Application**. A separate **Plan Application** will be required in respect of each **Plan**. The **Plan Application** together with the corresponding **Entity Application** and supporting documentation form the **Application Booklet**.

You confirm that if any of the information contained in your application changes or becomes outdated, you will inform us of the changes within 30 days.

If any of the information contained in your **Entity Application** has changed or is outdated, this should be updated prior to completion of this **Plan Application**.

Your **Financial Adviser** should be able to answer any questions you may have in relation to your application for a **Plan**.

Please return your completed application and all supporting documentation to your local **Generali Worldwide Insurance Company Limited** branch office or to our head office in Guernsey.

INTERPRETATION

In this document 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** including its branches.

Any statements that refer to "I", "me", "my", "you" or "your" mean the Applicant, a prospective **Planholder**, unless the context indicates otherwise.

The following terms used in this document mean the following:

Entity Application: the application for acceptance of trustees on behalf of a trust, body corporate or un-incorporated body as **Planholder**.

Plan Application: this application for an individual **Plan**.

Scheme: a trust or other legal arrangement under which the Applicant intends to hold one or more **Plans**.

Bold capitalised terms used and not defined in this **Plan Application** shall have the meanings given to them in the **Terms and Conditions** applicable to the **Plan**.

IMPORTANT INFORMATION

Your Obligations/Providing Information to Generali Worldwide

This application and any supporting information (including **Entity Application**) will form part of your contract with us and you are responsible for all answers and statements made in this application.

The individual insurance contract between you and us will be made up of the relevant **Application Booklet**, **Terms and Conditions**, **Plan Schedule**, **Charges Schedule**, any relevant statements made by you and/or (if applicable) the **Lives Assured** relating to the **Plan**, together with any notifications of changes and all endorsements issued by us to the **Terms and Conditions**, **Plan Schedule** or **Charges Schedule**. You should ensure that all information provided is to the best of your knowledge and belief, complete, accurate and not misleading and that no material fact is omitted or concealed.

Material facts are facts that an insurer would consider likely to influence their assessment of and decision to accept a contract of insurance. If you are unsure whether a fact is a material fact, you should disclose it.

If you include any incomplete, inaccurate or misleading information or fail to disclose any material fact, either before or during the life of a **Plan**, this could result in the wrong terms being quoted, a claim being rejected, repudiated, reduced or the **Plan** being rendered invalid.

How we use your Personal Data

Your application and any **Plan** purchased will be subject to the privacy and data protection laws of Guernsey namely, the Data Protection (Bailiwick of Guernsey) Law, 2001 (as amended).

In processing your application and in administering your **Plan**, we collect information about the Applicant/ **Planholder** controlling persons and certain individuals associated with the Applicant as well as any **Life Assured** (if applicable) and/or other parties connected to your **Plan**. The information we collect includes contact details, demographic information, financial background, plan details and details of underlying **Investment Instruments**. This information is known as **Personal Data** and can be used by us in the following ways:

- **Personal Data** can be held by us on computer and/or manual systems and can be used for the purposes of administering your **Plan**, identification, customer care and servicing;
- with your consent, your **Personal Data** may also be used for the purposes of providing you with information or direct marketing communications concerning our products or services, which we believe may be of interest to you. Your consent is provided by ticking the relevant box in 'Planholder and Scheme Details' section of this **Plan Application**.

Personal Data may be transferred or disclosed:

- between members of the **Generali Group**;
- to your **Financial Adviser** or any third party nominated by you;
- to the **Trustee** or **Custodian** of plan assets;
- to investment fund managers, fiscal representatives or re-insurers; and
- to any agent, contractor or third-party service provider who provides services to us in connection with the provision of our insurance products and services to you, wherever they are located in the world.

We will only transfer your **Personal Data** to these parties for purposes related to your **Plan**. Such companies and third parties may be located in countries whose data protection laws may not be as comprehensive as in Guernsey and/or the country in which you reside and/or where this application is made.

We or the **Generali Group** may also be obliged to disclose your **Personal Data** to other parties in the following circumstances:

- where it is necessary we are under a statutory or regulatory obligation or otherwise required to do so due to any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authority;
- where we are under a contractual obligation or where requested or directed to do so by any local or foreign legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, wherever located;
- where necessary in order to comply with legal or regulatory obligations regarding anti-money laundering, countering terrorist financing and/or the exchange of tax information; or
- where it is necessary to prevent the application of certain withholding taxes.

This may include reporting information about you and/or about the **Plan** to the tax authorities in any jurisdiction where we or **Generali Group** operates, where you reside, where you are a citizen or where you may be otherwise subject to tax. These tax authorities may in turn disclose this information to tax authorities in other jurisdictions.

Although it may be necessary to maintain your **Personal Data** for a significant period, your **Personal Data** will not be retained for longer than is necessary and it will be erased or put beyond use when it is no longer required.

You have the right to obtain subject access to any **Personal Data** concerning you, which we hold and where it is inaccurate, to request correction of the **Personal Data**. This can be done by contacting our Data Protection Officer at our business address, which is provided on the back cover of this document.

Before you Apply for a Professional Portfolio Plan

We would like to remind you that you have a fiduciary duty of care to the beneficial owners of any **Plan** held in your name.

Cancelling an existing insurance plan and replacing it, in full or in part, with a Generali Worldwide **Plan** could have financial consequences for you and/or the beneficial owners, including financial loss. Your **Financial Adviser** will explain these to you.

You should not purchase a **Plan** and/or select **Investment Instruments** until you understand them and their suitability has been explained to you. The final decision on whether to purchase a **Plan** is yours.

You should obtain specialist legal and tax advice from a suitably qualified adviser with respect to this **Plan**. In particular, you should ensure that you are eligible to hold a **Plan** under the laws of any jurisdiction which applies to you and/or the beneficial owner and if applicable, that you can legally take out a **Life Insurance Plan** on any person named as a **Life Assured**.

COMPLETING THIS PLAN APPLICATION

You should carefully read the 'Important Information' sections and raise any questions you may have with your **Financial Adviser**.

This booklet contains the following sections:

1 Financial Adviser Details
2 Planholder and Scheme Details
3 Plan Details
4 Investment Details
5 Lives Assured – Life Insurance Plan Only
6 Declarations
7 Financial Adviser Form
8 Payment by Bank Transfer

Sections 1 - 4 and section 6 must be completed in all cases. Section 5 only applies where the **Plan** will be a **Life Insurance Plan**.

Your **Financial Adviser** will complete section 1 as well as the Verification of Identity and Source of Funds Questionnaire, Financial Adviser Details and Financial Adviser Declaration contained in section 7.

You should carefully read all of the declarations and ensure that you understand them. By signing this **Plan Application** you agree to be bound by the terms of these declarations. Important Information is included to help you to understand these declarations and if you have any further questions your **Financial Adviser** will be able to help you.

Please ensure that you complete all required sections and provide all necessary supporting documentation. Failure to do so may result in a delay in your application being processed. Further information may be required during the validation process (for example, when information you provide leads to further questions). Your **Plan** will not commence until we have received the minimum **Premium**, your completed **Application Booklet** and any supporting documentation we require and subject to our agreement to accept your application.

Plan Application – Professional Portfolio

1. Financial Adviser Details

Company name: _____

Address: _____

_____

_____

Name of **Financial Adviser**: _____

Introducer number: _____

Contact e-mail: _____

Contact telephone number: _____

Additional information/special instructions: _____

_____

_____

_____

Please provide any supporting documentation, if applicable.

Please note: Generali Worldwide reserves the right to seek further information or documentation prior to accepting an application.

2. Planholder and Scheme Details[1]

Planholder Details

Applicant 1: Sovereign Pension Services Limited

Applicant 2: _____

Applicant 3: _____

Applicant 4: _____

Please state the reasons for taking out this **Plan**: Personal Pension Scheme

Please provide any supporting documentation, if applicable.

Scheme Details (where Plan is to be held under a Scheme)

Scheme name: Centaurus Lite Retirement Benefit Scheme

Scheme creation date: 0 4 1 1 1 3

Scheme member name: _____

Scheme member date of birth: D D M M Y Y

Reference (optional): Account name:

This is the reference you wish to appear on your **Plan** documents. The reference can include numbers, letters and spaces, the maximum length including spaces is 100 characters.

1 These are the details of the person(s) (corporate or individual) who are to be named as **Planholders** on **Plan** documents.

3. Plan Details

Insurance Basis

Please indicate the type of contract you wish to apply for:

Capital Redemption Plan: 99 year term ☐
Or
Life Insurance Plan: Single life ☐ Joint-life first death ☐ Multiple-lives last survivor ☐

Product Required
UK tax legislation enables Her Majesty's Revenue and Customs ("HMRC") to recognise a **Plan** as a "Personal Portfolio Bond" or a "Pooled Portfolio Bond", dependent on the **Investment Instruments** available to and constituting the **Investment Fund**.

Please select the product classification you wish to apply for:

Personal Plan ☐

The **Investment Fund** of a Personal Plan can include listed equities, bonds, collectives, currencies and certain structured products, subject to our agreement.

It is expected that a Personal Plan will be classified by HMRC as a Personal Portfolio Bond as defined by sections 515-526 of the **ITTOIA**.

Pooled Plan ☐

The **Investment Fund** of a Pooled Plan is restricted to **Investment Instruments** which can be held without the **Plan** being considered a Personal Portfolio Bond under sections 515-526 of the **ITTOIA**. Information on the **Investment Instruments** which can be held within a Pooled Plan is set out in this legislation and is available from us on request.

In summary and for indication purposes only, the **Investment Fund** of a Pooled Plan is restricted to:

- an index that is generally available to all **Plans**, such as the retail prices index or an index similar to the retail prices index that is published by the government of any foreign state or an agent of such a government or any published index of prices of shares listed on a recognised stock exchange; and
- units in a UK authorised unit trust, shares in an investment trust, shares in an open-ended investment company, cash, collective investment funds such as interests in a non-UK close-ended investment company, a non-UK unit trust scheme or other forms of non-UK collective investment funds.

These rules are subject to change and you should always consult the relevant legislation and/or seek your own professional tax advice before selecting a Pooled Plan or **Investment Instruments** to be allocated to a Pooled Plan.

It is not intended that a Pooled Plan will be classified by HMRC as a Personal Portfolio Bond as defined by sections 515-526 of the **ITTOIA** but this cannot be guaranteed.

Discretionary Portfolios
Do you wish to include a **Discretionary Portfolio** in the **Investment Fund**? Yes ☐ No ☐
If Yes, please complete the separate 'Appointment of a Discretionary Fund Manager' form.

3. Plan Details (continued)

Other Investment Plans

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

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

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 ☐ Hong Kong Dollar ☐ Japanese Yen ☐ Swedish krona ☐

Premium

Please refer to section 8 'Payment by Bank Transfer' for details of our payment accounts.

Please state the total **Cash Premium** amount in the **Plan Currency**: Box A

Please state the approximate value of **Securities** to be transferred in the **Plan Currency**: Box B

Approximate total **Premium**[2] in the **Plan Currency**: 0 = Box A + Box B

Number of Policies

Your **Plan** may be divided up into equal and identical **Policies**. The minimum number of **Policies** within your **Plan** is one. The maximum number of **Policies** within your **Plan** is 100. **If left blank, we will issue 20 Policies**.

Please enter the number of **Policies** you require:

Charge Structure

Please enter the charging structure code (set out on your personalised illustration) which will determine the charging structure that will apply to your **Plan**:

Dividends

You MUST tick the appropriate box below with regard to how you wish dividends to be applied to your **Plan**, even if no dividend paying **Securities** are in place at outset. Your chosen option will be followed where **Securities** provide that option when paying dividends.

Please note it is not possible to change how dividends are treated during the life of your Plan.

Dividends to be held as **Cash** in your **Plan** ☐ Dividends to be re-invested in the same asset ☐

2 Minimum of USD7,500 (or currency equivalent) per holding. Minimum of USD50,000 (or currency equivalent) per **Discretionary Portfolio**.

3. Plan Details (continued)

Regular Withdrawal (Optional)
If required, please give details (the minimum withdrawal is USD500 (or currency equivalent) per payment, subject to a minimum of USD1,000 (or currency equivalent), per annum).

Fixed amount per payment: _____

Frequency of payment: monthly ☐ quarterly ☐ half-yearly ☐ annually ☐

Purpose of regular withdrawal: trustee fee ☐ other ☐

Please provide details of YOUR bank account where payment should be sent. Payments will not be sent to third parties. Payment will be made by electronic transfer to your bank account. (Please note that all bank transfer and intermediary charges will be debited against your payment.)

Regular withdrawal payments are made from the Cash within your Plan held with the Default Custodian. If there is insufficient Cash held with the Default Custodian to make a payment, regular withdrawal payments will cease.

Bank name: _____

Bank address: _____

_____

_____

Account name: _____

International Bank Account Number ('IBAN'): _____

Account number: _____

Swift/BIC code: _____

4. Investment Details

Important Information: Your choice of Investment Instruments

- You are responsible for the choice of **Investment Instruments** to be held in the **Investment Fund**. You should read and understand the prospectus and/or offering document and supporting literature for each **Investment Instrument** you choose. You should satisfy yourself that you understand and accept the risks associated with each **Investment Instrument** you choose, including but not limited to, those set out in the prospectus or offering document of these **Investment Instruments**.
- The **Investment Fund** is a notional portfolio of **Investment Instruments**. We remain the beneficial owner of the **Investment Instruments** at all times. You do not have any title to, or interest in, any **Investment Instruments** within the **Investment Fund** underlying your **Plan**. The **Investment Instruments** are used solely for the purposes of calculating the value of the **Investment Fund** and benefits of your **Plan**. You will not be consulted nor provided with an opportunity to participate in any corporate action in relation to any **Investment Instrument** within the **Investment Fund**.
- Generali Worldwide does not provide advice on the choice of **Investment Instruments**. You should seek your own independent professional investment advice from a suitably qualified and regulated investment adviser.
- Generali Worldwide does impose restrictions on the **Investment Instruments** permitted within the **Investment Fund**. Acceptance of an **Investment Instrument** is not an endorsement by us.
- **Investment Instruments** may be subject to charges imposed by the **Investment Issuer**, which may result in less than 100% of an **Investment Instrument** being invested at outset.

RISK WARNING:

The value of your Plan is not guaranteed and may fall as well as rise in line with the performance of Investment Instruments. It is determined by the realisable value of your chosen Investment Instruments. The value of the entire Plan may be at risk. Furthermore, trading may be suspended from time to time by the Investment Issuer and during this time, Investment Instruments cannot be acquired or disposed of and their proceeds cannot be realised.

You should fully consider the risks which are associated with the choice of Investment Instruments underlying your Plan. These risks apply to assets held directly and indirectly, such as through collective investment schemes or similar vehicles. These risks include, but are not limited to:

- **Returns: The value of an Investment Instrument in the stock market, whether held directly or indirectly through mutual funds or similar vehicles, as well as the income it produces, can go down as well as up. Investment returns cannot be guaranteed and the value of Investment Instruments can go down as well as up. Past performance is not a guide to future performance. Tax rates and concessions may also change.**
- **Investment Term: Your Plan is intended to be a long-term commitment. The stock market should not be considered a suitable place for short-term investment.**
- **Exchange Rate Risk: If an Investment Instrument is denominated in a currency other than the Plan Currency, a movement of exchange rates may have a separate effect, favourable or unfavourable, on the gain or loss otherwise experienced by the Investment Fund. The value of your Plan may fall as well as rise as a result of exchange rate fluctuation.**
- **Credit/Default Risk: If Generali Worldwide, an Investment Issuer or any of the counterparties associated with holding Investment Instruments (including, without limitation, the Custodian, banks, brokers, dealers and exchanges) are liquidated or declared bankrupt, this may result in a significant loss in the value of your Plan.**
- **Borrowing Risk: Possible use of borrowing may result in certain additional risks. A leveraged Investment Instrument by its nature increases the potential loss to investors resulting from any depreciation in the value of such Investment Instrument.**

The above list is not exhaustive. There may be other risks associated with Professional Portfolio. You should seek your own investment advice from a suitably qualified and regulated investment adviser.

4a). Initial Dealing Instruction

Please complete table below for initial dealing of **Cash**.

Note: If you require more space, please continue on additional sheet(s), which you should sign and attach to this application. Please tick this box if additional sheet(s) attached: ☐

Currency and amount of your investment[3]	Security/fund/investment strategy name in full	Security/fund reference code (Sedol or ISIN) (mandatory for Securities and funds)	Currency of Security or Discretionary Portfolio
Cash amount to be held un-invested in the Plan Currency Account: As the deduction of charges will be transacted via the **Plan Currency Account**, you should maintain sufficient **Cash** in this account to cover charges.			

For Office Use Only

Planholder name: _____

Plan number: _____

3 Minimum of USD7,500 (or currency equivalent) per holding. Minimum of USD50,000 (or currency equivalent) per **Discretionary Portfolio**.

4b). Transfer of Securities to Generali Worldwide

Please complete the table below for transfer of existing **Securities** specified in Box B of section 3 to us ONLY (transfer and acceptance is at Generali Worldwide's discretion).

We will advise which documentation must be completed when we confirm whether we accept the transfer of **Securities**. The documentation we require will depend on whether **Securities** are held in pure electronic format, in certificate format or on the books of a transfer agent.

Note: If you require more space, please continue on additional sheet(s), which you should sign and attach to this application. Please tick this box if additional sheet(s) attached: ☐

Number of units of existing Security[4]	Security/fund reference code (Sedol or ISIN) (mandatory)	Currency denomination of Security

For Office Use Only

Planholder name: _____

Plan number: _____

4 Minimum of USD7,500 (or currency equivalent) per holding.

5. Lives Assured – Life Insurance Plan Only

If you have opted for a **Life Insurance Plan** in section 3, please complete this form if anybody other than an Applicant is to be named as a **Life Assured**. A copy of this form MUST be completed for each **Life Assured**.

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: ☐

Surname: _____

Forename(s): _____

I consent to Generali Worldwide contacting me for marketing purposes: Yes ☐ No ☐

Gender: Male ☐ Female ☐

Date of birth: D D M M Y Y

Confirm any other officially documented name/alias relevant to you (e.g. maiden name): _____

_____

Permanent residential address (include prior address if at this address for less than 18 months): _____

_____

_____

City/town of birth: _____

Country of birth: _____

Nationality: _____

If you are of dual nationality, please confirm your other nationalities: _____

_____

Marital status: _____

Relationship to Planholder: Pension scheme member

My signature is confirmation that:

- I agree to be a **Life Assured** and I understand that I am responsible for all answers given and statements made by me in this **Plan Application** or in any other communication between me and **Generali Worldwide Insurance Company Limited**;
- I declare that to the best of my knowledge and belief, the information provided in this **Plan Application** is true and complete and that no material fact has been omitted or concealed. I understand that non-disclosure of material facts or the provision of incorrect information to **Generali Worldwide Insurance Company Limited**, whether before or during the life of the **Plan**, could result in the wrong terms being quoted, a claim being rejected, repudiated, reduced or the **Plan** being rendered invalid; and

Please tick here to confirm you have read and understood the section entitled 'How we use your Personal Data' on page 3: ☐

- I consent to my **Personal Data** being processed, stored and transferred as explained in the section entitled 'How we use your Personal Data'.

Signature of Life Assured:

Date: D D M M Y Y

6. Declarations

Please read through these declarations carefully and before signing this **Plan Application**. Important information is included throughout the **Plan Application**. Please ensure that you read the entire booklet. If you have any further questions, your **Financial Adviser** will be able to help you.

By signing this **Plan Application**, you agree to be bound by the terms of these declarations. In the following declarations, "I" means the Applicant.

General

- I hereby apply for a Professional Portfolio with the features described in the offering documents. I confirm that I understand its features and its suitability has been explained to me.
- I have received, read and understood the 'Details Guide' given to me by my **Financial Adviser**, which explains the features of Professional Portfolio. I understand that the 'Details Guide' contains information about my **Plan** but does not form part of my contract with Generali Worldwide. I have been given an opportunity to raise any questions and I am satisfied with the answers I have received.
- I have had the opportunity to obtain specialist legal and tax advice from a suitably qualified adviser with respect to this **Plan**, if required.
- I understand the consequences of cancelling an existing insurance plan and replacing it, in full or in part, with this **Plan**. I confirm that my **Financial Adviser** has explained these consequences to me and (if applicable) that I am happy to replace my existing plan.
- I agree that my **Plan** will be governed by the law of the Island of Guernsey.
- I have been informed of and understand my right to cancel the **Plan**, which is set out in the "Cancellation Rights" section of my 'Details Guide'.
- I understand and agree that as a result of my taking out this **Plan**, Generali Worldwide will pay commission to my **Financial Adviser** for arranging this **Plan**. Commission will be paid while the **Plan** continues to be in force.

Plan Operation

- I understand and agree that Generali Worldwide will not issue quarterly/annual valuation statements to me by post unless I expressly request these in writing. **Plan** valuations will however, be available via the 'Online Service Centre'.
- After my **Plan** is issued, I agree that I will inform Generali Worldwide within 30 days of a change in my circumstances (in particular my tax residency) or personal details.
- I understand and agree that all associated documentation relating to my **Plan** will be sent to my **Financial Adviser**, unless a **Written Request** to the contrary is provided by me.

Investment Instruments

- I am responsible for the choice of **Investment Instruments** and their suitability has been explained to me.
- I understand Generali Worldwide remains the beneficial owner of the **Investment Instruments** at all times and that I do not have any title to, or interest in, any **Investment Instrument** within the **Investment Fund** underlying my **Plan**. The **Investment Instruments** are used solely for the purposes of calculating the value of the **Investment Fund** and benefits of my **Plan**.
- I understand that I will not be consulted nor provided with an opportunity to participate in any corporate action in relation to any **Investment Instrument** within the **Investment Fund**.
- I understand that the choice of **Investment Instruments** is entirely at my own risk and accept full responsibility for the choice of **Investment Instruments** held within the **Investment Fund**.
- I understand that any proposed **Investment Instrument** must be considered acceptable by Generali Worldwide who can, at their absolute discretion, refuse to accept any **Investment Instrument** for inclusion within the **Investment Fund**.
- I accept that the acquisition or transfer of **Investment Instruments** to be held within the **Investment Fund** will be on an execution-only basis and that processing this instruction is not an endorsement of any particular **Investment Instrument**.
- I agree to sign a disclaimer with respect to the risks associated with any particular **Investment Instrument**, if requested to do so by Generali Worldwide. I accept that Generali Worldwide may at their absolute discretion, decline or accept any **Investment Instrument** even where I have signed such a disclaimer.

6. Declarations (continued)

Data Protection

- I consent to my **Personal Data** being processed, stored and transferred as explained in the section entitled 'How we use your Personal Data' on page 3.
- I have informed any third party whose personal details are included in my application about 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 as the result of the use of such information.

Lives Assured (if applicable – only applies if **Life Insurance Plan** chosen)

- I confirm that I wish to take out a **Life Insurance Plan** on each person named as a **Life Assured** in this **Plan Application**.
- I declare to Generali Worldwide that I am eligible to hold the **Plan** under the laws of any jurisdiction applicable to me and that I can legally hold a **Life Insurance Plan** in respect of the named **Lives Assured**.

Verification of Identity and Source of Funds

- I confirm that to the best of my knowledge and belief, the beneficial owner of the **Plan** is not a Politically Exposed Person and is not associated with a Politically Exposed Person.
- I agree to provide Generali Worldwide with any information and documentation that they reasonably require to verify the identity of any party involved in the ownership or control of the **Plan** or the source of funds or source of wealth used to fund the purchase of **Premiums**, at the time of the application and at any time required during the life of the **Plan**. I understand that failure to provide the requested information will result in a delay in accepting a **Premium** or paying a claim.
- I understand that Generali Worldwide is required by law to verify the identity and permanent residential address of each Applicant, **Life Assured** and/or **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, on request and without delay, both at the time of application and at any time thereafter during the life of the **Plan**.
- I declare that, to the best of my knowledge and belief, all the information provided in the 'Source of Funds Questionnaire' completed by my **Financial Adviser** is true, correct and complete.
- I also confirm that the monies being used to fund the **Premium** are derived from legitimate activities.

Accuracy of Information

- I agree that I will inform Generali Worldwide of any change in my circumstances between the date of my application and the issue of my **Plan**.
- I declare that the information I have provided in the 'Confirmation of Citizenship/Nationality and Tax Residency' section of the associated **Entity Application** is correct.
- I have read over the answers provided in this **Plan Application** as well as the corresponding **Entity Application** and confirm that, to the best of my knowledge and belief, they are complete, accurate and not misleading and no material fact has been omitted or concealed.
- I understand that I am responsible for all the answers given and statements made by me in the **Application Booklet** or in any other communication between me and Generali Worldwide. I also understand the implications of providing information which is incomplete, inaccurate or misleading and of failing to disclose material facts before and during the life of the **Plan**.

Applicant Signatures[5]

Signature 1:	Signature 2:
Date: D D M M Y Y	Date: D D M M Y Y
Signature 3:	Signature 4:
Date: D D M M Y Y	Date: D D M M Y Y

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

7. Financial Adviser Form

On this form "I" or "you" refers to the **Financial Adviser** who should complete the form and sign the 'Financial Adviser Declaration'.

Source of Funds Questionnaire
We are 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 on request.

Please complete a copy of this questionnaire for each Applicant and attach securely to this **Application Booklet**.

Planholder name: _____

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

_____

_____

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

If Yes, please give details: _____

_____

_____

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

If Yes, please give details: _____

_____

_____

Bank name: _____

Bank address: _____

_____

_____

Account name: _____

International Bank Account Number ('IBAN'): _____

Account number: _____

Swift/BIC code: _____

Years account held: _____

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

_____

_____

Please state annual income of the Applicant: _____

Total amount received annually from all sources:

Currency:	Amount:

7. Financial Adviser Form (continued)

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:

Rental income: _____

Investment income: _____

Pension income: _____

Other income (please specify): _____

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

If applicable, state percentage owned: _____

Employment Status: **Employed** ☐ **Self-employed/Business owner** ☐ **Other** ☐

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.): _____

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:

If providing the following details, please also provide proof by way of supporting documentation.

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: _____

_____

7. Financial Adviser Form (continued)

If **Other**, please provide details:

Please state how the source of wealth for this investment has been raised if other than annual income. If providing details in the following section, please provide proof by way of supporting documentation.

Gift or inheritance from a third party? Yes ☐ No ☐

If Yes, please give details: _____

_____

_____

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:

_____

_____

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? _____

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? _____

_____

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, each Applicant is of good repute and a law abiding citizen and the information given in this **Application Booklet** 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 **Premium** are obtained from legitimate activities;
- I confirm that client fact-find forms have been duly completed;
- I confirm that I have not made any changes to this **Application Booklet** after signature by the Applicant; and
- I confirm that I have seen the original documents required to verify the identity of each Applicant and any **Life Assured** and I have checked the name and identity of each and attach a certified copy of these documents for Generali Worldwide's records.

Signature of the Financial Adviser[6]:

Financial Adviser name (printed in BLOCK LETTERS): _____

Date: D D M M Y Y

6 If the **Financial Adviser** is not an individual, the individual signing must have the authority of the **Financial Adviser**.

8. Payment by Bank Transfer

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

Payment to be made to an account in the name of Generali Worldwide.

Currency	Account Holding Bank	A/C Number	Swift Code	IBAN	Correspondent Bank
USD	Citibank N.A. Jersey CI[7]	412492056	CITIJESX	GB25 CITI 1850 2641 2492 05	Citibank N.A. New York (Swift Code CITIUS33; ABA: 021000089)
GBP	Citibank N.A. Jersey CI[7]	412492048	CITIJESX	GB52 CITI 1850 2641 2492 04	Citibank N.A. London (Swift Code CITIGB2L)
	From a Channel Islands or Isle of Man bank The payment should be sent by BACS (Sort Code 18 50 26) **UK to UK bank transfer** If you wish to make your payment from a UK bank account please contact us for details.				
EUR	Citibank N.A. London	0013861317	CITIGB2L	GB81 CITI 1850 0813 8613 17	-
HKD	Citibank N.A. Jersey CI[7]	412492013	CITIJESX	GB36 CITI 1850 2641 2492 01	Citibank N.A. Hong Kong (Swift Code CITIHKHX)
JPY	Citibank N.A. Jersey CI[7]	412492021	CITIJESX	GB09 CITI 1850 2641 2492 02	Citibank N.A. Japan (Swift Code CITIJPJT)
SEK	Citibank N.A. Jersey CI[7]	412492064	CITIJESX	GB95 CITI 1850 2641 2492 06	Senska Handelbanken (Swift Code HANDSESS)

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

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.

T +44 (0) 1481 714 108 F +44 (0) 1481 712 424

enquiries@generali-worldwide.com

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.

GW PB (INT) PLAN APP 03'17