



Generali Worldwide
Professional Portfolio
Application Booklet

PLEASE RETURN COMPLETED BOOKLET TO:

Client Services Team
Generali Worldwide Insurance Company Limited, P.O. Box 613, Generali House, Hirzel Street, St Peter Port,
Guernsey, Channel Islands GY1 4PA.

Interpretation

In this Application Booklet 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; and
- a “person” shall include any individual, trust, body corporate or un-incorporated body.

Any statements that refer to “us”, “we”, “our” or “Generali Worldwide” mean Generali Worldwide Insurance Company Limited. Any statements that refer to “I”, “me”, “my”, “you” or “your” mean the Applicant, a prospective Planholder being a person or persons applying for a Vision Plan unless the context indicates otherwise. Capitalised terms used and not defined in this Application Booklet shall have the meanings given to them in the Terms and Conditions.

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

Please note: Generali Worldwide reserves the right to seek further information or documentation prior to accepting the application.

Application Booklet – Generali Worldwide Professional Portfolio

Financial Adviser Details

Company name: _____

Address: _____

Name of Financial Adviser: _____

Introducer number: _____

Contact e-mail: _____

Contact telephone: _____

Additional information/ special instructions: _____

Please provide any supporting documentation, if applicable.

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation requested in this booklet or otherwise requested by Generali Worldwide may result in a delay in the application being processed. Further, non-disclosure of material facts or the inclusion of untrue, incomplete or inaccurate information could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced or the Plan being rendered invalid. Further, information may be required during the validation process (i.e. questions arising from the information provided).

Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.

Completed by:

Application Form			
General	Sections 1 – 4	<input type="checkbox"/>	Applicant
Confirmation of Citizenship/ Nationality and Tax Residency	Section 5	<input type="checkbox"/>	Applicant
Life Assured – Personal Details	Sections 6	<input type="checkbox"/>	Life Assured(s)
Plan Details	Sections 7 – 13	<input type="checkbox"/>	Applicant
Declarations	Section 14	<input type="checkbox"/>	Applicant
Far East CPD Declaration <small>(For applications submitted through the Hong Kong office only)</small>	Section 15	<input type="checkbox"/>	Applicant
Payment Instruction Form	Section 16	<input type="checkbox"/>	Account Signatories
Investment Disclaimer	Section 17	<input type="checkbox"/>	Applicant
Source of Funds Questionnaire	Section 18	<input type="checkbox"/>	Financial Adviser and Applicant
Verification of Applicant or Life Assured Identity Form – Individual	Section 19	<input type="checkbox"/>	Financial Adviser
Verification of Corporate or Trustee Identity Form <small>(required if the Applicant is a Company or a Trust)</small>	Section 20	<input type="checkbox"/>	Financial Adviser
Appointment of an Investment Manager (optional)	Section 21	<input type="checkbox"/>	Applicant and Investment Manager
Nomination of Beneficiary Form (optional)	Section 22	<input type="checkbox"/>	Applicant

The information provided and declarations given in this Application Booklet shall be relied upon and form (together with the Terms and Conditions, Plan Schedule, any relevant written statements made or further forms completed by you and/or the Life or Lives Assured and written notice of all changes and endorsements issued by Generali Worldwide) the basis of your contract of life assurance with Generali Worldwide.

Application Form

The Applicant should complete sections 1 to 5 inclusive.

General

1. Type of Advice

I have sought the following type of advice from the Financial Adviser named on page 3 of this Application Booklet:

Comprehensive planning Specific need(s) planning No needs analysis

2. Product Variant Required

Personal variant The Personal variant consists of a life assurance contract, which can invest its capital in listed equities, bonds, collectives, currencies and some structured products, subject to the agreement of Generali Worldwide. It is intended that this version will be classed as a Personal Portfolio Bond as defined by Section 515-526 of the UK's Income Tax (Trading and Other Income) Act 2005 (as may be amended).

OR

Pooled variant The Pooled variant consists of a life assurance contract, which is restricted to investing in assets which can be held without the Plan being considered a personal portfolio bond under Section 515-526 of the UK's Income Tax (Trading and Other Income) Act 2005. It is not intended that this version be classed as a Personal Portfolio Bond as defined by Section 515-526 of the UK's Income Tax (Trading and Other Income) Act 2005 (as may be amended).

3. Life Assurance

Please indicate the life assurance option you require:

Single life Joint-life, first death Multiple-lives last survivor

In the case of Single life please indicate if cover is to be:

Own life (Applicant is the Life Assured) Life of another (Applicant is not the Life Assured)

4. Applicant – Personal Details

Corporate or Trustee Applicant

Name: _____

Registration number: _____

Country of registration: _____

Purpose of Company/ Trust: _____

Registered address: _____

Website: _____

Personal Applicant(s)

First Applicant

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Former name(s) including maiden name and/or alias: _____

Do you wish to be a Life Assured? Yes No

Permanent residential address¹: (If at this address for less than 18 months please see Section 19)

City/ Town of birth: _____

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): _____

Second Applicant (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Former name(s) including maiden name and/or alias: _____

Do you wish to be a Life Assured? Yes No

Permanent residential address¹: (If at this address for less than 18 months please see Section 19)

City/ Town of birth: _____

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): _____

Relationship to first Applicant: _____

¹ This is the address in the jurisdiction of which you claim to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the place at which the person normally reside.

4. Applicant – Personal Details (continued)

Contact details (corporate, trustee or personal applicant(s))

First Applicant

Correspondence address (if different to above):

E-mail address: _____

Tel. no. (Home): _____

(Mobile): _____

Second Applicant (if any)

Correspondence address (if different to above):

E-mail address: _____

Tel. no. (Home): _____

(Mobile): _____

If there are further Applicants, please complete this section on additional sheet(s) and attach securely to this Application Booklet.

Please tick this box if additional sheet(s) attached:

5. Confirmation of Citizenship/ Nationality and Tax Residency

Please tick all boxes that apply to you and complete the information requested below in relation to your citizenship/ nationality and tax residency.

First Applicant

I declare and certify that I am a citizen/ national² of:

United States

Please state your US Federal Taxpayer Identification Number (“TIN”):

United Kingdom

Please state your National Insurance Number (“NIN”):

Other

Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident³: _____

Please state your tax identification number(s) (“TIN”), for those jurisdiction(s) you have listed above:

TIN 1: _____

Jurisdiction: _____

TIN 2: _____

Jurisdiction: _____

Second Applicant (if any)

I declare and certify that I am a citizen/ national² of:

United States

Please state your US Federal Taxpayer Identification Number (“TIN”):

United Kingdom

Please state your National Insurance Number (“NIN”):

Other

Please specify the jurisdiction(s) in which you pay tax or claim to be tax resident³: _____

Please state your tax identification number(s) (“TIN”), for those jurisdiction(s) you have listed above:

TIN 1: _____

Jurisdiction: _____

TIN 2: _____

Jurisdiction: _____

Please note that in certain circumstances, Generali Worldwide may need additional documentation to support your answers in the self-certification above (e.g. for US citizens, the submission of IRS forms W-8 or W-9 may be necessary). Generali Worldwide or your Financial Adviser will inform you if any additional documentation is required.

Signature of the first Applicant⁴:

Signature of the second Applicant:

Date:

Date:

² If you are unsure whether you are a US citizen or citizen/ national in any other jurisdiction, you should seek legal advice.

³ If you are unsure whether you are resident for tax purposes in the United States, United Kingdom or in any other jurisdiction, you should seek financial/ legal advice.

⁴ If the Applicant is not an individual, a separate ‘ITC Entity Form’ must be completed and signed by its authorised signatories in accordance with its authorised signatory list.

6. Life Assured – Personal Details

The Life Assured should complete this section if not an Applicant outlined in section 2. In this section “I”, “me”, “my” or “you” refer to the proposed Life Assured.

First Life Assured

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Former name(s) including maiden name and/or alias:

Do you wish to be a Life Assured? Yes No

Residential address: (If at this address for less than 18 months please see Section 19)

Place and Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): _____

Relationship to Applicant: _____

Second Life Assured (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male Female

Former name(s) including maiden name and/or alias:

Do you wish to be a Life Assured? Yes No

Residential address: (If at this address for less than 18 months please see Section 19)

Place and Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes No

2nd Nationality: _____

Marital status: _____

Date of Birth:

Occupation and nature of employment (if retired, please state former occupation): _____

Relationship to Applicant: _____

My signature is confirmation that:

- I agree to be a Life Assured;
- I understand that I am responsible for all answers given and statements made by me in section 6 or in any other communication between me and Generali Worldwide;
- I declare that to the best of my knowledge and belief, the information provided in this section 6 is true and complete, and that no material fact has been omitted or concealed, and I understand that non-disclosure of material facts or the inclusion of incorrect information in section 6 or otherwise given to Generali Worldwide, 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; and
- I agree to be bound by the declarations regarding Data Protection contained in section 14 xix) of this application.

Signature of the first Life Assured:

Signature of the second Life Assured (if any):

Date:

Date:

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

The Applicant should complete sections 7 to 9 inclusive before reading and signing the declarations contained in section 14.

Plan Details

7. Other Investment Plans

Do you already hold any other life assurance plans with us? Yes No

If Yes, please advise us of your life assurance plan number(s):

8. Plan Currency

Please indicate the currency in which you require your Plan to be denominated.
Benefits will be calculated and charges deducted in the Plan Currency.

US dollar GB pound Euro HK dollar Japanese yen Swedish krona

9. Number of Policies

Your Plan may be divided up into Policies. The minimum initial Investment Amount per Policy is USD15,000 (or currency equivalent). If left blank, we will issue as many Policies as possible, up to a maximum of 20.

Please enter the number of Policies you require

10. Investment Details

Minimum total Investment Amount: USD150,000 (or currency equivalent)

a) Is cash to be invested? Yes No

If Yes, please state the amount of the cash investment and its currency:

Please state the approximate value of this amount in Plan Currency: Box A

- Please complete section 11 to provide details of how cash is to be invested.
- Please use the Payment Instruction Form supplied in section 16 on page 17 to provide details of the electronic transfer.

b) Do you wish to transfer existing Investment Instruments for inclusion in your Plan? Yes No

If Yes, please complete the table below for transfer of existing non-cash Investment Instruments ONLY (transfer and acceptance is at Generali Worldwide’s discretion).

Security/ fund name in full	Security/ fund reference code (Sedol or ISIN) (mandatory)	Number of shares/ units for transfer	Current market value approximation in Plan Currency ⁵
Total of transferred Investment Instruments (cash and current market value approximation totals)		Total Market Value	Box B
Minimum USD150,000 (or currency equivalent)		Sum of Boxes A + B in the Plan Currency	

Note: Details of the relevant documentation to be completed will be advised upon acceptance of Investment Instruments to be transferred dependent on whether these are held in pure electronic format, in certificate format or on the books of a transfer agent.

⁵ Minimum of USD7,500 (or currency equivalent) per holding.

11. Initial Dealing Instruction

If you would like your cash investment, as specified in section 10 (a), to be used to purchase new securities/ funds, please detail the required investments below. This must not exceed the cash amount detailed in section 10 (a). Please complete table below for initial dealing of cash investments **ONLY**.

Currency and amount of your investment ⁶	Security/ fund name in full	Security/ fund reference code (Sedol or ISIN) (mandatory)	Currency denomination of security

Note: If you require more space please continue on additional sheet(s) which you should sign and attach to this application. Please tick this box if additional sheet(s) attached

⁶ Minimum of USD7,500 (or currency equivalent) per holding).

For Office Use Only

Name: _____

Plan number: _____

12. 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 Plan: 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.

13. Regular Withdrawal Facility

Section A

If required, please give details (the minimum withdrawal is USD500 (or currency equivalent) per payment, subject to a minimum of USD1,000 (or currency equivalent), per annum):

Frequency of payment: Monthly Quarterly Half-yearly Yearly

Commencing in:

Fixed amount per withdrawal: _____ or
_____ % of the total Investment Amounts paid per withdrawal.

Section B

Please provide details of your bank account where payment should be sent. Please note payment will not be sent to third parties:

Payment by electronic transfer to your bank account. (Please note that all bank transfer and intermediary charges will be debited against your payment.)

Bank name: _____

Bank address: _____

Account name: _____

Account number/ IBAN: _____

Sort code: _____

SWIFT/ BIC code: _____

14. Declarations

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

- i)** I confirm that before I signed this declaration, I had received, read and understood the Details Guide (in particular, the section entitled “Cancellation Rights”) given to me by my Financial Adviser explaining the Plan to which this Application Booklet relates. I understand that the Details Guide does not form part of the contractual documents of the Plan. I have been given an opportunity to raise any queries that I may have had and have received satisfactory answers to those queries. I have had the opportunity to obtain specialist legal, accounting and tax advice, if required. I hereby apply for a Plan with the features indicated in this application which I understand will be subject to the Terms and Conditions of the Plan.
- ii)** In applying for Professional Portfolio, I warrant to Generali Worldwide that I am eligible to hold the Plan under the laws of any jurisdiction applicable to me. Furthermore, I confirm that I can legally take out a contract of life assurance in respect of the person named as Life Assured in this Application Booklet. I acknowledge that I should obtain specialist legal advice should I have any concerns about my ability to take out a contract of life assurance in respect of the person named as the Life Assured.
- iii)** I understand that I am responsible for all answers given and statements made by me in the Application Booklet or in any other communication between me and Generali Worldwide.
- iv)** I understand that Generali Worldwide is required by law to verify the identity and permanent residential address of each Applicant, Life Assured and Beneficiary and any other party involved in the ownership or control of my Plan, together with information regarding the source of funds or wealth used to fund the Plan as may be relevant to the application and I agree to provide (or arrange to provide) any such information and documentation as may reasonably be required by Generali Worldwide upon request and without delay both at the time of application and at any time thereafter during the life of the Plan.
- v)** I declare that to the best of my knowledge and belief, the information given and declarations made in this Application Booklet are complete, accurate and not misleading and that no material fact has been omitted or concealed. I understand that non-disclosure of material facts or the inclusion of incorrect information in this Application Booklet or otherwise given to Generali Worldwide, 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.
- vi)** I agree that the information provided and declarations given in this Application Booklet, together with the Terms and Conditions, Plan Schedule, written notice of all changes and endorsements issued by Generali Worldwide and any relevant written statements made or further forms completed by me and/or the Life or Lives Assured, on application or in the future, shall be relied upon and shall form the basis of the contract of life assurance between me and Generali Worldwide, governed and construed in accordance with the law of the Island of Guernsey, and I confirm that I have not applied for my Plan on the basis of any representations that are not expressly incorporated into these documents, endorsements or statements.
- vii)** I understand that my Plan will not commence until this Application Booklet, duly completed, has been received and accepted by Generali Worldwide. I understand that Generali Worldwide has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of Generali Worldwide. I also agree to inform Generali Worldwide of any change in my circumstances between the date of this application and issue of the Plan.
- viii)** I acknowledge that Generali Worldwide reserves the right to impose restrictions on the Investment Instruments permitted within the Investment Fund.
- ix)** I confirm that I shall seek such independent advice as I consider necessary. If appointing an Investment Manager I will ensure that I understand and accept the risks associated with the appointment of an Investment Manager.
- x)** I take full responsibility for the choice of Investment Instruments made by me including, to the extent I consider necessary, reading and understanding the prospectus or offering documents and supporting literature in respect of each Investment Instrument in which I choose to invest. I confirm that I understand that Generali Worldwide does not provide advice in relation to the choice of Investment Instruments and that I am responsible for seeking such independent advice as I consider necessary. I confirm that if I have appointed a Portfolio Manager it is his responsibility to read and understand the prospectus or offering documents and supporting literature in respect of any Investment Instrument chosen to be held within the Investment Fund underlying my Plan. I take full responsibility for the choice of Investment Instruments made by the Portfolio Manager.
- xi)** I understand that a separate Investment Fund is maintained for my Plan and that the realisable value of my chosen Investment Instruments determines the value of my Plan. I acknowledge that the value of my 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 held within the Investment Fund underlying my Plan may be subject to credit, default or borrowing risk. I also understand that Investment Instruments that are denominated in a currency other than the Plan Currency may involve a currency risk and that the value of my Plan may fall as well as rise as a result of exchange rate fluctuations.

14. Declarations (continued)

- xii)** I understand and agree that Generali Worldwide will not issue me with quarterly/ annual valuation statements unless written notice to the contrary is provided by me. Instead valuations of the Plan will be available on our Online Service Centre.
- xiii)** I acknowledge that, where the Investment Instruments held within the Investment Fund underlying my Plan are not easily convertible to cash, Generali Worldwide reserves the right to defer the payment of benefits under my Plan, 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.
- xiv)** I understand and agree that all associated documentation relating to my Plan will be sent to my Financial Adviser (named on page 3 of this Application Booklet) until a Written Request to the contrary is provided by me.
- xv)** If an existing similar life assurance plan has been or is to be replaced in full or in part by this Plan, I declare that my Financial Adviser has explained to me the financial consequences of such a replacement, including the possibility of financial loss.
- xvi)** I acknowledge I should not purchase this product and/or my chosen mix of Investment Instruments unless I understand them and their suitability has been explained to me and that the final decision is mine.
- xvii)** I have been informed of and understand my right to cancel the Plan as detailed in the section entitled “Cancellation Rights” in the Details Guide.
- xviii)** I understand that I am required to inform Generali Worldwide within 30 days of a change in my circumstances (in particular my tax residency) or personal details which indicates that the information provided in this Application Booklet has changed.
- xix) Data Protection**
- I accept and consent to any information relating to me held by Generali Worldwide at any time (including information that may be considered confidential or that may constitute personal data for purposes of data protection legislation) (“Personal Data”) whether originating from this application or data relating to the execution of my Plan (e.g. Investment Amounts, events insured against, changes to risk or Plan) being disclosed and transferred to Generali Worldwide’s regional offices (and, where data is collected by a branch of Generali Worldwide established outside Guernsey, to another regional office or to its head office in Guernsey), ultimate holding company or any company which is a subsidiary of such ultimate holding company (together its “Affiliates”) as well as to my Financial Adviser, investment advisers, portfolio managers, investment fund providers, fiscal representatives and re-insurers and any agent, contractor or third-party service provider who provides services to Generali Worldwide in connection with its provision of insurance products and services wherever they are located in the world but only for purposes related to my Plan. For this purpose, “holding company” and “subsidiary” have the meanings in the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended). Such companies and third parties may be located in countries whose data protection laws may not be as comprehensive as in Guernsey or Hong Kong. I accept that the above applies regardless of whether this Plan is concluded.
 - I accept and consent to such Personal Data being disclosed and transferred by Generali Worldwide or any of its Affiliates:
 - to any person or entity to whom Generali Worldwide or any of its Affiliates is under an obligation or otherwise required to make disclosure under any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations binding on or applying to Generali Worldwide or any of its Affiliates or with which they are expected to comply or to whom it is otherwise appropriate or desirable to make such disclosure in connection with and in satisfaction of any international requirements regarding the exchange of tax information (including without limitation if this is required to prevent the application of withholding taxes and notwithstanding any certification given by me) which may include reporting information about me and/or about the Plan to the tax authorities in any jurisdiction where Generali Worldwide operates (who may then disclose that information to the tax authorities in other jurisdictions) or to the tax authorities in any jurisdiction where I reside or of which I am a citizen or where I am otherwise subject to tax; or
 - pursuant to any contractual or other commitment of Generali Worldwide or any of its Affiliates with or pursuant to any direction, request or requirement (whether or not having the force of law) of, any local or foreign legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations, wherever located and which may exist currently or in the future;
 and waive all rights I have, if any, to prohibit or restrict such disclosure.

14. Declarations (continued)

- I also accept that Personal Data, however obtained, will be held, recorded and processed by Generali Worldwide (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 my insurance dealings with Generali Worldwide both now and in the future for administrative, identification, customer care, service and marketing (see further below) purposes only.
- I agree that with my consent (such consent being given by signing this Application Form, unless I tick the box below) the Personal Data collected by Generali Worldwide (whether contained in this application or otherwise obtained) including contact details, demographic information, financial background, and plan details and details of underlying Investment Instruments may be used for the purpose of providing to me or having provided to me information or other direct marketing communications concerning financial and insurance products or services of Generali Worldwide which Generali Worldwide believes may be of interest to me.
- I hereby confirm that prior to my provision of information to Generali Worldwide in respect of a third party, the said party has been informed of the use of such information and in this regard I hereby indemnify Generali Worldwide against and in respect of any liability which it may incur in the event of my failure to so notify the third party.
- I understand that I have the right to obtain subject access to and request correction of any Personal Data concerning me held by Generali Worldwide. Requests for such access can be made to Data Protection Officer, Generali Worldwide Insurance Company Limited, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands GY1 4PA.

xx) 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, I understand that I should disclose it as failure to do so could result in me being quoted the wrong terms, a claim being rejected or reduced, or rendering the Plan invalid.

If you do not wish us to contact you for marketing purposes, please tick this box

Declarations – Signatures

<p>Signature of the first Applicant⁷: I understand and agree with the declarations contained in section 14 (i) to (xx)</p>	<p>Signature of the second Applicant (if any): I understand and agree with the declarations contained in section 14 (i) to (xx)</p>
Date: <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: <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: <input style="width: 100%;" type="text"/>	
All applicants must sign this Application Form. If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this Application Booklet.	
Please tick this box if additional sheet(s) attached: <input type="checkbox"/>	

⁷ If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

15. Far East CPD Declaration*

(For applications submitted through the Hong Kong office only)

- a) Have you replaced**** in the past 12 months any or a substantial part of your existing life insurance policy(ies) with this application?
 Yes (Please complete a Customer Protection Declaration Form (this can be obtained from your Financial Adviser))
 No (Please answer question **b)** below)

- b) Do you intend to replace** in the next 12 months any or a substantial part of your existing life insurance policy(ies) with this application?
 Yes (Please complete a Customer Protection Declaration Form (this can be obtained from your Financial Adviser))
 No (Please read carefully and sign the Declaration below)

I realise that if I answer “No” to both questions but indeed,

- i)** this application has replaced any or a substantial part of my existing life insurance policy(ies) in the past 12 months, or
- ii)** my current intention is to replace any or a substantial part of my existing life insurance policy(ies) within the next 12 months by this application, I may jeopardise my future right of redress if I find later that I have been disadvantaged because of such replacement.

I hereby authorise Generali Worldwide to give the Insurance Agents Registration Board, the Hong Kong Confederation of Insurance Brokers, the Professional Insurance Brokers Association Limited, the Insurance Authority (“IA”), the Hong Kong Federation of Insurers, the insurer(s) of the life insurance policy(ies) that is/are being or has/have been replaced (if applicable) or other parties, as required for proper administration/ implementation/ execution of the Code of Practice for Life Insurance Replacement and the Minimum Requirements for insurance brokers as specified by the IA under the Insurance Companies Ordinance, a copy of this Replacement Declaration and any related records or information.

Signature of the first Applicant:

Signature of the second Applicant (if any):

Date:

Date:

Notes

* The Financial Adviser must explain this Replacement Declaration to the Applicant before the latter signs it, but this Replacement Declaration does not form part of the application for the new life insurance policy.

** Any transaction involving the purchase of life insurance is construed as a Replacement if (i) any existing life insurance policy(ies) or a substantial part of the sum insured of its/their basic life coverage has been/have been/will be terminated or (ii) a substantial part of the guaranteed cash value of the existing life insurance policy(ies) was reduced/will be reduced including where a policy loan was/will be taken out against a substantial part of the guaranteed cash value. Existing life insurance policy(ies) include(s) all types of traditional life, annuity and other non-traditional policies of the Applicant/ proposer, which has/have been terminated within 12 months before or will be terminated within 12 months after the new life insurance policy’s issue date. Termination includes lapse, surrender, converted to reduced paid-up or extended term insurance under the non-forfeiture provision of the existing life insurance policy(ies). “A substantial part” means “50% or above”. However, converting term life insurance to whole life insurance (or some forms of permanent life insurance) under policy provisions of the existing life insurance policy(ies) is not construed as a Replacement.

16. Payment Instruction Form

The Applicant(s) should complete this section. Please ensure that account signatories sign the form.

Please note: that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

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

To the remitting bank

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

Applicant details

Applicant(s) name(s):

Plan number (if known):

Amount payable

Currency: US dollar GB pound Euro Japanese Yen Swedish krona

Amount in figures:

Amount in words: _____

Bank details

Name of the remitting bank: _____

Bank address: _____

Account name: _____

Account number/ IBAN: _____

SWIFT/ BIC code: _____

Please see overleaf for routing instructions

16. Payment Instruction Form (continued)

Routing Instructions

IMPORTANT NOTICE TO REMITTING BANK

Please ensure **APPLICANT NAME** and **PLAN NUMBER (if known)** are quoted in 'Remittance Information/ Payment Reference'

- US dollar:** 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:** 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: GB25CITI18502641249204
Correspondent bank: Please route the payment through Citibank N.A. London (Swift Code: CITIGB2L).
 If remitting payment from a Channel Islands or Isle of Man bank, the payment should be sent by BACS (Sort Code 18 50 26).
- GB pound:** Faster payment method available for UK Bank to UK Bank transfers **ONLY**.
 (From UK bank) If you wish to make your payment from a UK bank account please contact us for details.
- Euro:** Please pay EUR to the following account held with Citibank N.A. London, 33 Canada Square, Canary Wharf, London E14 5LB, United Kingdom:
A/C Name: Generali Worldwide Insurance Company Limited
A/C No: 0013861317
Swift Code: CITIGB2L
IBAN: GB81CITI18500813861317
- Hong Kong dollar:** 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:** 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:** 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 remitting bank transmits a direct intrabank MT103 message to Citibank's Jersey branch (Swift Code: CITIJESX) advising of the payment details.**

Authorisation

Signature of the first Account Signatory⁸:

Signature of the second Account Signatory (if any):

Date:

Date:

⁸ If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

17. Investment Disclaimer

This form should be completed by the Applicant(s) in all cases even if a Portfolio Manager is being appointed.

Full name of first Applicant: _____

Full name of second Applicant (if any): _____

- I confirm, that I will ensure that I am provided with and will read any prospectus and factsheet/ term sheet, associated with any Investment Instrument I choose, now or in the future and I 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 I have read and understood.
- Where I appoint a Portfolio Manager, now or in the future, I confirm, that I will ensure that I understand and accept the risks associated with any Investment Instruments chosen by my Portfolio Manager on my behalf.
- I am aware that my entire investment may be at risk and that return is dependent on the performance of chosen Investment Instruments.
- I am aware that there may be no, or limited, capital guarantees applicable on any Investment Instrument that is a structured product and my 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.
- I accept that early redemption of Investment Instruments may be restricted or prohibited 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.
- I confirm that I am aware of the fees payable within any Investment Instruments underlying my Plan and this may result in less than 100% of an Investment Amount being invested at outset.
- I confirm that Generali Worldwide is not liable for any losses, damages and/or costs (including, but not limited to legal fees) that may be incurred as a consequence of acquiring, holding or disposing of an Investment Instrument and I will not bring any claim against Generali Worldwide in respect of such losses, damages and/or costs.
- I acknowledge and understand that the following risks are associated with the investment of Investment Instruments held within the Investment Fund underlying my Plan:
 1. **Returns:** The value of Investment Instruments in the stock market, whether directly or indirectly through mutual funds or similar vehicles, as well as the income they produce, can go down as well as up. Investment returns cannot be guaranteed. Past performance is not necessarily a guide to future returns. Tax rates and concessions may also change.
 2. **Investment Term:** My Plan is intended to be a long-term investment. The stock market should not be considered a suitable place for short-term investment.
 3. **Exchange Rate Risk:** If an Investment Instrument is 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, favourable or unfavourable, on the gain or loss otherwise experienced on the Investment Fund.
 4. **Credit/ Default Risk:** Investment Instruments held within the Investment Fund underlying my Plan may be exposed to the credit risk of Generali Worldwide and the counterparties (including without limitation, the custodian, 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 or Investment Issuer.
 5. **Borrowing Risk:** Possible use of borrowing may result in certain additional risks. Leveraged Investment Instruments by their nature, increase the potential loss to investors resulting from any depreciation in the value of such investments.

The above list is not exhaustive. There may be other risks of investing through Professional Portfolio.

17. Investment Disclaimer (continued)

Applicant(s) are requested to note carefully the following:

Any choice of Investment Instrument is entirely at your own risk as Planholder. You and/or your Investment Manager (if appropriate) should undertake such due diligence and seek such independent advice as may be necessary and appropriate to determine suitability for you and to address the risks associated with such Investment Instruments. It is your responsibility to ensure you understand and accept the risks associated with any Investment Instruments chosen to be held within the Investment Fund. It is also your responsibility to ensure you understand and accept the risks associated with the appointment of a Portfolio Manager (if applicable). 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 your behalf.

Signature of the first Applicant⁹:

Signature of the second Applicant (if any):

Date:

Date:

All Applicants must sign this Investment Disclaimer. If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this Application Booklet.

Please tick this box if additional sheet(s) attached:

⁹ If the Applicant is not an individual, its authorised signatories should sign in accordance with its signatory list.

18. Source of Funds Questionnaire

Generali Worldwide is required by law to obtain information regarding the source of funds and wealth of each Applicant, and may require this information to be verified or periodically updated upon request.

The Applicant and introducing Financial Adviser should complete this section for all applications. The relevant declarations must be signed by the Financial Adviser and Applicant. Please continue on a separate sheet if required. In questions 1 - 8 and Financial Adviser Declaration, "I" or "you" refers to the Financial Adviser. In Applicant Declaration, "I" or "my" refers to the Applicant.

Full name of first Applicant: _____

Full name of second Applicant (if any): _____

1. How and when were you introduced to the Applicant(s)? (specify month and year):

2. Please provide Applicant's bank details (i.e. the account used to pay Investment Amounts and to receive payments from Generali Worldwide):

Bank name: _____

Bank address: _____

Account holder(s) name: _____

Account number/ IBAN: _____

Years account held*: _____

*If this account has been held for less than 1 year then previous bank details are also required. Please use a separate page if necessary. Please tick this box if additional information is attached

3. Are there any other parties indirectly involved with this application e.g. lender? Yes No

If Yes, please give details: _____

4. Are there any concurrent financial proposals for the Applicant being made elsewhere? Yes No

If Yes, please give details: _____

5. Please state annual income of the Applicant:

i) Total amount received annually from all sources: _____

ii) Where income is received in addition to, or instead of employment, please specify from the list below the source(s) it originated from, including the amount and currency per annum:

US dollar GB pound Euro Other

Rental income: _____

Investment income: _____

Pension income: _____

Other (please specify): _____

18. Source of Funds Questionnaire (continued)

iii) Employment status:

Employed Self-employed/ Business owner Other

Does the Applicant beneficially own or part own the company that generates the employment income? Yes No

If applicable, state percentage owned: _____

If Employed please state:

Name and address of employer: _____

Employer's website address: _____

Annual basic income: _____

Bonus: _____

Benefits in kind (e.g. housing allowance, education, travel etc.): _____

Other (please specify): _____

Length of service with current employer: _____

If less than 18 months, please state previous employer and length of service: _____

If Self-employed/ Business owner, please state:

Business name and address: _____

Website address: _____

Annual income/ dividends: _____

Benefits in kind (e.g. housing allowance, education, travel etc.): _____

Other (please specify): _____

Length of time Self-employed/ Business owner: _____

If less than 18 months, please give details of previous employment status: _____

If Other, please provide details: _____

18. Source of Funds Questionnaire (continued)

- 6.** Please state how the source of wealth for this investment has been raised if other than annual income.
If answering Yes to questions **i), ii) or iii)** below, please provide proof by way of supporting documentation.
- i)** Gift or inheritance from a third-party? Yes No
If Yes, please give details: _____

- ii)** The disposal of a business or other asset? Yes No
If Yes, please give details and specify the original source of wealth for the investment in the business or asset:

- iii)** Other? Yes No
If Yes, please give details and specify the original source of wealth for the investment:
How was wealth generated? _____
When was wealth generated? _____
- 7.** When answering these questions has the information been supplied from your own knowledge of the Applicant's circumstances? Yes No
If No, where did it originate? _____

- 8.** Please outline your Applicant's reasons for applying for this product: _____

Financial Adviser Declaration

- I declare that to the best of my knowledge and belief, the Applicant is of good standing and the information given in this questionnaire is true and complete;
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the premium is derived from legitimate activities;
- I confirm that client fact-find forms have been duly completed; and
- I have not made any changes to the Application Booklet after the Applicant has signed it.

Signature of the Financial Adviser¹⁰:

Financial Adviser name (printed in BLOCK CAPITALS): _____

Date:

Applicant Declaration

- I declare that, to the best of my knowledge and belief, all the information above is true, correct and complete; and
- I also confirm that the monies being used to fund the Investment Amount are derived from legitimate activities.

Signature of the first Applicant¹¹:

Signature of the second Applicant (if any):

Date:

Date:

If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this Application Booklet.
Please tick this box if additional sheet(s) attached

¹⁰ If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.
¹¹ If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

19. Verification of Applicant/ Life Assured Identity Form – Individual

Generali Worldwide is required by law to verify the identity and permanent residential address of each Applicant and Life Assured, and may require this information to be periodically updated upon request. The introducing Financial Adviser should complete this section for all applications. In this section “I” refers to the Financial Adviser.

Full name of first Applicant: _____

Full name of second Applicant (if any): _____

Full name of first Life Assured (if different to first Applicant): _____

Full name of second Life Assured (if different to second Applicant): _____

If there are further Lives Assured, please complete this section on an additional sheet and attach securely to this Application.

This section is required to verify the identity of the Applicant(s) and/or Lives Assured, if different. All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of the Applicant or Life Assured.

Please tick alongside all items enclosed and ensure that all necessary documents are included.

For each Individual Applicant (and each Life Assured, if different):

First Applicant:

- 1. Certified true copy of an original photo passport
- 2. Certified true copy of an original utility bill (showing name and current residential address)

Prior residential address¹²: _____

Second Applicant (if any):

- 1. Certified true copy of an original photo passport
- 2. Certified true copy of an original utility bill (showing name and current residential address)

Prior residential address¹²: _____

Corporate and Trustee Applicants

If the Applicant shown in this Application Booklet is a Company or a trustee on behalf of a Trust, additional information is required. The introducing Financial Adviser should complete the Verification of Corporate or Trustee Identity Form – see section 20.

Financial Adviser Declaration

— I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Lives Assured and attach a certified copy of these documents for Generali Worldwide’s records.

Signature of the Financial Adviser¹³: _____

Financial Adviser name (printed in BLOCK CAPITALS): _____

Date:

If there are further Applicants or Lives Assured, please complete this section on an additional sheet(s) and attach securely to this Application Booklet. Please tick this box if additional sheet(s) attached

¹² Please complete if the Applicant/ Life Assured has been less than 18 months at their current residential address, as detailed in section 4 or 6.
¹³ If the Financial Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

20. Verification of Corporate or Trustee Identity Form

The introducing Financial Adviser should complete this section. In this section “I”, refers to the Financial Adviser.

Full name of first Applicant: _____

Full name of second Applicant (if any): _____

This section is required to verify the identity of a Company or a Trust. All personal identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of all verification subjects¹⁴.
Required for all corporate Applicants and corporate trustees.

Please tick alongside all items and ensure that all necessary documents are included.

A certified true copy of the Certificate of Incorporation:

A certified true copy of the Company Memorandum and Articles of Association certified by the Company Secretary:

A certified true copy of the Company Share Register and Directors’ register certified by the Company Secretary:

A certified true copy of the Authorised Signatory list certified by the Company Secretary:

A signed Directors’ statement as to the nature of the company’s business:

A certified copy of the passport for all verification subjects¹⁴:

A certified copy of a utility bill for all verification subjects¹⁴ showing the name and current permanent residential address:

Are there any holding companies or subsidiaries? Yes No

If Yes, please give details: _____

Depending on the circumstances of the case, Generali Worldwide may also require audited accounts and/or other forms of evidence to substantiate the capability of the Applicant to fund the proposed investment.

Additional requirements for trustees

Trust instrument (trustees to advise in writing the names of all beneficiaries and relationship to the settlor(s)):

A certified true copy of the passport and utility bill for settlor(s), trustees, beneficiaries and protector(s):

Financial Adviser Declaration

— I confirm that I have seen the original documents specified above or certified true copies of them and have checked the name and identity of the Applicant(s) as specified above.

Signature of the Financial Adviser¹⁵:

Financial Adviser name (printed in BLOCK CAPITALS): _____

Date:

If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this Application Booklet.
Please tick this box if additional sheet(s) attached:

¹⁴ Verification subjects include all directors, officers, authorised signatories and ALL beneficial owners.

¹⁵ If the Financial Adviser is not an individual its authorised signatories should sign in accordance with its authorised signatory list.

21. Appointment of an Investment Manager

“Investment Manager” shall mean either a Portfolio Adviser or Portfolio Manager appointed hereunder.

This agreement is for completion by the Applicant if they wish to appoint an Investment Manager to the Plan. It must be signed by the proposed Investment Manager to confirm his acceptance of the appointment and agreement to the terms and conditions set out below. The appointment of an Investment Manager is subject to the approval of Generali Worldwide.

Full name of first Applicant: _____

Full name of second Applicant (if any): _____

Introduction

This agreement:

- is made between the Applicant and the Investment Manager (named in ‘Section A – Appointment’);
- is to be governed and construed in accordance with the law of the Island of Guernsey and the courts of Guernsey shall have non-exclusive jurisdiction over any dispute or claim arising out of or in connection with this agreement or its subject matter or formation (including non-contractual claims);
- constitutes the entire agreement between the Applicant and the Investment Manager (named in ‘Section A – Appointment’) in respect of the appointment of the Investment Manager to the Plan;
- does not take into account or affect any other contractual arrangements that may exist between the Applicant and the Investment Manager; and
- where this agreement acknowledges or grants any rights or authority to Generali Worldwide these rights and authority shall form part of the Plan and therefore are incorporated into the contract of life assurance between the Applicant and Generali Worldwide.

Section A – Appointment

Subject to the consent of Generali Worldwide I wish to use the services of an Investment Manager¹⁶ as follows:

Portfolio Adviser Authorised and instructed to act as a non-discretionary investment manager¹⁷ in relation to my Plan. Generali Worldwide will only accept Written Requests to purchase or sell Investment Instruments from me.

Portfolio Manager Authorised and instructed to act as a discretionary investment manager¹⁸ in relation to my Plan and in particular to provide Written Requests to Generali Worldwide to purchase or sell Investment Instruments.

Note: This appointment should only be made when the Portfolio Manager is authorised by its regulator to provide instructions to Generali Worldwide directly, without being countersigned by the Planholder.

Name of Investment Manager: _____
(the “Investment Manager”)

Address: _____

¹⁶ Please select one option only.

¹⁷ Provides advice in relation to investment matters, investment decisions are made by the Applicant.

¹⁸ Investment decisions are made at the Portfolio Manager’s discretion.

21. Appointment of an Investment Manager (continued)

Telephone number: _____

Facsimile number: _____

E-mail address: _____

Introducer code (if known): _____

Regulatory status:

The Investment Manager named above is regulated to provide investment advice Yes No

If Yes

Name of Regulator(s): _____

Regulatory reference no(s): _____

If No

Please state the basis on which the Investment Manager is qualified to provide investment advice:

- I hereby appoint the above named as Investment Manager in relation to the Investment Instruments held within the Investment Fund underlying the Plan in the capacity outlined above;
- I authorise Generali Worldwide to provide the Investment Manager with copies of all relevant associated documentation relating to the Plan, in either electronic or hardcopy form;
- I acknowledge and agree that this appointment is subject to the approval of Generali Worldwide; and
- in the case of a Portfolio Manager appointment:
 - I hereby authorise the Portfolio Manager to issue instructions in the form of a Written Request to Generali Worldwide to purchase or sell Investment Instruments to be held within the Investment Fund;
 - I acknowledge and agree that such appointment will not take effect unless and until the Portfolio Manager accepts the appointment by signing this agreement and that such appointment is subject to the approval of Generali Worldwide;
 - I 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 I may have transferred Investment Amounts to Generali Worldwide for the purposes of my Plan.

Section B – Fees

- I hereby authorise Generali Worldwide to value the Investment Fund underlying my Plan quarterly and to pay to the Investment Manager a charge, by way of remuneration for its services provided pursuant to this agreement, as follows:
 - an annual fee of USD/ GBP/ EUR/ HKD/ JPY/ SEK¹⁹ _____ (to be paid quarterly in arrears) or
 - _____% of the Investment Value of the Plan on each quarterly valuation date (to be paid quarterly in arrears).
- I hereby authorise and instruct that deductions are made from my Plan equivalent to such charge and that Generali Worldwide may pay the same to the Investment Manager on the due dates on my behalf in accordance with the Terms and Conditions of my Plan.
- I note that such charge deductions will be treated as partial surrenders of the Plan.

¹⁹ Please delete as necessary

21. Appointment of an Investment Manager (continued)**Section C – Conditions****Conditions applicable to the appointment of either a Portfolio Adviser or Portfolio Manager:**

- Notwithstanding the appointment of an Investment Manager, Generali Worldwide may require me to sign disclaimers, from time to time, in respect of individual Investment Instruments or instructions pertaining thereto.
- Any information received from, or otherwise obtained about me, shall be considered confidential by the Investment Manager (including any subcontracted party) upon countersigning this form and the Investment Manager agrees not to disclose confidential information without my specific written permission except where under an obligation or otherwise required to make disclosure under any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations.
- I acknowledge that acceptance of a request to purchase or otherwise transact in relation to an Investment Instrument by Generali Worldwide is not an endorsement or recommendation of such investment.
- Restrictions which must be observed at all times whether a Portfolio Manager or Portfolio Adviser is appointed or not:
 - All Investment Instruments recommended shall either be quoted on a Stock Exchange recognised or specifically agreed by Generali Worldwide as eligible to be purchased under the Plan. Generali Worldwide reserves the right to require specific evidence that proposed investments are eligible.
 - In particular esoteric Investment Instruments including private companies, unlisted collective investment schemes, structured notes and similar Investment Instruments with significantly higher levels of risk (which may include, but are not limited to, embedded derivative contracts or complex performance hurdles) may not be acceptable to Generali Worldwide without specific evidence to their eligibility.
 - Investments involving substantial or majority shareholdings in public or private companies which may result in actual or perceived ownership or shareholder control by Generali Worldwide, are not ordinarily permitted.
 - No tangible commodity (e.g. diamonds or gold coins) shall be purchased and no futures or option contracts shall be written. Currency deposits in the major currencies are acceptable, subject to acceptance of the deposit holding institution by Generali Worldwide and adherence to any applicable minimum deposit criteria.
- I hereby, for myself and my estate, 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 Investment Manager (including, but without limitation, the cost of defending in any court of law any claim, demand or action against Generali Worldwide).
- The name or logo of Generali Worldwide or the Generali Group must not be used by the Investment Manager without the express written consent of Generali Worldwide.

Conditions specific to the appointment of a Portfolio Adviser:

I, the Applicant, hereby:

- acknowledge that the Portfolio Adviser is appointed by me to provide investment advice only;
- acknowledge that Generali Worldwide will not accept investment instructions from any party other than the Planholder;
- 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 advice given by the Portfolio Adviser. This will include, without limitation, any action or failure to take actions on my part giving rise to any loss in the value of Investment Instruments in relation to my Plan.

Conditions specific to the appointment of a Portfolio Manager:

I, the Applicant, hereby:

- appoint the above named Portfolio Manager as discretionary investment manager of the Investment Instruments held within the Investment Fund underlying my Plan;
- 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;
- agree to be bound by all investment decisions made by the Portfolio Manager, whom I acknowledge is acting on my behalf and not on behalf of Generali Worldwide;

21. Appointment of an Investment Manager (continued)

- authorise and instruct the Portfolio Manager to act as a discretionary investment manager in relation to the Investment Instruments held within the Investment Fund underlying the Plan and in particular to give Written Requests to Generali Worldwide to purchase or sell Investment Instruments in accordance with any investment objectives that I may have agreed with the Portfolio Manager from time to time, subject to the following conditions:
 1. All investment instructions given by the Portfolio Manager are Written Requests to Generali Worldwide in respect of the management of the Investment Instruments held within the Investment Fund and must be provided to Generali Worldwide 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.
 2. While this agreement is in place Generali Worldwide will not accept Written Requests regarding investment instructions from any party other than the Portfolio Manager or its permitted assigns.
 3. Generali Worldwide will not be responsible for monitoring or overseeing any investment profile, risk criteria or asset allocation as may be agreed between me and the appointed Portfolio Manager.
 4. Generali Worldwide will be responsible for the implementation of any Written Requests properly given by the Portfolio Manager, including the administration of any dealing or trading of Investment Instruments.
 5. All Investment Instruments purchased by Generali Worldwide as a result of Written Request from the Portfolio Manager shall be purchased at the market buying price as shown on the contract note issued by the vendor or stockbroker.
 6. Notwithstanding the above, Generali Worldwide is entitled, at its absolute discretion, to refuse to accept any Written Request given by the Portfolio Manager and reserves the right to dispose of any Investment Instrument at any time if it no longer complies with any restrictions imposed by Generali Worldwide or if we believe that it is not a permitted investment for a life assurance company or if we believe that it would otherwise involve Generali Worldwide in a loss, penalty or other detriment whether financial or otherwise.
 7. The Portfolio Manager is authorised to take into account the overdraft facility when managing the Investment Instruments, as described in the 'Terms and Conditions'.
 8. In choosing Investment Instruments, the Portfolio Manager shall undertake such due diligence and seek such independent advice as may be necessary and appropriate to determine suitability for the Planholder and to address the risks associated with such Investment Instruments.
- 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 Written Requests 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 my Plan;
- agree that neither the Portfolio Manager nor Generali Worldwide shall be required to take any legal action unless fully indemnified to their reasonable satisfaction for all costs and liabilities that may be incurred or suffered by the Portfolio Manager or Generali Worldwide. If I require the Portfolio Manager or Generali Worldwide to take any action of whatsoever nature which in the reasonable opinion of the Portfolio Manager or Generali Worldwide may make the Portfolio Manager or Generali Worldwide liable for the payment of money or liable in any other way, the Portfolio Manager and Generali Worldwide shall be indemnified in any reasonable amount and form satisfactory to them as a pre-requisite to taking action.

21. Appointment of an Investment Manager (continued)

Section D – Termination of Agreement

- I, or the Investment Manager may terminate this agreement by giving 10 Business Days’ notice to Generali Worldwide in the form of a Written Request.
- I acknowledge and agree that Generali Worldwide is entitled, at its absolute discretion, to withdraw its consent to the Investment Manager’s appointment under this agreement (thereby terminating this agreement) by giving 10 Business Days’ Written Notice to the Investment Manager and to me.
- Generali Worldwide is also entitled to withdraw its consent to the Investment Manager’s appointment (thereby terminating this agreement) immediately for good cause, such as (but not limited to) misconduct, negligence, failure to hold required regulatory licences, ceasing to carry on business, the initiation of bankruptcy, insolvency or winding up proceedings or the breach of a material obligation in any agreement between the Investment Manager and Generali Worldwide that facilitates this appointment.
- On termination, the Investment Manager will receive any fees (due in accordance with ‘Section B – Fees’) owing on a pro rata basis to the date of termination and all investment decisions will become my sole responsibility until a further Investment Manager agreement is put in place.

Applicant Signatures

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

Signature of the first Applicant²⁰:

Signature of the second Applicant (if any):

Date:

Date:

All Applicants must sign this ‘Appointment of Investment Manager’ form. If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this form.

Please tick this box if additional sheet(s) attached

²⁰ If the Applicant is not an individual its authorised signatories should sign in accordance with its authorised signatory list.

21. Appointment of an Investment Manager (continued)

Investment Manager Signature

- I²¹ have read and understood the conditions outlined in sections A, B, C and D and agree to act in accordance with them.
- I accept my appointment as a²²:

Portfolio Adviser Authorised and instructed to act as a non-discretionary investment manager²³ in relation to the Plan.

Portfolio Manager Authorised and instructed to act as a discretionary investment manager²⁴ in relation to the Plan.

Note: This option should only be accepted by the Portfolio Manager when the Portfolio Manager is authorised by its regulator to provide instructions to Generali Worldwide directly, without being countersigned by the Planholder.

- I have the authorisation necessary under the legislation and regulations in: _____²⁵ to act as Portfolio Manager or Portfolio Adviser (as applicable) and will remain so authorised and will comply with the rules of the appropriate regulatory body, whilst acting as Investment Manager pursuant to this appointment. I confirm that I will notify Generali Worldwide and the Planholder of any changes to my authorisation including any disciplinary action taken against me.

Signature of the Investment Manager²⁶:

Full name of signatory (printed in BLOCK CAPITALS): _____

Date:

In the case of a company, please state the capacity of the authorised signatory within the company:

For and on behalf of: _____

²¹ "I" refers to the individual or the authorised signatories of the firm named in 'Section A – Appointment'.
²² Please select one option only.
²³ Provides advice in relation to investment matters, investment decisions are made by the Applicant.
²⁴ Investment decisions are made at the Portfolio Manager's discretion.
²⁵ Insert country/ region where authorised.
²⁶ If the Investment Manager is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

22. Nomination of Beneficiary Form

To be completed by the Applicant(s)

Not for use in Singapore. If you are resident in Singapore and wish to nominate a Beneficiary please ask for either 'Form 1: Trust Nomination' or 'Form 4: Revocable Nomination' as applicable.

If you request more than one Beneficiary and any one of them dies before the Death Benefit under your Plan becomes payable, then his percentage benefit will be divided equally between the surviving Beneficiaries.

Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____	Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____
Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____	Surname: _____ Title: _____ Forename(s): _____ Date of birth: _____ Address: _____ _____ Relationship to Applicant(s): _____ Percentage of benefit: _____

It is the responsibility of the Applicant(s) to ensure that the nomination of a Beneficiary(ies) pursuant to this form will be effective under his law of domicile and/or residence.

NOTES:

- i)** An Applicant cannot be a Beneficiary of the Plan; and
- ii)** If the Plan is set up on a joint-life first death basis and any Applicant is also a Life Assured, Generali Worldwide may require a signed discharge from both the surviving Planholder and the nominated Beneficiary(ies) before payment of the Plan proceeds can be made.

I hereby request the above to be the Beneficiary(ies) of my Plan following the occurrence of the Relevant Death in accordance with the Plan Terms and Conditions.

I understand that Generali Worldwide is required to verify the identity and permanent residential address of each Beneficiary before the payment of any claim can be completed, and no payment will be made to any Beneficiary where their identity cannot be verified satisfactorily.

I confirm that receipt by the Beneficiary(ies) nominated herein shall be good and full discharge for any payment made under the Plan. Where a nominated Beneficiary is aged under 18 years, or lacks legal capacity, the receipt by their parent or guardian will be sufficient discharge to Generali Worldwide and Generali Worldwide shall not be concerned to see to the application of such payment.

I undertake that no claim shall be made by my estate or personal representative in respect of any payment made to a Beneficiary under this nomination.

Signature of the first Applicant ²⁷ :	Signature of the second Applicant (if any):
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Date:

Date:

All Applicants must sign this Application Form. If there are further Applicants, please complete this section on an additional sheet(s) and attach securely to this application.

Please tick this box if additional sheet(s) attached

²⁷ If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

Registered Head Office address: Generali Worldwide Insurance Company Limited, Generali House,
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Incorporated in Guernsey under Company Registration No. 27151.

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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.