

Should you wish to add to your investment, please complete and return this form to the Company.

Prior to accepting the additional premium the Company reserves the right to request appropriate verification documentation. Nordben is required under Guernsey Anti-Money Laundering legislation to gather and keep records of information which confirms the identity of a person with whom we have a business relationship and which also confirms the source of the funds being paid to Nordben.

Please indicate your required investment fund by completing the appropriate boxes below.

A. PLAN DETAILS

Plan number: _____	Group number: _____	Commencement date: (dd/mm/yy) _____
Grantee: _____		Life assured/member: _____

B. FUND SELECTION

EQUITY FUNDS/POOLS	Fund Currency	% Contribution	MANAGED POOLS	Fund Currency	% Contribution	CASH FUNDS/POOLS	Fund Currency	% Contribution
Handelsbanken Funds Global Thematic	USD		HBN International Balanced Pool	USD		HBN Euro Cash Pool	EUR	
Handelsbanken Funds America	USD		HBN European Balanced Pool	EUR		HBN GBP Cash Pool	GBP	
Handelsbanken Funds Far East	USD		HBN International Equity Growth Pool	USD		HBN USD Cash Pool	USD	
Handelsbanken Funds Europe Selective	EUR		HBN European Capital Growth Pool	EUR		Handelsbanken Funds Swedish Short Term Assets	SEK	
HBN UK Equity Pool	GBP		BOND POOLS	Fund Currency	% Contribution			
			HBN Euro Bond Pool	EUR				
			HBN USD Bond Pool	USD				

The minimum additional premium is USD 1,500 or currency equivalent (there is no minimum amount per fund).

Any currency exchange required will be carried out prior to application of the additional premium at the prevailing rate of exchange

Total additional investment: Currency: _____ Amount: _____

Have you received any medical treatment since the date of your last application? Yes No

If "Yes", please supply full details: _____

HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details to allocate additional premiums to the policy. For this purposes this document will be disclosed to relevant Nordben staff and to any third party administrator. By signing this form you will have given 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 will be held on file and will be disposed of in accordance with the terms of the contract.

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.

C. HOW TO MAKE PAYMENT

Nordben Life and Pension Insurance will supply you with the appropriate bank details once your application has been accepted.

Signature of life assured/member:

Signature of grantee

Daytime telephone number (to be used in the event of an administrative query)

Email address:

D. NORDBEN USE ONLY

Authorised by:

Date: (dd/mm/yyyy)

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