



Financial adviser stamp

Financial adviser name

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Please enter your business postcode

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Broker number

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Are you enclosing a cheque with this application?

Yes No



applying for your capital and income bond, skandia distribution bond or skandia investment bond

To complete this form, use BLOCK CAPITALS and blue or black ink only, and tick boxes as appropriate. Throughout this document, 'Skandia' refers to Skandia Life Assurance Company Limited. Copies of the Policy Terms and Conditions and/or this completed application form are available on request.

Please note: if the bond is to be assigned into a discounted gift trust at a later date once the bond is live the Settlor (the person gifting the money into trust) and the Settlor's spouse/civil partner (as defined under the Civil Partnership Act 2004) must not be included as lives assured. This is because under the Finance Act 1986, Paragraph 7, Schedule 20, a Gift with Reservation may arise where the Settlor or Settlor's spouse/civil partner are included as lives assured. Please speak to your financial adviser if you are unsure about this.

To be completed by financial adviser.

Please confirm if you have given advice to the client in relation to this product. (✓)

Yes No

If you are paying an additional premium into an existing Skandia bond, please give the bond number (found in your policy documentation).

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Unless their details have changed, you need only complete the forename(s) and surname of each life assured and Policyholder or Trustee in sections B, C, D and E (for top-up applications only).

Which bond are you applying for?

Capital and Income Bond Skandia Distribution Bond Skandia Investment Bond

Amount to be invested

Minimum initial premium £10,000; minimum additional premium £1,000

£

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Is this application part of a Skandia Loan Trust?

Yes No

A Details of the Applicant

Please indicate what type of investor you are (✓) Personal applicant Trustee applicant Corporate applicant

Go to section B Go to section B and C Go to section D

B Personal applicant(s) or present trustees

Applicants must be at least 18 years old.

Is this application for the life of another (for example, a trustee application)? Yes No

First Personal Applicant or Trustee

Title (✓) Mr Mrs Miss Other

Full forename(s)

Surname

Company name (if applicable)

Current address (we will use the address of the first Applicant or Trustee for all correspondence)

Postcode

Previous address (if you have changed address in the last three months)

Postcode

Date of birth (dd/mm/yyyy)

Telephone number Home

Work

Age Sex (✓) Male Female

Marital status (✓) Single Married Civil Partner* Widowed Divorced

Separated * as defined by the Civil Partnership Act 2004

Is the applicant also a life assured? Yes No

If the applicant is not a life assured, please confirm their relationship to the life (lives) assured.

Fourth Personal Applicant or Trustee *(if applicable)*

Title (✓)

Full forename(s)

Surname

Company name *(if applicable)*

Current address *(we will use the address of the first Applicant or Trustee for all correspondence)*

 Postcode

Previous address *(if you have changed address in the last three months)*

 Postcode

Date of birth *(dd/mm/yyyy)*

Telephone number Home

Work

Age Sex (✓)

Marital status (✓)

** as defined by the Civil Partnership Act 2004*

Is the applicant also a life assured?

If the applicant is not a life assured, please confirm their relationship to the life (lives) assured.

C Trustee applicant

You may write the bond in trust, or put it into an existing trust. A Retained Interest Trust or Discounted Gift Trust is not available to invest in the Skandia Distribution Bond. Speak to your financial adviser if you are unsure about this.

Is the bond to be written under trust from when the bond is issued? (✓)

If Yes, please complete and enclose the appropriate declaration of trust form.

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

Is this a Trustee application going into an existing trust or a Skandia Loan Trust? (✓)

If Yes, please complete the following.

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input type="checkbox"/>
----	--------------------------

Trust title

eg 'The John Brown Will Trust'

Please complete 1 or 2

1. For lifetime settlements – speak to your financial adviser if you are unsure about this

Declaration Date of trust of settlement

(dd/mm/yyyy)

Full name of Settlor or, both Settlers in the case of joint Settlers' trust

Trust policy details to be completed in the case of a policy Trust

2. For Will Trusts – speak to your financial adviser if you are unsure about this

Full name of Testator (the person who has made the Will)

Date of Testator's death

(dd/mm/yyyy)

E Life/Lives assured (person insured under the contract if not applicant)

Life assured

Title (✓)

Full forename(s)

Surname

Address

 Postcode

Date of birth (dd/mm/yyyy)

Age Sex (✓)

Marital status (✓)
 * as defined by the Civil Partnership Act 2004

Life assured (if applicable)

Title (✓)

Full forename(s)

Surname

Address

 Postcode

Date of birth (dd/mm/yyyy)

Age Sex (✓)

Marital status (✓)
 * as defined by the Civil Partnership Act 2004

continued

E Life/Lives assured (person insured under the contract if not applicant) (continued)

Life assured (if applicable)

Title (✓)

Full forename(s)

Surname

Address

 Postcode

Date of birth (dd/mm/yyyy)

Age Sex (✓)

Marital status (✓)
 * as defined by the Civil Partnership Act 2004

Life assured (if applicable)

Title (✓)

Full forename(s)

Surname

Address

 Postcode

Date of birth (dd/mm/yyyy)

Age Sex (✓)

Marital status (✓)
 * as defined by the Civil Partnership Act 2004

Is the bond to include more than four lives assured?

If Yes, please contact your financial adviser for advice.

When more than one life assured
If there is more than one life assured when is the death benefit to be paid?

(available for two or more lives assured)

F Life cover

Your bond automatically includes life cover of 101% of the selling value of units. Complete this section if you wish to have a specified amount of life cover (this is only available for up to two lives assured). You may **not** specify a specific amount of life cover if you choose to invest in a distribution fund or if you are applying as a trustee or as trustees.

Amount of life cover £

First life assured

Second life assured (if applicable)

Do you smoke cigarettes, or have you smoked cigarettes in the last 12 months? (✓)

Yes

No

Yes

No

Is there life cover already in force on your life (including company/group policies)? (✓)

Yes

No

Yes

No

If Yes, please state the total amount of life cover across all policies.

£

£

If you want life cover of MORE than the lower of £1,250,000 and 125% of your premium, please complete an **additional protection benefits supplementary application form**, which is available on request.

If you have asked for life cover of LESS than the lower of £1,250,000 and 125% of your premium, you do not need to complete an **additional protection benefits supplementary application form** if you can answer 'No' to the following question. If it is to pay out on last death cases, at least one life assured must answer 'No' to avoid both lives assured having to complete the **additional protection benefits supplementary application form**.

Have you in the last 12 months suffered from a stroke, heart attack, cancer or been diagnosed as suffering from a life-threatening illness? (✓)

Yes

No

Yes

No

G Beneficiary details

Are the beneficiaries of the Trust known in person? (✓)

Yes

No

If No, please state the class of beneficiary (ie grandchildren/children)

If Yes, please provide beneficiary details

Beneficiary 1

Title (✓)

Mr

Mrs

Miss

Other

Full forename(s)

Surname

Address

Postcode

Date of birth
(dd/mm/yyyy)

continued

Beneficiary 2

Title (✓)

Full forename(s)

Surname

Address

 Postcode

Date of birth (dd/mm/yyyy)

Beneficiary 3

Title (✓)

Full forename(s)

Surname

Address

 Postcode

Date of birth (dd/mm/yyyy)

Beneficiary 4

Title (✓)

Full forename(s)

Surname

Address

 Postcode

Date of birth (dd/mm/yyyy)

H	Investment instructions
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Please enter your fund choice by completing the sections below as appropriate. Depending on how involved you want to be in the investment selection process and your attitude to risk, we have a fund choice to suit you. We do not provide advice on the selection of funds. Your financial adviser will be able to help you choose the funds most suitable for you.

You can have a minimum of 1% in any fund (whole percentages only) from the sections below. Please note: your fund choice must total 100%.

For those applying for a Skandia Distribution Bond: please note that the funds available in section a) are not available when you first take out your bond. Please go to section c) instead and complete your fund choice from the list of distribution funds available. For full details of these funds please refer to your financial adviser.

a) **Skandia Investment Management – Managed Investment Solutions**
Managed Growth Solutions – These funds are actively monitored by Skandia; we determine the fund strategy and select and blend the managers to provide a range of managed investment solutions.

	Whole %
Skandia Cautious	
Skandia Balanced	
Skandia Aggressive	
Skandia Ethical	

Managed Income Solutions – These invest in funds, monitored and managed by our sister company, Skandia Investment Management Limited. They select the fund strategy and select and blend the managers to provide income from shares or bonds or build a portfolio by combining the two. All income is reinvested.

	Whole %
Skandia Equity Income	
Skandia Bond Income	

Please show the amount for each fund as a whole PERCENTAGE	Sub-total of section a)	
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b) **Skandia Investment Management – Asset Allocator Funds**
These are sector solutions invested in funds, monitored and managed by our sister company, Skandia Investment Management Limited. They select the fund strategy and select the manager or managers for each sector, allowing you to focus on a particular area or to create your own asset allocation to build a bespoke portfolio.

	Whole %
Skandia UK Equity Blend	
Skandia European Equity Blend	
Skandia US Equity Blend	
Skandia Japanese Equity Blend	
Skandia Far East Equity Blend	
Skandia UK Fixed Interest Blend	
Skandia Global Fixed Interest Blend	
Skandia Global Emerging Markets Equity Fund	
Skandia Property Fund	
Skandia Global Property Securities (LaSalle) Fund	
Skandia Global Best Ideas Fund	
Skandia UK Best Ideas Fund	
Skandia Strategic Best Ideas Fund	

Please show the amount for each fund as a whole PERCENTAGE	Sub-total of section b)	
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continued

I Automatic Withdrawal option

You can take automatic withdrawals from your bond. If you want to do this from the outset, complete both this section and section K. If you have chosen to invest in the Skandia Distribution Bond and wish to have automatic withdrawals, you must tick Option 2 in section J as well as completing this section.

Percentage of original investment to be withdrawn each year % (eg 5% of your initial investment each year, taken monthly, will be 5% divided by 12)

Where the value of the bond after the withdrawal is less than £10,000, a charge of £1 will be made for each withdrawal.

OR
Amount of each withdrawal £

If you are changing the amount of withdrawal for an existing bond, please enter the revised total withdrawal required. The minimum amount for each withdrawal is £50.

Frequency of withdrawals (✓) (please tick one frequency only)
 Monthly Quarterly Half-yearly Yearly

Date of first payment

If you do not specify a date for a new bond, the first regular payment date will be fixed by reference to the bond commencement date.

Withdrawal statements

We will provide a yearly withdrawal statement where we make payments by direct credit to a bank or building society account.
 If you would rather have a statement each time a payment is made, please tick this box. (✓)

We will make all withdrawals by partial surrender of each policy within the bond. Units will be cancelled two working days before the relevant withdrawal payment date so that payments are made promptly.

WHERE THE AMOUNT CASHED IN EXCEEDS 5% OF THE INVESTMENT EACH YEAR, THERE MAY BE TAXATION CONSEQUENCES AND WE THEREFORE SUGGEST YOU CONTACT YOUR FINANCIAL ADVISER BEFORE COMPLETING THIS SECTION OF THE APPLICATION FORM.

J Distribution options - Complete this section only if you have chosen to invest in the Skandia Distribution Bond (please tick one box only)

The amount of distribution payments depends on the 'income' generated by the fund since the last payment date.

- 1. Full distribution to be paid quarterly at each declaration date
- OR
- 2. Full investment of distribution back into the bond quarterly at each declaration date

Each distribution fund distributes quarterly, but on different dates. If you have selected to receive distributions and invest in more than one fund you will receive payments on different dates over the quarter.

WHERE THE AMOUNT CASHED IN EXCEEDS 5% OF THE INVESTMENT EACH YEAR, THERE MAY BE TAXATION CONSEQUENCES AND WE THEREFORE SUGGEST YOU CONTACT YOUR FINANCIAL ADVISER BEFORE COMPLETING THIS SECTION OF THE APPLICATION FORM.

K Payment instructions for withdrawals and distributions

Details of the account you wish payments to be made to.

Account name

Bank/Building society name

Bank/Building society address

Complete this only if you want us to pay your withdrawals directly into your bank or building society account. Postcode

Account number Sort code - -

The instructions you give in this section will replace any you have given us previously.

We will only make third party payments to the Bond owner or recognised financial institutions or to financial advisers'/solicitors'/ accountants' client accounts. In all cases, we will refer to the Bond owner at the end of the payee's name on the cheque except for payments to Beneficiaries of Trusts.

For trustee applications, we can only normally make payments to the trustees. We will make payments to the beneficiaries where the terms of the trust allow for this, subject to the following:

- 1. Payments are limited to £50,000 in any 12-month period.
- 2. Payments over the £50,000 limit must be made to a trustee bank account.
- 3. We reserve the right to cancel withdrawals if they exceed the £50,000 limit.
- 4. We will only make payments to an account of a UK financial institution held in the name of a UK-resident Beneficiary or Beneficiaries.

Please make sure that all the Applicants or Trustees and lives assured complete and sign section L.

Any omission or misstatement of a material fact in this application form could affect the payment of benefits under the policy. A material fact is one which is likely to influence the assessment and acceptance of the application.

If you are uncertain whether a fact is material, you should give full details so that Skandia can assess its possible significance. If you become aware of such a fact while Skandia is considering your application, you should notify Skandia immediately.

Application – by each applicant

- (a) If a bond number is not shown at the beginning of this form, I request that the amount shown on the front of this form be invested as initial premiums for policies comprising a Skandia MultiBOND (Policy Terms Ref NMB2) and request Skandia to issue the policies in my name, jointly with the other applicant(s) (if any); or

(b) I request that the amount shown on the front of this form be invested as additional premiums for the policies currently in force bearing policy numbers consisting of the bond number, as shown at the beginning of this form, followed by two or more digits.
- Further to 1 (a) above (if applicable) I hereby confirm that the other lives assured (if any) consent to this application.
- I declare that to the best of my knowledge and belief the statements made in this application and any related documents are true and complete and that I have not concealed any material fact.
- I authorise and request Skandia to effect the transaction detailed in sections I and J (if applicable) and confirm that such payments will discharge Skandia from all liabilities and claims arising from those surrenders. I understand that this authority supersedes any authority previously given.

Application - by the Trustees, if any

- We confirm that:
 - each life assured consents to this application or parental consent has been given
 - investment into life assurance contracts is within the investment powers available to the trustees under the trust.
- We hereby request that the amount shown on the front of this form be invested as initial premiums for policies comprising a Skandia MultiBOND (Policy Terms Ref NMB2), and request Skandia to issue those policies to us as trustees of the trust to hold as assets of the trust fund.
- We declare that to the best of our knowledge and belief the statements made in this application and any related documents are true and complete and that we have not concealed any material fact.
- We authorise and request Skandia to effect the transaction detailed in sections I and J (if applicable) and confirm that such payments will discharge Skandia from all liabilities and claims arising from those surrenders. We understand that this authority supersedes any authority previously given.

Fund-based fee

This fund-based fee is in addition to any commission that may also be paid to your financial adviser.

I wish to pay a fund-based fee to my financial adviser of % each year of my bond value.
(to two decimal places, maximum 1%)

I understand that this fee will be deducted from my bond in addition to the standard charges.

The fund-based fee may only be selected at outset and will apply to the total bond value. This includes any further premiums I might pay in the future.

continued

PERSONAL DATA STATEMENT: Consent of each life assured and each Applicant/Trustee

To: SKANDIA LIFE ASSURANCE COMPANY LIMITED

I agree that you may use my personal data including any sensitive personal data ('my data') to process my application and to service my plan.

I/We confirm that if each life assured has not signed this application, that I/we have obtained the consent of each life assured to this personal data statement and are signing the application as his/her agent as well as applicant/trustee.

I understand that:

- You may provide my data, by electronic or other means, to:
 - other companies within the Skandia and Old Mutual groups of companies if you regard this as necessary to service my plan
 - my adviser
 - my trustee
 - a third party to verify my identity in line with money laundering or other requirements which may involve carrying out checks with credit reference databases
 - third parties who perform tasks for you to help you service my plan. These third parties may be based in countries outside the EEA. I understand that these countries may not have laws to protect my data equivalent to those of the UK. However, I understand that you will ensure that any such third parties agree to treat my data with the same level of protection as if you were dealing with it.
- To prevent and detect fraud you may:
 - share my data with other organisations, including the police
 - check and/or file my data with fraud prevention agencies and databases, and if I give you false or inaccurate information and you suspect fraud, you will record this.
- You and other companies within the Skandia and Old Mutual groups of companies may use my data for assessment and statistical analysis purposes.
- My data may be made available to third parties where required by law, court order or regulation.
- On payment of a small fee, I am entitled to receive a copy of my data which is subject to the Data Protection Act 1998.
- I also have the right to require you to correct any inaccuracies in my data. In such circumstances I can contact you at Skandia Life Assurance Company Limited, PO Box 37, Southampton, SO14 7AY.

Signature of the first Applicant or Trustee <i>(if different)</i>		Date <i>(dd/mm/yyyy)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> </tr> </table>								

Signature of the second Applicant or Trustee <i>(if different)</i>		Date <i>(dd/mm/yyyy)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> </tr> </table>								

Signature of the third Applicant or Trustee <i>(if different)</i>		Date <i>(dd/mm/yyyy)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> </tr> </table>								

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Signature of life assured <i>(if any)</i>		Date <i>(dd/mm/yyyy)</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> <td style="width: 12.5%; border: 1px solid black; height: 20px;"></td> </tr> </table>								

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If the application was NOT signed in the UK, please specify the country in which it was signed

Capacity (for company or Trustee applications only)
(for example 'As Managing Director' (of the company))

To be completed by your financial adviser. Please complete this section to verify the identity of all relevant parties* referred to in this application.

Once completed, you do not need to send us any additional documentation or identity verification.

Where a third party is involved, who is different from the applicant, the identity of that person must also be verified using a separate Confirmation of Verification of Identity form, available from your Skandia regional office or the literature library on the Skandia Adviser Extranet. Go to www.skandia.co.uk to log on or register.

I/We confirm that:

- (a) the information in this form was obtained by me/us in relation to the relevant parties
- (b) the evidence I/we have obtained to verify the identity of the relevant parties meets the standard of evidence set out within the guidance for the UK Financial Sector issued by the Joint Money Laundering Steering Group
- (c) I have not verified the identity of the following parties because they are exempt from verification under Money Laundering Regulations

--

- (d) The following parties were existing client(s) of mine/ours prior to the introduction of the requirement for identity verification

--

Signed**		Date <small>(dd/mm/yyyy)</small>	
----------	--	-------------------------------------	--

Name	
------	--

Position	
----------	--

Full name of regulated firm (or sole trader)	

FSA reference number	
----------------------	--

* Including Account beneficiaries.

** This must be signed by the person who has seen the original documentary evidence, which may include an electronic identity check.

Checklist – all applicants

- (✓)
- Have you completed all relevant sections and signed section L?
 - Have you attached a cheque for your premium?
 - If you have applied for a specified level of life cover over the limits set out in section F, have you completed and attached an Additional Protection Benefits Supplementary Application form?
 - If the bond is to be written under trust from outset, have you completed and attached a declaration of trust form?
We do not need this if the bond is to be subject to an existing trust.
 - If you wish to pay a fund-based fee to your financial adviser, have you filled in the amount in section L?
 - If you have requested an automatic withdrawal option or full distribution to be paid quarterly please ensure you complete section K .

Checklist – financial adviser

- (✓)
- Have you completed the question in the financial adviser box on the first page?
 - Have you completed the confirmation of verification of identity in section M? Failure to provide confirmation of identity for all relevant parties may delay any future withdrawal or surrender request.

www.skandia.co.uk

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

Skandia Life Assurance Company Limited (an incorporated company limited by shares) Registered number: 1363932 England
Registered Office: Skandia House, Portland Terrace, Southampton, SO14 7EJ, United Kingdom Authorised and regulated by the Financial Services Authority
FSA Register number 110462

Out of our concern for the environment every single item of Skandia literature is printed on recycled paper. We only use two types of paper: '9 Lives 80', which is made up of 80% recovered fibre and 20% fibre sourced from sustainable forests or '9 Lives Offset', which is manufactured from 100% recycled fibre and is totally chlorine-free.

A Member of the  OLD MUTUAL Group



commission selection form

for bonds and regular contribution life plans

To be completed by the financial adviser. Please use block capitals and blue/black ink, and tick boxes as appropriate.

All references to Skandia in this form mean Skandia Life Assurance Company Limited.

A	Single contribution bonds
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Please complete EITHER Option 1, 2 or 3. It is not possible to select a lower level of FBC.

(✓)

<input type="checkbox"/>	Option 1 Maximum initial commission of 7.0% Do you wish to select a lower level of initial commission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please enter the reduced rate of initial commission you wish to receive.

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<i>(Minimum 0%; Maximum 7.0%)</i>					

<input type="checkbox"/>	Option 2 Maximum initial commission of 4.5% plus 0.5% a year FBC Do you wish to select a lower level of initial commission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please enter the reduced rate of initial commission you wish to receive.

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<i>(Minimum 0%; Maximum 4.5%)</i>					

<input type="checkbox"/>	Option 3 Maximum initial commission of 5.75% plus 0.25% a year FBC Do you wish to select a lower level of initial commission?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If YES, please enter the reduced rate of initial commission you wish to receive

<input type="text"/>	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	%
<i>(Minimum 0%; Maximum 5.75%)</i>					

By selecting a lower level of initial commission policyholder benefits will be enhanced on a 1:1 basis (that is, maximum initial commission reduced by commission selected: enhanced policyholder benefits).

B	Declaration
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I authorise Skandia to pay commission as detailed above and to enhance policyholder benefits, to reflect any reduction in initial commission in respect of the application detailed in section A.

Signature	<input type="text"/>	Date <i>(dd/mm/yyyy)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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The above signatory must be an employee, principal, partner or director of the firm or of the appointed representatives of the firm, authorised to provide financial advice.

The proportionate amounts of any marketing allowance for which the Intermediary is eligible will automatically be added to any initial commission paid.

If this form is completed incorrectly leading to commission being paid other than as required by you, then to correct this it will be necessary to issue new documentation and to redisclose.

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Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

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FSA Register number 110462

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