

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: _____	
Telephone no: _____	Facsimile no: _____
E-mail: _____	
Post code: _____	
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:	Date of birth: (dd/mm/yyyy)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name of child:	Date of birth: (dd/mm/yyyy)	Name of child:	Date of birth: (dd/mm/yyyy)
Name of child:	Date of birth: (dd/mm/yyyy)	Name of child:	Date of birth: (dd/mm/yyyy)
Address:			
		Telephone no:	
		Facsimile no:	
		E-mail:	
Post code: _____			

D. DESIGNATED BENEFICIARY

The person or persons designated to receive a lump sum payment in the event of the Annuitant's death. If no such beneficiary exists then payment will be made to the estate of the deceased.

1. Surname:	Forename(s):
Date of birth (dd/mm/yyyy):	Percentage required:
2. Surname:	Forename(s):
Date of birth (dd/mm/yyyy):	Percentage required:
3. Surname:	Forename(s):
Date of birth (dd/mm/yyyy):	Percentage required:
4. Surname:	Forename(s):
Date of birth (dd/mm/yyyy):	Percentage required:

In the event that a beneficiary should predecease the Life Assured then that beneficiary's percentage shall be equally divided between the remaining beneficiaries. If further beneficiaries are required then please notify on a separate sheet.

E. PREMIUM DETAILS

Single premium:	Currency: _____	Amount: _____
Proposed date of payment (dd/mm/yyyy): _____	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: _____	
_____	_____	
_____	_____	
_____	_____	
Post code: _____	Post code: _____	_____
	Telephone no: _____	_____
	Facsimile no: _____	_____
	E-mail: _____	_____

F. FREQUENCY OF ANNUITY PAYMENTS

Retirement date: (dd/mm/yyyy): _____
Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>
Annuity payments are made as follows:
Monthly: On the first of the month following the retirement date.
Quarterly: A pro rata payment on the first of the month following the retirement date and thereafter on 1 January, 1 April, 1 July and 1 October.
Half yearly: A pro rata payment on the first of the month following the retirement date and thereafter on 1 January and 1 July.
Annually: A pro rata payment on the first of the month following the retirement date and thereafter on 1 January.
Annuity payments are increased on 1 January.

G. PREFERRED INVESTMENT MANAGER

H. SPECIAL CONDITIONS/COMMENTS

J. DECLARATION

I/We the undersigned declare that to the best of our knowledge the above details are accurate and complete. I/We hereby apply to Nordben Life and Pension Insurance Co. Limited for a Living Annuity Plan. I/We confirm that we have received sufficient information regarding the Living Annuity Plan and that I/we understand the terms and conditions of the Plan; I/we acknowledge that the Living Annuity Plan shall consist of the Policy, the General Conditions, this application and any written declaration or statement made by one of the Parties to the Living Annuity Plan and acknowledged by the others.

I/We understand that Nordben Life and Pension Insurance Co. Limited shall not be responsible for any loss caused to or suffered by the Annuity Fund resulting from the appointment or retention of or for anything done or omitted by the preferred Investment Manager and I/we understand that the Annuity Fund will bear the charges levied by the Investment Manager.

I/We understand that the value of the Living Annuity Plan is subject to fluctuation and may increase or decrease over time depending on market conditions and investments made. Nordben Life and Pension Insurance Co. Limited shall not be liable for any loss or decrease of value other than arising out of its own wilful default or gross negligence.

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 Living Annuity Plan General Conditions can be viewed at www.nordben.com under the Individuals/Products/Individual-Products/Living-Annuity/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

Where the Annuitant and the Grantee are the same person the plural shall be read in the singular.

I/We agree that any notice or communication issued or received by one of the parties to the Contract, as defined in the Living 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, 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.

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

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

K. 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/Living 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/Living Annuity Plan section.

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

L. NORDBEN USE ONLY

Plan number: _____ Valn ccy: _____ Comm. Set: _____ Fee set: _____

Nordben Life and Pension Insurance Co. Limited
Harbour House, South Esplanade, St Peter Port, Guernsey, GY1 1AP, Channel Islands
Telephone: +44 (0)1481 702900 Facsimile: +44 (0)1481 710719
E-mail: info@nordben.com Website: www.nordben.com