Veritaslife
Guernsey

VERITAS LIFE INVESTMENT BOND

TOP UP – APPLICATION FORM

For Individual, Corporate or Trustee Investors

Version 1.1 (August 19, 2026)

SECTIONS

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

SECTION 1 - Financial Adviser Company

Name of Financial Adviser:

Telephone:

Adviser Company Name:

Email:

Adviser Company Address:

Veritas Life Account Number:

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

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	**APPLICANT 2** *(If applicable)*
Title: *(please tick)*	☐ Mr ☐ Mrs ☐ Miss ☐ Other *(in full)*	☐ Mr ☐ Mrs ☐ Miss ☐ Other *(in full)*
Forename:		
Middle name(s):		
Last name:		
Nationality:		
Passport Number:		
Residential Address:		
Correspondence Address:		
Telephone - Home:		
Telephone - Mobile:		
Email Address:		

SECTION 4 - 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):		
Bonuses this year (include currency):		
Annual salary last year (include currency):		
Bonuses last year (include currency):		
Occupation:		
Employer's company name:		
Nature of business:		

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

Previous occupation:		
Salary (include currency):		
Employer's company name:		
Date retired (dd/mm/yyyy):		

Other earned income

Type of income and amount (include currency):		
Received from:		
Provide details of income earned:		
Date received (dd/mm/yyyy):		

Savings

Total amount (include currency):		
Bank where savings were held:		
Provide details of how the savings were accumulated:		

SECTION 4 - 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 - Please provide further details in the available section on page 7.

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 5 - 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
Accumulated Income	**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. **Business Income (all of the following):** Full company documentation. Minutes of meeting confirming payment to the policyholder. Bank account statement showing receipt of funds. **Past investments (all of the following):** Copy of the statement from the relevant financial Institution. Bank account statement showing receipt of funds.
Sale of Interest in company	**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.
Sale of Property	**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.
Inheritance	**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.
Gift	**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.
Maturing Policy/ Investment	**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.
Other	Appropriate independent supporting documentation which validates the information provided. Bank account statement showing receipt of funds.

SECTION 5 - 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 6 - 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. *(If funds are being transferred from multiple accounts, we will require certified documents for each account stipulated).*

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 7 - 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 7 - 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/Witholding 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

Date (dd/mm/yyyy):

Signature of Second Applicant (if applicable)

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 8 - Transfer IN of Securities

(To be completed only if Top up is done with a transfer of Securities)

Please complete ALL sections in CAPITALS, and sign. Please note that for joint Policys, both Policyholders must sign this form. Upon receipt, we will contact you to confirm acceptance of your securities by our custodian, and contact the transferring party to initiate the transfer.

Please complete a separate form for each asset if held with a different transfer agent. Please note, the transfer agent may request that we use its own form in order to initiate the transfer. We suggest that you contact the transferring platform/broker in the first instance to avoid any unnecessary delays.

Please attach a printout of your portfolio. Your Policy with your current provider must be registered in the same name(s) as the Policy you hold with Veritas Cell i.e. transfers from joint names to sole name, and vice versa, are not permitted. Transfers of the following

SECURITIES THAT ARE NOT ACCEPTED: BEARER BONDS, SHARES, WARRANTS, COVERED WARRANTS AND DERIVATIVES.

Name of Security	Quantity	ISIN	Exchange/Market	Currency	Current Value

SECTION 8 - 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.

Signature of First Applicant

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Place:

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy): ☐☐ ☐☐ ☐☐☐☐

Place:

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): ☐☐ ☐☐ ☐☐☐☐