

APPLICATION FORM

The investment you control.

Thank you for choosing the London & Colonial Offshore Open Bond – if you are in any doubt about completing any of the questions please contact your Financial Adviser.



LONDON &
COLONIAL

INNOVATION YOU CAN TRUST

OFFSHORE
OPEN
BOND



Before completing your application, please read the Key Features Document and illustration(s). Then please answer all the questions fully in BLOCK CAPITALS, ticking the boxes where appropriate. It is important that your answers are accurate to the best of your knowledge.

To London & Colonial Assurance PLC:

I/We hereby apply for a London & Colonial Offshore Open Bond on the basis of the following information provided in this application.

The illustration reference this application relates to is OFBI.

A Owner/Applicant details

If the Bond is to be held under Trust please proceed to section A2.

The applicants applying for the Bond are:

Owner details

A.1 Applicant details

- Complete only if the Bond is not to be issued under Trust – otherwise proceed to A2.
- Applications will be acceptable only from UK resident and ordinarily resident individuals.

	Applicant 1	Applicant 2
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Middle name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address line one	<input type="text"/>	<input type="text"/>
Address line two	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Country Postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Date of birth (dd/mm/yy)	<input type="text"/>	<input type="text"/>
Contact telephone number *	<input type="text"/>	<input type="text"/>
To be one of the lives assured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address *	<input type="text"/>	<input type="text"/>

* Optional



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A.2 Trustees (if the Bond is to be held under Trust)

- We will accept applications only from a UK resident Trust.
- Please provide a copy of the Trust documentation with this application form.

Name of Trust (if applicable)

We will normally deal only with one of the Trustees in connection with the Bond. The first named Trustee will be used for this purpose. If there are more than four individual Trustees please provide details separately.

Trustee contact details (for dealing with the Bond)

	Trustee 1	Trustee 2
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Middle name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address line one	<input type="text"/>	<input type="text"/>
Address line two	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Country Postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Date of birth (dd/mm/yy)	<input type="text"/>	<input type="text"/>
Contact telephone number *	<input type="text"/>	<input type="text"/>
To be one of the lives assured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address *	<input type="text"/>	<input type="text"/>
	Trustee 3	Trustee 4
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Middle name(s)	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address line one	<input type="text"/>	<input type="text"/>
Address line two	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Country Postcode	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Date of birth (dd/mm/yy)	<input type="text"/>	<input type="text"/>
Contact telephone number *	<input type="text"/>	<input type="text"/>
To be one of the lives assured	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Email address *	<input type="text"/>	<input type="text"/>

* Optional

B Life/lives Assured

Details of any lives assured NOT already identified as an owner above.

How many lives assured will there be? (Maximum 10)

1st Life Assured

Title Mr Mrs Miss Ms
Other (please specify)

First name

Middle name(s)

Surname

Gender Male Female

Address line one

Address line two

Town

County

Country Postcode

Date of birth (dd/mm/yy)

Contact telephone number *

To be one of the lives assured Yes No

Email address *

2nd Life Assured

Title Mr Mrs Miss Ms
Other (please specify)

First name

Middle name(s)

Surname

Gender Male Female

Address line one

Address line two

Town

County

Country Postcode

Date of birth (dd/mm/yy)

Contact telephone number *

To be one of the lives assured Yes No

Email address *

3rd Life Assured

Title Mr Mrs Miss Ms
Other (please specify)

First name

Middle name(s)

Surname

Gender Male Female

Address line one

Address line two

Town

County

Country Postcode

Date of birth (dd/mm/yy)

Contact telephone number *

To be one of the lives assured Yes No

Email address *

4th Life Assured

Title Mr Mrs Miss Ms
Other (please specify)

First name

Middle name(s)

Surname

Gender Male Female

Address line one

Address line two

Town

County

Country Postcode

Date of birth (dd/mm/yy)

Contact telephone number *

To be one of the lives assured Yes No

Email address *

* **Optional**

Please provide details separately of any other lives assured, over four up to a maximum of 10 in total.



LONDON &
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C Single Premium

Amount of funds
to be invested)

£

Cheque payments must be addressed as follows;

Payee London & Colonial Assurance PLC

Post to 38 – 42 Perrymount Road
Haywards Heath
West Sussex
RH16 3DN

Any payments made to London & Colonial Assurance PLC must originate from a bank/building society account in the applicant's name. If there is one applicant but the payments are coming from a joint bank account, we will also require money laundering verification documentation for all the other account holders. Please refer to your Financial Adviser.

D Anti-Money Laundering

We are required to obtain information about the source of your wealth, source of funds, employment and salary details (if applicable) before proceeding with your application.

For this purpose, please provide the following information for any employed/self employed income:

	Applicant 1	Applicant 2	Trustee 1
Occupation/ nature of business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Annual earnings/ net annual turnover	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>
Source of funds for this investment (eg. a UK bank account)	<input type="text"/>		

Please tick which of the following categories best describes how you acquired the funds that are being invested and provide details (not applicable to trustee applicants):

- | | |
|--|---|
| <input type="checkbox"/> Sale of investments | <input type="checkbox"/> Lottery/Betting winnings |
| <input type="checkbox"/> Compensation payment | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Salary/Bonus/Savings from employment income | <input type="checkbox"/> Sale of property |
| <input type="checkbox"/> Sale of Company | <input type="checkbox"/> Policy proceeds |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Other |

Please provide further details below – see 'Source of Wealth' guide:

London & Colonial reserves the right to request further documentary evidence of source of wealth.

E Investments

Please see our separate Investment booklet for details of investment arrangements before completing this section.

I/We request London & Colonial to appoint the following appropriately authorised person or organisation to act as Investment Manager.

Name of company	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text"/>
Contact name	<input type="text"/>
Telephone number	<input type="text"/>
Facsimile number	<input type="text"/>
Email address	<input type="text"/>
Nature of agreement	Discretionary <input type="checkbox"/> Advisory <input type="checkbox"/> Execution only <input type="checkbox"/>
Regulatory body	<input type="text"/>
Authorisation number	<input type="text"/>

F Regular withdrawals

Please complete if you wish to make regular withdrawals.

Total annual amount to be withdrawn:

Expressed as a percentage of the original investment

% OR Each year, expressed in pounds £

Frequency of payments

Annually Half-yearly Quarterly Monthly

Please indicate when you would like to receive your first regular payment.

Date (dd/mm/yy)

Please note that withdrawals cannot be made within the first month after your Bond has started.

All payments will be made electronically – we do NOT make payments by cheque.

G Bank/Building Society

Please provide bank account details for any current/future withdrawals.

Name Bank/Building Society	<input type="text"/>
Address line one	<input type="text"/>
Address line two	<input type="text"/>
Town	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>
Postcode	<input type="text"/>
Account number	<input type="text"/>
Sort code	<input type="text"/>
Name of account to be credited	<input type="text"/>
IBAN (if applicable)	<input type="text"/>
SWIFT	<input type="text"/>

For some Building Society accounts, London & Colonial has to make payments to the Building Society's own bank account. Please ask your Building Society if this is necessary and, if it is, provide the name, sort code and account number of the Building Society's bank account.

Building Society's bank name	<input type="text"/>
Account name	<input type="text"/>
Sort code	<input type="text"/>
Account number	<input type="text"/>

H Remuneration basis

Please state the level of remuneration that you wish us to pay to your Financial Adviser.

Remuneration level:

Initial: Please specify	<input type="text"/>	%	OR	<input type="text"/>	£	(Payable at outset)
Renewal: Please specify	<input type="text"/>	%	OR	<input type="text"/>	£	(Payable annually on each anniversary)

I Data Protection Notice

London & Colonial will store and process your personal information in accordance with the UK Data Protection Act 1998 wherever the information is held and processed.

London & Colonial Assurance PLC is resident in Gibraltar and is registered as a Data Controller with the Gibraltar Data Protection Commissioner. London & Colonial Services Limited is registered as Data Controller under the UK Data Protection Act 1998.

J Declaration

- I/We hereby apply for a London & Colonial Offshore Open Bond.
- I/We declare to the best of my/our knowledge and belief that the statements made in this application are true and complete.
- I/We agree that this information together with all other information provided to you in connection with this application shall be the basis of the contract between us.
- I/We agree to the payment of the fees set out in Section H and that these should be paid to my Financial Adviser as detailed in Section L until further notice.
- I/We understand that London & Colonial will store and process my/our personal information in accordance with the UK Data Protection Act 1998 wherever the information is held and processed.
- I/We consent to London & Colonial using any information supplied on this application or obtained from any third party to be used for the administration of my/our Offshore Open Bond.
- If applicable I/we have received the consent of the lives assured to act as the lives assured and to have their information used, disclosed or transferred across borders to enable this application and any subsequent transactions to be processed.
- In respect of my/our Offshore Open Bond, I/we authorise London & Colonial to pass my/our personal information to:
 - i. Any professional financial or Investment Manager(s) which I/we have nominated on this Application form or in any associated correspondence
 - ii. Any necessary third party in connection with administering my/our Offshore Open Bond
 - iii. Any regulatory authorities or to any other third parties in order to comply with any legal requirements.
- In respect of my/our Offshore Open Bond, I/we consent to London & Colonial obtaining any relevant financial information or related details from any source. This includes any professional financial or Investment Manager, Trustee or insurance company.
- I/We also authorise the holders of this information to supply it to London & Colonial, when requested to do so.
- I/We understand that taxation law can change and London & Colonial cannot guarantee the future tax treatment of any amounts paid from the Bond or of any investments held for the purposes of the Bond.
- I/We also understand that any future changes could be retrospective.
- I/We confirm that we are resident and ordinarily resident in the UK (individual applications OR I/we confirm that we are Trustees of a UK resident Trust (Trustee applications)).
- I/We undertake to inform London & Colonial of any change in my/our country of residence during the life of the Bond. I understand that these statements apply to the details contained in this form, to any other information provided in association with this Application and to any data which London & Colonial creates, receives or processes in future in relation to my Offshore Open Bond.
- This declaration is, to the best of my/our knowledge, correct.
- I/We hereby agree to be responsible for any, claims, losses, costs, charges or expenses which may be raised against London & Colonial or incurred by London & Colonial in consequence of London & Colonial acting on instructions received by facsimile or email from the address stated on this application form and/or provided by us. I/We understand that email is not a secure method of communication and confidential or sensitive information will not be transmitted in this format by London & Colonial.



Signatories

To be signed by ALL applicants (if Trustees are applying then ALL Trustees must sign).

- If being signed by an attorney please enclose the relevant power of attorney.

Signed	1	2
Print name		
Date (dd/mm/yy)		
Signed	3	4
Print name		
Date (dd/mm/yy)		
Signed	5	6
Print name		
Date (dd/mm/yy)		
Signed	7	8
Print name		
Date (dd/mm/yy)		

K Intermediary checklist

Please enclose the following documents with the application form:

Anti-Money Laundering Requirements

EITHER	Enclosed	To follow
• Adviser's own verification certificate	<input type="checkbox"/>	<input type="checkbox"/>
• Adviser's own verification certificate for Second Applicant (if joint life)	<input type="checkbox"/>	<input type="checkbox"/>
• Adviser's own verification certificate for ALL the Trustees (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Additional source of wealth documentary evidence as per Section D, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

OR

[See top of next page](#)

	Enclosed	To follow
• Certified copy of Applicant's passport or other proof of identity	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Applicant's utility bill or other proof of address	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Second Applicant's passport or other proof of identity (if joint life)	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Second Applicant's utility bill or other proof of address (if joint life)	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of passport for each Trustee (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of utility bill for each Trustee (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
• Additional source of wealth documentary evidence as per Section D, if applicable.	<input type="checkbox"/>	<input type="checkbox"/>

General	Enclosed	To follow
• Intermediary details completed	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of the illustration relating to this application	<input type="checkbox"/>	<input type="checkbox"/>

L To be completed by the Intermediary

Title Mr Mrs Miss Ms
 Other (please specify)

First name

Middle name(s)

Surname

Name of firm

FSA Authorisation Number

Correspondence address line one

Correspondence address line two

Town

County

Country Postcode

Business telephone number *

Mobile telephone number *

Facsimile number *

Email address *

* **Optional**

Please POST the original application and enclosures to:

London & Colonial
38 – 42 Perrymount Road
Haywards Heath
West Sussex RH16 3DN



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APPLICATION FORM



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**For more information about any
London & Colonial product please contact:**

London & Colonial
38 - 42 Perrymount Road
Haywards Heath
West Sussex
RH16 3DN

t: 0870 7566696
f: 0870 7566697
e: info@londoncolonial.com
w: www.londoncolonial.com