

Please read each section of this form carefully and complete all relevant sections.

Failure to provide all relevant information and documentation may result in a delay in the application being processed. Further information may be required during the validation process (i.e. questions arising from the information provided).

Please write clearly and in English using block capitals.

A. GRANTEE

Name: _____		Contact person: _____	
Address for correspondence: _____			
_____		Telephone no:	_____
_____		Facsimile no:	_____
_____		E-mail:	_____
Post code: _____			
If the Grantee is a corporate entity, please confirm who advised you on this application:			
SPP <input type="checkbox"/>	Mandatum <input type="checkbox"/>	Storebrand <input type="checkbox"/>	Varma <input type="checkbox"/>
Other <input type="checkbox"/> Please give details: _____		An Insurope or IGP Company <input type="checkbox"/> Please give details: _____	

B. ANNUITANT

Surname: _____		Forenames: _____		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Date of birth: (dd/mm/yyyy) _____	Maiden name: _____		Country of residence: _____		
Address: _____					
_____		Telephone no:	_____		
_____		Facsimile no:	_____		
_____		E-mail:	_____		
Post code: _____					

C. SPECIFIED DEPENDANTS

Name of spouse/partner: _____	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>	Date of birth: (dd/mm/yyyy) _____
Address: _____			
Telephone no: _____			
Post code: _____			

D. PAYMENT DETAILS

Premium will be paid by:	
Grantee: <input type="checkbox"/>	Annuitant: <input type="checkbox"/>
Other: <input type="checkbox"/>	
If other, please supply address for invoice:	Please supply details of the bank which will make the payment:
Address: _____	
Bank name: _____	Sort code: _____
Post code: _____	

E. ANNUITY TYPE AND ESCALATION OPTIONS

Choose one of the following annuity types:	
1. <input type="checkbox"/>	Pension payable for life.
2. <input type="checkbox"/>	Pension payable for life, reducing to a specified percentage at a specified age. What specified percentage? <input type="text"/> What age? <input type="text"/> Years: <input type="text"/> Months: <input type="text"/>
3. <input type="checkbox"/>	Pension payable for life, but guaranteed for a number of years. How many years? <input type="text"/>
4. <input type="checkbox"/>	Pension payable for life, but for a maximum number of years. How many years? <input type="text"/>
5. <input type="checkbox"/>	Guaranteed pension payable for a certain number of years only. How many years? <input type="text"/>
6. <input type="checkbox"/>	Last survivor pension with pension reducing to a specified percentage on first death. What specified percentage? <input type="text"/>
7. <input type="checkbox"/>	Pension payable for life and on death a pension of a specified percentage to a survivor. What specified percentage? <input type="text"/>
Choose one of the following annual escalation types:	
1.	Fixed escalation: either 0% <input type="checkbox"/> 1% <input type="checkbox"/> 2% <input type="checkbox"/> 3% <input type="checkbox"/>
2.	Escalation in accordance with Nordben's discretionary bonus: <input type="text"/>

HOW WILL THIS INFORMATION BE USED?

Nordben Life and Pension Insurance Co. Limited will use the information supplied by you and your advisor in order to determine whether it can meet its obligations under current Guernsey Anti-Money Laundering Legislation and to establish the policy you have applied for. For these purposes this document, together with copies of the requested supporting documents, will be disclosed to relevant Nordben staff. By signing the declaration on this form you will have given your consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed. This document, together with copies of the requested supporting documents, will be held on file and will be disposed of in accordance with Guernsey legislation. Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website www.nordben.com/data-protection

I. DECLARATION

We the undersigned declare that to the best of our knowledge the above details are accurate and complete. We hereby apply to Nordben Life and Pension Insurance Co. Limited for an Annuity Plan in accordance with the attached quotation.

We confirm that we have received sufficient information regarding the Annuity Plan and that we understand the terms and conditions of the Annuity Plan and that an Annuity cannot, generally, be altered once payments have commenced.

We the undersigned understand that Nordben Life and Pension Insurance Co. Limited expressly reserves its right to refuse to proceed with the application unless Nordben Life and Pension Insurance Co. Limited is satisfied that by accepting it, there would be no breach of any law, regulation, regulatory guidelines or directive and that there would be no reputational risk to Nordben Life and Pension Insurance Co. Limited.

- The Annuity Plan General Conditions can be viewed at www.nordben.com under the Individuals/Products/Individual-Products/Annuity Plan/General Conditions section
- A copy of this application will be supplied to the Grantee and Annuitant on request
- The Grantee and Annuitant should keep a record (including copies of letters) of all information supplied for the purpose of entering into the contract

I/We agree that any notice or communication issued or received by one of the parties to the Contract, as defined in the Annuity Plan General Conditions and/or any form of communication between the Parties to the Contract, may be communicated by post, telephone, e-mail or facsimile to the respective contact details listed above or as amended from time to time.

I/We acknowledge that facsimile and e-mail communications are not secure methods of communication and may be intercepted, lost, destroyed, corrupted or delayed in transmission and that communications purportedly sent by a Party to the Contract may not in fact have been sent by such person.

I/We agree that any communication by a Party to the Contract, bearing a signature which appears to be consistent with such person's signature and any e-mail received from a Party to the Contract's e-mail address shall be conclusively presumed to be issued by such a Party and reliance thereon shall release the other Parties from any liability for any resulting loss or damage which may be suffered by a Party to the Contract. Nevertheless, the Grantee and Life Assured acknowledge that a Party to the Contract may at its absolute discretion and likewise without incurring any liability refuse to rely on such communication without further confirmation from the Party of the authenticity of such communication.

Signature of Annuitant: _____ Date: (dd/mm/yyyy) _____

Signature of Grantee: _____ Date: (dd/mm/yyyy) _____

J. ADDITIONAL DOCUMENTATION REQUIREMENTS

Please also attach the following documents for verification purposes and tick to indicate which documents you have enclosed:

Requirements if the Grantee is an individual person

A completed Client Verification Document (and accompanying documents), available at www.nordben.com under the Individual/Forms/Annuity Plan section.

Requirements if the Grantee is an employer (i.e. company)

A completed Corporate Application form (and accompanying documents), available at www.nordben.com under the Individual/Forms/Annuity Plan section.

If you are accepting a quotation, please attach a copy of the quotation to this application.

A certified copy of the Life Assured's passport or national identity card.

An original utility bill or bank statement confirming the Life Assured's residential address. (The document should be the latest available, but not more than 12 months old. An original must be supplied. It will be returned once it has been processed.)

J. ADDITIONAL DOCUMENTATION REQUIREMENTS (Continued)

Notes: A completed Corporate Application form is not required if the Grantee has an existing business relationship with Nordben.

Who can act as a suitable certifier?

- The Grantee (where the Grantee is the Life Assured's employer)
- An embassy, consulate or high commission of the country of issue of the documentary evidence of identity
- A lawyer or notary public
- A member of the judiciary or senior civil servant
- A serving police or customs officer
- A bank manager or officer (of the bank mentioned above)

Nordben Life and Pension Insurance Co. Limited

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