



# MGM INVESTMENT PORTFOLIO BOND

## Application form

(For single or joint applicants)

### Important notes

Please refer to your **Personal Illustration** and **key features** document for an explanation of the benefits available.

When completing this application please use **BLOCK CAPITALS** throughout and tick the boxes where appropriate.

A copy of the policy terms and conditions and your completed application form are available on request.

Your Bond will start when you have paid the premium in full and we have notified you of the acceptance of your application by sending you the policy document.

Please ensure that you complete Part C of the application form if you wish to include the regular automated withdrawal facility in your Bond.



## Part A applicant(s) details

The applicant(s) will be the life or lives assured.

### 1. Details of applicant(s)

|  | first applicant  | second applicant   |
|--|--|--|
| Title: e.g. Mr, Mrs, Miss or Ms              | <input type="text"/>                                     | <input type="text"/>                                     |
| Surname                                      | <input type="text"/>                                     | <input type="text"/>                                     |
| Forename(s)                                  | <input type="text"/>                                     | <input type="text"/>                                     |
| Address                                      | <input type="text"/>                                     | <input type="text"/>                                     |
| Postcode                                     | <input type="text"/>                                     | <input type="text"/>                                     |
| Home telephone number                        | <input type="text"/>                                     | <input type="text"/>                                     |
| Date of birth                                | <input type="text"/>                                     | <input type="text"/>                                     |
| Do you normally live in the United Kingdom?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If No, what country do you normally live in? | <input type="text"/>                                     | <input type="text"/>                                     |
| Nationality                                  | <input type="text"/>                                     | <input type="text"/>                                     |
| Occupation                                   | <input type="text"/>                                     | <input type="text"/>                                     |
| Marital status                               | <input type="text"/>                                     | <input type="text"/>                                     |

## Part B investment details

### Charging structure

Enhanced allocation

Penalty free

Establishment charge

How much are you investing? **minimum £5,000 (whole £'s only)**

£

### Name of Investment Fund and %

|                      |                      |   |                      |                      |   |
|----------------------|----------------------|---|----------------------|----------------------|---|
| <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % |
| <input type="text"/> | <input type="text"/> | % | <input type="text"/> | <input type="text"/> | % |

### Please note

1. We will divide your Bond into a number of identical policies up to a maximum of 100 subject to a minimum of £500 each. Number of clusters
2. Please enclose your cheque made payable to **MGM Assurance** with your completed application form.
3. Your money will be invested entirely in the MGM Managed Fund, unless you request otherwise above.
4. Please make sure the total percentage invested in your selected fund(s) equals 100%.



## Part E money laundering (source of income)

Each party to the contract should complete a separate source of investment section (e.g. joint applicants, trustees, settlors, power of attorney and third parties)

Your name (first applicant/trustee)

Annual earnings

Current occupation

Name of account holder

Name of Bank/Building Society

Bank/Building Society account number

Sort Code

--

### Where has the investment come from?

Savings from earnings

Maturity/surrender of investment

Sale of property

Inheritance

Other (Please specify)

The second individual should complete below - if further copies are required please print supplementary copies from the IFA pages on [www.mgm-assurance.co.uk](http://www.mgm-assurance.co.uk)

Your name (second applicant/trustee)

Annual earnings

Current occupation

Name of account holder

Name of Bank/Building Society

Bank/Building Society account number

Sort Code

--

### Where has the investment come from?

Savings from earnings

Maturity/surrender of investment

Sale of property

Inheritance

Other (Please specify)

## Part F Confirmation

I/we confirm that

a) the information in Part A was obtained by me/us in relation to the customer/s;

b) the evidence I/we have obtained to verify the identity of the customer/s:

(Please tick one)

Meets the standard evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group; or

Exceeds the standard evidence (written details of the further verification evidence taken are attached to this confirmation).

Name

Position

Signed

Date

## Part G Details of introducing firm (or sole trader)

### Explanatory notes

1. A separate confirmation must be completed for each customer (e.g. joint holders, trustee cases and joint life cases). Where a third party is involved e.g. a payer of contributions who is different from the customer, the identity of that person must also be verified, and a confirmation provided.
2. This form cannot be used to verify the identity of any customer that falls into one of the following categories:
  - Those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
  - Those whose identity has not been verified by virtue of the applications of permitted exemption under the Money Laundering Regulations.

## Part H adviser/introducer details

This section must be completed by the adviser/firm submitting the business

Name of adviser

Full name of regulated firm (or sole trader)

FSA Number

Address

Postcode

IFA

Appointed Representative

I can confirm advice was given

advice was not given in respect of this application

Signature of adviser

Date

## Part I notes/further information



**Adviser's remuneration**

Initial commission only  % or initial  % and trail  %  
Initial commission sacrificed  %

---



INVESTOR IN PEOPLE

Telephone calls may be recorded for training and quality monitoring purposes. **MGM Assurance Group, Marine and General Mutual Life Assurance Society\*** Registered no.6c. **MGM Home Finance PLC\*** Registered no.2041570. Both are authorised and regulated by the Financial Services Authority. **MGM Assurance (Trustees) Limited\*** Registered no.1279948. **MGM Assurance** and the **MGM** logo are Trade Marks of **Marine and General Mutual Life Assurance Society**. All companies registered in England and Wales. \*Registered office MGM House, Heene Road, Worthing, West Sussex, BN11 3AT.