



Veritas**life**



VERITAS LIFE

VERITAS LIFE INVESTMENT BOND

APPLICATION FORM

For Individual, Corporate or Trustee Investors

INTRODUCTION

This **Application Form** is for use by individuals, corporate or trustee investors who wish to open a Veritas Life Investment Bond.

Veritas Cell is a cell in Artex Axcell (Guernsey) PCC Limited and is authorised as a long-term Life Insurer/Re-Insurer under the Insurance Business (Bailiwick of Guernsey) Law, 2002, as amended, by the Guernsey Financial Services Commission. The Veritas Life policy is an offering under the Veritas Cell and is to be read and understood in conjunction with the terms and conditions of Veritas Life Executive Bond.

You confirm that if any of the information contained in your application changes or becomes outdated, you will inform us of the changes within 30 days.

We reserve the right to seek further information or documentation in relation to your application. Additional information may also be sought from time to time to confirm the ongoing accuracy of the information provided.

Your Financial Adviser should be able to answer any questions you may have in relation to your application for a Policy.

Please return your completed application and all supporting documentation to Veritas Cell : newbusiness@veritasguernsey.com

If original documents are required these should be sent to:

Veritas Cell,
c/o Artex Axcell (Guernsey) PCC Limited,
Heritage Hall,
Le Marchant Street,
St Peter Port,
Guernsey,
GY1 4JH

(Artex Axcell (Guernsey) PCC Limited, registered number 39917)

INTERPRETATION

In this document any reference to:

- Words in the singular shall include words in the plural and vice versa;
- The masculine gender shall include the feminine and the neutral and vice versa;
- A statute or regulation shall be construed as a reference to such statute or regulation as amended, re-enacted or replaced from time to time; and
- A "person" shall include any individual, trust, body corporate or un-incorporated body.

Any statements that refer to "us", "we" or "our" are to be construed as references to Veritas Cell.

Any statements that refer to "I", "me", "my", "you" or "your" mean the **Applicant**.

Bold capitalised terms used and not defined in this **Application Form** shall have the meanings given to them in the **Veritas Life Executive Bond Terms & Conditions** applicable to the **Policy**.

IMPORTANT INFORMATION

Your Obligations/Providing Information to Veritas Cell

This application and any supporting information will form part of your contract with us and you are responsible for all answers and statements made in this application. The contract between you and us will be made up of the **Application Form, Brochure, Key Features, Illustration, Key Investors Document, Terms & Conditions** and any relevant statements made by you or policies made by us as updated from time to time together with any notifications of changes and all endorsements issued by us to the **Veritas Life Investment Terms & Conditions**. You should ensure that all information provided is, to the best of your knowledge and belief, complete, accurate and not misleading and that no material fact is omitted or concealed.

Material facts are facts that a financial institution would consider likely to influence their assessment of and decision to accept the **Policy** opening. If you are unsure whether a fact is a material fact, you should disclose it or please consult your **Financial Adviser**.

IMPORTANT INFORMATION (Continued)

How we use your Personal Data

Your application and any **Policy** opened will be subject to the laws of Guernsey.

In processing your application and in administering your **Policy**, we collect information about the Applicant/Policyholder and/or other parties connected to your **Policy**.

The information we collect includes Policy details, demographic information, financial background, and details of underlying **Investment Instruments**. Pursuant to The Data Protection (Bailiwick of Guernsey) Law, 2017 (the "DP Law") Veritas Cell may hold personal data (as defined in the DP Law) relating to past and present Policyholders, in particular:

Information provided to Veritas Cell will be stored electronically and manually;

1. For the purposes of the DP Law, Veritas Cell is required to specify the purposes for which it will hold personal data (including sensitive personal data). Veritas Cell will only use such information for the purposes set out below (collectively, the "Purposes"):
2. To process the Policyholder's personal data (including sensitive personal data) as required by or in connection with their investment in the Policy including processing personal data in connection with anti-money laundering checks on the Policyholders;
3. Communicating with the Policyholder as necessary in connection with their affairs and generally in connection with their investment in the Policy;
4. Providing personal data to such third parties as Veritas Cell may consider necessary in connection with the Policyholder's affairs and generally in connection with their investment in the Policy or as the DP Law may require, (including to third parties outside the Bailiwick of Guernsey or the European Economic Area);
5. Transferring personal data to other companies within the same group as Veritas Cell (including to any such companies which are outside the Bailiwick of Guernsey or the European Economic Area

We will only transfer your Personal Data to these parties for purposes related to your **Policy**. Such companies and third parties may be located in countries whose data protection laws may not be as comprehensive as in Guernsey and/or the country in which you reside and/or where this application is made.

Veritas Cell may also be obliged to disclose your **Personal Data** to other parties in the following circumstances:

- Where it is necessary under a statutory or regulatory obligation to do so as a consequence of any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authority;
- Where under a contractual obligation or where requested or directed to do so by any local or foreign legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, wherever located;
- Where necessary in order to comply with our legal or regulatory obligations regarding anti-money laundering, countering terrorist financing and/or the exchange of tax information; or
- Where it is necessary to prevent the application of certain withholding taxes.

This may include reporting information about you and/or about the **Policy** to the tax authorities in any jurisdiction where Veritas Cell operates, where you reside, where you are a citizen or where you may be otherwise subject to tax. These tax authorities may in turn disclose this information to tax authorities in other jurisdictions.

Although it may be necessary to maintain your **Personal Data** for a significant period, your **Personal Data** will not be retained for longer than is necessary and it will be erased or put beyond use when it is no longer required.

You have the right to obtain subject access to any **Personal Data** concerning you which we hold and where it is inaccurate, to request correction of the **Personal Data**. This can be done by contacting our Data Protection Officer at our business address. There may be a charge for such requests.

COMPLETING THIS APPLICATION FORM

You should carefully read the 'Important Information' sections and raise any questions you may have with your **Financial Adviser**.

This Application Form contains different sections

You should carefully read all of the declarations and ensure that you understand them. By signing this Application, you agree to be bound by the terms of these declarations. Important Information is included to help you to understand these declarations and if you have any further questions please contact your **Financial Adviser**.

Please ensure that you complete all required sections and provide all necessary supporting documentation. Failure to do so may result in a delay in your application being processed. Further information may be required during the validation process (for example, when information you provide leads to further questions). We will notify you of your **Policy** activation by email.

Veritas Cell has adopted a risk-based approach to meet these regulations, categorising our products and countries that we will accept business from Standard or Higher risk. We have categorised countries according to their level of compliance with international regulatory standards.

YOUR RIGHT TO CANCEL

If the Veritas Life Investment Bond policy does not meet your requirements, you may cancel it by notifying Veritas Cell Guernsey in writing within fourteen (14) days from the day you have signed the application, your premium will be returned to the account from which original proceeds were received and any assets received in kind will be returned to their previous ownership and custodian status. Should your premium be received prior to the 14 day period from signing the application, the premium will only be invested on the 15th day following the application being signed. If the fourteen (14) days ends on a non-Business day, the next Business day will be used.

The amount refunded to the Policyholder will be paid as soon as the funds have been liquidated. Payments may be delayed due to liquidation restrictions that may be applicable to underlying funds. These restrictions, if any, are set out in the fund's then current prospectus.

SECTIONS

Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.

<input type="checkbox"/> Section 1 - Financial Adviser Details	5
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SECTION 1 – Financial Adviser Company

Adviser Company Name: Telephone:

Name of Financial Adviser: Email:

SECTION 2 – Type of Application**Your Policy Structure:**

Capital Redemption Whole of Life

Your Investment Structure:

Collective Personalised

Policy Currency :

GBP USD EURO CHF

Total Premium :

Premium Amount: Cash In-Specie

INVESTOR STATUS

Veritas Cell is required to obtain a declaration from you to confirm your investor status, which defines the assets in which you may invest.

Your Investor status is used by us to understand the types of asset you wish to invest in. You should let us know in writing along with this Application whether you wish to be classed as a Retail Investor.

Non-Retail Investor (Qualified/Professional)

(Guidance Notes on who would be classed as a Non Retail Investor)

1. A government, governmental institution or authority, or companies fully owned by any of the aforementioned.
2. International bodies and organisations.
3. A person or entity licensed to engage in a commercial business, provided that one of the purposes of its business is managing investments, including:
 - (a) A person, body corporate, partnership, trust or other unincorporated association whose ordinary business or professional activity includes acquiring, underwriting, managing, holding or disposing of investments, whether as principal or agent or giving advice about investments;
 - (b) Any director or partner of, or consultant to, a person referred to in paragraph (a);
 - (c) A functionary to a professional investment vehicle or an associate of a functionary to a professional investment vehicle;
 - (d) An employee, director or shareholder of, or consultant to, a person in (c) who is acquiring the investment as part of his remuneration or an incentive arrangement or by way of co-investment;
 - (e) A trustee of a family trust settled by, or for the benefit of, one or more persons referred to in paragraphs (c) or (d);
 - (f) A trustee or operator of any employment benefit or executive incentive scheme or trust established for the benefit of persons referred to in paragraphs (c) or (d) or their dependents;
 - (g) A government, local authority, public authority or supra-national body.
4. A natural person who declares that their annual income is not less than \$250,000, or their net equity with the exception of their main home, exceeds \$1,000,000.

It is your responsibility to obtain and read the prospectus and/or offering documents of any assets that you wish to hold in Reserve. This will help you decide whether the asset is suitable for you.

If you have chosen to invest in Non-Retail (qualified/professional) assets, there may be a requirement for you to complete and sign an additional – asset specific – declaration(s). If this is required, the relevant declaration(s) will be provided by our Investment Team at the time the trade is placed

SECTION 3 - Applicant(s)

If greater than two applicants, please photocopy the page, attach the details with this application form and tick here

APPLICANT 1

Gender: (please tick) Male Female

Title: (please tick) Mr Mrs Miss

Other (in full)

First name(s):

Last name(s):

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality:

Current residential address and postcode (in full)

Country:

Home tel. no.:

Mobile tel. no.:

Email address:

Relationship to Applicant 1:

Occupation:

Name of Employer:

Are you to be a policyholder? Yes No*

Are you to be Life Assured? Yes No*

** If no please provide details on a separate sheet*

APPLICANT 2 (if applicable)

Gender: (please tick) Male Female

Title: (please tick) Mr Mrs Miss

Other (in full)

First name(s):

Last name(s):

Date of birth (dd/mm/yyyy):

Country of birth:

Nationality:

Current residential address and postcode (in full)

Country:

Home tel. no.:

Mobile tel. no.:

Email address:

Relationship to Applicant 1:

Occupation:

Name of Employer:

Are you to be a policyholder? Yes No*

Are you to be Life Assured? Yes No*

Correspondence details

Please note that any correspondence we are required to send to you will be sent to the address you provide here. If no correspondence address is supplied we will use the current residential address of the first applicant.

Address and postcode for correspondence:

If the applicants are not to be the Lives Assured, the supplementary application form 'Additional Lives Assured/Policyholders' must be completed. There must be at least one Life Assured for each Whole of life policy.

SECTION 4 – Corporate/Corporate Trustee Applicant

Private Company Other Public Company

Corporate name:

Contact Person:

Director/s:

Country of Registration: Date of incorporation (dd/mm/yyyy):

Registered Office Address:

Correspondence Address:

Telephone number: Email Address:

Please state the company's main business:

Authorised Signatories

Please confirm the minimum number of authorised signatories of the company needed to give instructions

Note - The company directors/authorised signatories of the company must complete and sign the declaration in Section 13.

Additional documents are needed to evidence the identity of at least two directors, one of whom must be an executive director of the company. Evidence of the identity (certified passport and address verification) for individual ultimate beneficial owners or evidence of the company listing on a public exchange If there is only a sole director we will require evidence of identity for this individual and at least one other authorised signatory.

SECTION 5 – Details of The Trust

The trust name is:

The trust was created on:

Trust details:

(please explain the reason for the establishment of the trust, what type of trust is it and detail the source/origin of the trust assets)

TRUST ASSETS:

Currency: GBP USD EURO CHF

Amount:

SECTION 6 - Confirmation of Citizenship/Nationality and Tax Residency (If Applicable)

If greater than two applicants, please photocopy the page, attach the details with this application form and tick here

If unavailable, provide an equivalent (e.g National Insurance Number, Social Security Number, Resident Registration Number, EID).

Please tick all boxes that apply to you and you must complete the information requested below in relation to the member's citizenship/nationality and tax residency.

APPLICANT 1

Please specify the jurisdiction(s) in which the applicant pay tax or claim to be tax resident and state the tax identification number(s) for those jurisdiction(s):

Jurisdiction 1:
 TIN 1:

Jurisdiction 2:
 TIN 2:

Jurisdiction 3:
 TIN 3:

Please indicate "not applicable" above if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent and please specify the reason below.

APPLICANT 2 *(if applicable)*

Please specify the jurisdiction(s) in which the applicant pay tax or claim to be tax resident and state the tax identification number(s) for those jurisdiction(s):

Jurisdiction 1:
 TIN 1:

Jurisdiction 2:
 TIN 2:

Jurisdiction 3:
 TIN 3:

Please indicate "not applicable" above if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent and please specify the reason below.

My signature is a confirmation that:

- I understand that I am responsible for all answers given and statements made by me; and
- I declare that to the best of my knowledge and belief, the information provided is true and complete and that no material fact has been omitted or concealed to Veritas Cell.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

• If you are unsure whether the Applicant(s) is/are a U.S citizen or citizen/national in any other jurisdiction, you should seek legal advice.
 • If you are unsure whether the Applicant(s) is/are resident for tax purposes in the U.S or in any other jurisdiction, you should seek financial/legal advice.

SECTION 7 - Politically Exposed Person (PEP) Disclosure

If greater than two applicants, please photocopy the page, attach the details with this application form and tick here

To

Veritas Cell

Dear Sirs,

Politically Exposed Person (PEP) disclosure

A. I confirm, the undersigned, duly authorised to make this disclosure, confirm that;

- The Applicant(s) is/are not considered to be Politically Exposed Person; or
- The Applicant(s) is/are considered to be a Politically Exposed Person.

B. 'Politically Exposed Persons' means:

- Natural persons who are or have been entrusted with prominent public functions
- Their immediate family members or
- Persons known to be close associates of such persons

C. The term 'natural persons who are or have been entrusted with prominent public functions' shall include the following:

- Heads of State, Heads of Government, Ministers and Deputy and Assistant Ministers and Parliamentary Secretaries;
- Members of Parliament;
- Members of the Courts or of other high-level judicial bodies whose decisions are not subject to further appeal, except in exceptional circumstances;
- Members of courts of auditors, Audit Committees or of the boards of central banks;
- Ambassadors, charges d'affaires and other high-ranking officers in the armed forces;
- Senior Members of the administrative, management or boards of State-owned corporations;

D. The term 'immediate family members' shall include the following:

- The spouse, or any partner recognised by national law as equivalent to the spouse;
- The children and their spouses or partners; and
- Parents, Siblings, Grand Parents, Grand Children & Parents in Law;

E. The term 'persons known to be close associates' shall include the following:

- A natural person known to have joint beneficial ownership of a body corporate or any other form of legal arrangement, or
- Any other close business relations with that politically exposed person;
- A natural person who has sole beneficial ownership of a body corporate or any other form of legal arrangement that is known to have been established for the benefit of that politically exposed person
- Hereby, I declare to amend this statement in case of any change in circumstances of my PEP status without undue delay.

I undertake to advise Veritas Cell within 2 days of any change in circumstances which causes the information contained herein to become incorrect or incomplete, and to provide Veritas Cell with a suitably updated PEP Statement within 10 days of such change in circumstances.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

SECTION 8 - Anti-Money Laundering Letter

To

Veritas Cell

Dear Sirs,

Declaration in connection with money laundering and terrorist financing

I hereby expressly declare that the Applicant(s), financial adviser and ourselves have neither been involved nor are currently involved, directly or indirectly, either individually or together with any other person(s), in any money laundering or terrorist financing activities, including but not limited to:

- Being engaged in any transaction that involves property which is in whole or in part, directly or indirectly derived from the proceeds of any crime;
- Receiving, being in possession of, concealing, disguising, transferring, converting, disposing of, removing from, any property which is in whole or in part, directly or indirectly derived from the proceeds of any crime;
- Making and accepting any payment in cash, as in 'physical money' (notes and coins) in excess of Ten Thousand (GBP 10,000) or an equivalent amounting foreign currency, or such amount as may be prescribed under the Criminal Justice (Proceeds of Crime) (Restriction on Cash Transactions) (Bailiwick of Guernsey) Regulations, 2008.
- I hereby most formally and solemnly affirm that the declarations made above are true, complete and accurate in all respects, and undertake to immediately notify the registered Prime Broker of my Policy of any act or thing which would render the above declarations inaccurate and untrue.
- I hereby expressly agree that we shall remain liable towards the registered Financial Adviser of my Policy for any misrepresentation in relation to the above declarations and any act or thing which would render the above declarations inaccurate and untrue, and we hereby irrevocably and unconditionally undertake to indemnify and to keep the registered Prime Broker of my Policy indemnified at all times against any liability incurred by, or in respect of any proceedings or actions brought against the registered Prime Broker of my Policy arising out of such misrepresentation, act or thing.
- Notwithstanding the foregoing paragraph, we hereby acknowledge and agree that in the event that I am*/we are* involved, directly or indirectly, either individually or together with any other person(s), in any money laundering or terrorist financing activities, same shall constitute an offence pursuant to the Terrorism and Crime (Bailiwick of Guernsey) Law, 2002 and any amendment thereto.

Yours faithfully

Signature of First Applicant

Date (dd/mm/yyyy):

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

Signature of Authorised Signatory or Financial Adviser

Full name of Adviser/Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

SECTION 9 - Source Of Wealth Disclosure

The Guernsey Financial Services Commission requires all Guernsey life companies to make enquiries as to how an applicant has acquired the monies to be used as payment for their policy. This reflects Guernsey’s commitment to maintain the highest possible standards of business practice and to counter money laundering and the financing of terrorism.

Where your source of wealth for this application is from any of the following, please provide details.

You must complete the following details below in all cases and for both applicants as applicable.

APPLICANT 1

APPLICANT 2

Annual salary plus bonuses

Annual salary this year (include currency):	<input type="text"/>	<input type="text"/>
Bonuses this year (include currency):	<input type="text"/>	<input type="text"/>
Annual salary last year (include currency):	<input type="text"/>	<input type="text"/>
Bonuses last year (include currency):	<input type="text"/>	<input type="text"/>
Occupation:	<input type="text"/>	<input type="text"/>
Employer’s company name:	<input type="text"/>	<input type="text"/>
Nature of business:	<input type="text"/>	<input type="text"/>

If you are retired please tell us your previous occupation, salary, employer and date of retirement.

Previous occupation:	<input type="text"/>	<input type="text"/>
Salary (include currency):	<input type="text"/>	<input type="text"/>
Employer’s company name:	<input type="text"/>	<input type="text"/>
Date retired (dd/mm/yyyy):	<input type="text"/>	<input type="text"/>

Other earned income

Type of income and amount (include currency):	<input type="text"/>	<input type="text"/>
Received from:	<input type="text"/>	<input type="text"/>
Provide details of income earned:	<input type="text"/>	<input type="text"/>
Date received (dd/mm/yyyy):	<input type="text"/>	<input type="text"/>

Savings

Total amount (include currency):	<input type="text"/>	<input type="text"/>
Bank where savings were held:	<input type="text"/>	<input type="text"/>
Provide details of how the savings were accumulated:	<input type="text"/>	<input type="text"/>

SECTION 9 - Source Of Wealth Disclosure (Continued)

APPLICANT 1

APPLICANT 2

Pension transfer

Amount received (include currency):

Received from:

Date received (dd/mm/yyyy):

Property or asset sale

Amount received (include currency):

Address of property sold or asset type:

Date of sale (dd/mm/yyyy):

Company profits

Profits this year (include currency):

Profits last year (include currency):

Industry:

Other such as maturing investment, lottery or betting win, gift or inheritance (for inheritance please state from who, for maturing investments please confirm how long held).

Amount received (include currency):

Source:

Date received (dd/mm/yyyy):

Company sale - Only applicable to corporate policies.

Amount received (include currency):

Company name:

Company industry:

Please provide details including Business Income, Dividends or Loans received etc. Further information/documentation will be required:

Date received (dd/mm/yyyy):

SECTION 10 - Source of Wealth Requirements

Veritas Cell is required by law to obtain information regarding the source of funds and wealth and may require this information to be verified or periodically updated upon request.

Veritas Life reserves the right to request further documentary evidence of source of wealth/funds should it be considered necessary.

SOURCE OF WEALTH	ACCEPTABLE CERTIFIED DOCUMENTATION
<p>Accumulated Income</p>	<p>Salary/Bonus (either one of the following): 1. Last 3 month's pay slips and/or bonus payment from named employer. 2. Letter from employer on company letterhead confirming the employment and the salary. Including, the last 3 months bank statements showing salary and/or bonus payment from named employer.</p> <p>Business Income (all of the following): Full company documentation as per Section 12. Minutes of meeting confirming payment to the policyholder. Bank account statement showing receipt of funds.</p> <p>Past investments (all of the following): Copy of the statement from the relevant financial Institution. Bank account statement showing receipt of funds.</p>
<p>Sale of Interest in company</p>	<p>One of the following: Signed letter from solicitor/lawyer validating the information in the application. Copy of the contract of sale. Including, Bank account statement showing receipt of funds.</p>
<p>Sale of Property</p>	<p>One of the following: Signed letter on letter headed paper from solicitor or lawyer handling the sale. Signed letter on letter headed paper from estate agent. Copy of the contract of sale validating the information in the application. Including, Bank account statement showing receipt of funds.</p>
<p>Inheritance</p>	<p>One of the following: Grant of Probate (with a copy of the will) which must include the value of the estate. The will relating to the inheritance. A signed letter from the regulated solicitor dealing with the estate on the letter headed paper confirming the information supplied in the application. Including, Bank account statement showing receipt of funds.</p>
<p>Gift</p>	<p>All of the following: Identification documentation on the donor. Letter from the donor explaining the rational for the gift and source of funds behind the gift. Documentation evidence as to the donor's source of wealth as set out in this table. Bank account statement showing receipt of funds.</p>
<p>Maturing Policy/ Investment</p>	<p>All of the following: Letter from previous provider regarding notification of proceeds of claim under the policy/investment. Closing statement from previous product provider. Documentation evidence of the accumulation of funds that were originally invested. Bank account statement showing receipt of funds.</p>
<p>Other</p>	<p>Appropriate independent supporting documentation which validates the information provided. Bank account statement showing receipt of funds.</p>

SECTION 10 - Source of Wealth Requirements (Continued)

Source of Wealth of the Applicant(s): please include any other details you feel may be relevant in understanding the source of your wealth.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

DECLARATION

- I declare that, to the best of my knowledge and belief, the Applicant(s) is of good standing and the information given in this questionnaire is true and complete;
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies is derived from legitimate activities;
- I declare that to the best of my knowledge and belief, all the information above is true, correct and complete.

Signature of Authorised Signatory or Financial Adviser

Full name of Adviser/Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

SECTION 11 - Source of Funds Disclosure

SOURCE OF FUNDS	REQUIRED DOCUMENTATION
MANDATORY REQUIREMENT	Certified copy document showing funds available for investment from the account information provided in this application form. <i>(If funds are being transferred from multiple accounts, we will require certified documents for each account stipulated).</i>

BANK DETAILS OF WHERE FUNDS ARE BEING REMITTED FROM IF A CASH TRANSFER:

Payment Currency:

Payment Amount:

Name as stated on bank account:

Sort Code:

ABA number:

Branch Code for non UK Banks

Account/IBAN:

SWIFT/BIC:

Bank Name:

Bank's Full address:

How long have you held this account:

Certified Copy Bank Statement to be provided confirming the above details and showing funds available for investment.

SECTION 12 - Transfer In of Securities (Continued)

Transferring Party Details

Transferring Party Name (TP):

Address:

Contact Name:

Contact Email:

Contact Tel.: Contact Fax.:

Client Acc. No. with TP:

Please confirm that: Yes, your TP is aware of the transfer Yes, all relevant transfer fees have been paid to your broker

Please confirm with which method your broker will accept our instruction: Email Phone

I declare that I am the legal beneficial owner of the securities to be transferred and that this transfer constitutes no change in beneficial ownership.

I hereby instruct, authorise and mandate Veritas Cell to disclose and make available any information (including in particular information on my name, address, transaction information related to the securities transfer and the nature of my relationship with Veritas Cell to the below listed disclosure recipients for further processing under their control to the extent and as long as this is necessary for the purpose of executing this securities transfer order:

- My bank or TP indicated above in this transfer order form,
- The executing broker Veritas Cell uses for carrying out the securities transfers, or any custodians, sub-custodians and other intermediaries potentially used when assisting Veritas Cell in carrying out the securities transfer,
- The central securities depository relevant for the securities transfer and operating a clearing and settlement system in which the executing broker or their custodian is a direct clearing member, e.g. Euroclear UK & Ireland Limited, The Depository Trust Company, or any successor thereof,
- The issuer and its registrar and transfer agent(s) in case the securities to be transferred are registered securities,
- The securities transferee and the transferee's custodian, including any sub-custodians or intermediaries used by them,
- A communication medium belonging to or used by any of the before-mentioned disclosure addressees, such as SWIFT (Society for Worldwide Interbank Financial Telecommunication).

I hereby waive, to the extent necessary, of allowing such disclosure or making available by Veritas Cell to these disclosure recipients for the purpose of and to the extent necessary for executing my securities transfer order.

I acknowledge and accept that the above disclosure or making available may entail that personal data relating to me, my relationship with Veritas Cell or the securities transfer being stored in central data banks of the above disclosure recipients. Such data banks may, as the case may be, be operated by other entities used by the relevant disclosure recipient. I was informed, acknowledge and accept that due to the fact that the relevant information is transferred electronically; the same level of confidentiality and the same level of protection regulations may not be guaranteed while such information is transferred and stored abroad. Consequently, information thus stored may be disclosed to authorities of the country of storage or courts pursuant to that country's legislation.

<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p><i>Signature of First Applicant</i></p>	<div style="border: 1px solid black; height: 60px; margin-bottom: 5px;"></div> <p><i>Signature of Second Applicant (if applicable)</i></p>
Date (dd/mm/yyyy): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date (dd/mm/yyyy): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Place: <input type="text"/>	Place: <input type="text"/>

<div style="border: 1px solid black; height: 80px; margin-bottom: 5px;"></div> <p><i>Signature of Authorised Signatory or Financial Adviser</i></p>	Full name of Adviser/Authorised Signatory: <input type="text"/> Capacity of the Authorised Signatory: <input type="text"/> For and on behalf of: <input type="text"/> Date (dd/mm/yyyy): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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SECTION 13 – Appointment of Financial Adviser

By selecting option 1 or 2, the Applicant(s) is providing to Veritas Cell the signing authority for the execution of investment instructions on an advisory or discretionary advisory basis. This section must be signed by the proposed Financial Adviser to demonstrate his acceptance of the appointment and agreement to the specific conditions described in each section as well as to the general terms of agreement outlined below.

Option 1- Advisory basis only, the Applicant signature required

I, the Applicant, hereby declare that my Financial Adviser will discuss any proposed investment with me and that Veritas Cell will only act upon investment instructions received and bearing my signature to purchase or sell investments instruments.

Option 2- Advisory basis only, without the Applicant signature

I, the Applicant, hereby declare that my Financial Adviser will discuss any proposed alterations to the composition of the underlying investments held within my portfolio with me and obtain my agreement before any changes are made. I, the Applicant authorise my Financial Adviser to submit written investment instructions to Veritas Cell on my/our behalf, without the need to obtain my signature on these instructions.

General terms of agreement for the two options:

The agreement:

- Is made between the Applicant and the Financial Adviser.
- Is to be governed and construed in accordance with the laws of Guernsey.
- Constitutes the entire agreement between the Applicant and the Financial Adviser in respect of their appointment as Financial Adviser to the Applicant Policy with Veritas Cell.
- The Applicant hereby appoint the Financial Adviser to their Veritas Life Investment Bond.
- The Applicant acknowledge that such appointment will not take effect unless and until the Financial Adviser accepts its appointment by signing this agreement and that such appointment is subject to the Financial Adviser having terms of business with Veritas Cell.
- The Applicant acknowledge that the Financial Adviser will not provide any investment instructions in respect of their Policy until the Financial Adviser has accepted his appointment hereunder notwithstanding that the Applicant may have transferred investment amounts to Veritas Cell.
- All investment instructions given to Veritas Cell must be in the form approved by Veritas Cell.
- Veritas Cell will be responsible for the implementation of any investment instructions properly given including the administration of any dealing or trading of investment instruments.
- The Applicant, or their Financial Adviser may terminate this agreement by giving notice to Veritas Cell in the form of a written request.
- Veritas Cell is entitled, at its own discretion to terminate the appointment of the Financial Adviser under this agreement by giving 10 working days written notice to the Financial Adviser and to the Applicant.
- On termination, the Financial Adviser will receive any servicing fee owing pro rata to the date of termination and the provision of investment advice decisions will become the Applicant sole responsibility until another Financial Adviser is duly appointed.
- Any information received from, or otherwise obtained about the Applicant, shall be considered confidential by the Financial Adviser (including any sub-contracted party). Upon signing this form, the Financial Adviser agrees not to disclose confidential information without the Applicant specific written permission unless required for the purposes of trading to be done on the Policy.
- Any investment instruments purchased/sold as a result of an instruction shall be purchased/sold at the market buying/selling price as shown on the contract note issued by the vendor or stockbroker.
- Veritas Cell is entitled, at its own absolute discretion, to refuse or accept an investment instruction properly given.
- Veritas Cell shall not be liable for any damages, losses, costs or expenses to my Policy arising from the appointment of or the instructions given by the Financial Adviser. This will include, without limitation, any action or failure to take actions on the part of the Financial Adviser giving rise to any loss in the value of the Applicant investments and failure on the part of the Financial Adviser to produce a reasonable investment return, in relation to the Applicant Policy.
- The Applicant, for themselves and their estate, hereby indemnify Veritas Cell against any and all liability it may incur as a consequence of or arising from or in respect of the appointment, activities and the performance of the Financial Adviser including but without limitation to the cost of defending in any court of law any claim, demand or action against Veritas Cell.

SECTION 13 - Appointment of Financial Adviser (Continued)

Disclaimer

- I have read and understood the terms of the agreement and agree to act in accordance with them.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

Signature of Authorised Signatory or Financial Adviser

Full name of Adviser/Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

SECTION 14 – Customer Due Diligence (CDD) Checklist

CDD: *(required for the policyholder(s) and lives assured where applicable)*

A. Individuals

- Please provide valid certified passport, if not available a driving licence or country or residence issued card with photo and signature
- Please provide certified proof of residential address *(e.g. bank or credit card statement, utility bill less than 3 months old)*

Where an applicant for business is a legal person, Veritas Cell must also determine the identity of the principals of the legal person. The CDD documents on the principals should be provided as per Section 4.

- Promoters
- Beneficial owners and ultimate beneficial owners
- Company Directors
- Authorised Signatories
- Trustees
- Settlers or Contributors of capital (whether named or otherwise)
- Beneficiaries
- Protectors
- Enforcers
- General Partner/Managing member

B. Corporate Entities

The following CDD documents would be required for a Private Company;

- Certified copy of the structure chart up to the Ultimate Beneficial Owner;
- Certified copy of the Certificate of Incorporation;
- Proof of regulation where applicable;
- Confirmation of the Registered Office Address;
- Certificate of good standing or certificate of incumbency;
- Certified copy of the register of directors;
- Certified copy of the register of shareholders;
- Certified copy of the memorandum and articles of association or equivalent;
- Certified copy of the Resolution of the board of directors authorising the opening of the Policy;
- Or certified copy of the Resolution of the board for loans/dividend payments if Company documents are provided as evidence of SOW;
- and the certified list of Authorised Signatories (with signature matrix and specimen signature)

C. Trust

Trusts do not have separate legal personality, it is the trustee of the trust who will enter a business relationship on behalf of the trust and the trustee should be considered along with the trust as the customer, it should be noted that simplified Due Diligence cannot apply to a trust as per Guernsey Laws. The following CDD documents will be required for trusts:

- Certified copy of the Trust Deed or pertinent extracts;
- Certificate of registration/current standing (if applicable);
- Details of the registered office and place of business;
- Certified copy of the Resolution of the board of directors of the trustee authorising the Policy to be opened on behalf of the Trust and confirming the Authorised Signatories who will operate the Policy (please enclose the list of Authorised Signatories with signature matrix and specimen signature);
- Certified written confirmation from the trustee that they are aware of the true identity of underlying principals and that there are no anonymous principals; and
- Certified CDD documents on the principals as identified in Section A and for the Trustee company as per Section B;
- Minutes of trustee showing approval of initial investment any future top ups.

SECTION 14 - Customer Due Diligence (CDD) Certification

I acknowledge that failure to adhere to specific Due Diligence requirements may result in delays to requested investments or policy establishment.

When establishing a business relationship with an **Applicant** for Business, Veritas Cell needs to apply appropriate Customer Due Diligence ("CDD") measures including identifying and verifying the identity of the **Applicant** for Business and their SOW/SOF. To meet this end, the CDD documents listed below will be required before opening a Policy.

Appropriate certification

Copies of the verification of identity documentation can be certified by an approved suitable certifier approved by Veritas Cell, a suitable person, such as a lawyer, notary, actuary, a representative of Veritas Cell or any other person holding a recognised professional qualification, a member of the judiciary or a senior civil servant. The certifier should sign the copy document that should include the following wording:

A. For photographic ID the following certification wording must be used:

"I confirm that this is a true and accurate copy of the original document that I have seen and the photograph bears a true likeness to the holder whom I have met in person on via an online meeting. I further confirm that I am not closely related to the verification subject."

Certifier name:

Professional Position/Capacity *(see list above)*

Certifier Contact Details *(telephone no/email)*

Signature Date:

B. For address verification the following certification wording must be used:

"I have seen the original document verifying residential address for the individual and I confirm this is a true and accurate copy of the original document. I further confirm that I am not closely related to the verification subject"

Certifier name:

Professional Position/Capacity *(see above list)*

Certifier contact details *(telephone no/email)*

Signature Date:

C. For any other document the following certification wording must be used:

"I confirm that this is a true and accurate copy of the original document that I have seen"

Certifier name:

Professional Position/Capacity *(see above list)*

Certifier contact details *(telephone no/email)*

Signature Date:

SECTION 15 - Declaration and Signature

We would like to draw your attention to the following declarations. Where we have asked for information that we need to assess before we can accept your application, you must disclose all material facts. If you are in doubt as to the relevance of any particular information you should disclose it, as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.

Investment declarations

Before you invest in any assets through a Veritas Life policy, we want to ensure that you are aware of the nature and possible risks associated with them. Would you therefore please make the following declarations:

- (a) I understand that I may choose the investments to which my Veritas Life policy is to be linked.
- (b) I acknowledge that it is my responsibility to ensure that the policy and/or underlying assets is suitable for my investment needs and/or objectives and/or attitude to risk and I confirm I will seek specialist financial advice, where necessary.
- (c) I confirm that I understand it is my decision as to whether the policy (as well as the underlying investments) is suitable for my needs.
- (d) If I choose to invest in assets aimed at a Non-Retail (qualified/professional) investor, I acknowledge that it is my responsibility to obtain, read and understand the fund prospectus or equivalent offering documents, as appropriate.
- (e) I acknowledge that Veritas Cell is not responsible for the investment performance or any loss suffered or reduction in the value of my Veritas Life policy, arising from my chosen investment. Veritas Cell does not have any responsibility for the investment management of the assets within my Veritas Life policy and Veritas Cell does not approve any asset as a suitable investment.
- (f) I acknowledge that Veritas Cell reserves the right to reject any asset, for example if certain administration criteria are not met.
- (g) I acknowledge that the purchase of my investments may be delayed if Veritas Cell requires a signed declaration in respect of my chosen investments.
- (h) I acknowledge that my investments are processed according to the terms and conditions of the relevant institution that cash is being invested with.
- (i) I acknowledge that specific investor protection and compensation schemes that may exist in relation to collective investments and deposit accounts are unlikely to apply in the event of failure of such an investment held within insurance policies.
- (j) I agree that Veritas Cell shall not be responsible for any loss or liability to the Veritas Life policy as a result of the actions or failure to take action on my part relating to investment decisions which gives rise to any loss in value to the Veritas Life policy. I promise to repay to or reimburse Veritas Cell in respect of any legal proceedings, claims, costs, expenses (including legal expenses) actions or demand against Veritas Cell arising from a breach of this clause.
- (k) I acknowledge that some of the investments chosen may be Experienced, Professional, Qualified or Sophisticated Investor Funds as defined under the applicable legislation. I realise that these types of investment are not intended for general sale to retail investors.
- (l) I am aware that Veritas Cell will be regarded by the asset manager as the investor for the purposes of investment.
- (m) I accept that some investments involve a high level of risk and that it is my responsibility to read the investment documentation, including any risk warnings, provided by the investment manager.
- (n) I have discussed with my independent financial adviser whether such an asset is appropriate for my investment portfolio.
- (o) I accept that Veritas Cell requires me to confirm that I have read and understood the investment documentation and risk warnings for any asset I choose to invest in.
- (p) For investment into Non-Retail assets, I acknowledge that Veritas Cell will not be responsible for the appropriateness of these investments require me to ensure I qualify and meet the required standards to be able to invest.
- (q) I am aware that Veritas Cell has the right to decline any investment without providing a reason.

SECTION 15 - Declaration and Signature (Continued)

General declarations

I declare that this application was signed in (country)
 and the advice was received in (country)

I further declare that all the information provided in this application form, including this declaration, has been entered by myself or with my knowledge and that the signature placed on the application is my signature.

I also declare that all information provided herewith are complete and true to the best of my knowledge and belief.

I further declare that I understand and agree that the policy shall not become effective until it is issued with the payment paid in full and all requirements have been met.

I am aware that tax evasion is a criminal offence and I will not use this policy to evade tax. I understand that Veritas Cell has statutory obligations to report suspicions of criminal wrongdoing including tax evasion to law enforcement agencies or other relevant authorities in the locations where it operates. I am responsible for my own tax affairs and I hereby declare that I understand my personal tax obligations and responsibilities and I have complied with all legal requirements to make declarations to tax authorities and pay the tax that I owe. As appropriate and necessary I have taken, or will take, legal advice in relation to my tax affairs and in particular, my tax obligations as they apply to this application.

I am aware that Veritas Cell is required to request the entity's tax residency and tax identification number/global intermediary identification number (where applicable), and where controlling persons are potentially reportable their tax residency, tax identification number (where applicable) and nationality and will record this information.

I understand that before opening a Veritas Life Investment Bond, I should seek to obtain Legal, Financial and Tax advice from a suitable adviser.

I declare that the services of Veritas Cell have been retained at my/our own exclusive initiative in accordance with Article 42 of MiFID II. (<https://www.esma.europa.eu/databases-library/interactive-single-rulebook/clone-mifid-ii/article-42>).

Premium tax/Withholding tax

I acknowledge that in the event of any premium tax or withholding tax being levied in my country of residence, it will be my responsibility to increase the payment by an appropriate amount or to settle the liability directly with the relevant tax authorities.

Financial Adviser

I acknowledge that Veritas Cell and my financial adviser have entered into an agreement ('terms of business') which sets out the basis upon which Veritas Cell is prepared to accept applications submitted by the financial adviser on my behalf. This agreement categorically states that the financial adviser acts as my agent, and not the agent of Veritas Cell.

I acknowledge that my financial adviser, or any other, has no authority to act as the agent of Veritas Cell or to state, suggest or imply that they have such authority.

Personal illustration and Key Information Document

I declare that I have read, understood and agreed to the applicable Application, Brochure, Key Features, Illustration, Key Investors Document and Terms and Conditions which was provided to me.

Fees and commissions

I am aware that certain investments the financial adviser makes on my behalf from time to time may contain fees which exist partly to meet promotion and distribution expenses of the investment, including commission paid to my financial adviser. I understand that full details of any commissions paid in respect of certain investments held within the Veritas Life policy are available on request from my financial adviser.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

Date (dd/mm/yyyy):

As Witness

Signature of Authorised Signatory or Financial Adviser

Full name of Adviser/Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

SECTION 16 - U.S Tax Residents or US Connected Persons

FOR COMPLETION BY U.S TAX RESIDENTS OR PERSONS HAVING A U.S NEXUS

APPLICANT 1

Please tick as appropriate

I confirm that the settlor/member is not a U.S citizen or resident of the U.S for tax purposes.

Or

Declaration of U.S Citizenship or U.S Residence for Tax purposes;

I declare and certify that the settlor/member is a citizen/national/resident of the United States for tax purposes and U.S federal taxpayer identifying number (U.S TIN) is as follows:

[Empty text box for U.S TIN]

Or

I confirm that the settlor/member was born in the U.S (or a U.S territory) but is no longer a U.S Citizen as the first settlor/member has voluntarily surrendered citizenship as evidence by the attached documents.

APPLICANT 2 (if applicable)

Please tick as appropriate

I confirm that the joint settlor/joint member is not a U.S citizen or resident of the U.S for tax purposes.

Or

Declaration of U.S Citizenship or U.S Residence for Tax purposes;

I declare and certify that the joint settlor/joint member is a citizen/national/resident of the United States for tax purposes and U.S federal taxpayer identifying number (U.S TIN) is as follows:

[Empty text box for U.S TIN]

Or

I confirm that the joint settlor/joint member was born in the U.S (or a U.S territory) but is no longer a U.S Citizen as the second settlor/member has voluntarily surrendered citizenship as evidence by the attached documents.

My signature is a confirmation that:

- I understand that I am responsible for all answers given and statements made by me; and
- I declare that to the best of my knowledge and belief, the information provided is true and complete and that no material fact has been omitted or concealed to Veritas Cell.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy): [][] [][] [][][][]

Date (dd/mm/yyyy): [][] [][] [][][][]

Please note - that in certain circumstances Veritas Cell may need additional documentation to support your answers in the self-certification above (e.g for U.S citizens the submission of IRS forms W-8BEN or W-9 may be necessary).

- If you are unsure whether the Applicant(s) is a U.S citizen or citizen/national in any other jurisdiction, you should seek legal advice.
- If you are unsure whether the Applicant(s) is resident for tax purposes in the U.S or in any other jurisdiction, you should seek financial/legal advice.