

Name of independent financial advisor including company name

Contract number (if already allocated)

LAB

EOU number

(To which this application is to be attached
for business processing purposes)

Application Form

Universal Personal Portfolio



HANSARD
INTERNATIONAL

Section	Page number
1. Notes	3
2. Details of Applicant(s)	4
3. Details of Life (or lives) to be Assured if other than the Applicant(s)	6
4. Details of the Ultimate Beneficial Owner or Controller if not the Contract Holder	7
5. Politically Exposed Person(s)	8
6. Contract Details	8
7. Asset Choice	9
8. Source of Contribution Payment	9
9. Source of Wealth	9
10. Instruction for Clearance of Negative Cash Balances	11
11. Important Notes	11
12. Additional Notes	11
13. Data Protection	12
14. Declarations	12
15. Replacing an Existing Contract	14
16. Verification of Customer Identity	14

Please read carefully before completing this form

Please read this in conjunction with the Privacy Policy document (HO2410O) which is available to view on our website: hansard.com.

1. Where a question is not applicable, please always mark "N/A".
2. Please forward this form to: Harbour Court, Lord Street, Box 192, Douglas, Isle of Man, IM99 1QL, British Isles.
3. Please note that an email will be sent requesting you to sign into your Online Account when your contract is active. Your contract documents will only be available through your Online Account - we will not send any correspondence by post.
4. Any reference to "we", "us", "our", or "the Company" means Hansard International Limited.
5. If you wish to nominate one or more beneficiaries to receive the amount due under the proposed contract in the event of the death benefit becoming payable, please complete the Beneficiary Form (HO0231O).
6. **Important:** This notice is being provided to you as a customer of Hansard International Limited (Far East), which is regulated by the Labuan Financial Services Authority as the Labuan branch of Hansard International Limited. Both Hansard International Limited (Far East), and Hansard International Limited, are Group Companies of Hansard Global plc. Hansard International Limited is based in the Isle of Man and regulated by the Isle of Man Financial Services Authority. The Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2018 requires Isle of Man authorised insurers to put in place measures to ensure the fair treatment of its customers, including providing you with information about this insurance product to help you understand the nature, risks and cost of this product. Hansard International Limited (Far East) is not obliged under local regulations to provide you with the same information. If you have any questions about the information that has been provided, you should raise them with your adviser. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your adviser or the Labuan Financial Services Authority.

2. Details of Applicant(s)

Applicant 1

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Other names (including maiden name)	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of birth	<input type="text"/> Town/City of birth <input type="text"/>
Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 16	<input type="text"/> <input type="text"/> <input type="text"/>
Nationality	<input type="text"/>
Marital status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Employment status	Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Occupation	<input type="text"/>
Industry	<input type="text"/>
Name of employer/Company name or if retired, final employer/company name	<input type="text"/> <input type="text"/>
Identification type provided	Passport ¹ <input type="checkbox"/> National ID Card ¹ <input type="checkbox"/> Other ¹ <input type="checkbox"/> Please state <input type="text"/>
ID document number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Issued by	<input type="text"/>
Tax residency countries	<input type="text"/> <input type="text"/>
Tax identification numbers (TIN)	<input type="text"/> <input type="text"/>
Home	Country code <input type="text"/> Area code <input type="text"/> Phone number <input type="text"/>
Business	<input type="text"/> <input type="text"/> <input type="text"/>
Mobile/Cell	<input type="text"/> <input type="text"/> <input type="text"/>
Email address	<input type="text"/>
Enter the security password which will be requested when you speak to us	<input type="text"/>

¹ A suitably certified copy must be supplied (see section 16).

2. Details of Applicant(s) cont.

Applicant 2

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Please state <input type="text"/>
Surname	<input type="text"/>					
Forename	<input type="text"/>					
Other names (including maiden name)	<input type="text"/>					
Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth			
			<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>			Town/City of birth	<input type="text"/>	
Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 16	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
Nationality	<input type="text"/>					
Marital status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>		
	Other <input type="checkbox"/>	Please state		<input type="text"/>		
Employment status	Employed <input type="checkbox"/>	Self-employed <input type="checkbox"/>	Retired <input type="checkbox"/>			
	Other <input type="checkbox"/>	Please state		<input type="text"/>		
Occupation	<input type="text"/>					
Industry	<input type="text"/>					
Name of employer/Company name or if retired, final employer/company name	<input type="text"/>					
	<input type="text"/>					
Identification type provided	Passport ¹ <input type="checkbox"/>	National ID Card ¹ <input type="checkbox"/>	Other ¹ <input type="checkbox"/>	Please state <input type="text"/>		
ID document number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued by	<input type="text"/>					
Tax residency countries	<input type="text"/>					
	<input type="text"/>					
Tax identification numbers (TIN)	<input type="text"/>			<input type="text"/>		
Home	Country code <input type="text"/>	Area code <input type="text"/>	Phone number <input type="text"/>			
Business	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>			
Email address	<input type="text"/>					
Enter the security password which will be requested when you speak to us	<input type="text"/>					

¹ A suitably certified copy must be supplied (see section 16).

3. Details of Life (or lives) to be Assured if other than the Applicant(s)

Is Applicant 1 to be the life assured?

Yes No

Is Applicant 2 to be the life assured?

Yes No

If yes, please move to section 4. If no, please complete details below.

First life to be assured

Title Mr Mrs Miss Ms Other Please state

Surname

Forename

Other names (including maiden name)

Sex Male Female Date of birth

Country of birth Town/City of birth

Marital status Married Divorced Separated Single
Other Please state

Occupation

Industry

Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 16

Second life to be assured

Title Mr Mrs Miss Ms Other Please state

Surname

Forename

Other names (including maiden name)

Sex Male Female Date of birth

Country of birth Town/City of birth

Marital status Married Divorced Separated Single
Other Please state

Occupation

Industry

Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 16

4. Details of the Ultimate Beneficial Owner or Controller if not the Contract Holder

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Surname	<input type="text"/>
Forename	<input type="text"/>
Other names	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/> Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of birth	<input type="text"/> Town/City of birth <input type="text"/>
Marital status	Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Other <input type="checkbox"/> Please state <input type="text"/>
Occupation	<input type="text"/>
Industry	<input type="text"/>
Name of employer/ Company name or if retired, final employer/company name	<input type="text"/> <input type="text"/>
Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 16	<input type="text"/> <input type="text"/> <input type="text"/>
Identification type	Passport ¹ <input type="checkbox"/> National Identity Card ¹ <input type="checkbox"/> Other ¹ <input type="checkbox"/> Please state <input type="text"/>
ID document number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Issued by	<input type="text"/>
Tax residency countries	<input type="text"/> <input type="text"/>
Tax identification numbers (TIN)	<input type="text"/> <input type="text"/>

¹ A suitably certified copy must be supplied (see section 16).

5. Politically Exposed Person

Is any party to this application a Politically Exposed Person (PEP) or a close associate/family member of a PEP? Yes No

We are required to identify any parties to the application who are Politically Exposed Persons ("PEP") and request enhanced due diligence. **A PEP is a person who is or has been entrusted with prominent public functions.** This includes immediate family members or any close associate. Enhanced Due Diligence (EDD) means, in addition to fulfilling the minimum verification requirements, the life company may be required to take extra steps to verify the identity, address, source of funds and/or source of wealth of a client. This may include requesting additional documentation which will support the identity, residency, source of funds and/or source of wealth of the applicant(s).

Examples of PEPs include: a head of state, a holder of a political or government post, a high level member of the judiciary, a high ranking officer in the military, an employee of a state-owned corporation or a board member of a central bank. Further information can be obtained from hansard.com.

If the answer is "Yes", please provide further details below (including full name and PEP status)

Based on the information provided, we reserve the right to request further information or documentation.

6. Contract Details

a) Option selection Z1 Z5 Z8

b) Basis of life cover Single life Joint lives, first death Joint lives, second death

For joint lives the sum assured would be payable on first death if neither of the two joint life options are selected.

c) Contribution details

Contribution amount Currency
 Figures

Contribution	Payment method
<input type="checkbox"/>	Asset Transfer - Please provide a signed written instruction, including an up to date valuation showing the assets to be transferred in-specie, as well as contact details of the current registrar
<input type="checkbox"/>	Telegraphic Transfer

d) Are you cancelling an existing contract with Hansard or any other provider to effect this contract?

Yes - Advisor to complete section 15
 No

7. Asset Choice

Details of the assets you want to link to your contract must be listed on the separate Personal Portfolio Deal Instruction form (HO1581O) or placed using Online Dealing via your approved fund advisor.

You should ensure that you understand the position of your investment and the current liquidity profile of the assets being purchased, and how their liquidity might be affected under stress.

8. Source of Contribution Payment

1. Where is the contribution for this contract being sent from?

- a) If the contribution is being made from your personal account please complete all the account details in full. Failure to do so will result in the Company requiring additional documentation to establish the link between you and your contribution.

Name of Financial Institution/Bank

Financial Institution/Bank address

Name of account holder(s)/contract holder(s)

Account number

Sort Code

IBAN

SWIFT/BIC

- b) If your contribution is being funded by a third party please complete the Third Party Payment Questionnaire form (HO1667O). The Company reserves the right not to accept payment by third parties.

9. Source of Wealth

In order for us to comply with regulatory obligations, we are required to understand how our applicants have acquired the monies they wish to invest with Hansard International Limited.

Please answer the following questions clearly and in full:

- a) What is the total value of all your assets?

Currency

Amount

- b) Please provide full details and description of the source of the contribution to be invested for example, details of investments, personal income, borrowing, personal savings, pension, other. Please note additional information may be required if insufficient information is provided.

- c) Please provide details of your annual earned income for example, employer's name, annual gross salary

9. Source of Wealth cont.

If the total contributions (including other Hansard International Limited contracts that you hold):

- are equal to or exceed GBP £250,000 for single contribution contracts, or currency equivalent; or
- are equal to or exceed GBP £50,000 per year for regular contribution contracts, or currency equivalent; or
- where both single contribution contracts and regular contribution contracts are held, the contracted contributions are to equal or exceed GBP £250,000 within the next five years,

then supporting documentary evidence is required.

If the source of the contribution to be invested is wealth created from:

1. Income please provide the following:

- suitably certified copies of three months of recent payslips; or
- a letter from the employer certifying income and bonuses for the last two years; or
- recent business accounts or tax returns if self-employed

2. Investments please provide the following:

- if liquid assets (deposits), please provide bank statement or similar
- if equities or other investments, please provide stock broker's statement or similar

Please also provide:

- a certified copy of the investment statement showing sale proceeds; or
- a contract note

3. Another insurance contract please provide the following:

- a suitably certified copy of the letter notifying the amount of proceeds to be transferred

4. Sale of property please provide the following:

- details of the property sold including dates of purchase and sale

Please also provide:

- signed letter from the solicitor; or
- suitably certified copy of the sale contract

5. Borrowing please provide the following:

- name and address of the financial institution providing the loan

Please also provide:

- a suitably certified copy of the loan agreement

6. Other (for example inheritance or gifts) please provide the following:

- name of person(s) providing the inheritance or gift

Please also provide:

- if an inheritance, a suitably certified copy of the will including a value of the estate
- if a gift, a letter from the donor confirming details of the gift and suitably certified copy of evidence of the original source of this wealth (as per the other document requirements).

10. Instruction for Clearance of Negative Cash Balances

Negative cash balances arise when there is insufficient cash in your contract to cover the charges as they fall due.

In order to settle any negative cash balances the Company's standard instruction will apply as follows: sufficient Hansard International Limited unit funds will be sold to meet the balance, beginning with the unit fund with the largest current value; if this is not sufficient, external assets will be sold, again beginning with the asset with the largest value regardless of any redemption penalties applicable, until the negative cash balance is cleared. Please note these deals will be placed without notice.

11. Important Notes

1. If you become resident in the United States of America while your contract is in force, the Company may not be able to accept any further contributions or any instructions to vary the unit fund choice until after you cease to be resident in the United States of America.
2. The Company will only accept an application introduced by an independent financial advisor. Your independent financial advisor is acting solely as your agent when advising you and submitting your application to the Company. Accordingly, the Company cannot be held responsible for the advice, representations, acts or omissions, made in connection with your application. Please therefore ensure that the application conforms with your instructions before you sign it.
3. All contributions must be made payable to "Hansard International Limited". The Company will not accept responsibility where contributions are made payable to a third party. Where a contribution is made payable to a third party, that third party shall be acting solely as your agent and not as a collecting agent for the Company.
4. No liability can be accepted by the Company for any country's current or future tax or other legislation which may affect the contract including any benefit that may be payable under it. You should seek independent advice on the applicable legislation in your country of residence.
5. Examples of individuals who may be acceptable as a suitable certifier include:
 - your independent financial advisor provided he/she has been appointed a suitable certifier by Hansard International Limited
 - an authorised representative of an embassy or consulate of the country who issued the identification document
 - a notary public, commissioner for oaths, lawyer or advocate, a registrar or other civil or public servant authorised to issue or certify copy documents.
 - an accountant who is a member of an institute, or other professional organisation.
6. The Company is a regulated business that is now deemed a Financial Institution (FI) under the Foreign Account Tax Compliance Act, commonly known as FATCA. There is a drive to standardise reporting requirements globally and tax and financial accounts held overseas are now subject to the Common Reporting Standard (CRS) which is to be the standard for international exchange of information.

You acknowledge and agree that we will be required to disclose information you have provided to us, including personal data as defined in the current Data Protection Legislation, for the purposes of complying with any applicable tax or regulatory authority requirement or request for information. In the event that a formal request is made by a relevant tax or regulatory authority for the provision of additional information not held by us you agree to co-operate with such requests without unreasonable delay.

12. Additional Notes

Any additional notes made below by or on behalf of the applicant MUST be countersigned by the applicant.

13. Data Protection

The Company Privacy Policy document (HO24100) describes how we collect and use personal information provided to us as a Data Controller for the purposes of effecting and administering the contract applied for. By signing this application form and providing personal information to us each applicant acknowledges that the Company could not provide the contract without the provision of accurate and sufficient personal information. All applicant rights are documented in the Privacy Policy, including details on: right of access; right of rectification and erasure; right of restriction on processing; right to data portability; right to withdraw consent; and rights on how to make a complaint.

14. Declarations

By signing below each applicant affirms as follows:

I HEREBY DECLARE that:

1. To the best of my knowledge and belief, all statements in this application form are true and complete and shall form the basis of the contract applied for. I understand that completion of this application form does not in itself establish a contract and that the Company has the right to refuse an application.
2. I have read and fully understood the important notes in section 11.
3. I have read and fully understood the data protection information given in section 13 and the Privacy Policy document (HO24100).
4. I have read, fully understood and retained the product Prospectus and Key Information Document.
5. This application form conforms with my instructions before I signed it and submitted it to the Company. If any person other than myself shall have completed any part or all of this application form they did so with my full authority and not on behalf of the Company, and I further declare that the completed application form fully conforms with my instructions.
6. My independent financial advisor is acting solely as my agent in respect of this application form. Until I give the Company written notice to the contrary, my independent financial advisor shall continue to act in this capacity once the contract has been issued. My independent financial advisor is responsible for advising me on the suitability of the contract and of my choice of assets, in the context of my personal circumstances and, as such, no claim will be made by me against the Company for the advice, representations, acts, omissions or conduct of my independent financial advisor.
7. The Company has not provided me with any financial or other advice in respect of my contract and does not make any warranty or representation as to the suitability of the contract for my needs.
8. The Company has not promoted the assets or provided any advice, made any recommendation or expressed any opinion whatsoever to me in respect of the performance, risk, regulatory issues, security (including any express or implied guarantees) of the assets.
9. I shall be, and shall remain, solely responsible for the selection of the assets and that I am satisfied that such selection is appropriate for me.
10. I am sufficiently experienced to understand the features and risks associated with the assets that I have selected.
11. I have read and fully understood the relevant offering document, including in particular the information on the risks and charges associated with investing in the assets before deciding to invest in them.
12. I fully understand and personally accept that the assets may not be easily and quickly realisable and where this is the case I agree that the Company reserves the right to transfer the assets in specie to me.
13. I am aware of and personally accept the risks and charges associated with investing in the assets (such as the possibility of a fund suspension or liquidation, and the application of additional penalties or market value adjustments where appropriate on the underlying assets) before deciding to invest in it.
14. The Company has my express authority to complete and execute any offering memorandum, prospectus or other offering documentation to facilitate the assets.
15. I agree to indemnify and keep the Company indemnified from and against all claims, costs, demands, liabilities, expenses, damages or losses (including without limitation any consequential losses, loss of profit and loss of reputation, and all interest, penalties and legal and other professional costs and expenses) arising out of or in connection with my choice of assets.

14. Declarations cont.

16. For the purpose of the selection of specialist assets, my instruction to make this investment shall come with a deemed representation that I fall within the parameters set out in the particulars for that assets and I accept that you are under no obligation to verify this.
17. I understand that the application will be underwritten and issued in the Isle of Man and is subject to Isle of Man law.
18. I am a tax resident in the jurisdictions and no other as stated in sections 2 and 4.
19. I will inform the Company immediately of the details of my new address if during the life of this contract I change my residential address.
20. I am not a US Citizen or resident alien with an obligation to file any tax returns (income, estate, gift or the like) to the Internal Revenue Service of the USA ("IRS").

Applicant 1 / Authorised Signatory

Signature Date

Please print full name

Applicant 2 / Authorised Signatory

Signature Date

Please print full name

FOR THE INDEPENDENT FINANCIAL ADVISOR'S USE ONLY

15. Replacing an Existing Contract

If the applicant is effecting this contract as a complete or partial replacement for another contract, please state the reason(s) why you are recommending this contract to the applicant. Please provide details of previous contracts. Please use a separate sheet if necessary.

16. Verification of Customer Identity

This section must be completed by a suitable certifier. Please ensure that all necessary documents are included.

All suitably certified copies of documents must be "certified as a true copy" and signed and dated by a suitable certifier, whose name must be printed in BLOCK CAPITALS below the signature, in accordance with 'Part B, Identification Requirements - Suitable Certifiers' of the Company's Guidance Notes (HO1254O) for independent financial advisors governing the anti-money laundering requirements of the Isle of Man.

Verification of identity materials must be provided for each applicant, and beneficial owner, if different, as follows:

A. INDIVIDUAL APPLICANT

A suitably certified copy of EITHER of the following, which must incorporate a photograph:

1. Current Passport
2. Current National Identity Card

If not available, suitably certified copies of two other formal documents such as a tax assessment, driving licence or similar document.

Together with:

A suitably certified copy of a document showing the residential address of each applicant. Such a document includes a utility², rates or council tax bill, an entry in a local telephone directory, a bank or credit card statement, a mortgage statement, a tax assessment document, a driving licence, or proof of ownership or rental of the residential address. The document should ideally not be more than three months old.

B. POWER OF ATTORNEY APPLICANT

Where the applicant is acting under a power of attorney, verification will be required of the identity and proof of residence of both the applicant and the individual holding the power, in accordance with the provisions of paragraph A. A suitably certified copy of the power is also required together with the reason for granting that power.

² For example gas, electricity, water or telephone bill. Please note mobile phone bills are not acceptable.

16. Verification of Customer Identity cont.

Declaration

Please state how and when you were introduced to the applicant(s)

I confirm that I have seen the original documents specified above and have checked the name and identity of the individual(s) and attach a certified copy of each document for your records.

Suitable certifier signature

Date

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

Please print full name

EOU number

--	--	--	--	--



HANSARD
INTERNATIONAL

Hansard International Limited (Far East)

Brighton Place, Ground Floor, No U0215, Jalan Bahasa, P.O. Box 80431, 87014, Labuan FT

Telephone: +44 1624 688000 Website: hansard.com

Company Number: LF06823 Licence Number: IS200996

A Member of the Labuan International Insurance Association

Regulated by the Labuan Financial Services Authority

Hansard International Limited

Harbour Court, Lord Street, Box 192, Douglas, Isle of Man IM99 1QL, British Isles

Telephone: +44 1624 688000 Website: hansard.com

Registered Number: 032648C

Regulated by the Isle of Man Financial Services Authority