

STARTING OR ADDING TO YOUR OLD MUTUAL INTERNATIONAL BOND

Please tick appropriate circle

- (Acceptable applicant) QROPS Trustees (✓)
- (Acceptable applicant) SIPP Trustees (✓)
- (Acceptable applicant) QNUPS Trustees (✓)
- Company QROPS (✓)

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

Applicant 1

Financial adviser details

Old Mutual International account reference

Name of financial adviser

Company name

Address

Telephone number

Fax number

E-mail address

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

June 2015

This document was last reviewed in June 2015. 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. The financial adviser is not acting as an agent for Old Mutual International.

All references to Old Mutual International, **we**, **us** and **our** in this application form mean Old Mutual International Isle of Man Limited with the exception of the Trustee Declaration.

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.

This application form must not be used for Singapore business. A copy of the member's application for a QROPS/QNUPS/SIPP application form should accompany this form. Before completing the application form, please make sure you receive and read through the relevant Key Features Document: **key features of your Executive Investment Bond, key features of your Executive Redemption Bond, key features of your Collective Investment Bond or key features of your Collective Redemption Bond. A copy of your Executive Investment Bond, Executive Redemption Bond, Collective Investment Bond or Collective Redemption Bond Terms and Conditions** are available on request.

ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE

Where you have set up an Online Service Account, ongoing communication from us, such as policy valuations, will be carried out electronically through this account as much as possible, although there will be times when we do still need to correspond with you by letter.

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

The underlying member may apply for a view only account. If this is required, please provide their email address.

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.

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. (✓)

Capital redemption bonds

- Executive Redemption Bond (ERB) (Terms ref ERB4)
- Collective Redemption Bond (CRB) (Terms ref CRB5)

Life assurance bonds

- Executive Investment Bond (EIB) (Terms ref EIB4)
- Collective Investment Bond (CIB) (Terms ref CIB4)

ADDITIONAL TRANSFER

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

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

A TYPE OF APPLICATION (CONTINUED)

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 pound sterling (£). 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

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

B DETAILS OF THE APPLICANT

	QROPS TRUSTEE (✓) <input type="radio"/>	QNUPS TRUSTEE (✓) <input type="radio"/>	SIPP (✓) <input type="radio"/>
Jurisdiction of trustees	<input type="text"/>	<input type="text"/>	<input type="text"/>
The trust name is:	<input type="text"/>	<input type="text"/>	<input type="text"/>
The trust was created on:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Trust details: ▶ 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.	QROPS provider – pension transfers to the QROPS (being the evidence of origin of the assets supplied by the QROPS Trustee).	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).	Pension contributions (✓) <input type="radio"/> Pension transfers (✓) <input type="radio"/>
Trust assets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Corporate trustee name	<input type="text"/>		
Other trustees	Member (✓) <input type="radio"/>		
	COMPANY QROPS (✓) <input type="radio"/>		
Company name	<input type="text"/>		
Date of incorporation:	<input type="text"/>		
Country of registration	<input type="text"/>		
Contact person	<input type="text"/>		
Registered office address (This information must be provided in full. We are unable to accept PO Box and 'care of' addresses.)	<input type="text"/>		
Correspondence address	<input type="text"/>		
Telephone number including area code	<input type="text"/>		
E-mail address	<input type="text"/>		
Company website address	<input type="text"/>		

POLITICALLY EXPOSED PERSON

If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a politically exposed person (PEP), or connected with a PEP, please provide details.

A politically exposed person is someone holding an important public position, or a person clearly related to them. Examples of these are: judicial or military officials, senior politicians, senior executives of publicly owned corporations, senior Government officials and Important political officials.

B DETAILS OF THE APPLICANT (CONTINUED)

AUTHORISED SIGNATORIES

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

C DETAILS OF THE LIFE ASSURED

This section should only be completed if you have selected a new life assured bond, eg the Executive Investment Bond or Collective Investment Bond in section A.

The maximum age for a life assured is 89.

FIRST LIFE ASSURED (MEMBER)

SECOND LIFE ASSURED (IF ANY)

Title (✓)

Mr
 Mrs
 Miss
 Other

Mr
 Mrs
 Miss
 Other

Full forename(s)

Surname

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

Dual nationality
(if applicable)

Residential Address
(This is where life assured is currently living. Please note we do not accept c/o and PO Box addresses.)

D SOURCE OF FUNDING

SOURCE OF FUNDS

► The premium payment must come from an account held in the name of the trust.

Scheme	Account name	Currency	Sort code	SWIFT code	Account number	IBAN number
QROPS						
QNUPS						
SIPP						

QROPS

QNUPS

SIPP

Bank name

Bank address

Country

When did the trust open this account?

G 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 policy. You must fully complete each relevant section relating to the description option(s) you have ticked.

THIS SECTION MUST BE COMPLETED IN ALL INSTANCES

(✓) Description	Details required	Details
<input type="radio"/> Transfer of pension	Pension name	<input type="text"/>
	Pension account number	<input type="text"/>
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>
	Transfer date	<input type="text" value="D D M M Y Y Y Y"/>
<input type="radio"/> Transfer of pension	Pension name	<input type="text"/>
	Pension Account number	<input type="text"/>
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>
	Transfer date	<input type="text" value="D D M M Y Y Y Y"/>
<input type="radio"/> Transfer of pension	Pension name	<input type="text"/>
	Pension Account number	<input type="text"/>
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>
	Transfer date	<input type="text" value="D D M M Y Y Y Y"/>
<input type="radio"/> Transfer of pension	Pension name	<input type="text"/>
	Pension Account number	<input type="text"/>
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>
	Transfer date	<input type="text" value="D D M M Y Y Y Y"/>
<input type="radio"/> Transfer of pension	Pension name	<input type="text"/>
	Pension Account number	<input type="text"/>
	Pension value	Currency: <input type="text"/> Amount: <input type="text"/>
	Transfer date	<input type="text" value="D D M M Y Y Y Y"/>

G ORIGIN OF WEALTH (CONTINUED)

FULL DETAILS OF ORIGIN OF WEALTH

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

(✓) Description	Details required	Details
<input type="radio"/> Other	Origin of wealth <i>(if ticked Other)</i>	<input type="text"/>
	From which organisation or whom <i>(state the relationship if applicable)</i>	<input type="text"/>
	Details <i>(including reasons where applicable how the money was acquired etc)</i>	<input type="text"/>
	Total amount	Currency: <input type="text"/>
		Amount: <input type="text"/>
	Date received	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

► 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.

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

H CHARGE DEDUCTION ASSET

Please state which asset listed in section F is to be used as the Charge Deduction Asset to pay Portfolio Fund charges for your policy. This will not apply where you have appointed the authorised custodian.

ISIN/SEDOL

NAME

► Please see 'Overview of Old Mutual International's Portfolio Bond charges' for details of how this asset will be used. Your financial adviser can give you a copy of this guide.

I REGULAR WITHDRAWALS (OPTIONAL)

WITHDRAWAL AMOUNT

Amount to be withdrawn each year

or

Percentage of premium to be withdrawn each year

Withdrawal frequency (✓)

Monthly

Every 2 months

Quarterly

Half-yearly

Yearly

Date of first payment

 | | | | | | |

If your plan is not active on the due date then your first payment will be made on the next payment date due according to the frequency chosen.

Where you have requested the appointment of an authorised custodian, do you want Old Mutual International to consider allowing the authorised custodian paying regular withdrawals on Old Mutual International's behalf to you directly? please tick (✓)

continued

I REGULAR WITHDRAWALS (OPTIONAL)

NOMINATED ASSET(S)

Please state which asset(s) listed in Section F is/are to be used as the Nominated Asset to pay regular withdrawals. This will only apply where you have not chosen an authorised custodian.

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/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage	<input type="text"/>
ISIN/SEDOL	<input type="text"/>	Name	<input type="text"/>	Percentage	<input type="text"/>

PAYEE DETAILS

All payments will be third party payments - ie to the underlying member.

Do you want your withdrawals to be made to the same bank account detailed in Section D 'Source of Funding'? Yes No

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

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

Bank account holder <i>(name as stated on bank account)</i>	<input type="text"/>				
Bank account number /IBAN	<input type="text"/>				
Sort code <i>(applicable to UK accounts)</i>	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
SWIFT or BIC code <i>(SWIFT code needed for bank accounts outside Europe; BIC code needed for European accounts with an IBAN)</i>	<input type="text"/>				
ABA number	<input type="text"/>	Branch code for non-UK banks	<input type="text"/>		
Bank name	<input type="text"/>				
Bank address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>				
Country	<input type="text"/>				

Please Note:

Have you selected the withdrawal amount, currency, withdrawal, frequency and the date of your first payment?

Have you Nominated Asset(s) to fund your regular withdrawals?

Have you completed the payee details?

J 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 normally issue 12 policy schedules per contract. If you require more or less, insert the number required.

Where more schedules are required, please note that for the CIB and CRB the minimum premium per schedule is £2500 /€3750/\$3750 (or currency equivalent). For the EIB and ERB, the minimum premium per schedule is £5000/€7500/\$7000 (or currency equivalent).

K FUND ADVISER

APPOINTING A FUND ADVISER TO YOUR OLD MUTUAL INTERNATIONAL 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 completed 'letter of authority'); or
- I appoint a Fund Adviser and enclose a completed 'appointing a fund adviser to your Old Mutual International 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 CHARGES AND POLICY CURRENCY

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 ongoing commission payment (referred to as fund based commission) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

CHARGES

Please enter the reference code for your chosen charging structure which you confirm you have received and read in full. (Your financial adviser representative 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

Data Privacy Statement

Old Mutual International Business Services Limited and Old Mutual International Isle of Man Limited 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 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, or fund 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.

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 Data Protection Officer, Old Mutual International Isle of Man Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, British Isles, IM99 1NU.

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 Isle of Man Limited 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.

DECLARATION – BY THE EACH APPLICANT

In this declaration, any reference to We refers to either the Company QROPS, QROPS Trustee, QNUPS Trustee or SIPP Trustee whichever is relevant as selected in section B of this form.

1. We understand that we will 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.
2. For the policy 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 E be invested as an initial premium for the policy we have chosen in section A, and request Old Mutual International to issue the policy in the name of the trust or the company; or
 - (b) We request that the amount shown in section E be invested as an additional premium for the policy currently in force bearing the bond number shown in section A of this form.
3. 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.
4. We confirm that 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.
5. We confirm that We are not resident or the company is not incorporated in Hong Kong, Singapore or the United States of America or its territories.
6. If We become resident or the company becomes incorporated in the United States of America, Old Mutual International may not be able to accept any further premiums until after We cease to be resident or the company ceases to be incorporated in the United States of America or its territories.
7. We confirm that the investment into the policy is within the investment powers available to the Trustees under the trust or the company.
8. We confirm that the Company has not been and is not in the process of being dissolved, struck off, wound up or terminated.
9. We consent to the personal data being used in accordance with the Data Privacy Statement.
10. We confirm that we are applying for an Old Mutual International policy as instructed by the member. We have received a copy of the Terms and Conditions relating to the chosen policy as indicated in section A and we have had the opportunity to read it when completing this application form.
11. 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 policy. 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.
12. We understand that in cases where the asset(s) we have selected is not redeemable for a certain period of time, Old Mutual International 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.
13. We are aware of the charges payable on the bond, including the charges payable in respect of the assets 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 to our financial adviser. These payments could be in addition to any commission payable by the asset provider to our financial adviser in respect of the assets held. Further details of the charges payable by Old Mutual International and the amounts payable to our financial adviser are available from our financial adviser on request.

continued

M DECLARATION AND APPLICATION (CONTINUED)

Please enter the country in which this application form was completed.

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

Did you complete this application form yourself (✓)

Yes No

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

Yes No

By signing this declaration you confirm that you have read through the declaration in section M 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 as indicated in Section B (please delete as appropriate)

Name	<input type="text"/>	Capacity	<input type="text"/>								
Signature	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Name	<input type="text"/>	Capacity	<input type="text"/>								
Signature	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Name	<input type="text"/>	Capacity	<input type="text"/>								
Signature	<input type="text"/>	Date	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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 on request.

N VERIFICATION OF CUSTOMER IDENTITY

If the QROPS/QNUPS/SIPP trustee currently holds acceptable applicant status, which has been acknowledged by Old Mutual International, please indicate here. (✓)

If not, please contact Old Mutual International, Isle of Man.

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 to the member in

Country

on

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

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 account 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

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.

All promotional material is approved by Old Mutual Wealth Limited. Old Mutual Wealth Limited is authorised and regulated by the Financial Conduct Authority. Financial Services register number 165359.

The rules made under the Financial Services and Markets Act 2000 (as amended) for the protection of retail clients in the UK do not apply.

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.