OLDMUTUAL INTERNATIONAL

Powered by Wealth Interactive

STARTING OR ADDING TO YOUR OLD MUTUAL INTERNATIONAL IRELAND BOND

QROPS Trustees (✓) ☐
QNUPS Trustees (✓) ☐ Please tick appropriate
Company QROPS (✓) ☐
SIPP Trustees (✓) ☑

Customer ID number(s)
If known please enter the Customer ID number(s)

Applicant

Financial adviser details

Old Mutual International Ireland account reference

Adviser ID

Old Mutual International Ireland account number

Name of financial adviser

Company name

Address

Telephone number

Fax number

E-mail address

Old Mutual International Ireland only accepts business introduced by companies which have Terms of Business with us

February 2018

This document was last updated in December 2017. Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.

We only sell our products through financial advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, you need to bear in mind that they are acting on your behalf and not on behalf of Old Mutual International Ireland. You are responsible for their actions or omissions.

Please sign and return your completed form to our administration centre at **King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU.**

This application can be completed where the applicant has provided appropriate due diligence in order for us to meet our anti-money laundering requirements. However, if these are more than 36 months old or haven't been provided as well as this application you will also need to complete the 'know your client' form. Please ensure any material changes to the due diligence are provided to Old Mutual International Ireland whenever these occur.

We have used the term 'Bond' to refer to your chosen Old Mutual International Ireland product throughout this application.

All references to Old Mutual International Ireland, **we**, **us** and **our** in this application form mean Old Mutual International Ireland dac.

TAXATION INFORMATION

Under Automatic Exchange of Information (AEOI) regulations Old Mutual International is required to obtain information about an applicant's tax status. To enable us to comply with these regulations, when submitting this application form you must also submit the 'Taxation information and self-certification – for entity investors' for corporate and trustee investments. Completion and submission of a self-certification is mandatory and failure to provide one could result in your Portfolio being reported under AEOI by default. If any of the information contained in the self-certification changes please advise Old Mutual International promptly so we can determine if a new self-certification is required.

IMPORTANT INFORMATION

Your application can be submitted online via Wealth Interactive. If you choose this option, your application can be submitted to us immediately without the delay that can be experienced through the postal system.

ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

PLEASE ENSURE THAT FOR COMPANIES/CORPORATE TRUSTEE APPLICATIONS THE ARTICLES OF ASSOCIATION PERMIT THE COMPANY TO DELEGATE APPROVAL ON BEHALF OF THE COMPANY TO ONE AUTHORISED SIGNATORY OR THERE HAS BEEN A BOARD RESOLUTION THAT CONFIRMS THAT ONE AUTHORISED SIGNATORY HAS AUTHORITY TO ACT ON BEHALF OF THE COMPANY/CORPORATE TRUSTEE SOLELY, LATER REFERRED TO AS THE LEAD POLICYHOLDER. IF IT DOES NOT THEN YOU MUST OPT TO TRANSACT WITH US AND RECEIVE COMMUNICATION BY POST RATHER THAN ONLINE.

When you apply for your Old Mutual International Ireland European Executive Investment Bond – PRIIPs or Old Mutual International Ireland European Collective Investment Bond – PRIIPs, we will automatically set you up with an Online Service Account on our Wealth Interactive service. You will receive an e-mail from us containing a link that lets you activate this service. Once your policy and your Online Service Account are live, you can sign into Wealth Interactive whenever you want to review your policy and carry out key transactions. You can also find all the information you need about your investment with us in one place. When we need to send you communications, such as policy valuations for example, we will generally do this through your Online Service Account, although there will be times when we still need to correspond with you by post.

If you would prefer to receive communications from us by post rather than online, please tick here (✓) ☐

COMPLETING THE FORM

To complete this form:

- use CAPITAL LETTERS only
- use blue or black ink
- specify choices as appropriate
- do not use correction fluid; any amendments should be crossed out and initialled by authorised signatories of the corporate trustee or Company signatories.

Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

DECLARATON OF RESIDENCE OUTSIDE IRELAND

A 'Declaration of Residence outside Ireland' is required:

- if you are resident in Jersey, Guernsey or Gibraltar
- for trust cases, where it should be signed by the pensioneer trustee company where appropriate.

A copy of this document is available from your financial adviser.

A TYPE OF APPLICATION

NEW INVESTMENT

THE TYPE OF BOND CANNOT BE CHANGED AFTER IT HAS BEEN SET UP.
Please select one product from the selection below. (✓)

- ◯ European Executive Investment Bond – PRIIPs (Terms ref E04v4)
- ◯ European Collective Investment Bond – PRIIPs (Terms ref E05v3)

ADDITIONAL INVESTMENT

If this is an application for an additional transfer please provide your existing bond number:

BOND CURRENCY

We wish our Bond to be valued in (✓) ◯ € ◯ US$ ◯ £ ◯ Other currency *(state currency)*

Please note if no currency is entered your Bond currency will be Euro (€). THE BOND CURRENCY CANNOT BE CHANGED AFTER THE BOND IS SET UP.

APPOINTMENT OF AN AUTHORISED CUSTODIAN

Please tick if you wish to appoint an authorised custodian? (✓) ◯ *Authorised custodian*

Name of custodian

Address of custodian

If you have ticked above, you need to complete the Request to transfer to an authorised custodian account form which is available from your financial adviser.

B DETAILS OF THE APPLICANT

QROPS TRUSTEE (✓) ✔ **SIPP TRUSTEE (✓)** ◯ **QNUPS TRUSTEE (✓)** ◯

Jurisdiction of trustees: United Kingdom

The trust name is: MW SIPP 2

The trust was created on: 01 09 2006

Trust details:
▶*The reason for the establishment of the trust, the type of trust and the source/ origin of the trust assets.*

QROPS/SIPP provider - pension transfers or additional contributions to the QROPS/SIPP (being the evidence of the origin of the assets supplied by the QROPS/SIPP Trustee) or
QNUPS scheme to provide a pension in retirement. The trust assets will be a lump sum contribution to the QNUPS. (QNUPS Trustee will provide origin of assets evidence).

Trust assets: Personal pension scheme

Corporate trustee name: MW SIPP Trustees Limited

COMPANY QROPS (✓) ◯

Company name: MW SIPP Trustees Limited

Date of incorporation: D D M M Y Y Y Y

Country of registration: United Kingdom

Contact person

Registered office address
(This information must be provided in full. We are unable to accept PO Box and 'care of' addresses.)
Sovereign House, Port Causeway, Bromborough, Wirral
CH62 4TP

Correspondence address
Sovereign House, Port Causeway, Bromborough, Wirral
CH62 4TP

B DETAILS OF THE APPLICANT (CONTINUED)

Telephone number including area code *(day time)*	+44 (0) 1513 281 777
Email address	UKpensions@SovereignGroup.com
Company website address	www.SovereignGroup.com

C DETAILS OF THE QROPS, SIPP AND QNUPS TRUSTEE APPLICANT

AUTHORISED SIGNATORIES

Please confirm the minimum number of authorised signatories of the company/corporate trustee needed to give instructions: 2

LEAD POLICYHOLDER (MUST BE APPOINTED FOR AN ONLINE SERVICE ACCOUNT)

If allowed by the provisions of the trust deed and trust law and for corporate trustees if also permitted in the articles of association, one of the trustees/an individual with appropriate authority to access and transact online on behalf of the company must be appointed as the Lead Policyholder and all trustees/the company must agree to this appointment.

The trustees/the company, appoint _____ to act as the Lead Policyholder for the policies comprising our European Executive Investment Bond – PRIIPs or our European Collective Investment Bond – PRIIPs in accordance with the Policy Terms.
The specific e-mail address which will be used for the Online Service Account is:

_____

(Please note each client must have a unique e-mail address. An e-mail address cannot be shared by users on Wealth Interactive.)

The declaration on page 11 sets out the role of the the Lead Policyholder.

D DETAILS OF THE LIFE ASSURED

Please complete this section.

	FIRST LIFE ASSURED (MEMBER)	**SECOND LIFE ASSURED** (IF ANY)
Title (✓)	◯ Mr ◯ Mrs ◯ Miss ◯ Other _____	◯ Mr ◯ Mrs ◯ Miss ◯ Other _____
Full forename(s)		
Surname		
Address	Postcode	Postcode
Tax identification number		
Sex (✓)	◯ Male ◯ Female	◯ Male ◯ Female
Date of birth	D D M M Y Y Y Y	D D M M Y Y Y Y
Nationality		
Relationship to applicant	Member	Member's family
Reason for investment *(For example, inheritance tax planning)*		

E SOURCE OF FUNDING

SOURCE OF FUNDS

▶ **The premium payment must come from an account held in the name of the trust/the company.**

Account Name	Currency	Sort code	SWIFT code	Account number	IBAN number

Bank name

Bank address

Country

When did the trust/ company open this account?

F INVESTMENT DETAILS

PREMIUM PAYMENT

The premium for the policy(ies) will be the amount shown reduced by the amount of any duty on documents or insurance premium tax payable.

If you pay your initial premium by a transfer of assets into our ownership then you will need sufficient cash to be included to cover any duty on documents or insurance premium tax that may be payable. The amount you include will be assumed to be gross of any duty on documents or insurance premium tax.

Please note that if some assets are not transferred into our ownership until after the policy date, then the amount will be treated as an additional premium and it will be reduced by any applicable duty on documents or insurance premium tax.

Currency (✓) ◯ € ◯ US$ ◯ £ ◯ Other currency *(state currency)*

Amount to be invested (anticipated total amount based upon estimated transfer value(s)) A P X

Payment method (✓)* ◯ Electronic bank transfer

** Payment instructions are available from Old Mutual International Ireland on request.*

Where you have chosen an authorised custodian, are you remitting your premium to be paid: (✓)

◯ to Old Mutual International Ireland; or

◯ by cash transfer from the Authorised custodian?

G INVESTMENT CHOICE

CHOOSING INVESTMENTS

Please use this section to list any stocks, shares and funds which, in addition to those funds listed on the 'asset transfer form' (if applicable), should form the investments of your portfolio fund in your policy.

Please indicate your investment choice, using whole percentages only. A minimum of €1875/£1250/$1875, or other currency equivalent, must be invested in any fund selected. You must maintain a holding in a deposit fund or a bank deposit in your chosen policy currency to meet portfolio fund charges or withdrawals. Old Mutual International Ireland does not provide investment advice and has no responsibility for the performance of your selection of investments. It is for you and your Fund Adviser to choose the investments most suitable for you.

For full details of investment restrictions, please refer to the Policy Terms. The list below shows examples of the types of investment we might accept/refuse.

Permitted Investments for the European Executive Investment Bond – PRIIPs and European Collective Investment Bond – PRIIPs

- Old Mutual International Ireland internal funds
  (Only available if you are adding to a Policy that was set up before 28 October 2014)
- Collective investment schemes and UCITs
- Bank deposits

Non-Permitted Investments for the European Executive Investment Bond – PRIIPs and European Investment Bond – PRIIPs

- Commodities
- Any illiquid investments
- Any assets that are difficult to value

Please note that most stocks and shares quoted on stock exchanges recognised by us are also permitted investments for the European Executive Investment Bond – PRIIPs ONLY.

INVESTMENT CHOICE					
Fund number or Security identifier ISIN	**Security/Fund name – please enter names in full.** *(If you are adding to a Policy that was set up before 28 October 2014 , you may invest in Old Mutual International Ireland internal funds. If you wish to invest in these funds please prefix the fund name with OMI IE and complete other details as appropriate)*	**Accumulation/ Income unit requirement** *(if applicable)*	**Share class** *(if applicable, for example A, B or C)*	**Base currency of security/ fund** *(eg GBP, USD)*	**Investment %** *(whole % numbers only)*
				TOTAL:	

If your investment instructions are illegible, unclear, relate to an asset which is not normally permitted or if a selected fund is not available, we will, in accordance with the Policy Terms hold the relevant amount in the transaction account awaiting your investment instruction. We are unable to backdate transactions resulting from any delay caused in clarifying your instructions.

CLARIFYING INVESTMENT INSTRUCTIONS

In case we need to clarify the investment choice details above, please provide us with a contact name and telephone number.

Contact name

Telephone number including area code *(daytime)*

Telephone number including area code *(evening)*

Fax number

E-mail address SIPPdealings@SovereignGroup.com

H ORIGIN OF WEALTH

FULL DETAILS OF ORIGIN OF WEALTH

Please tick the description option(s) relating to the original source of the premium for your bond. You must fully complete each relevant section relating to the description option(s) you have ticked.

(✓)	Description	Details required	Your details
☐	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	D D M M Y Y Y Y
☐	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	D D M M Y Y Y Y
☐	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	D D M M Y Y Y Y
☐	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	D D M M Y Y Y Y
☐	**Transfer of pension**	Pension name	
		Pension Account number	
		Pension value	Currency:
			Amount:
		Transfer date	D D M M Y Y Y Y

H ORIGIN OF WEALTH (CONTINUED)

FULL DETAILS OF ORIGIN OF WEALTH (CONTINUED)

Please tick the description option(s) relating to the original source of the premium for your bond. You must fully complete each relevant section relating to the description option(s) you have ticked.

This section must be completed where a 'know your client' form has not been completed.

(✓)	Description	Details required	Your details
☐	Other	Origin of wealth	
		From which organisation or whom *(state the relationship if applicable)*	
		Details *(including reasons where applicable, how the money was acquired, etc)*	
		Total amount	Currency:
			Amount:
		Date received	D D M M Y Y Y Y

▶ **We may also require additional documentary evidence to support your application, particularly in relation to your country of residence and investment amount, before we can process it. Your financial adviser can establish if further documentary evidence is needed before sending in your application form.**

Please enter what documentary evidence you are enclosing with this application form *(if applicable).*

I NUMBER OF POLICIES

NUMBER OF POLICIES (NEW BONDS ONLY)

Please enter the number of policies you would like:

THE NUMBER OF POLICIES CANNOT BE CHANGED AFTER THE BOND IS SET UP.

▶ **We will issue 12 policy schedules per contract unless you request a different number of policies here.**

J REGULAR WITHDRAWALS

▶ **This section should be completed if you wish to make a regular withdrawal by way of a partial surrender from your policy.**

Encashment to pay trust/QROPS/QNUPS/SIPP charges ◯

OR

Encashment to make a payment to a beneficiary ◯

Unless previously provided ID and proof of residence on the beneficial owner(s) will be required before such payments can be made

Please indicate the amount or percentage of investment to be withdrawn each year. PLEASE NOTE THAT THE MINIMUM AMOUNT FOR ANY REGULAR WITHDRAWAL PAYMENT, REGARDLESS OF FREQUENCY, IS €750 (OR OTHER CURRENCY EQUIVALENT).

Amount *(per annum)* | **OR** Percentage *(per annum)*

Please choose the frequency of the withdrawal (✓) ◯ Monthly ◯ Quarterly ◯ Half-yearly ◯ Yearly

Date of first withdrawal D D M M Y Y Y Y

Currency (✓) ◯ € ◯ US$ ◯ £ Other (state currency)

NOMINATED ASSET(S)

Please state which asset(s) listed in Section G is/are to be used as the Nominated Asset to pay regular withdrawals.

PLEASE NOTE THAT YOU ARE REQUIRED TO KEEP A SUFFICIENT BALANCE IN YOUR NOMINATED ASSET TO COVER ALL WITHDRAWALS AND FEES DEBITED TO YOUR POLICY. THEREFORE WE ARE UNABLE TO PAY ANY WITHDRAWALS OR FEES IF THERE IS AN INSUFFICIENT BALANCE IN YOUR NOMINATED ASSET.

▶ **If there are any further nominated assets, please photocopy this page, attach the details with this application form and tick here** ◯

ISIN		Name		Percentage	
ISIN		Name		Percentage	
ISIN		Name		Percentage	
ISIN		Name		Percentage	
ISIN		Name		Percentage	

This will only apply where you have not chosen an authorised custodian.

PAYEE DETAILS

We will pay withdrawals to Policyholders only. Please note that third party payments are not permitted.

Do you want your withdrawals to be made to the same bank account detailed in section E 'Source of funding'? ◯ Yes ◯ No

If 'No' please complete your chosen bank details below.

Until further notice, we would like regular withdrawals to be made to:

Bank account holder *(name as stated on bank account)*

Bank account number/ IBAN

Sort code *(applicable to UK accounts)* – –

SWIFT or BIC code
(SWIFT code needed for bank accounts outside Europe; BIC code needed for European accounts with an IBAN)

Bank name

Bank address

Postcode

Country

K FUND ADVISER

APPOINTING A FUND ADVISER TO YOUR OLD MUTUAL INTERNATIONAL IRELAND PORTFOLIO BOND

Please tick as appropriate (✓)

- ☐ I have not appointed a Fund Adviser and I will act on an 'execution only basis' (where I have requested the appointment of an Authorised Custodian in section A, I also include a complete 'letter of authority'); or
- ☐ I appoint a Fund Adviser and enclose a completed 'appointing a Fund Adviser to your Old Mutual International Ireland Portfolio Bond' form and, where the Fund Adviser is not linked to any Authorised Custodian I have requested to be appointed in section A, a 'letter of authority'.

L OLD MUTUAL INTERNATIONAL IRELAND CHARGES

The charging structure for your bond is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply and these will be confirmed to you in your policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your financial adviser.

If you have agreed to pay your financial adviser an on-going commission payment (referred to as fund based commission) then this will be reflected in the deduction of an additional On-going Service Charge equivalent to the amount paid.

OLD MUTUAL INTERNATIONAL IRELAND CHARGES

Please enter the reference code for your chosen charging structure:
(Your financial adviser will be able to provide you with this code)

Please enter allocation percentage for this bond ____ . ____ %

Please enter fund-based commission *(If applicable)* ____ . ____ %

M DECLARATION AND APPLICATION

DATA PRIVACY STATEMENT – CONSENT BY EACH APPLICANT AND LIFE ASSURED

To: Old Mutual International Ireland dac

Data Privacy Statement

Old Mutual International Ireland dac will process information ('Personal Data') about me and any other party whose Personal Data has been supplied.

The processing of Personal Data will take place in a number of jurisdictions. Personal Data will be processed and may be released to other parties within or outside the Old Mutual Group for the following purposes to:

- Check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, or fraud;
- Allow for the provision of services relating to reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided to policyholders from time to time;
- Enable an appointed financial adviser, financial adviser representative, or Investment Adviser to assist in provision of services to the policyholder;
- Compile statistical analysis or market research, where information is not being specific to the individual;
- Comply with any legal obligation which includes the releasing of Personal Data to regulators, law enforcement authorities or other bodies where it is a legal requirement to do so, including the sharing of information under regulations relating to the U.S. Foreign Account Tax Compliance Act and OECD Common Reporting Standards.

Where Personal Data is released to a third party for the provision of services relating to a Policy, the Personal Data will only be used for the purposes for which it is released and will be subject to adequate security and protection. In some circumstances this may involve a transfer of data to a third party outside the European Economic Area (EEA).

On receipt of a request to do so and on the payment of a small fee a copy of an individual's Personal Data will be provided to that individual. Any inaccuracies in an individual's Personal Data records will be rectified.

Any questions about Data Privacy should be addressed to the The Data Protection Officer, Old Mutual International Ireland dac, Hambleden House, 19-26 Lower Pembroke Street, Dublin 2, Ireland.

We have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose Personal Data has been provided to Old Mutual International Ireland dac either in this application or within accompanying documentation.

IMPORTANT INFORMATION

Please read the following declaration carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the policy. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

M DECLARATION AND APPLICATION (CONTINUED)

DECLARATION – BY EACH APPLICANT

In this declaration, any reference to We refers to either the Company QROPS, QROPS Trustee, QNUPS Trustee or SIPP Trustee indicated in section B of this form.

1. We confirm that we and the member have requested and received all pre-contractual documentation to be in the English Language. Where this is permitted within the laws of our habitual residence, we have requested that the law of the contract is Irish law unless we have specifically requested the law to be based on our country of habitual residence, the member has consented to this request. We confirm that we have received a copy of and had the opportunity of reading each of the following items, applicable to the contract we are applying for, before completing this application:
   (i) Bond Terms and Conditions
   (ii) Client brochure
   (iii) Illustration
   (iv) Where to find information about units and funds linked to your Old Mutual International Ireland Bond
   (v) Tax and other important information document
   (vi) if applicable, Key Information Document (KID) for the policy and Asset Key Information Document(s) (KIDs) and, where appropriate, the Asset Key Investor Information Documents (KIIDs). Furthermore, we agree that where we choose to change assets of the portfolio fund in future, we will ensure that we will obtain Asset Key Information Document(s) for those assets before they are purchased.
2. We understand that we have an Online Service Account and agree that:
   (a) all Policy Transactions will be made by us using our Online Service Account where the Online Service allows, unless we have requested otherwise; and
   (b) all communications from us will be through our Online Service Account where the Online Service Account allows, unless we have requested otherwise.
3. For the bond we have requested in section A, subject to the applicable Terms either:
   (a) If a bond number is not shown in section A of this form, we request that the amount shown in section F less any applicable duty on documents or insurance premium duty be invested as an initial premium for the bond we have chosen in section A, and request Old Mutual International Ireland to issue the bond in the name of the trust/company; or
   (b) We request that the amount shown in section F less any applicable duty on documents or insurance premium tax be invested as an additional premium for the bond currently in force bearing the bond number shown in section A of this form.
4. We declare to the best of our knowledge and belief the statements made in this application, and any related documents, are true and complete and that we have not concealed any material fact.
5. We confirm that where this is permitted within the laws of our country of habitual residence/country of registration, each life assured consents to this application and agrees to my acting on their behalf for the purpose of the information provided in this application, in particular to signing the application form on their behalf. Where this is not permitted within the laws of our habitual residence/country of registration, by signing the application, the life assured consents to this application.
6. We confirm that We are not resident or incorporated in Hong Kong, Singapore or the United States of America or any of its territories.
7. If We become resident or incorporated in the United States of America or any of its territories, Old Mutual International Ireland may not be able to accept any further premiums until after We cease to be resident or incorporated in the United States of America.
8. We confirm that the investment into the bond is within the investment powers available to the trustees under the trust.
9. We confirm that the company has not been and is not in the process of being dissolved, struck off, wound up or terminated.
10. We consent to the personal data contained within this form being used in accordance with the Data Privacy Statement.
11. We confirm that we are applying for an Old Mutual International Ireland bond as instructed by the member. We have received a copy of the Terms and Conditions relating to the chosen bond as indicated in section A and we have had the opportunity to read it when completing this application form.
12. We may wish to invest into professional/non-retail type investment schemes, and if so, we will make sure we have had an opportunity to read the offering documents for funds of this nature. Where we decide to invest in professional/non-retail investment schemes, We accept the levels of risk associated with these, including the risk that the investment into such a scheme could result in a loss of a significant proportion, or the entire sum invested. We also confirm that we are aware of the fees (if applicable) payable for the chosen investment(s) to be held in our bond. We understand that the fees exist partly to meet the promotion and distribution expenses of the product, including commission paid to a financial adviser and or Fund Adviser.
13. We understand that in cases where the asset(s) we have selected is not redeemable for a certain period of time, Old Mutual International Ireland may not be able to return that part of our payment until the end of that period. The description of the funds and/or assets we have chosen will give details if this applies. We may invest immediately into non-daily dealing funds with the understanding that in the event of cancellation or requiring early access that we:
   (a) may not get our money back immediately and payment may be delayed for some time;
   (b) the institution may impose penalties and therefore we may get back less than we invested, and/or
   (c) the only way in which to receive value may be through an in-specie transfer of that asset into the name of the trust/company.
14. Where we have requested the appointment of an authorised custodian we confirm that:
   (a) We have read the description of the selected custodian facility in the relevant Bond Terms.
   (b) We have read and understand any relevant documents provided by the requested authorised custodian for the opening of the account.
   (c) We understand and agree that Old Mutual International Ireland bears no legal or other responsibility if at any time the authorised custodian:
      (ci) fails to meet any of its obligations; and/or
      (cii) acts in a fraudulent, incompetent or negligent manner; and/or
      (ciii) enters into liquidation and/or receivership or enters into a voluntary arrangement with its creditors and/or is unable to pay its debts.
   (d) By making this request to Old Mutual International Ireland we understand that we shall not be entitled to make any claim against Old Mutual International Ireland relating to the custody of the investments of our portfolio fund irrespective of any express or implied obligation that exists in the Bond Terms.
   (e) We understand that any authorised custodian charges will be paid from the portfolio fund.
   (f) We agree that Old Mutual International Ireland can release our personal data to the authorised custodian should it be required to do so by the authorised custodian to enable it to comply with local laws or anti-money laundering practices.
15. We are aware of the charges payable on the Bond, including the charges payable in respect of the investments which may be held within it. We understand the charges exist partly to meet advice, promotion and distribution expenses. These may include initial and ongoing payments (such as commission) made by Old Mutual International Ireland to your financial adviser. These payments could be in addition to any commission payable by the investment provider to your financial adviser in respect of the investments held. Further details of the charges payable by you and the amounts payable to your financial adviser are available from your financial adviser on request.
16. We appoint the financial adviser specified in section P of our application form to act on our behalf in accordance with the Bond Terms and Conditions.

continued

M DECLARATION AND APPLICATION (CONTINUED)

DECLARATION – BY EACH APPLICANT (CONTINUED)

Appointment of a Lead Policyholder – applicable if there is more than one applicant

1. We agree to the appointment of the Lead Policyholder, who is named in this application, for the policies comprising our Old Mutual International Ireland European Executive Investment Bond – PRIIPs or our Old Mutual International Ireland European Collective Investment Bond – PRIIPs in accordance with the Policy Terms.
2. We understand that this appointment is revocable and can be changed at any time (as explained in the Policy Terms).
3. We understand that by agreeing to the appointment of the Lead Policyholder we authorise the Lead Policyholder to provide Old Mutual International Ireland with instructions to carry out and request certain Policy Transactions on behalf of all Policyholders. The instruction or request shall be deemed to have been addressed, sent and authorised on behalf of all Policyholders.
4. We confirm that the provisions of the trust allow delegation of authority to one trustee to act on behalf of all trustees.
5. We confirm that the company has authority to delegate all decisions on behalf of the company to the Lead Policyholder.
6. We understand that these instructions will be legally binding and that Old Mutual International Ireland can act on instructions received from the Lead Policyholder.

Please enter the country in which this application form was completed/any advice was given to the applicants.

This application must be completed by the applicants unless you have asked your financial adviser to complete it.

Did the applicants complete this application form? (✓) ☑ Yes ☐ No

If No, did a third party, such as your financial adviser, complete it on your behalf? (✓) ☐ Yes ☑ No

QROPS / QNUPS applications will default to Irish Law unless we specify country of habitual residence / country of registration of the QROPS / QNUPS applicant here*

SIPP applications will default to English & Welsh Law (this cannot be changed)

** Please note Old Mutual International Ireland may reject your application if they are unable to offer a contract subject to your country of habitual residence/country of registration.*

By signing this declaration you confirm that you have read through the declaration in section N and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

The QROPS/QNUPS/SIPP Trustees/Company QROPS as indicated in section B

Name		Capacity	Authorised Signatory
Signature		Date	D D M M Y Y Y Y
Name		Capacity	Authorised Signatory
Signature		Date	D D M M Y Y Y Y

Where the laws of habitual residence/country of registration do not allow the Applicant to sign the application form on behalf of the Life Assured, by signing the application, the Life Assured consents to this application. The Life Assured is required to sign in all territories from which Old Mutual International Ireland currently accepts QROPS/QNUPS/SIPP business and failure to do so will delay the processing of the application.

Signature		Date	D D M M Y Y Y Y
Signature		Date	D D M M Y Y Y Y

Copies of the Policy Terms and Conditions and/or this completed application form are available from Old Mutual International Ireland on request.

N VERIFICATION OF CUSTOMER IDENTITY

QROPS/QNUPS/SIPP Trustees/Company QROPS Company indicated in section B have already provided appropriate verification of customer identity within the last 36 months, otherwise they will need to complete the 'know your client' form. Please note that certified photographic evidence of identification and address verification will also be required on the beneficiary before payment of benefits are made. This can be provided at outset or before payment of benefits are made.

continued

O FINANCIAL ADVISER DECLARATION

THIS SECTION MUST BE COMPLETED IN ALL INSTANCES.

DECLARATION BY THE FINANCIAL ADVISER

I declare that:

- I have verified the contents of the original documents where copies have been enclosed and confirm that they are true copies of the originals
- I have taken reasonable steps to make sure that the funding is legitimate and in line with the member's circumstances
- To the best of my knowledge and belief, all the information provided in and with this application is true and complete and was obtained from the member who is of good standing. I also confirm I will provide further information if required
- I have not made any changes to the application form after the authorised signatories for the company/corporate trustee have signed it.

I confirm that I gave advice concerning this investment on D D M M Y Y Y Y

Country

I confirm that, if applicable, all information provided was received directly from the member.

Regulatory body authorisation number *(if applicable)*

Regulator name

Old Mutual International Ireland policy number

Full name of introducer firm

Full name of financial adviser

Signature of financial adviser

Date D D M M Y Y Y Y

Financial adviser stamp

RESET

Calls may be monitored and recorded for training purposes and to avoid misunderstandings

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Administration Centre for correspondence: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU
Tel: +353(0)1 479 3900. Fax: +353(0)1 475 1020

Registered and Head Office Address: Hambleden House, 19-26 Lower Pembroke Street, Dublin 2, Ireland.
VAT number for Old Mutual International Ireland dac is 6329649S.

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