

HORIZON

Portfolio Bond



Trust Application Form

THE CALPE RETIREMENT BENEFIT SCHEME
ADMINISTERED BY SOVEREIGN PENSION SERVICES (GIBRALTAR) LIMITED

Your application: Please ensure You have received and read the Horizon Portfolio Bond Brochure and Terms and Conditions before You complete this application.

Completing this form: Use blue or black ink and write clearly in CAPITAL letters.
If Your application is incomplete or does not include all the information we request, it will result in delays.

All fields are mandatory and should include the relevant information or be designated "Not Applicable (N/A)"

FOR INTERNAL USE ONLY

Policy number	Adviser code
Internal Providence number	
Comments	

FINANCIAL ADVISER DETAILS

I have verified the documents, copies of which are attached and certified as true copies of the originals and are a true likeness of the Life/Lives Assured, I have taken reasonable steps to ensure that the Life/Lives Assured Funds are legitimate to the best of my knowledge, all the information provided by the Life/Lives Assured is true and complete and has been obtained by me, from the Life/Lives Assured.

Company name			
Adviser's name			
Email address			
Office	Region		
Signature	Telephone number		
Date	DD	MM	YYYY

Section 1. Trust and Applicant Details

Please note - The trustee will be the legal owner of the Policy

Name of trustee	Sovereign Trust International Limited
Registered office	Suite 2B, 143 Main Street, Gibraltar
Telephone number	00350 200 76173
Fax number	00350 200 70158
Incorporation date	20 January 1992
Registration number	44491
Regulated by	Gibraltar Financial Services Commission

Details of the Scheme

Name	The Calpe Retirement Benefit Scheme
Date created	30 July 2012
Reason for trust creation	To create a retirement benefit scheme
Type of trust	Irrevocable, discretionary trust
Source of trust assets	UK pension fund transfers more than £100,000

Section 2. Policy Basis

Reason for saving

General
 Retirement
 Education
 Specific Event (please specify)

Have You surrendered a similar saving Policy in the last 12 months?

Yes No

Are You making any concurrent applications to other life companies?

Yes No

If 'Yes' to either questions please give details:

Name of Company	Type of Policy	Premium Amount	Policy Term

Please indicate what type of Policy You require

Single Life
 Joint Life First Death
 Joint Life Last Death

Section 3. FATCA Declaration

FIRST LIFE ASSURED

Are You a US* tax payer? Yes No

Are You a US* citizen? Yes No

Will You be including a US* address or contact details in this application? Yes No

*The definition of US includes the 50 United States of America and associated territories.

If You have answered 'Yes' to any of the above questions or if either Life Assured is a US national, resides in the US or is requesting a regular income payment to be made to a US account, Your application cannot be accepted by Providence Life Limited, PCC.

Where are You resident for tax purposes?

Country/countries of tax residence

.....

Tax reference number/s

.....

SECOND LIFE ASSURED

Are You a US* tax payer? Yes No

Are You a US* citizen? Yes No

Will You be including a US* address or contact details in this application? Yes No

*The definition of US includes the 50 United States of America and associated territories.

If You have answered 'Yes' to any of the above questions or if either Life Assured is a US national, resides in the US or is requesting a regular income payment to be made to a US account, Your application cannot be accepted by Providence Life Limited, PCC.

Where are You resident for tax purposes?

Country/countries of tax residence

.....

Tax reference number/s

.....

Section 4. Life/Lives Assured Details

	FIRST LIFE ASSURED	SECOND LIFE ASSURED
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>
Surname (as shown on ID/passport)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
First name (as shown on ID/passport)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Date of birth (DD/MM/YYYY)	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 60px; height: 25px;" type="text"/>	<input style="width: 30px; height: 25px;" type="text"/> <input style="width: 30px; height: 25px;" type="text"/> <input style="width: 60px; height: 25px;" type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Residential address	<input style="width: 100%; height: 80px;" type="text"/>	<input style="width: 100%; height: 80px;" type="text"/>
Email address	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/> <input style="width: 100%; height: 25px;" type="text"/>
Telephone number (Include international code)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Mobile number (Include international code)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Nationality	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Do You hold dual nationality?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second nationality/citizenship	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Passport/ID number of second nationality	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Are You self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Designation/position and nature of employment	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
Length of current employment	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
If retired, please state former occupation	<input style="width: 100%; height: 50px;" type="text"/>	<input style="width: 100%; height: 50px;" type="text"/>
Please state the relationship between the Lives Assured.	<input style="width: 100%; height: 100%;" type="text"/>	

Section 5. Basis of Contract

Policy currency denomination: (Select one)
Your Policy valuations will be denominated in the currency selected above.

USD

GBP

EUR

JPY

CHF

Number of Policies
(will be set up as 10 Policies if nothing is stated in this field)

Premium currency

Total Premium amount

Single Premium Investment instructions

- The maximum number of Funds that can be selected at outset is 10.
- The minimum single Premium Investment is GBP 40,000 or currency equivalent.

ISIN Number	Fund Name	Fund Currency	Investment % for each fund
	PLL Fidelity Money Market Fund	As per Policy currency	5%
Total percentage amount			100%
<small>(Please ensure Your Investments total 100%)</small>			

*The Policyholder may opt for the Policy to be held in Trust with a third party Trust provider. In this instance charges for the Trust such as the setup fee and ongoing annual Trust fee maybe deducted from the Policy in Units. If this option has been selected, the AMC/AMF will be higher to reflect both sets of charges. Providence is not responsible for your choice of Trust provider.

Section 6. Source of Funds

Pension transfer	<input type="text"/>		
Total amount	<input type="text"/>		
Currency	<input type="text"/>		
Full name of first pension provider	<input type="text"/>		
Amount	<input type="text"/>	Currency	<input type="text"/>
Full name of second pension provider	<input type="text"/>		
Amount	<input type="text"/>	Currency	<input type="text"/>
Full name of third pension provider	<input type="text"/>		
Amount	<input type="text"/>	Currency	<input type="text"/>
Date funds received by the Trust (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are transferring any other pensions please provide information below:

Section 7. Payment Details

The payment must come from a bank account in the name of the Trust.

Name of your bank account	Sovereign Trust International Limited ATO The Calpe Retirement Benefit Scheme
Bank account number/IBAN	GI49 RBOS 0609 5443 9117 498
Sort code (if applicable)	60-95-44
SWIFT or BIC code (if applicable)	RBOS GIGI
Bank name	NatWest
Bank address	NatWest House, Line Wall Road
Country	Gibraltar

Section 8. Proof of Identity and Address

1. Proof of identity - (please tick to confirm document is attached)

The Life/Lives Assured and/or third party payors must provide one of the following valid primary documents that has been seen and suitably certified to confirm the true likeness of the individual and is a true copy of the original.

	Life Assured 1	Life Assured 2	Third Party Payor
• Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card with signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Passport or National Identity Card with photograph, full name, signature, validity dates and the issuing authority. The details on the application form must match the legal document. The copy of the document must be certified by an employee of an intermediary that has current terms of business with Providence or a notary public, lawyer or accountant.

2. Proof of residential address

In order to verify the Life/Lives Assured and/or third party payor's current residential address, please attach either an original or suitably certified copy of one of the following documents (the documents seen must be **less than three months old** upon receipt by us, unless advised otherwise) and confirm that the document is a true copy of the original and have duly be seen and verified by the certifier. The document must be issued in the name of the Life/Lives Assured and show the address appearing on the application or held in our records as the current residence. Please note documents containing PO Box only cannot be accepted.

The documents, if not in English, should be translated into English prior to submitting and should be certified by the translator. This is a regulatory requirement.

	Life Assured 1	Life Assured 2	Third Party Payor
• Utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving licence*†	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If You are unable to provide one of these documents, please complete **Section 10. Confirmation of Residential Address**.

*These documents should be valid.

† Certified copies of all parts of the licence must be provided.

Nomination of Beneficiary

Please indicate if You are nominating a Beneficiary/Beneficiaries from commencement of the Policy.

Yes No

- If Yes, please complete the 'Appointment of Beneficiary' supplementary form and include it with this application.
- If No, please note the Life/Lives Assured may nominate or change one or more beneficiaries using the 'Appointment of Beneficiary' form throughout the life of the Policy.

Section 9. Declaration/Data Protection

Declaration

I/We apply for a Horizon Portfolio Bond as detailed in this application form have been provided with and agree to the Providence Life Limited, PCC Horizon Portfolio Bond Terms and Conditions. I/We declare that the answers given in this application, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life assurance.

I/We understand that if any Beneficiary has been appointed, then the amount payable on death of the Life to be Assured will be paid to the Beneficiary.

I/We consent to the Company seeking independent verification (if considered necessary) of any of the information given in this application.

I/We declare that I/we are at least 19 years of age next birthday.

I/We declare that I/we am/are not a resident(s) or national(s) of Mauritius or a resident(s)/non-resident(s) US tax payer(s).

I/We confirm that I/we understand that a change in my/our country of residence, or that of any Life Assured, could mean that the Company may no longer be able to provide all the benefits under this Policy.

I/We confirm that I/we understand that investing in the Horizon Portfolio Bond is solely my/our own choice, and/or that of my/our Adviser and that the acceptance of the asset link by the company does not constitute a warranty or representation of the suitability of such asset/s for Investment purposes.

I/We declare that any Premiums that I/we pay to the Policy will not contravene any applicable exchange controls, regulations or trade or economic sanctions.

I/We declare that any Premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

I/We confirm that I/we have reviewed the information I/we have given in this application and it is correct.

Data protection

I/We understand that the personal information that I/We supply may be held and used by the Company in the following ways:

- To process, evaluate and administer the contracts/Policies/claims;
- To prevent and detect fraud and financial crime; and
- To perform accounting, statistical and research activities,

I/We also understand that to carry out the above the Company may need to pass the information to:

- Any Providence Group companies, re-insurers, reference agencies, third parties who provide relevant services to the Company and my/our relevant financial professional;
- Countries outside of Mauritius that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained;
- Public bodies including the police, or insurers' database; and
- Any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.

Section 9. Declaration/Data Protection (cont.)

I/We do not wish to be contacted for marketing purposes tick here

I/We understand that the Company will only communicate with me/us using the contact details that I/We have supplied. Where I/We have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

I/We understand that the Group Companies, and Companies that they become associated with, may share the information so that they can contact me/us by mail/email, telephone or other appropriate means about carefully selected products, services or offers that they believe will be of interest to me/us.

I/We will not be contacted in this way if I/we tick here

I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.

I/We confirm that this/these signature/s is/are mine/ours as Policyholder/s or that/those of my/our appointed legal representative/s.

If Your signature is different from the signature in Your passport/ID or if Your signature has changed over a period of time, You will need to complete **Section 11. Certifying Signature.**

I/We confirm that I/we have read and agree with the contents of **Section 9. Declaration/Data Protection.**

FIRST LIFE ASSURED		SECOND LIFE ASSURED	
SIGN HERE	<input type="text"/>	SIGN HERE	<input type="text"/>
	Print name		Print name
	<input type="text"/>		<input type="text"/>
Date	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>	Date	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>

FIRST TRUSTEE (For Trustee use only)		SECOND TRUSTEE (For Trustee use only)	
SIGN HERE	<input type="text"/>	SIGN HERE	<input type="text"/>
	Print name		Print name
	<input type="text"/>		<input type="text"/>
Date	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>	Date	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>
Country where application was signed			

Policy acceptance is subject to:

- The final underwriting decision;
- Receipt of the Initial Premium Amount; and
- Receipt of satisfactory proof of identity and any other documentation we require.

Section 10. Confirmation of Residential Address

Providence Life Limited, PCC require proof of address of all Life/Lives Assured.

Important note

This section should be completed and signed by the client and the Financial Adviser who submits business to Providence Life Limited, PCC. Providence acknowledge that in certain circumstances it is difficult to provide proof of residential address to satisfy our anti money laundering requirements. This can be a particular problem in territories which do not have a postal delivery system. In circumstances where we have been unable to obtain documentary proof of residential address, we are obliged to mark in our records that the address is not confirmed (this includes a P.O. Box address). In these circumstances, we will have to ask for complete verification (including this form if appropriate) on each subsequent change of address, until we are able to obtain satisfactory proof of residential address.

The following are acceptable proof as address documents:

- A utility bill (dated within the last 3 months and including full residential address and Life/Lives Assured name).
- Bank statement/credit card statement (dated within the last 3 months and containing full residential address and Life/Lives Assured name. Internet screenshots are not accepted).
- Tenancy agreement (agreement must be valid and contain full residential address and Life/Lives Assured name).
- Employer letter confirming the residential address and Life/Lives Assured name. (This must be dated on company headed paper, addressed to Providence Life Limited, PCC and stamped with the company official stamp. Wet copy original to be supplied).

In the event that none of these documents can be provided as evidence, please complete and sign the declaration in this section to confirm that Your Financial Adviser has visited Your place of residence.

LIFE ASSURED DETAILS

Surname

First name

Residential address

Please provide a physical description of location/residential address

Section 10. Confirmation of Residential Address (cont.)

Please provide a brief description as to why none of the proof of residential address documents stated on page 8 of the application form are available.

(‘Not Applicable’ or ‘Not Available’ are not acceptable explanations as to why these documents are not available).

Life Assured declaration

I confirm that I currently reside at the stated address and that I for the reasons stated are unable to provide acceptable documentary evidence.

Life Assured signature

Date (DD/MM/YYYY)

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Financial Adviser declaration

I confirm that I have visited the Life Assured at the address listed within this section.

Adviser's name

Company name

Office

Region

Financial Adviser signature

Date (DD/MM/YYYY)

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Providence Life Limited, PCC reserve the right to request further information at any time should it be required.

In the case where there are two Lives Assured using the 'Confirmation of Address' form, please photocopy this section and complete for each Life Assured.

Section 11. Certifying Signature

This section must be used where the signature on the identity documentation presented to Providence does not exist or does not match.

	LIFE ASSURED DETAILS
Surname	<input type="text"/>
First name	<input type="text"/>
Please provide details why the current signature is different from the signature in the passport/identification card	<input type="text"/>

Life Assured declaration - to be signed in the presence of the Financial Adviser

I confirm that my present signature as shown below corresponds to the signature on the documents presented to Providence.

Life Assured signature

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Financial Adviser declaration

I as the suitable certifier, do confirm that the signature provided belongs to the named person above.

Adviser's name	<input type="text"/>					
Company name	<input type="text"/>					
Office	<input type="text"/>	Region	<input type="text"/>			
Financial Adviser signature	<input type="text"/>	Date (DD/MM/YYYY)	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>				

Providence Life Limited, PCC reserve the right to request further information at any time should it be required.

In the case where both Lives Assured have to submit the 'Certifying Signature' form, please photocopy this section and complete for each Life Assured.

**This page is intentionally blank.
Please proceed to the checklist.**

Checklist

Please ensure You have completed all relevant sections of this application. Incomplete information will result in delays.

Have you completed:

(Please tick)

Application form	Section 1 - 5	<input type="checkbox"/>	Trust and Life/Lives Assured
Source of Funds	Section 6	<input type="checkbox"/>	Life/Lives Assured
Payment Details	Section 7	<input type="checkbox"/>	Trust
Proof of Identity and Address	Section 8	<input type="checkbox"/>	Life/Lives Assured
Declaration/Data Protection	Section 9	<input type="checkbox"/>	Life/Lives Assured and Trust
Financial Adviser Details		<input type="checkbox"/>	Adviser

The following supplementary sections may need to be completed

Confirmation of Residential Address	Section 10	<input type="checkbox"/>	Life/Lives Assured and Financial Adviser
Certifying Signature	Section 11	<input type="checkbox"/>	Life/Lives Assured and Financial Adviser
Nomination of Beneficiary/(ies)	Supplementary Form	<input type="checkbox"/>	Life/Lives Assured

Important information

Providence is the business name of Providence Life Limited, PCC.

Horizon Portfolio Bond is sold through Providence via independent intermediaries and the Company does not offer advice. The Company is not authorised to offer insurance products for sale in the United States. The Horizon Portfolio Bond product is not and will not be available to any client who is or becomes a United States resident or United States citizen, or works in the United States.

Materials are not intended as an offer to invest and do not constitute an offer or a solicitation of an offer to buy securities in any other country or other jurisdiction in which it is unlawful to make such an offer or solicitation.

Providence Life Limited, PCC is incorporated as a Protected Cell Company in the Republic of Mauritius and provides life assurance products. The company is licensed by the Mauritius Financial Services Commission under the Financial Services Act 2007 and the Insurance Act 2005.

Providence Life Limited, PCC - Reg. No. 91665 C1/GBL and is granted a Category 1, Global Business Licence No. C109007268 by the Mauritius Financial Services Commission pursuant to Section 72(6) of the Financial Services Act and a Long Term Insurance Business Licence No. C109007268 pursuant to Section 11 of the Insurance Act 2005 and the Financial Services (Consolidated Licensing and Fees) Rules 2008.

Registered office: Providence Life Limited, PCC, Level 3, Tower 1, Nexteracom Towers, Cybercity, Ebene, Republic of Mauritius
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