

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. LIFE ASSURED'S DETAILS

Surname: _____		Forenames: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth: (dd/mm/yyyy) _____	Social Security Number: _____		Occupation: _____	
Nationality: _____	Residence _____		Marital status: _____	
Address: _____ _____ Telephone no: _____ _____ Facsimile no: _____ _____ E-mail: _____ _____				
Post code: _____				

B. GRANTEE'S DETAILS (To be completed if different to Life Assured's)

Corporate				
Name: _____		Contact person: _____		
Individual				
Surname: _____		Forenames: _____		Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth: (dd/mm/yyyy) _____	Social Security Number: _____		Occupation: _____	
Nationality: _____	Residence _____		Marital status: _____	

B. GRANTEE'S DETAILS (Continued)

Grantee address: (to be completed if different to Life Assured's)	
_____	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____

Post code: _____	

C. DESIGNATED BENEFICIARIES (in the event of the death of the Life Assured, payments should be made to the beneficiaries specified)

1. Surname:	Forenames:	Date of birth: (dd/mm/yyyy)	% of Proceeds:
_____	_____	_____	_____
Address:			
_____		Telephone no: _____	_____
_____		Facsimile no: _____	_____
_____		E-mail: _____	_____

Post code: _____			
2. Surname:	Forenames:	Date of birth: (dd/mm/yyyy)	% of Proceeds:
_____	_____	_____	_____
Address:			
_____		Telephone no: _____	_____
_____		Facsimile no: _____	_____
_____		E-mail: _____	_____

Post code: _____			
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.			

D. PERSONAL STATEMENT (for completion by the Life Assured)

Have you in the last twelve months consulted a doctor for medical treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If "Yes", please give full details on a separate sheet.	

E. FUND DETAILS

Please indicate below your choice of fund(s) for investment. Please ensure that the total selection equals 100%. Please refer to Fund Information Table.								
EQUITY FUNDS/POOLS	Fund Currency	% Contribution	MANAGED POOLS	Fund Currency	% Contribution	CASH FUNDS/POOLS	Fund Currency	% Contribution
Handelsbanken Funds Global Thematic	USD		HBN European Balanced Pool	EUR		HBN EUR Cash Pool	EUR	
Handelsbanken Funds America	USD		HBN European Capital Growth Pool	EUR		HBN SEK Cash Pool	SEK	
Handelsbanken Funds Far East	USD		HBN International Balanced Pool	USD		HBN USD Cash Pool	USD	
Handelsbanken Funds Europe Selective	EUR		HBN International Equity Growth Pool	USD		HBN GBP Cash Pool	GBP	
Handelsbanken Funds Nordic Shares	EUR		BOND POOLS	Fund Currency	% Contribution			
HBN UK Equity Pool	GBP		HBN EUR Bond Pool	EUR				
			HBN SEK Bond Pool	SEK				
			HBN USD Bond Pool	USD				
<p>The minimum initial premium is EUR 100,000, SEK 1,000,000 or USD 125,000, but subsequent premiums are subject to a minimum of EUR 10,000, SEK 100,000 or USD 12,500.</p> <p>Valuations will be issued in plan currency.</p> <p>Total investment: Currency: (USD/EUR/SEK) _____ Amount: _____</p>								

F. HOW TO MAKE PAYMENT

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

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 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 of the contract.

I/We also understand that the values of the above funds 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 Unit Linked Plan General Conditions can be viewed at www.nordben.com under the Individuals/Products/Individual-Products/Unit-Linked-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 Unit Linked 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 Life Assured/member:

Signature of Grantee:

Grantee's relationship to the Life Assured: _____

Date: (dd/mm/yyyy) _____

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/Unit Linked 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/Unit Linked Plan section.

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

I. NORDBEN USE ONLY

Signature: _____

Date: (dd/mm/yyyy) _____

Signature: _____

Date: (dd/mm/yyyy) _____

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