



Flexible Life Annuity New Policy – Application Form for Individuals



Notes

- a. You are applying for a Flexible Life Annuity ('FLA') issued by London & Colonial Assurance PCC Plc ('LCA').
- b. Before completing this application form you should read the FLA Key Features, FLA Key Information Document and FLA Charges and Fees which you should have received from your Financial Adviser. These documents contain important information and by signing this application form you confirm that you have read and understood them.
- c. If you have any questions when filling in this application form please speak to your Financial Adviser.
- d. The current FLA standard terms and conditions are available on our website www.londoncolonial.com.
- e. The security and safety of your data is very important to LCA. A copy of our Privacy Notice can be found on our website www.londoncolonial.com
- f. Please scan and email the fully completed signed application form together with the document listed below to LCA@stmgroup.online

Application Checklist

- a. Fully completed all relevant sections of this Flexible Life Annuity Application Form for Individuals ('the Application Form') in block capitals
- b. Read and understood the FLA Key Features, FLA Key Information Document, and FLA Charges and Fees
- c. Provided verification of bank account which will receive the Annuity payments (as outlined in Section 3 of this Application Form)

Provided certified true copies of the following documentation:

- a. 1 x Proof of Identity. Passport copy or if none, a government issued ID card which must contain an MRZ code, be current, clear and legible.
- b. 1 x Proof of Address from the following list showing the same residential address as that provided on this Application Form:
 - 1. Utility or Tax Bill; (this must not be more than 3 months old. Mobile phone bills are not acceptable)
 - 2. Bank statement; (this must not be more than 3 months old)
 - 3. Mortgage statement from a recognised lender; (this must not be more than 3 months old)
 - 4. Deeds or rental contract; or
 - 5. Original letter from a lawyer or an approved introducer confirming the address of the individual.

Where it is not possible to provide any of the documents mentioned above, LCA reserves the right to accept an Employer's letter verifying the address. This must be on letter headed paper with the signatory name and position clearly stated. The Applicant should also submit an explanation as to why the documents cannot be provided

- c. Proof of Source of Funds. Origin of funds/assets which are subject to the business relationship and anticipated transactions (as specified in Section 2).
- d. Proof of Source of Wealth. Information and documents specified in Section 2.
- e. Bank statement evidencing the funds held prior to transferring funds to LCA.
- f. International Tax Compliance Questionnaire.

Who Can Certify Documents?

Where copies of original documents are provided they must be properly certified (and have been certified within the last three months) using the correct wording, and be certified by the correct person, as detailed below:

Certified to be a true copy of the original as seen by me.

Where the document contains a photograph, I certify that this is a true likeness of the person in the photograph.

Full Name:.....(of the person certifying)	Company:.....(of the person certifying)
Tel. Number:.....(of the person certifying)	Date:.....(the date the certification was made)
Position:.....(of the person certifying)	Signature:.....(the signature of the person certifying)

The person certifying the document must be a professional person with verifiable credentials and should not be:

- Related to you
- Living at the same address
- In a relationship with you

Section 1. Annuitant Details

Title:

First Name(s):

Surname:

Email:

Please tick here to confirm you are a UK tax resident

Residential Address:

Postcode:

Country:

Nationality:

Date of Birth:

Contact Number(s):

National Insurance Number*:

If you are also tax resident in another country, please state the country and Tax ID Number

* If you have lost or do not have a National Insurance number then please obtain one from UK HM Revenue & Customs ('HMRC') here: www.gov.uk/lost-national-insurance-number Please note that we will not be able to proceed with this application form until receipt of your National Insurance number.

Section 2. Source of Wealth/Funds

We are required to make enquiries as to the origin of the funds being used to purchase this annuity. Please tick the appropriate option(s) relating to the Source of Wealth and supply suitably certified documentation as a minimum requirement.

The information that we require can be provided by way of a written note from you. The documentation required should always be from a third party and suitably certified as detailed on page 2. By providing the documentation required with the application form may speed up the application process.

The list of documentary evidence required for each section is not an exhaustive list and LCA reserves the right to request any further information and/or documentation we reasonably believe to be necessary in order to comply with Gibraltar's statutory Anti-Money Laundering requirements. If you are in doubt regarding what is required, please contact us.

We may be required to apply enhanced due diligence. Please note that whether enhanced due diligence is undertaken is on a case-by-case basis. We will contact you if we are to apply enhanced due diligence.

The premium payment must come from a Bank or Building Society Account held in your name.

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

Please provide a Bank Statement evidencing proof of receipt of the Source of Funds as detailed above and proof of funds held before the transfer to LCA (if different).

Premium Payment Amount:

Account Name:

Account Number/IBAN:

Sort Code:

SWIFT or BIC code:

ABA Number:

Branch Code for non-UK Banks:

Bank Name:

Bank Address:

- 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).

Section 2. Source of Wealth/Funds (continued)

Please complete all relevant boxes below to cover your entire body of wealth

1. Savings from employment (salary and/or bonuses)

Occupation:
 (or if retired, please state 'retired')

Average yearly salary for the last three years: £
 (if retired state average salary for the last three years of employment)

Average bonus for the last three years: £
 (if retired state average bonus for the last three years of employment)

Employer:
 (or if retired previous employer)

Date started: Day Month Year Date finished: Day Month Year

Employer's address: (including postcode)

Where you have had more than one employer in the last three years, please photocopy the section above and complete for each employer.

Documentary evidence required:

a payslip from within the last three months; or

bank statements clearly showing receipt of three recent months' income; or

a letter from your employer on company headed paper confirming your salary/bonus; or

your latest P60 or equivalent

2. Savings from Self-Employment

Occupation:

Average yearly earnings for the last five years: £

OR details of yearly earnings for the last five years:

Tax year	Earnings
	£ <input type="text"/>
	£ <input type="text"/>
	£ <input type="text"/>
	£ <input type="text"/>
	£ <input type="text"/>

Documentary evidence required:

business accounts with the preparing accountant's report; or

a letter from your accountant on company headed paper confirming your earnings; or

your last five years' tax returns

Section 2. Source of Wealth/Funds (continued)

3. Company dividends (including where you own or part-own the company)

Company Name:

Company's address: (including postcode)

Company registration number:

Amount received: £ Date received: Day Month Year

Company Name: (if applicable)

Company's address: (including postcode)

Company registration number:

Amount received: £ Date received: Day Month Year

Where the source of wealth has come from more than two companies, please photocopy this section and complete for the other companies.

Documentary evidence required:

board minute approving the dividends AND

audited financial statements evidencing the dividends AND

copy(ies) of the share certificate(s).

4. Sale or Maturity of Investments

a. Name of institution where investment held:

Amount received: £ Date received: Day Month Year

If sold or maturity over three years ago, please advise where the funds have been held:

b. Name of institution where investment held:

Amount received: £ Date received: Day Month Year

If sold or maturity over three years ago, please advise where the funds have been held:

c. Name of institution where investment held:

Amount received: £ Date received: Day Month Year

If sold or maturity over three years ago, please advise where the funds have been held:

Where the source of wealth has come from more than three investments, please photocopy this section and complete for the other investments that have been sold or matured.

Documentary evidence required:

sale/surrender contract note(s) or certificate(s); or

statement from a recognised broker or investment manager confirming the details and amount received.

Section 2. Source of Wealth/Funds (continued)

5. Property Sale

Address of property sold:
(including postcode)

Amount received: £ Date of sale: Day Month Year

If sold over three years ago, please advise where the funds have been held:

Documentary evidence required:

An original, signed letter from your lawyer confirming the details and amount received; or

the original or suitably certified copy of the sale contract/completion statement.

6. Life policy proceeds

Name of policy provider:

Policy reference number:

Length of time policy was held: years months

Amount received: £ Date of surrender/maturity: Day Month Year

If surrendered or maturity over three years ago, please advise where the funds have been held:

Documentary evidence required:

policy surrender/maturity documentation (for example chargeable event certificate) or certificate(s); or

a letter from the policy provider giving details of the amount paid.

7. Private company sale

Full name of Company Name:

Company registration number:

Company's address:
(including postcode)

Nature of the company's business:

Amount received: £ Date of sale: Day Month Year

If sale over three years ago, please advise where the funds have been held:

Documentary evidence required:

the contract of sale and the bank statement clearly showing the amount received; or

an original, signed letter from your lawyer confirming the details of the sale and amount received.

Section 2. Source of Wealth/Funds (continued)

8. Inheritance/Gift

Full name of person who make the gift to you:

Their address:
(including postcode)

Their relationship to you:

How did they accumulate their wealth?
(if known)

Amount received: £ Date received: Day Month Year

If received over three years ago, please advise where the funds have been held:

Documentary evidence required:

- the grant of probate (with copy of the will attached) showing the value of the estate; or
- an original, signed letter from your lawyer confirming the details of the sale and amount received; or
- an original, signed letter from the person who make the gift confirming the details and amount of the gift and the relevant documentary evidence for the source of wealth.

9. Other

Please include full details including who the money was received from, the reason for the payment and the dates and amounts involved.

Section 3. Annuity Details and Payment Instructions

Reference number of the FLA Personal Illustration received:

Frequency of payments. Please tick the appropriate box:

Yearly
 Half Yearly (every six months)
 Quarterly (every three months)
 Monthly

Annuity Payment Amount: Date of first payment: Day Month Year

Please allow seven working days for your account to be credited where the funds are held in the current account of the policy. Funds held by third party may take longer to clear.

Where do you want the funds to be paid?

(We will pay the annuity payments to the bank details provided in Section 2 unless you complete this section. Payments will be made by electronic transfer. A certified copy of a bank statement within the last three months, for this bank account, must be provided). Please note that we can **only** pay the annuity payments to a bank account in your name (solely or jointly). Please note that we **cannot** pay the annuity payments to a bank account in a third party's name.

Bank Name:

Bank Address:

Country:

Postcode:

Account name:

Account number:

Sort Code:

IBAN:

SWIFT/BIC:

Section 4. Financial Adviser

Please confirm if advice has been given on the sale of this FLA product (*this Product): Yes No

Please provide details of the Financial Adviser who gave you the advice to purchase this Product:

Financial Adviser's Full Name:

Company Name:

Registration Number: Landline:

Registered Address: Mobile:

Country: Signature of the Financial Adviser:

Postcode: Date: Day Month Year

Email:

Your Financial Adviser acts as your agent and not as an agent of LCA (see Section 10. Declaration, General Principles and Signature).

Section 5. Investment Adviser

Please complete this section if you wish to request LCA appoint an Investment Adviser. This is your choice and an agreement that you must make with your Investment Adviser. They will have the power to make investment decisions on your behalf.

Investment Adviser's Full Name:

Company Name:

Registration Number: Landline:

Registered Address: Mobile:

Country:

Postcode:

Email:

Declaration

(Please tick to confirm)

I declare that I wish to appoint the Investment Adviser named above to be the Investment Adviser of the underlying assets held within my Annuity. I request LCA to enter into any formal agreements required by the Investment Adviser to facilitate this appointment.

I declare that I have delegated investment decisions to the Investment Adviser, who has complete discretionary authority, without having to consult me first, to make all investment decisions to buy or sell assets, hold cash or other investments. I authorise LCA to act upon the investment instructions of the Investment Adviser as if the Investment Adviser were me.

Signature of the Annuitant:

Date:

Day	Month	Year
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For completion by the Investment Adviser

(Please tick to confirm)

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Annuitant

Signature of the Investment Adviser:

Date:

Day	Month	Year
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Section 6. Discretionary Fund Manager (if applicable)

Please complete this section if you wish to request LCA appoint a Discretionary Fund Manager ('DFM'). The DFM must act on a discretionary basis.

Discretionary Fund Manager's Full Name:	<input type="text"/>		
Company Name:	<input type="text"/>		
Registration Number:	<input type="text"/>	Contact name:	<input type="text"/>
Registered Address:	<input type="text"/>	Landline:	<input type="text"/>
Country:	<input type="text"/>	Mobile:	<input type="text"/>
Postcode:	<input type="text"/>		
Email:	<input type="text"/>		

Declaration

(Please tick to confirm)

I declare that I wish for the underlying assets held within my FLA to be placed in a discretionary account, which will be managed on a discretionary basis by the Discretionary Fund Manager.

I acknowledge that these investments are held in the name of LCA and therefore I request LCA to enter a formal agreement appointing the Discretionary Fund Manager.

Section 7. Investment Manager and/or Platform (if applicable)

Please complete this section if you wish to request LCA appoint an Investment Manager and/or Platform.

Investment Manager's Full Name/Platform Name:	<input type="text"/>		
Company Name:	<input type="text"/>		
Registration Number:	<input type="text"/>	Contact name:	<input type="text"/>
Registered Address:	<input type="text"/>	Landline:	<input type="text"/>
Country:	<input type="text"/>	Mobile:	<input type="text"/>
Postcode:	<input type="text"/>		
Email:	<input type="text"/>		

Declaration

(Please tick to confirm)

I acknowledge that the underlying assets held within my FLA are held in the name of LCA and therefore I request LCA to enter a formal agreement appointing the Investment Manager/Platform named above.

Section 8. Investment Instructions

Please give full details below of your initial asset selection.

Please note that if any of the investment instructions are unclear, LCA will not make the investments until the information has been clarified. If no investment instructions are given on this Application Form then LCA shall hold any funds in cash until such time as LCA receives valid investment instructions.

Does your investment include an in specie transfer? If yes, please provide a current statement (including the SEDOL, ISIN or FPI Mirror Fund Code) for each of the assets to be transferred.

Amount to Invest		Asset Details		
Cash Amount	% of The Premium Amount	SEDOL, ISIN or FPI Mirror Fund Code	Asset Name	Base Currency Unit

There should be sufficient cash held in the cash account to cover the first year charges and annuity payments. **Any assets which have not previously been accepted by LCA may be subject to an asset acceptance process.**

Section 9. Product Charges and other Fees

LCA Charges

Establishment Charge: £ or %

Annual Management Charge: £ or %

Financial Adviser Fees (if applicable)

Initial Fee: £ or %

Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

Yearly Renewal Fee: £ or %

Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

Investment Adviser Fees (if applicable)

Initial Fee: £ or %

Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

Yearly Renewal Fee: £ or %

Please tick to confirm this fee is to be paid by the DFM/Platform and not by LCA

The renewal fees will be deducted yearly on each anniversary of the commencement date. LCA's Annual Management Charge will be deducted on the commencement date and yearly on each anniversary of the commencement date thereafter. All charges will be deducted from the cash balance held within the FLA unless otherwise advised.

Section 10. Declaration, General Principles and Signature

Please sign and date, at the bottom of this page once you have read and understood the following statements. If you do not understand of any the statements, please speak to your Financial Adviser.

- a. I am applying for a London & Colonial Assurance PCC Plc ('LCA') Flexible Life Annuity ('FLA').
- b. I confirm that to the best of my knowledge and belief all the statements in this application are true and complete and contain all material facts. A material fact is one that will influence whether and upon what terms this application is accepted. If there is any doubt as to whether a fact is relevant it should be disclosed.
- c. I confirm that I understand the FLA standard terms and conditions and this application forms the basis of the contract between LCA and myself. I confirm that I have read and understood the FLA key features document, FLA key information document, personal illustration, FLA charges and fees document and the FLA standard terms and conditions before signing this application form.
- d. I confirm that I have discussed the charges and fees with my Financial Adviser and that I agree to the charges and fees set out in my personal illustration.
- e. I am aware that LCA does not provide any investment or tax advice.
- f. I understand that:
 - i. LCA does not give any guarantee as to the performance or profitability of the assets held within my FLA and
 - ii. They will not be liable for any loss or depreciation in the value of the assets, whether such loss or depreciation may result from a fall in the value of any investment or from any other cause (but excluding any loss arising from negligence, wilful default, or fraud by LCA).
- g. I am aware that LCA have no responsibility for the day-to-day management for any company where their shares are directly or indirectly held within my FLA.
- h. I confirm that to the best of my knowledge and belief that I am not subject to any taxation, exchange control or legislation that would make this application unlawful.
- i. I understand and agree that the contract I am applying for will be subject to Gibraltar law and that the terms of the contract will be in the English language.
- j. I understand that I can request LCA considers appointing the Investment Adviser named in Section 5. I am aware that the appointment is subject to the terms and conditions set out in the Investment Adviser Agreement and will not start until a fully completed Investment Adviser Appointment Form has been received and duly acknowledged by LCA.
- k. I understand that LCA is not responsible for any loss or liability incurred as a result of advice given or negligence by, the named Investment Adviser. I also understand that LCA is not responsible for the performance of any assets linked to my FLA.
- l. I authorise LCA to debit the cash balance held within my FLA with the charges and fees shown in my personal illustration.
- m. I am aware that:
 - i. My Financial Adviser, named in section 4 has entered into an agreement with LCA and
 - ii. They act as my agent and not as an agent of LCA.
- n. I agree to LCA performing electronic searches on me to verify my identity for Anti-Money Laundering purposes.
- o. I agree to notify LCA in writing, within 30 days if I change my name or permanent residential address.
- p. I agree to LCA using any personal information supplied on this application or obtained from any third party when administrating my FLA.
- q. I agree to LCA passing my personal information to:
 - i. Any nominated Financial Adviser, investment adviser, discretionary fund manager or platform.
 - ii. Any third party whilst they are connected with administrating my FLA.
 - iii. Any regulatory authorities or any other third party to comply with any legal requirements.
 - iv. Other companies within STM Group Plc.

I agree to LCA acting on instructions by email and fax without requiring written confirmation bearing actual signatures. I acknowledge the risks associated and accept that LCA will have no responsibility for any losses occurred as a result of acting in good faith on those instructions.

I confirm that the premium payment amount(s) in Section 2 should be invested as the initial premium and ask LCA to issue the FLA in my name.

I confirm that the advice I received was given in the United Kingdom and that the Application was signed in the United Kingdom, and that, to the best of my knowledge and belief, the statements made in this application and any related documents are true, consistent, and complete and that no material facts have been concealed.

Annuitant

Full Name:

Signature:

Date:

Section 11. Queries and Contact Details

For further information, or if you wish to complain about any aspect of the service you have received, please contact our Customer Team:

London & Colonial Assurance PCC Plc

3rd Floor

55 Line Wall Road

Gibraltar

GX11 1AA

Email Address: LCA@stmgroup.online

Telephone: (UK): 0044 (0)2036 406843, (Gibraltar): 00350 200 75812



Postal Address:
London & Colonial Assurance PCC Plc
3rd Floor
55 Line Wall Road
Gibraltar, GX11 1AA
T (UK): 0044 (0)2036 406843
T (Gibraltar): 00350 200 75812
www.londoncolonial.com
LCA@stmgroup.online

Gibraltar Company Registration Number: 80650

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