

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

Surname: _____		Forenames: _____		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of birth: (dd/mm/yyyy) _____	Social Security number: _____	Passport number: _____	Nationality: _____	
Residence: _____	Occupation: _____	Name of employer: _____		
Home address: _____ _____ Telephone no: _____ _____ Facsimile no: _____ _____ E-mail: _____ _____				
Post code: _____				
Business address: _____ _____ Telephone no: _____ _____ Facsimile no: _____ _____ E-mail: _____ _____				
Post code: _____				

B. DESIGNATED BENEFICIARY (The person designated by the Grantee to benefit from the Policy)

Surname: _____		Forenames: _____		Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Date of birth: (dd/mm/yyyy) _____	Social Security number: _____	Passport number: _____	Nationality: _____	
Residence: _____	Occupation: _____	Name of employer: _____		

B. DESIGNATED BENEFICIARY (Continued)

Home address:	
_____	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____

Post code: _____	
Business address:	
_____	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____

Post code: _____	

C. LIFE ASSURED (If more than one Life is to be insured please notify on a separate sheet)

Surname: _____		Forenames: _____		Male: <input type="checkbox"/>	Female: <input type="checkbox"/>
Date of birth: (dd/mm/yyyy) _____	Social Security number: _____	Passport number: _____	Nationality: _____		
Residence: _____	Occupation: _____	Name of employer: _____			
Home address:					
_____		Telephone no: _____	_____		
_____		Facsimile no: _____	_____		
_____		E-mail: _____	_____		

Post code: _____					
Business address:					
_____		Telephone no: _____	_____		
_____		Facsimile no: _____	_____		
_____		E-mail: _____	_____		

Post code: _____					

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

D. DECLARATION

I/We declare that the answers to the questions on this application are true to the best of my/our knowledge and belief and I/We agree that they shall form the basis of the contract.

I/We also understand that the values of the Individual Plan may go down as well as up.

I/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 Individual Plan General Conditions can be viewed at www.nordben.com under the Individuals/Products/Individual-Products/Individual Plan/General Conditions section
- A copy of this application will be supplied to the Grantee and Life Assured on request
- The Grantee and Life Assured 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 Individual 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, I/We 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.

I/We enclose:

- A completed Client Verification Document (and accompanying documents), available at www.nordben.com under the Individual/Forms/Individual Plan section
- A Health Declaration completed by the Life Assured (if more than one Life is to be insured, a Health Declaration is to be completed by each of the Lives Assured)
- Appointment of Investment Manager

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

E. NORDBEN USE ONLY

Initial premium:	Plan number:	No of units:
Comm set:	Fee set:	Valn ccy:

Nordben Life and Pension Insurance Co. Limited
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