

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. LIFE ASSURED

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. PAYMENT DETAILS

Premium will be paid by:		
Grantee <input type="checkbox"/>	Life Assured <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: _____	_____

D. ASSURANCE PLAN

Type of currency for Plan: _____	Start date: (mm/yyyy) _____
Annual premium: Amount: _____	Annual salary: Amount: _____
Single premium: Amount: _____	
Premium frequency: Quarterly <input type="checkbox"/>	Half yearly <input type="checkbox"/> Annually <input type="checkbox"/>
Retirement age (in years): _____	or retirement date: (mm/yyyy): _____

E. BENEFICIARIES (All applicants to complete)

The person or persons designated to receive a lump sum payment in the event of the Life Assured's death prior to the retirement age. 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: _____

E. BENEFICIARIES (Continued)

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.

F. RISK BENEFITS

State Percentage of Salary or Fixed Amount in Plan Currency. If another currency is stated Nordben will determine the amount of Plan Currency based upon the prevailing rate of exchange at the date of processing the application.

Survivor's pension: Amount or percentage of salary (per annum): _____

Name of survivor: _____ Date of birth (dd/mm/yyyy): _____ Male Female

Children's pension: Amount or percentage of salary: _____ Termination age (in years): _____
(per annum per child)

The date that the children's pension ceases. Please choose an age between 16 and 25. The same termination age will be applicable to ALL specified children.

Name: _____ Date of birth (dd/mm/yyyy): _____ Male Female

Name: _____ Date of birth (dd/mm/yyyy): _____ Male Female

Name: _____ Date of birth (dd/mm/yyyy): _____ Male Female

Name: _____ Date of birth (dd/mm/yyyy): _____ Male Female

Disability pension: Amount or percentage of salary _____ Waiver of premium: Yes No
(per annum):

Additional lump sum: Yes No Amount or percentage of salary: _____

The lump sum payable on death prior to the retirement age in addition to the value of the Accumulated Account.

With offset Accumulated Account: Yes No

Please indicate "Yes" or "No". If "Yes" then the total lump sum amount that will be paid on death under the policy will equal the amount you have applied for under the previous section. However, the total amount paid on death will never be less than your accumulated account. If "No" then the total lump sum amount that will be paid on death will be the amount applied for PLUS the amount in your accumulated account (e.g. Value of Accumulated Account at date of death is GBP 25,000. Lump Sum Benefit selected at commencement is GBP 75,000. If "Yes" is selected payment on death will equal GBP 75,000. If "No" is selected payment on death will equal GBP 100,000 i.e. Accumulated Account plus insured benefit).

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

G. DECLARATION

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

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 Triple C Plan General Conditions can be viewed at www.nordben.com under the Individuals/Products/Guaranteed-Products/Triple-C-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 Triple C 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 Grantee: _____ Date: (dd/mm/yyyy) _____

Signature of Life Assured: _____ Date: (dd/mm/yyyy) _____

Grantee's relationship to the Life Assured: _____

H. 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/Triple C 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/Triple C Plan section.

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

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