

APPLICATION FORM OFFSHORE PORTFOLIO BOND (Informed SMARTfund)



This application form should be issued in conjunction with the Offshore Portfolio Bond (Informed SMARTfund) Key Features which together with the policy documentation sets out the terms and conditions of the contract.

A copy of the Policy Terms and/or this completed application form are available upon request from Isle of Man Assurance Limited ("IOMA").

Please complete these forms in **BLACK** ink using **BLOCK CAPITALS**.

If you make a mistake please cross it out, write in the correct word(s) or figure(s) and sign your initials next to the correction(s). Please do not use correction fluid.

If more space is required please continue on a separate piece of paper and ensure it is signed and dated by each applicant.

If you have difficulty completing this form please consult your Financial Advisor or telephone Isle of Man Assurance Limited Sales Support on + 44 (0) 1624 681200.

A. DETAILS OF THE APPLICANT(S)

	First or Sole Applicant (and life assured)	Joint Applicant (if any) (and joint life assured)
Title (Mr/Mrs/Miss/Other)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Full Forename(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Surname	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Residential Address	<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>
	Postcode	Postcode
	Country	Country
Telephone Number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Fax No	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
E-Mail Address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Correspondence Address if different from above.	<input style="width: 95%; height: 40px;" type="text"/>	<input style="width: 95%; height: 40px;" type="text"/>
	Postcode	Postcode
	Country	Country
Date of Birth (<i>Day/Month/Year</i>)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Sex	Male <input style="width: 30px;" type="checkbox"/> Female <input style="width: 30px;" type="checkbox"/>	Male <input style="width: 30px;" type="checkbox"/> Female <input style="width: 30px;" type="checkbox"/>
Passport /National Identity card number	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Please supply documentary evidence of the identity and the residential address of the applicant by supplying the original or certified copy of your passport and a recent utility bill (dated within the last 3 months) suitably certified.

B. PREMIUM DETAILS

Premium	<input style="width: 95%;" type="text"/>	<i>(minimum GBP 25,000)</i>
What is the original source of funds? <i>(e.g. savings, property sale, legacy etc)</i>	<input style="width: 95%; height: 40px;" type="text"/>	

- We will also require you to complete a Source of Wealth Questionnaire, a copy of which is attached at the back of this application form.

C. DETAILS OF THE ADDITIONAL LIFE/LIVES ASSURED

	Additional Life Assured	Additional Life Assured
Title (Mr/Mrs/Miss/Other)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Full Forename(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Surname	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth (<i>Day/Month/Year</i>)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Sex	Male <input style="width: 20px;" type="checkbox"/> Female <input style="width: 20px;" type="checkbox"/>	Male <input style="width: 20px;" type="checkbox"/> Female <input style="width: 20px;" type="checkbox"/>
Relationship to Applicant	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

	Additional Life Assured	Additional Life Assured
Title (Mr/Mrs/Miss/Other)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Full Forename(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Surname	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth (<i>Day/Month/Year</i>)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Sex	Male <input style="width: 20px;" type="checkbox"/> Female <input style="width: 20px;" type="checkbox"/>	Male <input style="width: 20px;" type="checkbox"/> Female <input style="width: 20px;" type="checkbox"/>
Relationship to Applicant	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

	Additional Life Assured	Additional Life Assured
Title (Mr/Mrs/Miss/Other)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Full Forename(s)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Surname	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Date of Birth (<i>Day/Month/Year</i>)	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Sex	Male <input style="width: 20px;" type="checkbox"/> Female <input style="width: 20px;" type="checkbox"/>	Male <input style="width: 20px;" type="checkbox"/> Female <input style="width: 20px;" type="checkbox"/>
Relationship to Applicant	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

D. WITHDRAWALS

IOMA permits regular withdrawals of capital. This amount will be paid by electronic transfer to your bank on a monthly basis.

If you would like to take regular withdrawals of capital please indicate the percentage you would like to take: _____%

If you have selected withdrawals of capital, please indicate below the bank account into which you would like the withdrawals paid: (please note IOMA will only make payments in Sterling)

Name of Bank/Building Society:

Address:

Postcode:

Country:

Name of Account Holder:

Sort Code:

Bank/Building Society
Account Number:

E. PAYMENT INSTRUCTIONS

STERLING: (being sent from UK/Channel Islands & Isle of Man)

Account: The Royal Bank of Scotland International Limited
SWIFT: RBOSIMDX
Account Name: Isle of Man Assurance Limited - Life
Account number: 58146347 (Ref Policy Number)
Sort code: 16-58-80
IBAN Number if Requested: GB65RBOS16588058146347

F. FINANCIAL ADVISOR

Advisor's Name

Company name and address or stamp

F(i). CUSTOMER AGREED REMUNERATION

Initial Commission _____%

Paid by IOMA at outset by deducting the relevant amount from the premium

Annual Commission _____%

To be paid by the manager of the investments to which the bond is linked as an additional element to its annual charge (accrued for daily in the unit price and paid away monthly)

Advisor's Signature

Date (day/month/year)

G: SOURCE OF WEALTH QUESTIONNAIRE - continued

***4. Where the source of funds for this application are from any of the following please provide details (if there are multiple sources please complete all the appropriate sections below and identify value from each source) - continued:**

Sales of Investments:

Name of investment: _____

Date of sale: _____

Amount: _____

Total Portfolio Value: How long have investments been held?
(If necessary please continue on a separate sheet.)

Savings: How were savings accumulated? _____

Length of saving period: _____

Please detail the bank/building society where the saving were held:

Sale of property: Address of property: _____

Date of sale: _____ Amount: _____

Maturing Investments or policy claim:

Date received: _____ Amount: _____

From which company: _____

Company sale: Name of company: _____

Principal activity of the company: _____

Date of Sale: _____ Total Amount: _____

Applicant's share of sale proceeds: _____

Inheritance: Date received: _____ From: _____

Relationship: _____ Total Amount: _____

For all other sources such as lottery win, gift, compensation payment etc please provide details (ie please include amounts involved, dates of payments and companies / professional bodies involved):

***5. Are you, or have you at any time been, a public official, a military officer or senior executive of a public owned corporation? Or are you connected with the military, arms or oil industry? Or are you associated with anyone holding such positions?**
Yes / No

If 'yes' please give details. _____

Isle of Man Assurance reserves the right to request further documentary evidence of source of wealth should it be considered necessary.

I (the client's adviser) declare that I have obtained the necessary documentary evidence to ensure that the information detailed in this document is correct and that upon request will provide the same to Isle of Man Assurance should it be requested.

Adviser Name: _____ Date: _____

Adviser Signature: _____

I. DECLARATION AND APPLICATION

The contract could be invalidated by any failure to disclose facts which might influence IOMA's assessment of this application prior to acceptance. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed on a separate, signed sheet.

I/we apply for the Offshore Portfolio Bond (Informed SMARTfund) (the "Bond") on the standard IOMA policy terms and conditions and confirm that to the best of my/our knowledge and belief all of the above statements are true and complete and shall, together with such terms and conditions and any nomination form, form the basis of the contract between me/us and IOMA.

I/we confirm that I/we:

- have read and understood the Offshore Portfolio Bond Key Features (Informed SMARTfund) and understand the charges that will be levied, including the Customer Agreed Rumeration outlined in section F(i) of this document;

I/we acknowledge, agree and/or undertake that:

- IOMA has not provided me/us with advice on the tax position of the Bond by reference to my/our personal position and it is my/our responsibility to take professional advice on the implications of the product if I/we so wish;
- IOMA does not give any warranty as to the performance or profitability of my/our Bond or any part of it and, accordingly, IOMA shall not be liable for any loss or depreciation in the value of my/our Bond or indirectly, linked or from any other cause (but excluding any loss arising from negligence, willful default or fraud by IOMA).

I/we understand and agree that the contract that I am / we are applying to enter with IOMA will be subject to Isle of Man law and that the Policy Terms will be in the English language.

I/we authorise IOMA to accept and action any policy instructions sent by email or facsimile from me/us or my/our financial adviser if appointed. I/we hereby declare that this application form was signed in:

Country _____

and that, to the best of my/our knowledge and belief, the statements made in this application and any related documents are true and complete and that no material facts have been concealed.

I/we confirm that I am /we are not a resident nor a citizen of the US and that to the best of my/our knowledge and belief are not subject to any taxation, exchange control or legislation that would make this application unlawful.

DATA PROTECTION

In accordance with the Isle of Man Data Protection Act 2002 I/we understand that the information supplied may be used for the purposes of administering the contacts by IOMA and any associated third parties of IOMA. I/we consent to IOMA or associated third parties processing all information relating to this application form and for the purposes of administering the product, its servicing and claims relating to it. I/we also consent to the disclosing of my/our personal data for other purposes such as regulatory authority or as required by law to other parties, or to other parties in the group, other companies to which the policy may be assigned. I/we understand this may at some time require transfer of my data to other countries outside the European Economic Area which may or may not afford the same level of protection and consent to such transfers. I/we understand that I/we have a right of access to my/our personal data held by IOMA and I/we understand I/we should make my request in writing accompanied by a fee to IOMA at its head office address.

Signature of Applicant: _____

Date: _____

Signature of Joint Applicant: _____

Date: _____

Isle of Man Assurance Limited a member of the IOMA Group.
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IOMA is a member of the Association of International Life Offices.