



Generali Worldwide

Professional Portfolio

Pension Trustee Application Booklet

To be used by Pension Trustees for
the purpose of investing proceeds
of a UK pension transfer

Interpretation

In this Application Booklet:

- a) Any reference to:
- words in the singular shall include words in the plural and vice versa
 - the masculine gender shall include the feminine and the neuter and vice versa
 - a statute or regulation shall be construed as a reference to such statute or regulation as amended, re-enacted or replaced from time to time
 - a “person” shall include any individual, trust, body corporate or un-incorporated body.
- b) Any statements that refer to “Generali Worldwide” mean Generali Worldwide Insurance Company Limited.
- c) Any statements that refer to “us”, “we”, “our”, “you” or “your” mean the Applicant(s), in other words the person or persons with whom Generali Worldwide have agreed the Plan or, where applicable, their successors or permitted assigns.
- d) Capitalised terms used and not defined in this Application Booklet shall have the meanings given to them in the Terms and Conditions.

Application Form – Generali Worldwide Professional Portfolio

Financial Adviser Details

Company name: _____

Address: _____

Name of Financial Adviser: _____

Agency number: _____

Additional information/ special instructions: _____

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation may result in a delay in the Application being processed. Further information may be required during the validation process (i.e. questions arising from the information provided).

Please tick alongside all items when completed and ensure that all necessary documentation is included.

Section

1. Trustee Applicant Details
2. Life/ Lives Assured – Personal Details
3. Plan Details
4. Initial Dealing Instruction
5. Investment Disclaimer
6. Applicant Declarations
7. Financial Adviser Declaration
8. Payment Instruction Form
9. Appointment of a Portfolio Manager
10. Introducer Certificate

To be completed by:

- Applicant
- Applicant
- Applicant
- Applicant
- Applicant
- Applicant
- Financial Adviser
- Applicant
- Applicant
- Applicant

Application Form

The information provided and declarations given in this Application Form shall form (together with the Term and Conditions, Plan Schedule and any relevant written statements made by you and/or the Life/ Lives Assured relating to the Plan, any notifications of changes and all endorsements issued by Generali Worldwide), the basis of your contract of life assurance with Generali Worldwide. Capitalised terms used and not defined in this Application Form shall have the meanings given to them in the Terms and Conditions applicable to Professional Portfolio.

Please complete all sections of this form in BLOCK CAPITALS or tick the boxes, where appropriate.

1. Trustee Applicant Details

Scheme name: _____

Scheme creation date:

Please explain the reason for the establishment of the trust, what type of trust it is and detail the source/ origin of the trust assets: _____

Corporate Trustee Name: _____

Contact Person: _____

Country of Registration: _____

Registered Office Address: (no PO Box or Care of addresses accepted) _____

E-mail address: _____

Office telephone: _____

Mobile number: _____

Corporate website: _____

Please confirm the minimum number of authorised signatories of the corporate Trustee needed to give instructions: _____

2. Life/ Lives Assured – Personal Details

First Life Assured

(must be the underlying pension scheme member)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of birth:

Second Life Assured (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of birth:

If there are further Lives Assured, please complete this section on an additional sheet and attach securely to this application. Please tick this box if additional information is attached

3. Plan Details

Cover Type

Please indicate, with a tick, the type of life assurance you require:

Single Life Joint Life First Death Multiple Lives Last Survivor

Number of Policies

Your Plan may be divided-up into Policies. The minimum initial Investment Amount per Policy is USD 15,000 (or currency equivalent). If left blank, Generali Worldwide will issue as many Policies as possible, up to a maximum of 20.

Please enter the number of Policies you require:

Plan Currency

Please indicate the currency in which you require your Plan to be denominated.

US dollar GB pound Euro HK dollar Japanese yen Swedish krona

Benefits will be calculated and charges deducted in the Plan Currency.

Investment Amount

Amount to be invested:

Please complete 'Initial Dealing Instruction' to provide details of how this cash is to be invested.

Dividends

You MUST tick the appropriate box below with regard to how you wish dividends to be applied to your Plan, even if no dividend paying securities are in place at outset:

Dividends to be held as cash in your Portfolio Dividends to be re-invested in same asset

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

5. Investment Disclaimer

PLEASE COMPLETE THIS FORM USING BLOCK CAPITALS. This form should be completed by the Applicant regardless of whether a Portfolio Manager is being appointed.

Full name of Applicant: _____

- We confirm, that we will ensure that we are provided with and will read any prospectus and factsheet/ term sheet, associated with any Investment Instrument we select, now or in the future and we understand and accept the terms and risks associated with any investment made including, without limitation, those detailed in the prospectus associated with such Investment Instrument, which we have read and understood.
- Where we appoint a Portfolio Manager, now or in the future, we confirm, that we will ensure that we understand and accept the risks associated with any Investment Instruments selected by our Portfolio Manager on our behalf.
- We are aware that our entire investment may be at risk and that return is dependent on the performance of selected Investment Instruments.
- We are aware that there may be no, or limited, capital guarantees applicable on any Investment Instrument that is a structured product and our entire capital may be at risk during the term and/or at maturity of the Plan. Any capital guarantees offered will be dependent on the financial status of the guarantor.
- We accept that access to full or partial withdrawals may be restricted during the term of an investment. The Investment Issuer may provide a secondary market for such early redemptions at their discretion. Income guarantees are dependent on the product performance.
- We confirm that we are aware of the fees payable within any Investment Instruments we select and this may result in less than 100% of an Investment Amount being invested at outset.
- We confirm that Generali Worldwide is not liable for any losses incurred as a consequence of acquiring an Investment Instrument and we will not bring any claim against Generali Worldwide in respect of such losses.
- We acknowledge and understand that the following risks are associated with the investment of Investment Instruments underlying our Plan:
 1. **Returns:** The value of investments in the stockmarket, directly or indirectly through mutual funds or similar vehicles, as well as the income they produce, can go down as well as up. Investment Fund returns cannot be guaranteed. Past performance is not necessarily a guide to future returns. **The stock market should not be considered a suitable place for short-term investment. Tax rates and concessions may also change.**
 2. **Investment Term:** The Plan is intended to be a medium/ long term-investment. The stock market should not be considered a suitable place for short-term investment.
 3. **Exchange Rate Risk:** If a liability in one currency is matched by an Investment Instrument in a different currency, or if the services to be provided pursuant to the appointment hereunder of the Portfolio Manager relates to an Investment Instrument denominated in a currency other than the currency in which the Investment Fund is valued, a movement of exchange rates may have a separate effect, unfavourable or favourable, on the gain or loss otherwise experienced on the Investment Fund.
 4. **Credit/ Default Risk:** Investment Instruments within the Plan may be exposed to the credit risk of the counterparties (including, without limitation, banks, brokers, dealers, and exchanges) by or through which Investments Instruments are held and to that of the Investment Issuer and may be subject to risk of loss of its assets in the event of the liquidation or bankruptcy of any such counterparty.
 5. **Borrowing Risk:** Possible use if borrowing may result in certain additional risks. Leveraged investment by their nature, increase the potential loss to investors resulting from any depreciation in the value of such investments.

Please note: The above list is not exhaustive, and depending on your personal circumstances, and the Investment Instrument which you select, there may be other risks of investing in Professional Portfolio.

5. Investment Disclaimer (continued)

Applicants are requested to note carefully the following:

Any choice of Investment Instrument is entirely at the Planholder's own risk. You and/or your Portfolio Manager (if appropriate) should undertake such due diligence, or seek such independent advice as you consider necessary. It is the Planholder's responsibility to ensure that they have understood and accepted the risks associated with any Investment Instruments chosen within their Plan. For the avoidance of doubt, Generali Worldwide does not accept any responsibility for losses, damage and/or costs (including but not limited to legal fees) that may be incurred as a consequence of subscribing to, or otherwise acquiring, an interest in any Investment Instrument on the Planholder's behalf.

You acknowledge your consent to furnish Generali Worldwide with a copy of all of the information in relation to the member of the pension scheme underlying the Plan as outlined under declaration xix in section 6.

| | |
|---|---|
| <p>First Signatory:</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> | <p>Second Signatory (if any):</p> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div> |
| <p>Name in BLOCK CAPITALS: _____</p> <p>_____</p> | <p>Name in BLOCK CAPITALS: _____</p> <p>_____</p> |
| <p>Capacity of signatory: _____</p> <p>_____</p> | <p>Capacity of signatory: _____</p> <p>_____</p> |
| <p>Date signed: D D M M Y Y</p> | <p>Date signed: D D M M Y Y</p> |
| <p>Please tick this box if additional information is attached: <input type="checkbox"/></p> | |

6. Applicant Declarations

It is important that you read, understand and accept the following declarations:

Trustee Applicant Declarations

- i)** We apply for a Plan of the type and with the features indicated in the document which we understand will be subject to the Plan Terms and Conditions. We confirm that before we signed this declaration, we had received, read and understood the Details Guide (in particular, the section entitled “Cancellation Rights”) given to us by our financial adviser explaining the Professional Portfolio product to which this Application Form relates. We have been given an opportunity to raise any queries that we may have and have received satisfactory answers to those queries.
- ii)** By applying for Professional Portfolio we warrant to Generali Worldwide Insurance Company Limited (the “Company”) that we are eligible to hold the Plan under the laws of any jurisdiction applicable to us. Furthermore, we confirm that we can legally take out a contract of life assurance in respect of the persons named as Life/ Lives Assured in this Application Form.
- iii)** We understand that we are responsible for all answers given and statements made by us in the Application Form or in any other communication between us and the Company.
- iv)** We declare that to the best of our knowledge and belief, the information given and declarations made in this Application Form are accurate and true and that no material fact has been omitted or concealed and we understand that non-disclosure of material facts or the inclusion of incorrect information in this Application Form or otherwise given to the Company, whether before or during the life of the Plan, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid.
- v)** We agree that this Application Form, together with the Terms and Conditions, Plan Schedule and any endorsements issued by the Company, and any written statements made to the Company, on application or in the future, and on which the Company may rely, shall form the basis of the contract of life assurance between us and the Company (the “Contract”), governed and construed in accordance with the law of the Island of Guernsey.
- vi)** We understand that this Contract will not commence until this Application Form, duly completed, has been received and accepted by the Company. We understand that the Company has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of the Company.
- vii)** We acknowledge that the Company reserves the right to limit the nature of the Investment Instruments allowed within the Plan.
- viii)** We take full responsibility for the selection of Investment Instruments made by us including, to the extent we consider necessary, reading and understanding the prospectus or offering documents and supporting literature in respect of each Investment Instrument in which we choose to invest and seeking independent advice. We confirm that if we have appointed a Portfolio Manager it is his/her responsibility to read and understand the prospectus or offering documents and supporting literature in respect of any investment selected within this Plan.
- ix)** We understand that a separate investment portfolio is maintained for our Plan and that the realisable value of our selected Investment Instruments determines the value of our Plan. We acknowledge that the value of our Plan is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets and that Investment Instruments within our Plan may be subjects to credit or default risk. We understand also that Investment Instruments that are denominated in a currency other than that of our Plan may involve a currency risk and that the value of our Plan may fall as well as rise as a result of exchange rate fluctuations.
- x)** We acknowledge that, where the Investment Instruments in our Plan are not easily convertible to cash, the Company reserves the right to defer the payment of benefits, either in whole or in part, until such time that it is able to realise those Investment Instruments allowing for among other things, notice periods, dealing dates and settlement dates of the Investment instruments in question.
- xi)** We recognise that our financial adviser will receive copies of all associated documentation relating to our Plan.
- xii)** If an existing similar Plan has been or is to be replaced in full or in part by this Plan, we declare that our financial adviser has explained to us the financial consequences of such a replacement, including the possibility of financial loss.
- xiii)** We have been informed and understand our right to cancel our application for this Plan as detailed in the section entitled “Cancellation Rights” in the Details Guide.
- xiv)** We confirm that each life assured consents to this application and agrees to our acting as their Trustee for the purpose of the information provided in this Application.
- xv)** We confirm that the application for Professional Portfolio is within the powers available to the Trustees under the Trust.
- xvi)** We confirm that the Trustees are either approved Qualifying Recognised Overseas Pension Scheme (QROPS) Trustees or Trustees of a UK registered pension scheme, under relevant UK Legislation.
- xvii)** We confirm that the Trustees are not incorporated in the United States of America.

6. Applicant Declarations (continued)

- xviii)** We confirm that the Trustees have not been and are not in the process of being dissolved, struck-off, wound-up or terminated.
- xix)** We confirm that the source of funds for this investment are the proceeds of one or more approved UK Pension Schemes of the pension scheme member. We further consent to providing on request a copy of our own customer due diligence papers, in relation to the member of the pension scheme underlying the Plan, which is to include a) proof of address and identification, b) the UK Pension Scheme closing statement or UK Pension scheme transfer statement if the premium is over GBP65,000 and c) a copy of their application to us (pension scheme Trustees) including details of past and current employment/length of service as well as values of pensions being transferred.
- xx)** We understand that Generali Worldwide reserve the right to request further due diligence information in relation to the member of the pension scheme underlying the Plan and consent to provide same on request.

Data Protection Declarations

- xxi)** We hereby confirm that prior to our provision of information to Generali Worldwide Insurance Company Limited (the “Company”) in respect of the Life/ Lives Assured, the said party has been informed of the use of such information and in this regard we hereby indemnify the Company against and in respect of any liability which the Company may incur in the event of our failure to so notify the Life/ Lives Assured.
- xxii)** We accept and consent that the Company may pass data originating from this application or data relating to the execution of the Contract (e.g. Investment Amounts, events insured against, changes to risk or Contract), to other companies within the Generali Group (Generali Worldwide Insurance Company Limited’s parent), financial advisers, investment advisers, portfolio managers, investment fund providers, fiscal representatives and re-insurers wherever they are located in the world but only for purposes related to our Plan. We accept that the above applies regardless of whether any contract of life assurance is concluded.
- xxiii)** We also accept that personal data, however obtained, will be held, recorded and processed by the Company (which is registered under and adheres to the Data Protection (Bailiwick of Guernsey) Law, 2001, as may be amended from time to time) on computer and/or manual systems in respect of our insurance dealings with the Company both now and in the future for administrative, identification, customer care, service and marketing purposes only.
- xxiv)** We hereby confirm that prior to our provision of information to the Company in respect of a third party, the said party has been informed of the use of such information and in this regard we hereby indemnify the Company against and in respect of any liability which the Company may incur in the event of our failure to so notify the third party.
- xxv)** We understand that we have the right to obtain access to and request correction of any personal data concerning us held by the Company. Requests for such access can be made to Data Protection Officer, Compliance Department, Generali Worldwide Insurance Company Limited, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

We undertake to disclose all facts material to the assessment by Generali Worldwide of this application. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal for a contract of life assurance. (If in doubt as to the relevance of any particular information, you should disclose it as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or rendering the Plan invalid).

6. Applicant Declarations (continued)

Declarations – Signatures

| | |
|--|--|
| First Signatory: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | Second Signatory (if any): <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |
| Name in BLOCK CAPITALS: _____ _____ | Name in BLOCK CAPITALS: _____ _____ |
| Capacity of signatory: _____ _____ | Capacity of signatory: _____ _____ |
| Date signed: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | Date signed: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |
| Please state country where application was signed: _____ | |
| The required number of Signatories must sign this Application Form. If there are further Applicants, please complete this section on an additional sheet and attach securely to this application. | |
| Please tick this box if additional information is attached <input type="checkbox"/> | |

7. Financial Adviser Declaration

- I take full responsibility for following all necessary prevention of money laundering/ countering financing of terrorism procedures in accordance with Guernsey law, in addition to the applicable law of the country in which the Plan is sold where that is stronger than Guernsey law.
- I declare that to the best of our knowledge and belief the Applicants are of good standing and the information given in this questionnaire is true and complete.
- I confirm and am satisfied that, to the best of our knowledge and belief, the original source of monies being used to pay the premium are the proceeds of an approved UK Pension Scheme.
- I confirm that client fact-find forms have been duly completed.
- I have not made any changes to the Application after the Applicant has signed it.

Signature of Financial Adviser:

Financial Adviser name (printed in BLOCK CAPITALS): _____

Date:

8. Payment Instruction Form

SINGLE PREMIUM PAYMENT BY BANK TRANSFER (Please note that payments can be made by Electronic Transfer only.)

To the Sending Bank

Please charge the amount specified and any charges/ expenses incurred from my/our account and remit to the appropriate account as per the Routing Instructions shown overleaf.

Important: Please ensure that the following name(s) and plan number are quoted on the transfer advice:

Applicant(s) name(s):

Plan number:

Amount payable

Currency: US dollar GB pound Euro HK dollar Japanese Yen Swedish krona

Amount in figures:

Amount in words: _____

Bank details

Name of the remitting bank: _____

Bank address: _____

Account name: _____

Account number: _____

Authorisation

First Account Signatory:

Second Account Signatory (if any):

Date:

Date:

Please see overleaf for routing instructions.

8. Payment Instruction Form (continued)**Routing Instructions**

US dollar amounts: Please pay USD to the following account held with Citibank N.A. Jersey CI*:

A/C Name: Generali Worldwide Insurance Company Limited

A/C No: 412492056

Swift Code: CITIJESX

IBAN: GB25CITI18502641249205

Correspondent bank: Please route the payment via Citibank N.A. New York (Swift Code: CITIUS33; ABA: 021000089).

GB pound amounts: Please pay GBP to the following account held with Citibank N.A. Jersey CI*:

A/C Name: Generali Worldwide Insurance Company Limited

A/C No: 412492048

Swift Code: CITIJESX

IBAN: GB52CITI18502641249204

Correspondent bank: Please route the payment through Citibank N.A. London (Swift Code: CITIGB2L)

If remitting payment from a UK, Channel Islands or Isle of Man bank, the payment should be sent by BACS (Sort Code 18 50 26).

Euro amounts: Please pay EUR to the following account held with Citibank N.A. London Branch:

A/C Name: Generali Worldwide Insurance Company Limited

A/C No: 0013861317

Swift Code: CITIGB2L

IBAN: GB81CITI18500813861317

Correspondent bank: Please route the payment via Citibank N.A. London (Swift Code: CITIGB2L).

Hong Kong dollar amounts: Please pay HKD to the following account held with Citibank N.A. Jersey CI*:

A/C Name: Generali Worldwide Insurance Company Limited

A/C No: 412492013

Swift Code: CITIJESX

IBAN: GB36CITI18502641249201

Correspondent bank: Please route the payment via Citibank N.A. Hong Kong (Swift Code: CITIHKHX).

Japanese yen amounts: Please pay JPY to the following account held with Citibank N.A. Jersey CI*:

A/C Name: Generali Worldwide Insurance Company Limited

A/C No: 412492021

Swift Code: CITIJESX

IBAN: GB09CITI18502641249202

Correspondent bank: Please route the payment via Citibank N.A. Japan (Swift Code: CITIJPJT).

Swedish krona amounts: Please pay SEK to the following account held with Citibank N.A. Jersey CI*:

A/C Name: Generali Worldwide Insurance Company Limited

A/C No: 412492064

Swift Code: CITIJESX

IBAN: GB95CITI18502641249206

Correspondent bank: Please route the payment via Senska Handelbanken (Swift Code: HANDSESS).

*** Please ensure the Sending Bank transmits a direct intrabank MT103 message to Citibank's Jersey branch (Swift Code: CITIJESX) advising of the payment details.**

9. Appointment of a Portfolio Manager

This section is for completion by the Applicant if they wish to appoint a Portfolio Manager to the Plan. It must be signed by the proposed Portfolio Manager to demonstrate his acceptance of the appointment and agreement to the terms and conditions outlined below. The appointment of a Portfolio Manager is subject to the approval of Generali Worldwide.

Full name of first Applicant: _____

Introduction

This agreement:

- is made between the Applicant and the Portfolio Manager (named in Section A); and
- is to be governed and construed in accordance with the law of the Island of Guernsey; and
- constitutes the entire agreement between the Applicant and the Portfolio Manager (named in Section A) in respect of their appointment as Portfolio Manager to the Investment Instruments underlying the Plan.

Section A

Name of Portfolio Manager: _____
(the "Portfolio Manager")

Address: _____

Telephone number: _____

Facsimile number: _____

E-mail address: _____

Portfolio Manager agency code (if known): _____

- We hereby appoint the above named as Portfolio Manager in relation to the Investment Instruments underlying the Plan.
- We acknowledge that such appointment will not take effect unless and until the Portfolio Manager accepts its appointment by signing this agreement and that such appointment is subject to the approval of Generali Worldwide.
- We acknowledge that the Portfolio Manager will not provide any investment instructions in respect of the plan assets to Generali Worldwide until the Portfolio Manager has accepted its appointment hereunder, notwithstanding that we may have transferred Investment Amounts to Generali Worldwide for the purposes of our Plan.

Section B

- We understand the Investment Fund will be valued quarterly. We hereby agree to pay to the Portfolio Manager a charge, by way of remuneration for its services provided pursuant to this agreement, as follows:

1) an annual fee of USD/ GBP/ EUR/ HKD/ JPY/ SEK _____ (to be paid quarterly in arrears)

Or

2) _____% of the Investment Value per annum, (to be paid quarterly in arrears).

- We hereby authorise and instruct Generali Worldwide to make deductions from our Plan equivalent to such charge and to pay the same to the Portfolio Manager on the due dates on our behalf.

9. Appointment of a Portfolio Manager (continued)

Section C

- We hereby authorise and instruct the Portfolio Manager to act as a discretionary investment manager in relation to the Plan assets and in particular to give Written Requests on our behalf to Generali Worldwide to purchase or sell Investment Instruments subject to the following conditions:
 1. We will be bound by all investment decisions made by the Portfolio Manager; whom we acknowledge is acting on our behalf and not on behalf of Generali Worldwide.
 2. All investment instructions given by the Portfolio Manager to Generali Worldwide in respect of the Plan assets must be in the form of a Written Request before they will be acted upon, save that Generali Worldwide, at its sole discretion, may agree to waive this condition.
 3. Generali Worldwide will not accept investment instructions from any party other than the Portfolio Manager or its permitted assigns.
 4. Generali Worldwide will be responsible for the implementation of any investment instructions properly given by the Portfolio Manager, including the administration of any dealing or trading of Investment Instruments.
 5. All Investment Instruments recommended shall either be quoted on a Stock Exchange recognised by the Company or specifically agreed by the Company as eligible to be purchased by the Plan.
 6. No tangible commodity (e.g. diamonds or gold coins) or futures shall be recommended and no option contracts shall be written.
 7. The Portfolio Manager is authorised to utilise the overdraft facility as described in the Plan Terms and Conditions.
 8. Any Investment Instruments purchased as a result of an instruction from the Portfolio Manager shall be purchased at the market buying price as shown on the contract note issued by the vendor or stockbroker.
 9. Currency deposits in the major currencies are acceptable subject to Generali Worldwide's acceptance of the deposit holding institution and any deposit minimums applicable.
 10. Generali Worldwide is entitled, at its absolute discretion, to refuse or accept an investment instruction properly given by the Portfolio Manager.
- We acknowledge that, despite the appointment of a Portfolio Manager, Generali Worldwide may require me to sign disclaimers, from time to time, in respect of individual Investment Instruments.
- We or our Portfolio Manager may terminate this agreement by giving notice to Generali Worldwide in the form of a Written Request.
- We acknowledge and agree that Generali Worldwide is entitled, at its absolute discretion, to terminate the appointment of the Portfolio Manager under this agreement by giving 10 Business Days written notice to the Portfolio Manager and to us.
- On termination, the Portfolio Manager will receive any portfolio management fee owing pro rata to the date of termination and provision of portfolio management will become our sole responsibility until a further Portfolio Manager agreement is put in place.
- Any information received from, or otherwise obtained about us, shall be considered confidential by the Portfolio Manager (including any sub-contracted party) upon countersigning this form and the Portfolio Manager agrees not to disclose confidential information without our specific written permission.
- Generali Worldwide's name and logo cannot be used by the Portfolio Manager except by way of material that has been produced by Generali Worldwide.
- We recognise that our Portfolio Manager will receive copies of all associated documentation relating to our Plan.
- We authorise and request Generali Worldwide to enter into any formal agreements required by the Portfolio Manager to facilitate this appointment.
- We acknowledge and agree that Generali Worldwide shall not be liable for any damages, losses, costs or expenses to the Plan assets arising from the appointment of, or the investment instructions given by the Portfolio Manager. This will include, without limitation, any action or failure to take actions on the part of the Portfolio Manager giving rise to any loss in the value of Investment Instruments and failure on the part of the Portfolio Manager to produce a reasonable investment return, in relation to the Plan.
- We, for ourselves, hereby indemnify Generali Worldwide against any and all liability it may incur, as a consequence of, or arising from or in respect of the appointment, activities and performance of the Portfolio Manager (including, but without limitation, the cost of defending in any court of law any claim, demand or action against Generali Worldwide).

9. Appointment of a Portfolio Manager (continued)

We have read and understood the conditions outlined in sections A, B and C and agree to act in accordance with them.

First Signatory:

Second Signatory (if any):

Name in BLOCK CAPITALS: _____

Name in BLOCK CAPITALS: _____

Capacity of signatory: _____

Capacity of signatory: _____

Date signed:

Date signed:

I* have read and understood the conditions outlined in sections A, B and C and agree to act in accordance with them.

Signature of Portfolio Manager:

Date:

Full name of signatory: _____

In the case of a company, please state the capacity of the Authorised Signatory within the company: _____

For and on behalf of: _____

* "I" refers to the Person(s) or firm named in section A

10. Introducer Certificate

Name of accepting financial services business: **GENERALI WORLDWIDE INSURANCE COMPANY LIMITED**

Name of Introducer (pension scheme trustees): _____

Jurisdiction of registration: _____

Name of regulator: _____

Pension scheme member name (in full): _____

Details of associated account/s (which are part of the same structure):

Introducer's contact details

Address: _____

Telephone: _____

E-mail: _____

The Introducer certifies that it is a financial services business regulated in the jurisdiction of registration as detailed above. The Introducer confirms that it has obtained and holds the verification required to satisfy its local regulations, the International Standards on Combating Money Laundering and the Financing of Terrorism & Proliferation issued by the Financial Action Task Force, and the Anti-Money Laundering Directives issued by the European Union as updated from time to time. The information disclosed for this policy by the Introducer accurately reflects the information held and is being given for account opening and maintenance purposes only. The Introducer undertakes to supply certified copies of originals of the verification documentation upon request without delay.

Signature:

Date:

Full Name: _____

Official position: _____

Registered Head Office address: Generali Worldwide Insurance Company Limited, Generali House,
Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

Incorporated in Guernsey under Company Registration No. 27151.

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

enquiries@generali-worldwide.com

generali-worldwide.com

Regulated in Guernsey as a licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended).

Generali Worldwide Insurance Company Limited is part of the Generali Group, listed in the Italian Insurance Group Register under number 026.

Websites may make reference to products that are not authorised or regulated and/or are not available for offering to planholders in certain jurisdictions.