

STARTING YOUR MANAGED CAPITAL ACCOUNT

Intermediary Account number
Account number allocated
Introducing Intermediary
Contact
Company name
Address
Telephone number
Fax number
E-mail address
Old Mutual International only accepts business from registered financial advisers. Your financial adviser, not Old Mutual International, is responsible for the suitability of the product and the advice given

This application form should be read in conjunction with the product brochure for the **Old Mutual International Managed Capital Account**. When completing this application, please use BLOCK CAPITALS and blue or black ink only and complete all relevant sections.

Please do not use correction fluid; any amendments should be crossed out and initialled. Any incomplete information will need to be confirmed in writing by the Accountholder once Old Mutual International has received the application. Correspondence in respect of your account, including policy documentation, will normally be sent via your financial adviser. This application consists of 12 pages.

If you attach separate documentation to this form, please tick this box and ensure that additional pages are dated and signed by all the signatories. (1)

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Trust	title																						

Notes

- 1. If you are applying as a first-named trustee, please state name of trust.
- 2. Other trustees should provide their details on a separate sheet.
- 3. All trustees must sign the declaration.

B DETAILS OF	THE ACC	HTMUC	OLDER	(CONTIN	UED)					
ADDITIONAL CONTI	RIBUTION									
Title (✓)	○ Mr	Mrs		Other						
Full forename(s)										
Surname										
Nationality										
Residential address										
	Country									
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Date of birth	D D M	MY	Y Y	Υ		Sex (✓)) Male	Female	
Occupation (Please include previous occupation if retired)							Yearly ir	ncome US\$		
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address						<u> </u>				
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Full forename(s)										
Surname										
Nationality										
Residential address										
	Country									
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2 of 10 continued

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	Monthly						Quar	terly								
egular contribution	,										900/					

	Monthly	Contributions	Quarterly	Contributions	Lump-sum Contributions
	First	Subsequent	First	Subsequent	Commissions
Telegraphic Transfer					
Credit card*					
Cheque/Banker's draft					

^{*} maximum to be collected by credit card is US\$5,000/£3,500/€5,000 per transaction.

Where this amount is to be applied as an additional contribution to an existing Account, please quote the Account Number in the box below. Please note the minimum additional contribution is US\$1,500/£1,000/€1,500 for lump sum and US\$150/£100/€150 and US\$450/£300/€450 for monthly and quarterly increments respectively.

M	С	Α										

Please note that no new contracts will be issued.

You can have a minimum																	
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Sort code (where applicable)

DECLARATION AND APPLICATION

THIS SECTION MUST BE COMPLETED

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Managed Capital Account. 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 Old Mutual International can assess its possible significance. If you become aware of such a fact while Old Mutual International is considering your application, you should notify Old Mutual International immediately.

DECLARATION - BY THE ACCOUNTHOLDER(S)

In applying for a Managed Capital Account I declare and guarantee that:

- I understand and agree that the contract that I am applying to enter with Old Mutual International Isle of Man Limited ('Old Mutual International')
 will be subject to the laws of the Isle of Man ('Manx Law') and the exclusive jurisdiction of the courts of the Isle of Man. I understand that the
 Account Terms and Conditions will be in the English language.
- 2. (a) The amount shown in Section C shall be invested as an initial investment and/or regular contributions for a Managed Capital Account and request Old Mutual International to issue the contract in my name, jointly with other applicant(s), if any; or
 - (b) The amount shown in Section C shall be invested as an additional contribution for the contract currently in force bearing the Account number as shown in Section C.
- 3. To the best of my knowledge and belief, the statements made in this form and any related documents are true and complete and I have not concealed any material fact.
- 4. I am not a resident of the Isle of Man or UK.
- 5. I will not be a resident of the Isle of Man or UK in the future.
- All the relevant information enabling me to make an informed decision to invest in a Managed Capital Account has been provided by Old Mutual International and I have read and understood the information.
- 7. I am aware that the Managed Capital Account is designed for medium- to long-term investment, that unit prices can go down as well as up and that charges may apply if an encashment is made within five years of the latest Account contribution.
- 8. I have, together with my chosen financial adviser, evaluated the risks involved in investing in a Managed Capital Account and have made an informed decision to invest. My financial adviser, not Old Mutual International, is responsible for the suitability of the product and the advice given.
- 9. My application for a Managed Capital Account is based entirely on my own initiative, as a result of my private enquiries through direct and personal communication and was not presented to me by way of a public offering.
- 10. To the best of my knowledge and belief the execution, delivery and performance by me of this application (and any related documents) does not contravene, or constitute a violation of, any law or regulation (including without limitation, laws and regulations governing public offerings of securities and participation in investment funds) governing insurance business or of any agreement, judgement, injunction order, decree or other instrument binding upon me.
- 11. The contribution accompanying this application (if applicable) has been provided by my personal financial resources.
- 12. If I become resident in the United States of America, Old Mutual International may not be able to accept any further contributions until after I cease to be resident in the United States of America.
- 13. I have read and understand the content of this document, which comprises 10 pages.

DECLARATION AND APPLICATION (CONTINUED)

PERSONAL DATA STATEMENT - CONSENT BY THE ACCOUNTHOLDERS

To: Old Mutual International Isle of Man Limited

- I agree that you may use my personal data including any sensitive personal data ('my data') to process my application and to service my Account ('my account').
- 2. I understand and agree that:
 - (a) you may provide my data, by electronic or other means, to:
 - other companies within the Old Mutual Wealth and Old Mutual groups of companies if you regard this as necessary to service my account;
 - my Adviser and Fund Adviser;
 - a third party to verify my identity in line with money laundering or other legal requirements. This may involve carrying out checks with credit reference databases;
 - third parties who perform tasks for you to help you service my account, including the payment and reporting of any tax or levy. These third parties may be based in countries outside the EEA. I understand that these countries may not have laws to protect my data equivalent to those of the Isle of Man. However, I understand that you will ensure that any such third parties agree to treat my data with the same level of protection as if you were dealing with it.
 - (b) to prevent and detect fraud you may:
 - share my data with other organisations, including the police;
 - check and/or file my data with fraud prevention agencies and databases, and if I give you false or inaccurate information and you suspect fraud, you will record this.
 - (c) you and other companies within the Old Mutual Wealth and Old Mutual groups of companies may use my data for assessment and statistical analysis purposes.
 - (d) my data may be made available to third parties where required by law, court order or regulation.
 - (e) on payment of a small fee, I am entitled to receive a copy of my data, subject to data protection law.
 - (f) I also have the right to require you to correct any inaccuracies in my data. In such circumstances I can contact you at Old Mutual International, Head Office, PO Box 159, King Edward Bay House, King Edward Road, Onchan, Isle of Man IM99 1NU.

Signature(s) are required by all applicants

Signature of first or sole Accountholder							D	ate	D	D	M	М	Υ	Υ	Y	Υ
Signed in (Country)																
Signature of joint Accountholder (if any)							D	ate	D	D	M	М	Y	Υ	Υ	Υ
Signed in (Country)																

If there are two Accountholders, the Account will be owned by them jointly. On the death of one of them, ownership of the whole Account will automatically vest in the survivor.

Additional Trustee Declaration

I/We confirm that investment into a Managed Capital Account is within the investment powers available to the Trustee(s) under the Trust, and the ultimate beneficial owner is not / will not be a resident of the Isle of Man.

Additional Corporate Declaration

I/We confirm that investment into a Managed Capital Account is within the investment powers available to the director(s) under the constitutional documentation of the company.

Trustees', Corporate Accountholders' or Assignees' signatures

							Do	ate	D D	M	M	Υ	Υ	Υ	Υ
							Do	ate	D D	M	М	Υ	Υ	Υ	Υ
							Do	ate	D D	M	M	Υ	Υ	Υ	Υ
							Do	ate	D D	M	M	Υ	Υ	Υ	Υ
Signed in (Country)															

A copy of this completed application is available on request.

G PAYMENT INSTRUCTIONS

Old Mutual International cannot accept contribution payments in cash. Under no circumstances should you send cash directly to Old Mutual International or give cash to your financial adviser.

You may use any one of the following methods to pay contributions to your Managed Capital Account. Please do not detach these payment instructions from the main body of this application.

CREDIT CARD PAYMENT AUTHORITY Please read the following carefully and complete all sections. Account number (to be completed by Old Mutual International or your financial adviser) I hereby authorise Old Mutual International to collect the US\$/£/€* payment, plus an additional 1% service charge on US\$/£ contributions, from my Access/Delta/Eurocard/MasterCard/Visa* account. (*Please delete as applicable.) Initial contribution amount Initial collection date (if blank, initial collection will be undertaken on receipt of application) Please tick as appropriate (✓) Lump-sum contribution Initial regular contribution only All regular contributions Name of Accountholder Full forename(s) Surname Name of cardholder Address of cardholder Country If the address on this authority differs to that on the application form please provide an explanation. Monthly Quarterly Frequency (✓) 7th 15th 25th Regular collection 1 st date (✓) Card number Expiry date (mm/yyyy) Card issuer (e.g. bank name) Country of issue Signature of Date cardholder

Notes:

- 1. Please check with your credit card issuer that your credit card is authorised for international transactions.
- 2. Old Mutual International reserves the right to vary the service charge at any time. Should the service charge be increased, prior notification will be given to the cardholder.
- 3. Payment by credit card is not permitted where the credit card ONLY has an ELECTRON symbol visible or is American Express.
- 4. This authorises Old Mutual International to take up to a maximum of three months' outstanding premiums from the above credit card details on the Accountholder(s) chosen collection date.
- 5. Maximum initial and monthly contribution amount to be collected by credit card is US\$5,000, £3,500 or €5,000 per contribution.
- 6. The collection date will be on the date specified above or on the following day if it is a non-working day. A default date will automatically be chosen by Old Mutual International if no date is specified.
- 7. On your credit card statement the text for your contribution payment will read OMI.

G PAYMENT I	NSTRU	ICTI	ON	S (C	ON	ITIN	UE)														
CHEQUE/BANKER'S	DRAFT																					
I/we																						
attach a cheque/banker's (*delete as applicable)	draft* mc	ıde p	ayab	le to (old w	lutual	Inter	nation	nal fo	or US	\$/£/€	*										
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BANK DETAILS

SWIFT PAYMENTS

Please select the bank details according to the currency selected

Sterling payments

Payments should be made to Isle of Man Bank, East Region. For the credit of: Old Mutual International Isle of Man Limited.

US dollar/Euro payments

Payments should be made to National Westminster Bank, London. For the credit of: Old Mutual International Isle of Man Limited.

	Sterling payments	US dollar/Euro payments
Swift code	RBOSIMD2XXX	NWBKGB2LXXX
Bank	Isle of Man Bank, East Region 2 Athol Street, Douglas, Isle of Man	National Westminster Bank, London
Sort code	55-91-00	
Beneficiary	Old Mutual International Isle of Man Limited	Old Mutual International Isle of Man Limited
Number IBAN	GB89 NWBK 559100 10934022	US dollars GB69 NWBK 607301 67505139 Euro GB11 NWBK 607202 57005028

Sterling payments from UK banks (CHAPS/BACS payments)

Sort code 55-91-00

Bank Isle of Man Bank, East Region, 2 Athol Street, Douglas, Isle of Man

Beneficiary Old Mutual International Isle of Man Limited

Number IBAN GB89 NWBK 559100 10934022

Banker's draft / Cheque payments

If payment is to be made by banker's draft/cheque, these should be sent with this form.

NOMINATION OF BENEFICIARIES

You may nominate one or more persons ('the Beneficiaries') to whom ownership of your Account will transfer on your death.

1. Definitions

'Old Mutual International' means Old Mutual International Isle of Man Limited.

'the Account' means the Managed Capital Account to be issued by Old Mutual International with regard to this Application.

'the Accountholder/I/Me/My' means the person(s) shown in Section A of this Application.

'Transfer Date' means the date of death of the Accountholder (death of the second to die where there are two

Accountholders).

The singular includes the plural and vice versa, unless the context indicates otherwise.

2. The Beneficiaries

Listed below are the individuals who will be entitled to the Account on the Transfer Date.

Full name	Share %	Date of Birth (dd/mm/yyyy)	Relationship to the Accountholder(s)	Current address
	100%			

NOMINATION OF BENEFICIARIES (CONTINUED)

3. Nomination by each Accountholder

I request that the following provisions shall apply to the Account on the Transfer Date.

- (a) On the Transfer Date all rights to the Account and any sum payable under the Account will accrue to the Beneficiaries named above in the shares specified.
- (b) This nomination will only have effect on the death of the Accountholder or the death of the second to die where there are two Accountholders.
- (c) The share of any Beneficiary who dies before the Transfer Date shall be divided equally between the surviving Beneficiaries.
- (d) This nomination shall automatically become null and void if all the Beneficiaries die before the Transfer Date.

4. Revocation and new nominations

- (a) Any revocation of this nomination and any new nomination must be made in writing by:
 - (i) the Accountholder where there is one; or
 - (ii) both Accountholders jointly where there are two; and
 - (iii) by the surviving Accountholder following the death of the first to die.
- (b) Any revocation of this nomination will only apply to the Account if it is received by Old Mutual International at its Head Office before the Transfer Date.
- (c) Any new nomination received by and acceptable to Old Mutual International will automatically revoke this nomination.

5. Declaration by each Accountholder

I declare that:

- I acknowledge and understand the recommendation of Old Mutual International that I take independent legal advice to ensure that this
 nomination satisfies my requirements.
- 2. Old Mutual International will not be under any obligation to determine whether the law governing the distribution of assets belonging to me at death, restricts or prohibits a nomination.

Signature of first or sole Accountholder								Date	D	D	M	М	Υ	Υ	Υ	Υ
Signature of joint Accountholder (if any)								Date	D	D	M	М	Υ	Υ	Υ	Υ
Signed in (Country)																

www.oldmutualinternational.com

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

Old Mutual International Isle of Man Limited is registered in the Isle of Man under number 24916C.

Registered and Head Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

Phone: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715.

Authorised and regulated by the Isle of Man Insurance and Pensions Authority.

Old Mutual International Isle of Man Limited is a member of the Association of International Life Offices.

Old Mutual International is registered in the Isle of Man as a business name of Old Mutual International Isle of Man Limited.

When printed by Old Mutual this item is produced on a mixed grade material, which uses a combination of recycled wood or paper fibre from controlled sources and virgin fibre sourced from well-managed, sustainable forests.

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