

# STARTING OR ADDING TO YOUR **OLD MUTUAL INTERNATIONAL COLLECTIVE REDEMPTION BOND**

For the individual investor

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

Applicant 1

Applicant 2

**Financial adviser details**

Old Mutual International account reference

Adviser ID

Name of financial adviser

Company name

Address

Telephone number

Fax number

E-mail address

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

**This document was last reviewed in October 2014. Please confirm with your financial adviser that this is the most up-to-date document for your product or servicing needs.**

**We only sell our products through financial advisers as we believe it is important you receive independent financial advice. As it is you who chooses your financial adviser, you need to bear in mind that they are acting on your behalf and not on behalf of Old Mutual International. You are responsible for their actions or omissions.**

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

**IMPORTANT INFORMATION FOR YOU – THE APPLICANT**

Your application can be submitted online via Wealth Interactive. If you choose this option your application can be submitted to us immediately without the delay that can be experienced through the postal system.

**This application form is for individual applicants only.** If you are a trustee or corporate applicant you should use the alternative application form which is available from your financial adviser. Please note this application form must not be used by applicants resident in Hong Kong, Singapore or the United States of America or its territories.

Before completing the application form, please make sure you receive and read through the relevant product information:

- **the brochure entitled perfectly tuned investments,**
- **the policy terms Details of your Collective Redemption Bond (ref CRB5),**
- **the Collective Redemption Bond at a glance, and**
- **the addendum to the Old Mutual International literature pack - important information for clients. (Only applicable for Dubai Financial Services Authority (DFSA) regulated adviser firms)**

For ease of reference we have used an arrow ► to highlight certain facts.

**ONLINE SERVICE ACCOUNT ON WEALTH INTERACTIVE**

When you apply for your Collective Redemption Bond, we will automatically set you up with an Online Service Account on our online service Wealth Interactive. You will receive an email from us containing a link that lets you activate this service. Once your policy and your Online Service Account are live, you can sign in to Wealth Interactive whenever you want to review your policy and carry out key transactions.

You can also find all the information you need about your investment with us in one place. Ongoing communication from us, such as policy valuations, will be done through your Online Service Account as much as possible, although there will be times when we do still need to correspond with you by post. If you would prefer to receive ongoing communication from us by post rather than online, please tick here (✓)

**COMPLETING THE FORM**

To complete this form:

- use CAPITAL LETTERS only
- use blue or black ink
- specify choices as appropriate
- complete all relevant sections; refer to the checklist at the back of this document for guidance
- do not use correction fluid; any amendments should be crossed out and initialled by all applicants.

**Please note that we must receive your application form by post or courier, we are unable to accept faxed or e-mailed versions.** Please ensure that you complete all relevant sections. We will contact you regarding any missing information which will need to be provided to us in writing, and this may delay your application.

## A TYPE OF APPLICATION

### NEW INVESTMENT

Please indicate if this is an application for a new Collective Redemption Bond: (✓)

### ADDITIONAL INVESTMENT

If this is an application for an ADDITIONAL INVESTMENT, please provide your existing bond number:

(you can find this in your policy documentation)

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► Unless your details have changed, you only need to complete the full forename(s) and surname of each policyholder in section B.

**YOU MUST ALSO COMPLETE SECTIONS C, D, E, F, G (IF APPLICABLE) and H.**

### POLICY CURRENCY

I wish my policy to be valued in (✓)

£

US\$

€

Other

(state currency)

Please note if no currency is entered your policy currency will be pound sterling (£). THE POLICY CURRENCY CANNOT BE CHANGED AFTER THE POLICY IS SET UP.

### APPOINTMENT OF AN AUTHORISED CUSTODIAN

Please tick if you wish to appoint an authorised custodian? (✓)  Authorised custodian

Name of custodian

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

## B DETAILS OF ALL INDIVIDUAL APPLICANT(S)

In this section, please give details of all individual applicant(s). Applicants must be at least 18 years old and the maximum age is 89.

If there are any further applicants, please photocopy this section, attach the details with this application form and tick here (✓)

► If additional pages are added, each separate page must be initialled by all applicants.

#### APPLICANT 1

#### APPLICANT 2 (IF ANY)

Title (✓)

Mr

Mrs

Miss

Other

Mr

Mrs

Miss

Other

Full forename(s)

Surname

Previous name or alias

Sex (✓)

Male

Female

Male

Female

Date of birth

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

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

Nationality

Dual nationality  
(if applicable)

Passport number/  
national identity card  
number

Country of residence

continued

**B DETAILS OF ALL INDIVIDUAL APPLICANT(S) (CONTINUED)**

► **Country of Residence for Taxation**

In order to meet regulatory requirements Old Mutual International is required to obtain your country of residence for taxation. Normally you are resident for taxation in the country in which you spend the majority of your time each year. However, some countries may also treat an individual as resident for taxation based on their nationality or citizenship.

Please confirm your country of residence for taxation in the boxes shown below. If you are resident for taxation in more than one country, please provide the information in the additional boxes provided.

► **Tax Reference Number**

Please confirm your tax reference number in the boxes shown below only if you meet the following criteria

- **United States: If you are a US national and/or US resident for taxation we require your Internal Revenue Service Tax Information Number (TIN)**
- **United Kingdom: If you are UK resident for taxation we require your HM Revenue & Customs National Insurance Number (NINO).**

Please include the relevant TIN or NINO details in the 'Tax Reference Number' box as appropriate.

If you are unsure about what information to include below, please contact your financial adviser.

Please note that in certain circumstances we may be obliged to share this information with relevant tax authorities.

If you are not resident in any country for tax purposes, please tick here. (✓)

	APPLICANT 1	APPLICANT 2 (IF ANY)
Country of residence for taxation	<input type="text"/>	<input type="text"/>
Tax reference number	<input type="text"/>	<input type="text"/>
Dual country of residence for taxation (if applicable)	<input type="text"/>	<input type="text"/>
Dual tax reference number (if applicable)	<input type="text"/>	<input type="text"/>
Residential address (where you are currently living, we do not accept PO Box or C/O addresses)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode	Postcode
Correspondence address	<input type="text"/> <input type="text"/> <input type="text"/>	
	Postcode	

Old Mutual International accepts no responsibility for the consequences of sending correspondence to the address provided. Old Mutual International reserves the right to send correspondence to the residential address where regulations prevent it being sent to any other address.

Telephone number including area code (daytime)	<input type="text"/>	<input type="text"/>
Telephone number including area code (evening)	<input type="text"/>	<input type="text"/>
E-mail address (Please note each client must have a unique email address. An e-mail address cannot be shared by users on Wealth Interactive.)	<input type="text"/>	<input type="text"/>
Reason for investment (for example, saving for retirement)	<input type="text"/>	<input type="text"/>

**LEAD POLICYHOLDER FOR THE ONLINE SERVICE ACCOUNT**

If there is more than one applicant then each applicant must select one applicant to be the Lead Policyholder. Each applicant must agree to select the same Lead Policyholder.

We, the applicant(s), appoint (insert name in the box)  to act as the Lead Policyholder for the policies comprising our Collective Redemption Bond in accordance with the Policy Terms.

The specific e-mail address which will be used for the Online Service Account is   
(Please note each client must have a unique email address. An email address cannot be shared by users on Wealth Interactive.)

continued

**B DETAILS OF ALL INDIVIDUAL APPLICANT(S) (CONTINUED)**

**EMPLOYMENT DETAILS**

**APPLICANT 1**

**APPLICANT 2 (IF ANY)**

**THIS SECTION MUST BE COMPLETED IN ALL INSTANCES**

Please give details of your employer or your own company, if self-employed.

If you have retired or are not currently employed please include details of your previous employer or your own company. If you have never been employed, please state N/A.

Please also enter your final year's salary/income and bonus if any

Employment status (✓)  Employed  Self Employed  Employed  Self Employed  
 Retired  Not employed  Retired  Not employed

Occupation

Name of employer or your own company

Address of employer or your own company

Postcode

Postcode

Country

Website address of employer or your own company (if any)

Last year's gross salary/income amount

Currency (✓)  £  US\$  €

£  US\$  €

Other (state currency)

Other (state currency)

Last year's bonus amount (if applicable)

If you receive income from another source eg dividends, interest; please provide details here

**POLITICALLY EXPOSED PERSON**

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

**EXISTING CONTRACTS**

Please provide details of any existing Old Mutual International contracts you have or are making payments to (if applicable)

Type of contract   
Policy number

Type of contract   
Policy number

► **ALL APPLICANTS MUST COMPLETE AND SIGN THE DECLARATION IN SECTION L**

► **ADDITIONAL DOCUMENTS ARE NEEDED TO EVIDENCE YOUR IDENTITY**

**C | SOURCE OF FUNDING****THIS SECTION MUST BE COMPLETED IN ALL INSTANCES.****SOURCE OF FUNDS****► The premium payment must come from an account held in the name of the applicant(s).**

If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this application form and tick here (✓)

Payment amount	<input type="text"/>	Payment currency	<input type="text"/>
Bank account holder (name as stated on bank account)	<input type="text"/>		
Bank account number/ IBAN	<input type="text"/>		
Sort code (if applicable)	<input type="text"/> - <input type="text"/> - <input type="text"/>	SWIFT or BIC code (if applicable)	<input type="text"/>
ABA number	<input type="text"/>	Branch code for non-UK banks	<input type="text"/>
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>		

How long have you held this account?  years  months

- Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

**D | INVESTMENT DETAILS****PREMIUM PAYMENT**

Currency (✓)	<input type="radio"/> £	<input type="radio"/> US\$	<input type="radio"/> €	Other (state currency)	<input type="text"/>
Amount to be invested in base currency	<input type="text"/>				
Payment method (✓)	<input type="radio"/> Electronic bank transfer	<input type="radio"/> Asset transfer			

**► The premium payment must come from an account or transferred shares held in the name of the applicant(s).**  
**► The minimum initial investment amount is £25,000 (US\$37,500, €37,500 or other currency equivalent) and the minimum additional investment is £2,500 (US\$3,750, €3,750 or other currency equivalent). Please remember to enclose either your copy of receipt of your electronic bank transfer payment or your asset transfer form (your financial adviser can provide you with the necessary details) with this application form.**

Where you have chosen an authorised custodian, are you remitting your premium to be paid: (✓)

- to Old Mutual International?; or  
 by cash transfer via the authorised custodian?

**E ASSET CHOICE**

Please use this section to list the assets which your premium should be invested in. You do not need to complete this section if you have appointed an authorised custodian in Section A.

► **Please note that you can invest in as many assets as you wish, subject to a minimum of £2,500 (or currency equivalent) in each holding. Some asset providers may have a higher minimum investment requirement and this minimum will prevail.**

**PLEASE NOTE IF WE DO NOT RECEIVE SUFFICIENT DETAILS, THIS WILL DELAY YOUR INVESTMENT.**

ASSET CHOICE					
Security identifier SEDOL/ISIN <small>(if known)</small>	Security name – please enter names in full. If an Old Mutual International fund is chosen, please prefix the fund name with OMI IM.	Accumulation/ Income unit requirement <small>(if applicable)</small>	Share class <small>(if applicable, for example A, B or C)</small>	Base currency of security/ fund <small>(eg GBP, USD)</small>	Investment % <small>(whole % numbers only)</small>
<b>TOTAL</b> (must add up to 100%)					

In case we need to clarify the asset choice details above, please provide us with a contact name and telephone number.

Contact name  Telephone number including area code  daytime

Email address

Fax number  Telephone number including area code  evening

**F ORIGIN OF WEALTH**

**FULL DETAILS OF ORIGIN OF WEALTH**

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

**THIS SECTION MUST BE COMPLETED IN ALL INSTANCES**

(✓) Description	Details required	Your details
<input type="radio"/> <b>Accumulated savings/ investments</b>	Amount of savings/investments	Currency: <input type="text"/>
		Amount: <input type="text"/>
	Savings/investments held for	<input type="text"/> Years <input type="text"/> Months
	<b>Details of where funds are held:</b>	
	Account name	<input type="text"/>
	Account number	<input type="text"/>
	Name of financial institution/bank	<input type="text"/>
<input type="radio"/> <b>Sale of shares</b> <input type="radio"/> <b>Maturing investments</b> <input type="radio"/> <b>Policy claim</b> <input type="radio"/> <b>Replacement policy</b>	Name of company that held your shares/investment/policy (ie bank, stockbroker or insurance company)	<input type="text"/>
	Name of person who held the shares/ investment policy	<input type="text"/>
	How were they sold? (ie bank, stockbroker or other agent, if applicable)	<input type="text"/>
	Description of shares sold (if applicable)	<input type="text"/>
	Reason for policy claim or replacement policy (if applicable)	<input type="text"/>
	Total amount paid out	Currency: <input type="text"/>
		Amount: <input type="text"/>
	Surrender penalty incurred (if any)	<input type="text"/>
	Date received	<input type="text"/> D   <input type="text"/> D   <input type="text"/> M   <input type="text"/> M   <input type="text"/> Y   <input type="text"/> Y   <input type="text"/> Y   <input type="text"/> Y
	Shares/investment/policy held for	<input type="text"/> Years <input type="text"/> Months

continued

**F ORIGIN OF WEALTH (CONTINUED)**

**FULL DETAILS OF ORIGIN OF WEALTH**

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

Description	Details required	Your details								
<input type="radio"/> <b>Sale of property</b>	Address of property sold (including postcode if applicable)	<input type="text"/> <input type="text"/> <input type="text"/>								
	Total sale amount	Currency: <input type="text"/>								
	Amount received	Amount: <input type="text"/>								
	Date of sale	<input type="text"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			
<input type="radio"/> <b>Other unearned income</b>	Origin of wealth (if ticked gift or other)	<input type="text"/>								
<input type="radio"/> <b>Sale of interest in company</b>	Name of company, nature of business, total sale amount, amount received from the sale	<input type="text"/>								
<input type="radio"/> <b>Inheritance</b>	From which organisation or whom (state the relationship if applicable)	<input type="text"/>								
<input type="radio"/> <b>Loan</b>	Name of loan provider, address of loan provider, reason for loan	<input type="text"/>								
<input type="radio"/> <b>Gift</b>	Description of gift, reason for gift	<input type="text"/>								
<input type="radio"/> <b>Compensation</b>	Details (including reasons where applicable, how the money was acquired, etc)	<input type="text"/>								
<input type="radio"/> <b>Competition or gambling win</b>	How was the money acquired	<input type="text"/>								
<input type="radio"/> <b>Other</b>	Total amount	Currency: <input type="text"/>								
		Amount: <input type="text"/>								
	Date received	<input type="text"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y			

► **We may also require additional documentary evidence to support your application, particularly in relation to your country of residence and investment amount, before we can process it.** Your financial adviser can establish if further documentary evidence is needed by completing part C in section M, or by contacting us before sending in your application form.

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



**G CHARGE DEDUCTION ASSET**

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

ISIN/SEDOL

NAME

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

**H REGULAR WITHDRAWALS (OPTIONAL)**

Please complete this section if you wish to receive regular withdrawals from your bond.

▶ **PLEASE NOTE THAT THE MINIMUM AMOUNT FOR ANY REGULAR WITHDRAWAL PAYMENT, REGARDLESS OF FREQUENCY, IS £400 (OR OTHER CURRENCY EQUIVALENT).**

▶ **Additional investments: If this is an application for an additional investment into your existing bond and you wish to change the amount of withdrawal on your bond, please enter the revised total withdrawal amount required. If this is a new request for withdrawals you can base a percentage amount on either your original or total premium paid.**

**WITHDRAWAL AMOUNT**

Amount to be withdrawn each year

or

Percentage of premium to be withdrawn each year % %

Withdrawal frequency (✓)  Monthly  Every 2 months  Quarterly  Half-yearly  Yearly

Date of first payment (If your Policy has not been accepted by us on the due date then your first payment will be made on the next payment date according to the frequency chosen.)

|  |  |  |

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

**NOMINATED ASSET(S)**

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

PLEASE NOTE THAT YOU ARE REQUIRED TO KEEP A SUFFICIENT BALANCE IN YOUR NOMINATED ASSET TO COVER ALL WITHDRAWALS AND FEES DEBITED TO YOUR POLICY. THEREFORE WE ARE UNABLE TO PAY ANY WITHDRAWALS OR FEES IF THERE IS AN INSUFFICIENT BALANCE IN YOUR NOMINATED ASSET.

▶ If there are any further nominated assets, please photocopy this page, attach the details with this application form and tick here

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

## H REGULAR WITHDRAWALS (CONTINUED)

### PAYEE DETAILS

We will pay regular withdrawals to Policyholders only. Please note that third party payments are not permitted.

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

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

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

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

## I NUMBER OF POLICIES

### NEW CONTRACTS ONLY

Please enter the number of policies you would like:

**THE NUMBER OF POLICIES CANNOT BE CHANGED AFTER THE BOND IS SET UP.**

► We normally issue 12 policy schedules per contract.

## J FUND ADVISER

### APPOINTING A FUND ADVISER TO YOUR OLD MUTUAL INTERNATIONAL COLLECTIVE REDEMPTION BOND

Please tick as appropriate (✓)

- I have not appointed a Fund Adviser and I will act on an 'execution only basis' (where I have requested the appointment of an Authorised Custodian in section A, I also include a completed 'letter of authority'); or
- I appoint a Fund Adviser and enclose a completed 'appointing a fund adviser to your Old Mutual International portfolio bond' form and, where the Fund Adviser is not linked to any Authorised Custodian I have requested to be appointed in section A, a 'letter of authority'

## K OLD MUTUAL INTERNATIONAL CHARGES

The charging structure for your bond is based upon the reference code provided on your application; this will dictate the level, term and type of charges that apply and these will be confirmed to you in your policy documents. These charges will include our administration costs together with those incurred in making any initial commission payment to your Financial Adviser.

If you have agreed to pay your Financial Adviser an ongoing commission payment (referred to as fund based commission) then this will be reflected in the deduction of an additional Ongoing Service Charge equivalent to the amount paid.

### OLD MUTUAL INTERNATIONAL'S CHARGES

Please enter the code for the Old Mutual International Charge package that your financial adviser has explained will apply to your Collective Redemption Bond. Do not use the illustration reference; only the appropriate OMI charging code should be used. Failure to provide the right code could result in the incorrect package being applied and/or delays.

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

Please enter allocation percentage for this bond

					.				%
--	--	--	--	--	---	--	--	--	---

Please enter the Ongoing Service Charge  
(if applicable)

					.				%
--	--	--	--	--	---	--	--	--	---

## L DECLARATION AND APPLICATION

### DATA PRIVACY STATEMENT

Old Mutual International Business Services Limited and Old Mutual International Isle of Man Limited will process information ('Personal Data') about me and any other party whose Personal Data has been supplied.

The processing of Personal Data will take place in a number of jurisdictions. Personal Data will be processed and may be released to other parties within or outside the Old Mutual Group for the following purposes to:

- Check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery or fraud;
- Allow for the provision of services relating to reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided to policyholders from time to time;
- Enable an appointed financial adviser, or fund adviser to assist in provision of services to the policyholder;
- Compile statistical analysis or market research, where information is not specific to the individual;
- Comply with any legal obligation which includes the releasing of Personal Data to regulators, law enforcement authorities or other bodies where it is a legal requirement to do so.

Where Personal Data is released to a third party for the provision of services relating to a Policy, the Personal Data will only be used for the purposes for which it is released and will be subject to adequate security and protection. In some circumstances this may involve a transfer of data to a third party outside the European Economic Area (EEA). On receipt of a request to do so and on the payment of a small fee a copy of an individual's Personal Data will be provided to that individual.

Any inaccuracies in an individual's Personal Data records will be rectified.

Any questions about Data Privacy should be addressed to the Data Protection Officer, Old Mutual International Business Services Limited, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose Personal Data has been provided to Old Mutual International either in this application or within accompanying documentation

Applicant 1:  I confirm I have read and understood the above Data Privacy Statement

Applicant 2 (if any):  I confirm I have read and understood the above Data Privacy Statement

### IMPORTANT INFORMATION

Please read the declarations on pages 10 to 12 carefully.

Any omission or misstatement of a material fact in this application could affect the payment of benefits under the Collective Redemption Bond. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that we can assess its possible significance. If you become aware of such a fact while we are considering your application, you should notify us immediately.

You should satisfy yourself that under any taxation, exchange control or insurance law to which you may be subject, you are able to effect the proposed contract.

continued

## L DECLARATION AND APPLICATION (CONTINUED)

### DECLARATION – BY EACH APPLICANT

A copy of this completed application form is available on request.

Old Mutual International Isle of Man Limited will be referred to as Old Mutual International throughout this declaration.

1. I understand that I will have an Online Service Account set up, should I wish to activate it. If I do activate my Online Service Account, whilst I am submitting this application through my financial adviser to your Head Office, I agree that:
  - (a) I will apply for and sign onto my Online Service Account; and
  - (b) all Policy Transactions will be made by me using my Online Service Account where the Online Service allows, unless I have requested otherwise; and
  - (c) all communications from you will be through my Online Service Account where the Online Service allows, unless I have requested otherwise.
2. I understand and agree that the contract I am applying to enter with Old Mutual International will be subject to Isle of Man law and that the Policy Terms and Conditions will be provided in the English language.
3.
  - (a) If a bond number is not shown in section A of this form, I request that the amount shown in section D be invested as an initial premium for policies comprising an Old Mutual International Collective Redemption Bond, and request Old Mutual International to issue the policies in my name, and jointly with the other applicants, if any; or
  - (b) I request that the amount shown in section D be invested as an additional premium for the policies currently in force bearing policy numbers consisting of the bond number, as shown in section A of this form.
4. I declare that to the best of my knowledge and belief, the statements made in this application, and any related documents, are true and complete and that I have not concealed any material fact. I agree to provide Old Mutual International with any further information in respect of this application on request.
5. I confirm that Old Mutual International has not provided any investment advice and I or my fund adviser are responsible for the selection of assets to be linked to my Portfolio Fund. I acknowledge that Old Mutual International is not responsible for any loss suffered or reduction in the value of my Policy arising from my investment. Old Mutual International does not have any responsibility for the management of the underlying assets chosen other than Internal Funds, which are invested in accordance with the criteria as published in the relevant fund factsheet and carrying out a treasury function in respect of the Transaction Account and Old Mutual International does not recommend any asset as a suitable investment.
6. I confirm that I am not a resident of Hong Kong, Singapore or the United States of America or any of its territories. If I become resident in the United States of America or any of its territories, Old Mutual International may not be able to accept any further premiums until after I cease to be a resident in the United States of America or any of its territories.
7. I confirm that I have received a copy of the policy terms Details of your Collective Redemption Bond (ref CRB5), the brochure entitled Perfectly tuned portfolios, the Collective Redemption Bond at a glance and the guidance notes for starting or adding to your Old Mutual International Collective Bond and I have had the opportunity to read them before reviewing and signing this application.
8. I confirm I am aware of the fees (if applicable) payable for the chosen investment(s) held in my policy. I understand that the fees exist partly to meet the promotion and distribution expenses of the product, including commission paid to a financial adviser and/or fund adviser.
9. I authorise and request Old Mutual International to effect the Regular Withdrawals detailed in section H and confirm that such payments will discharge Old Mutual International from all liabilities and claims arising from those regular withdrawals. I understand that this authority supersedes any authority previously given.
10. I may wish to invest into professional/non-retail type investment schemes and, if so, I will make sure that I have had the opportunity to read the offering documents for funds of this nature. Where I decide to invest in professional/non-retail type investment schemes, I accept the levels of risk associated with these, including the risk that the investment into such a scheme could result in a loss of a significant proportion, or all, of the sum invested.
11. I understand that in cases where the asset(s) I have selected is/are not redeemable for a certain period of time, Old Mutual International may not be able to return that part of my payment until the end of that period. The description of the funds and/or assets I have chosen will give details if this applies. I may invest immediately into non daily dealing funds with the understanding that in the event of cancellation or requiring early access that:
  - (a) I may not get my money back immediately and payment may be delayed for some time;
  - (b) the institution may impose penalties and therefore I may get back less than I invested, and/or
  - (c) the only way in which to receive value may be through a transfer of the ownership of that asset into the name of the Policyholder.
12. I appoint the financial adviser to act on my behalf in accordance with the Policy Terms.
13. I am resident for taxation only in the country or countries shown in section B and am not resident for taxation elsewhere.
14. I am a national/citizen of the country (or countries in the case of dual nationality/citizenship) detailed in this application and am not a national or citizen of any other country.
15. The premium detailed in this application and any other premium tendered in respect of this application are derived solely from the source of funding provided and have, where required, been declared to the relevant tax authority in my country of residence for taxation.
16. The application for an Old Mutual International policy is not being made for the purpose of concealing funds, assets or wealth with a view to the evasion of any taxes I am obliged to pay.

### APPOINTMENT OF A LEAD POLICYHOLDER – APPLICABLE IF THERE IS MORE THAN ONE APPLICANT

1. I agree to the appointment of the Lead Policyholder, who is named in this application, for the policies comprising our Old Mutual International Collective Redemption Bond in accordance with the Policy Terms.
2. I understand that this appointment is revocable and can be changed at any time (as explained in the Policy Terms).
3. I understand that by agreeing to the appointment of the Lead Policyholder I authorise the Lead Policyholder to provide Old Mutual International with instructions to carry out and request certain Policy Transactions on behalf of all Policyholders. The instruction or request shall be deemed to have been addressed, sent and authorised on behalf of all Policyholders.
4. I understand that these instructions will be legally binding and that Old Mutual International can act on instructions received from the Lead Policyholder.

**Please enter the country in which this application form was signed.**

continued

## L DECLARATION AND APPLICATION (CONTINUED)

This application must be completed by the applicant(s) unless you have asked your financial adviser to complete it.

**Did you complete this application form yourself? (✓)**

Yes

No

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

Yes

No

By signing this declaration you confirm that you have read through the above declaration and, if a third party has completed the application form on your behalf, that all the information provided in it is correct.

Signature of applicant 1

Date

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

Signature of applicant 2\*

Date

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

\* If applicable.

Copies of the Policy Terms and Conditions and/or this completed application form are available from Old Mutual International on request.

## M VERIFICATION OF CUSTOMER IDENTITY – FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE

**THIS SECTION MUST BE COMPLETED IN ALL INSTANCES.**

► **Please note that we will not be able to set the bond live until this section has been completed and you have provided the necessary identification documentation.**

Outlined below are the standard minimum requirements. In some circumstances we may need additional information.

We require one document from part A and one from part B. If neither document in part A is available, please provide the reason why and provide two formal documents showing appropriate personal details and verifiable reference numbers from part B.

When certifying copies of original documents, the suitable certifier must provide the following:

- a statement to reflect that it is a true copy of the original
- their name
- their signature
- the date of certification

**Identification documentation must be current and valid. Evidence of address should be the latest available, but no more than three months old.**

► **Please tick (✓) to indicate the identification you have supplied for each individual party to the bond. If a fund adviser has been appointed we may need to verify the identity of the appointee.**

PART A		INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED	
1. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	<input type="radio"/> Passport <input type="radio"/> National identity card		
Document reference	<input type="text"/>		
2. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	<input type="radio"/> Passport <input type="radio"/> National identity card		
Document reference	<input type="text"/>		
3. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	<input type="radio"/> Passport <input type="radio"/> National identity card		
Document reference	<input type="text"/>		
4. Name	<input type="text"/>		
Capacity	<input type="text"/>		
Type of document	<input type="radio"/> Passport <input type="radio"/> National identity card		
Document reference	<input type="text"/>		

continued

**M VERIFICATION OF CUSTOMER IDENTITY – FINANCIAL ADVISER/SUITABLE CERTIFIER TO COMPLETE (CONTINUED)**

**PART A – REASON WHY DOCUMENTS ARE NOT PROVIDED (IF APPLICABLE)**

Empty box for providing reasons why documents are not provided.

**PART B INDIVIDUAL WHOSE IDENTITY IS BEING VERIFIED**

<b>These must be less than three months old</b>	1	2	3	4
1. A recent utility, rates or council tax bill (mobile/cell phone bills not acceptable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. A recent mortgage statement, giving the residential address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. An extract from the official register of electors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. A state pension, benefit or other government produced document showing benefit entitlement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. A recent tax assessment document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. A recent account statement from bank or credit card (store cards not acceptable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Proof of ownership or rental of the residential address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**PART C FINANCIAL CRIME – RISK RATING**

► Please refer to the origin of wealth guidelines (available from Old Mutual International) for information on how to complete the table below.

To prevent financial crime, Isle of Man authorised life companies may adopt a ‘risk-based approach’ when obtaining evidence of the origin of a client’s wealth. In order to speed up the application process we have provided you with the table below to allow you to find out your client’s risk rating before submitting the application form to us. **We highly recommend that you complete the risk rating as it allows you to determine if you need to enclose further documentary evidence with the application form or not. If we do not receive the necessary documentary evidence with the application form, then it will take longer to process the business.**

In order to decide what risk rating applies to your client’s investment you need to take into account the following factors:

- (a) your client’s country of residence
- (b) which country the premium is paid from.
- (a) + (b) = total risk rating

<b>Applicant</b>	<b>Client country of residence (a)</b>	<b>Country that the premium is paid from (b)</b>	<b>Total risk rating</b>
Example	Switzerland (1)	UK (1)	2

**Old Mutual International reserves the right to request further documentation if it is felt appropriate.** Please note that each new application, or application for an additional investment, will be reviewed individually.

If you are unsure about a particular application, please contact your Old Mutual International business consultant in the first instance, or alternatively contact Old Mutual International’s Sales Support team directly on +44 (0)1624 655 010.

## N FINANCIAL ADVISER/SUITABLE CERTIFIER DECLARATION

**THIS SECTION MUST BE COMPLETED IN ALL INSTANCES.**

### DECLARATION BY THE FINANCIAL ADVISER/SUITABLE CERTIFIER

I declare that:

- I have verified the contents of the original documents where copies have been enclosed and confirm that they are true copies of the originals.
- I have taken reasonable steps to make sure that the funding is legitimate and in line with the client's circumstances.
- To the best of my knowledge and belief, all the information provided in and with this application is true and complete and was obtained from the applicant(s) who is/are of good standing. I also confirm I will provide further information if required.
- I have not made any changes to the application form after the client has signed it.

**I confirm that I gave advice concerning this investment to the applicant(s) in**

Country

**on**

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

I confirm that, if applicable, all information provided was received directly from the applicant(s).

**Regulatory body authorisation number**  
(if applicable)

**Regulator name**

**Old Mutual International financial adviser account number**

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

**Full name of introducer firm**

**Full name of financial adviser/  
suitable certifier**

**Signature of financial adviser/  
suitable certifier**

**Date**

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

**Financial adviser stamp**

**[www.oldmutualinternational.com](http://www.oldmutualinternational.com)**

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Old Mutual International Isle of Man Limited is registered in the Isle of Man under number 24916C. Registered and Head Office: King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles. Phone: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715.

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**APPLICANT CHECKLIST**

(✓)

You should use this checklist to ensure you have completed all sections of the application form. Any missing information may delay your application.

**Section A – Type of application**

If this is an additional investment, have you provided details of your existing bond?

Have you indicated the policy currency for the bond?

**Section B – Details of all individual applicant(s)**

Have you filled in the details of all individual applicants?

(Each applicant must also sign the declaration in Section L)

Have you provided your employer's details (or if you are retired your employer before retirement)?

**Section C – Source of funding**

This section should be completed for all investments.

Have you completed your bank details?

**Section D – Investment details**

Have you selected the currency and payment method for your premium payment?

Have you stated the amount to be invested?

(The minimum initial investment amount is £25,000, US\$37,500, €37,500 or other currency equivalent).

**Section E – Asset choice**

Have you filled in the asset choice table?

(The asset choice is needed for all applications unless you are appointing an authorised custodian.)

**Section F – Origin of wealth**

This section must be completed in all instances.

Have you provided full details of your origin of wealth?

**Section G – Charge deduction asset**

Have you stated which asset is to be used as the Charge Deduction Asset?

**Section H – Regular withdrawals (optional)**

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

Have you nominated asset(s) to fund your regular withdrawals?

Have you completed the payee details?

**Section I - Number of policies**

Have you entered the number of policies you would like?

**Section J - Fund adviser**

If you have selected the option to appoint someone else to manage your assets, have you completed either or both of the following forms?

– Appointing a fund adviser to your Old Mutual International portfolio bond

– Letter of authority

**Section K - Old Mutual International charges**

Have you entered the reference code for your chosen Old Mutual International charging structure?

**Section L – Declaration and application**

Has each applicant read the data privacy statement?

Has each applicant read and signed the declaration?

**FINANCIAL ADVISER/SUITABLE CERTIFIER CHECKLIST****Section M – Verification of customer identity**

Have you completed parts A, B and C with the relevant details for each applicant?

Have you enclosed the relevant identification documentation with this application form?

**Section N – Financial adviser/Suitable certifier declaration**

Have you completed all the details in this section?