

HORIZON

Portfolio Bond



Application Form

GENERIC TRUST FORM

Can be used for:

- Short Form Trusts
- QROPS Providers
- SIPP Providers

Your application: Please ensure You have received and read the Horizon Portfolio Bond Brochure and Terms and Conditions before You complete this application.

Completing this form: Use blue or black ink and write clearly in CAPITAL letters.
If Your application is incomplete or does not include all the information we request, it will result in delays.

All fields are mandatory and should include the relevant information or be designated "Not Applicable (N/A)"

FOR INTERNAL USE ONLY

Policy number	Adviser code
Internal Providence number	
Comments	

FINANCIAL ADVISER DETAILS

I have verified the documents, copies of which are attached and certified as true copies of the originals and are a true likeness of the Life/Lives Assured, I have taken reasonable steps to ensure that the Life/Lives Assured Funds are legitimate to the best of my knowledge, all the information provided by the Life/Lives Assured is true and complete and has been obtained by me, from the Life/Lives Assured.

Company name			
Adviser's name			
Email address			
Office	Region		
Signature	Telephone number		
Date	DD	MM	YYYY

Section 1. Policy Basis

Please note - The trustee will be the legal owner of the Policy

Name of trustee

Registered office

Telephone number

Fax number

Incorporation date

Registration number

Regulated by

Details of the Scheme

Name

Date created

Reason for trust creation

Type of trust

Source of trust assets

Section 2. Policy Basis

Reason for saving

General
 Retirement
 Education
 Specific Event (please specify)

Have You surrendered a similar saving Policy in the last 12 months?

Yes No

Are You making any concurrent applications to other life companies?

Yes No

If 'Yes' to either questions please give details:

Name of Company	Type of Policy	Premium Amount	Policy Term

Please indicate what type of Policy You require

Single Life
 Joint Life First Death
 Joint Life Last Death

Section 3. FATCA Declaration

FIRST LIFE ASSURED

Are You a US* tax payer? Yes No

Are You a US* citizen? Yes No

Will You be including a US* address or contact details in this application? Yes No

*The definition of US includes the 50 United States of America and associated territories.

If You have answered 'Yes' to any of the above questions or if either Life Assured is a US national, resides in the US or is requesting a regular income payment to be made to a US account, Your application cannot be accepted by Providence Life Limited, PCC.

Where are You resident for tax purposes?

Country/countries of tax residence

.....

Tax reference number/s

.....

SECOND LIFE ASSURED

Are You a US* tax payer? Yes No

Are You a US* citizen? Yes No

Will You be including a US* address or contact details in this application? Yes No

*The definition of US includes the 50 United States of America and associated territories.

If You have answered 'Yes' to any of the above questions or if either Life Assured is a US national, resides in the US or is requesting a regular income payment to be made to a US account, Your application cannot be accepted by Providence Life Limited, PCC.

Where are You resident for tax purposes?

Country/countries of tax residence

.....

Tax reference number/s

.....

Section 4. Life/Lives Assured Details

	FIRST LIFE ASSURED	SECOND LIFE ASSURED
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="text"/>
Surname (as shown on ID/passport)	<input type="text"/>	<input type="text"/>
First name (as shown on ID/passport)	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="text"/>	<input type="text"/>
Residential address	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
Telephone number (Include international code)	<input type="text"/>	<input type="text"/>
Mobile number (Include international code)	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Do You hold dual nationality?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Second nationality/citizenship	<input type="text"/>	<input type="text"/>
Passport/ID number of second nationality	<input type="text"/>	<input type="text"/>
Are You self employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Designation/position and nature of employment	<input type="text"/>	<input type="text"/>
Length of current employment	<input type="text"/>	<input type="text"/>
If retired, please state former occupation	<input type="text"/>	<input type="text"/>
Please state the relationship between the Lives Assured.	<input type="text"/>	

Section 5. Basis of Contract

Policy currency denomination: (Select one)
Your Policy valuations will be denominated in the currency selected above.

USD
 GBP
 EUR
 JPY
 CHF

Number of Policies
(will be set up as 10 Policies if nothing is stated in this field)

Premium currency

Total Premium amount

Single Premium Investment instructions

- The maximum number of Funds that can be selected at outset is 10.
- The minimum single Premium Investment is GBP 40,000 or currency equivalent.

ISIN Number	Fund Name	Fund Currency	Investment % for each fund
	PLL Fidelity Money Market Fund	As per Policy currency	5%
Total percentage amount <small>(Please ensure Your Investments total 100%)</small>			100%

*The Policyholder may opt for the Policy to be held in Trust with a third party Trust provider. In this instance charges for the Trust such as the setup fee and ongoing annual Trust fee maybe deducted from the Policy in Units. If this option has been selected, the AMC/AMF will be higher to reflect both sets of charges. Providence is not responsible for your choice of Trust provider.

Section 6. Source of Funds

Please tick one of the options below for details on the Source of Funds.

<input type="checkbox"/>	Pension Transfer (Please give details below)		
	Pension transfer		
	Amount		Currency <input type="text"/>
	Full name of first pension provider		
	Amount		Currency <input type="text"/>
	Full name of second pension provider		
	Amount		Currency <input type="text"/>
	Full name of third pension provider		
	Amount		Currency <input type="text"/>
	Date funds received by the Trust (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>

Savings from income/salary/bonus

Other* (Please give details below on the Source of Funds)

*Please note that Providence may ask to submit additional supporting documents.

Section 7. Payment Details

The payment must come from a bank account in the name of the Trust.

Name of your bank account	<input type="text"/>
Bank account number/IBAN	<input type="text"/>
Sort code (if applicable)	<input type="text"/>
SWIFT or BIC code (if applicable)	<input type="text"/>
Bank name	<input type="text"/>
Bank address	<input type="text"/>
Country	<input type="text"/>

Section 8. Origin of Wealth

Only complete this section if the Initial Investment Amount is USD 500,000 or currency equivalent. If you have other Providence Policies, please consult with Your Financial Adviser on how to complete this section.

The purpose of this section is to gather information relating to the origin of Your Investment contribution in order to satisfy international anti money laundering and 'know your client' requirements.

This section asks how the payor acquired the money. Please state how the origin of wealth for this Investment has been raised if other than annual income. If answering 'Yes' to questions i, ii, iii or iv please provide proof by way of supporting documentation.

i. Gifts and/or Inheritance (If 'Yes', please give details)

Total value or amount of sale

Currency

Date received/settlement date (DD/MM/YYYY)

ii. Proceeds from shares/investment holdings/property sale (If 'Yes', please give details)

Total value or amount of sale

Currency

Date received/settlement date (DD/MM/YYYY)

Details/address of property

iii. The disposal of business or other asset (If 'Yes', please give detail of the disposal and specify the original source of wealth for the Investment in the business or asset.)

iv. Other: Please provide details here if Your Premium is from a source other than that listed above. Please include full details of where funds are from, dates, currency and amount.

Total value or amount of sale

Currency

Date received/settlement date (DD/MM/YYYY)

Section 8. Origin of Wealth (cont.)

How the payor acquired the money - documentary evidence

If You have completed the 'Origin of Wealth' please include the following with this application, please tick the relevant boxes to confirm documents attached:

Please note: all documents submitted must be original or a copy certified by a suitable certifier e.g. certified lawyer, accountant, public notary or bank manager

- Evidence of savings from income/salary/company profits/bonus**
 - A copy of my recent financial accounts (I am self-employed)
 - A letter on company letterhead from my employer confirming my income (this must be original and company stamped)
 - Bank statements clearly showing receipt of my most recent regular salary payments from my employer (within the last 3 months)
- Evidence of proceeds from shares/Investment holdings/property sale**
 - Investment holdings/savings certificates, contract notes or statements showing sale of my shares
 - Confirmation of sale from my Investment company
 - Bank statement showing receipt of my sale proceeds
 - Shares/Investment holdings - signed letter from my accountant
 - Property sale only - signed letter from my solicitor/estate agent
 - Chargeable event certificate for my matured investment
 - Sale contract

Relevant financial professionals details and declaration (only to be completed if **Section 8. Origin of Wealth** is applicable)

To be signed and completed by an independent financial professional, such as a bank manager, certified accountant or lawyer. (This section cannot be completed by the Financial Adviser linked to Your application form)

Surname	<input type="text"/>		
First name	<input type="text"/>		
Job title	<input type="text"/>		
Company name	City	Country	
Regulatory body/individual membership number	<input type="text"/>		

Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Providence Life Limited, PCC. I further declare that no unauthorised third parties have provided any advice or been involved in any stage of the sale.

Signature	Occupation	
<input type="text"/>	<input type="text"/>	
Date (DD/MM/YYYY)		
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 9. Proof of Identity and Address

1. Proof of identity - (please tick to confirm document is attached)

The Life/Lives Assured and/or third party payors must provide one of the following valid primary documents that has been seen and suitably certified to confirm the true likeness of the individual and is a true copy of the original.

	Life Assured 1	Life Assured 2	Third Party Payor
• Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card with signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Passport or National Identity Card with photograph, full name, signature, validity dates and the issuing authority. The details on the application form must match the legal document. The copy of the document must be certified by an employee of an intermediary that has current terms of business with Providence or a notary public, lawyer or accountant.

2. Proof of residential address

In order to verify the Life/Lives Assured and/or third party payor's current residential address, please attach either an original or suitably certified copy of one of the following documents (the documents seen must be **less than three months old** upon receipt by us, unless advised otherwise) and confirm that the document is a true copy of the original and have duly be seen and verified by the certifier. The document must be issued in the name of the Life/Lives Assured and show the address appearing on the application or held in our records as the current residence. Please note documents containing PO Box only cannot be accepted.

The documents, if not in English, should be translated into English prior to submitting and should be certified by the translator. This is a regulatory requirement.

	Life Assured 1	Life Assured 2	Third Party Payor
• Utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving licence*†	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If You are unable to provide one of these documents, please complete **Section 11. Confirmation of Residential Address.**

*These documents should be valid.

† Certified copies of all parts of the licence must be provided.

Nomination of Beneficiary

Please indicate if You are nominating a Beneficiary/Beneficiaries from commencement of the Policy.

Yes No

- If Yes, please complete the 'Appointment of Beneficiary' supplementary form and include it with this application.
- If No, please note the Life/Lives Assured may nominate or change one or more beneficiaries using the 'Appointment of Beneficiary' form throughout the life of the Policy.

Section 10. Declaration/Data Protection

Declaration

I/We apply for a Horizon Portfolio Bond as detailed in this application form have been provided with and agree to the Providence Life Limited, PCC Horizon Portfolio Bond Terms and Conditions. I/We declare that the answers given in this application, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life assurance.

I/We understand that if any Beneficiary has been appointed, then the amount payable on death of the Life to be Assured will be paid to the Beneficiary.

I/We consent to the Company seeking independent verification (if considered necessary) of any of the information given in this application.

I/We declare that I/we are at least 19 years of age next birthday.

I/We declare that I/we am/are not a resident(s) or national(s) of Mauritius or a resident(s)/non-resident(s) US tax payer(s).

I/We confirm that I/we understand that a change in my/our country of residence, or that of any Life Assured, could mean that the Company may no longer be able to provide all the benefits under this Policy.

I/We confirm that I/we understand that investing in the Horizon Portfolio Bond is solely my/our own choice, and/or that of my/our Adviser and that the acceptance of the asset link by the company does not constitute a warranty or representation of the suitability of such asset/s for Investment purposes.

I/We declare that any Premiums that I/we pay to the Policy will not contravene any applicable exchange controls, regulations or trade or economic sanctions.

I/We declare that any Premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

I/We confirm that I/we have reviewed the information I/we have given in this application and it is correct.

Data protection

I/We understand that the personal information that I/We supply may be held and used by the Company in the following ways:

- To process, evaluate and administer the contracts/Policies/claims;
- To prevent and detect fraud and financial crime; and
- To perform accounting, statistical and research activities,

I/We also understand that to carry out the above the Company may need to pass the information to:

- Any Providence Group companies, re-insurers, reference agencies, third parties who provide relevant services to the Company and my/our relevant financial professional;
- Countries outside of Mauritius that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained;
- Public bodies including the police, or insurers' database; and
- Any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.

Section 10. Declaration/Data Protection (cont.)

I/We do not wish to be contacted for marketing purposes tick here

I/We understand that the Company will only communicate with me/us using the contact details that I/We have supplied. Where I/We have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

I/We understand that the Group Companies, and Companies that they become associated with, may share the information so that they can contact me/us by mail/email, telephone or other appropriate means about carefully selected products, services or offers that they believe will be of interest to me/us.

I/We will not be contacted in this way if I/we tick here

I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.

I/We confirm that this/these signature/s is/are mine/ours as Policyholder/s or that/those of my/our appointed legal representative/s.

If Your signature is different from the signature in Your passport/ID or if Your signature has changed over a period of time, You will need to complete **Section 12. Certifying Signature.**

I/We confirm that I/we have read and agree with the contents of **Section 10. Declaration/Data Protection.**

FIRST LIFE ASSURED		SECOND LIFE ASSURED	
SIGN HERE	<input type="text"/>	SIGN HERE	<input type="text"/>
	Print name <input type="text"/>		Print name <input type="text"/>
	Date DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>		Date DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>

FIRST TRUSTEE (For Trustee use only)		SECOND TRUSTEE (For Trustee use only)	
SIGN HERE	<input type="text"/>	SIGN HERE	<input type="text"/>
	Print name <input type="text"/>		Print name <input type="text"/>
	Date DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>		Date DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>
Country where application was signed <input type="text"/>			

Policy acceptance is subject to:

- The final underwriting decision;
- Receipt of the Initial Premium Amount; and
- Receipt of satisfactory proof of identity and any other documentation we require.

Section 11. Confirmation of Residential Address

Providence Life Limited, PCC require proof of address of all Life/Lives Assured.

Important note

This section should be completed and signed by the client and the Financial Adviser who submits business to Providence Life Limited, PCC. Providence acknowledge that in certain circumstances it is difficult to provide proof of residential address to satisfy our anti money laundering requirements. This can be a particular problem in territories which do not have a postal delivery system. In circumstances where we have been unable to obtain documentary proof of residential address, we are obliged to mark in our records that the address is not confirmed (this includes a P.O. Box address). In these circumstances, we will have to ask for complete verification (including this form if appropriate) on each subsequent change of address, until we are able to obtain satisfactory proof of residential address.

The following are acceptable proof as address documents:

- A utility bill (dated within the last 3 months and including full residential address and Life/Lives Assured name).
- Bank statement/credit card statement (dated within the last 3 months and containing full residential address and Life/Lives Assured name. Internet screenshots are not accepted).
- Tenancy agreement (agreement must be valid and contain full residential address and Life/Lives Assured name).
- Employer letter confirming the residential address and Life/Lives Assured name. (This must be dated on company headed paper, addressed to Providence Life Limited, PCC and stamped with the company official stamp. Wet copy original to be supplied).

In the event that none of these documents can be provided as evidence, please complete and sign the declaration in this section to confirm that Your Financial Adviser has visited Your place of residence.

LIFE ASSURED DETAILS

Surname

First name

Residential address

Please provide a physical description of location/residential address

Section 11. Confirmation of Residential Address (cont.)

Please provide a brief description as to why none of the proof of residential address documents stated on page 10 of the application form are available.

(‘Not Applicable’ or ‘Not Available’ are not acceptable explanations as to why these documents are not available).

Life Assured declaration

I confirm that I currently reside at the stated address and that I for the reasons stated are unable to provide acceptable documentary evidence.

Life Assured signature

Date (DD/MM/YYYY)

--	--	--	--	--	--	--

Financial Adviser declaration

I confirm that I have visited the Life Assured at the address listed within this section.

Adviser's name

Company name

Office

Region

Financial Adviser signature

Date (DD/MM/YYYY)

--	--	--	--	--	--	--

Providence Life Limited, PCC reserve the right to request further information at any time should it be required.

In the case where there are two Lives Assured using the 'Confirmation of Address' form, please photocopy this section and complete for each Life Assured.

Section 12. Certifying Signature

This section must be used where the signature on the identity documentation presented to Providence does not exist or does not match.

	LIFE ASSURED DETAILS
Surname	<input type="text"/>
First name	<input type="text"/>
Please provide details why the current signature is different from the signature in the passport/identification card	<input type="text"/>

Life Assured declaration - to be signed in the presence of the Financial Adviser

I confirm that my present signature as shown below corresponds to the signature on the documents presented to Providence.

Life Assured signature

Date (DD/MM/YYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Financial Adviser declaration

I as the suitable certifier, do confirm that the signature provided belongs to the named person above.

Adviser's name	<input type="text"/>					
Company name	<input type="text"/>					
Office	<input type="text"/>	Region	<input type="text"/>			
Financial Adviser signature	<input type="text"/>	Date (DD/MM/YYYY)	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>				

Providence Life Limited, PCC reserve the right to request further information at any time should it be required.

In the case where both Lives Assured have to submit the 'Certifying Signature' form, please photocopy this section and complete for each Life Assured.

**This page is intentionally blank.
Please proceed to the checklist.**

Checklist

Please ensure You have completed all relevant sections of this application. Incomplete information will result in delays.

Have you completed:

(Please tick)

Application form	Section 1 - 5	<input type="checkbox"/>	Trust and Life/Lives Assured
Source of Funds	Section 6	<input type="checkbox"/>	Life/Lives Assured
Payment Details	Section 7	<input type="checkbox"/>	Trust
Proof of Identity and Address	Section 9	<input type="checkbox"/>	Life/Lives Assured
Declaration/Data Protection	Section 10	<input type="checkbox"/>	Life/Lives Assured and Trust
Financial Adviser Details		<input type="checkbox"/>	Adviser

The following supplementary sections may need to be completed

Origin of Wealth (If Applicable)	Section 8	<input type="checkbox"/>	Life/Lives Assured and independent financial professional
Confirmation of Residential Address	Section 11	<input type="checkbox"/>	Life/Lives Assured and Financial Adviser
Certifying Signature	Section 12	<input type="checkbox"/>	Life/Lives Assured and Financial Adviser
Nomination of Beneficiary/(ies)	Supplementary Form	<input type="checkbox"/>	Life/Lives Assured

Important information

Providence is the business name of Providence Life Limited, PCC.

Horizon Portfolio Bond is sold through Providence via independent intermediaries and the Company does not offer advice. The Company is not authorised to offer insurance products for sale in the United States. The Horizon Portfolio Bond product is not and will not be available to any client who is or becomes a United States resident or United States citizen, or works in the United States.

Materials are not intended as an offer to invest and do not constitute an offer or a solicitation of an offer to buy securities in any other country or other jurisdiction in which it is unlawful to make such an offer or solicitation.

Providence Life Limited, PCC is incorporated as a Protected Cell Company in the Republic of Mauritius and provides life assurance products. The company is licensed by the Mauritius Financial Services Commission under the Financial Services Act 2007 and the Insurance Act 2005.

Providence Life Limited, PCC - Reg. No. 91665 C1/GBL and is granted a Category 1, Global Business Licence No. C109007268 by the Mauritius Financial Services Commission pursuant to Section 72(6) of the Financial Services Act and a Long Term Insurance Business Licence No. C109007268 pursuant to Section 11 of the Insurance Act 2005 and the Financial Services (Consolidated Licensing and Fees) Rules 2008.

Registered office: Providence Life Limited, PCC, Level 3, Tower 1, Nexteracom Towers, Cybercity, Ebene, Republic of Mauritius
Telephone: + 230 404 9902 | Telefax: +230 404 9903 | Email: admin@providence.life