

# LONDON & COLONIAL FLEXIBLE LIFE ANNUITY

## APPLICATION FORM FOR A CORPORATE ENTITY



**PLEASE COMPLETE ALL SECTIONS  
FULLY IN BLOCK CAPITALS**

The London & Colonial Flexible Life Annuity ('FLA') is provided by London & Colonial Assurance PCC Plc ('LCA'). LCA is a Gibraltar registered company and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company (PCC). LCA is regulated by the Gibraltar Financial Services Commission (permission number: 5191) and is part of STM Group Plc, a multi-jurisdictional financial services group listed on AIM, a market operated by the London Stock Exchange.

The security and safety of your data is very important to LCA. A copy of LCA's Privacy Notice can be found on our website:

[info.stmgroupplc.com/privacy-notice](http://info.stmgroupplc.com/privacy-notice)

# LONDON & COLONIAL FLEXIBLE LIFE ANNUITY

## APPLICATION FORM FOR A CORPORATE ENTITY

### Application Checklist

Fully completed all relevant sections of the Application Form

Read and understood the Key Information Document for the London & Colonial Flexible Life Annuity

Provided verification of bank account which will receive the Annuity payments  
(as outlined in Section 4 of this Application Form)

Provided certified true copies of the following documentation as required for a corporate body:

a. Regulatory licence (if applicable)

b. Certificate of Incorporation and any certificate of change of name

c. Certificate of Good Standing or Certificate of Incumbency

d. Memorandum and Articles of Association

e. Register of directors, secretaries and shareholders

f. Latest list of authorised signatories

g. List of other individuals who exert control (such as senior managers and beneficial owners) who are not mentioned under e. and f.

h. Latest audited Accounts signed by the director(s)

i. Company organogram/organisational chart

j. Principal activities of the company and its geographical location, where it does business, and where its assets are located (in letter headed paper and signed by at least one director)

k. For ALL directors, proof of identity and proof of address

#### AS PROOF OF IDENTITY, WE REQUIRE:

A certified true copy of a passport or if none, a government issued ID card which must contain an MRZ code, be current, clear and legible.

#### AS PROOF OF ADDRESS, WE REQUIRE:

A certified true copy of one of the following documents:

1. Utility or Tax Bill  
(this must not be more than 3 months old. Mobile phone bills are not acceptable)
2. Bank statement  
(this must not be more than 3 months old)
3. Mortgage statement from a recognised lender  
(this must not be more than 3 months old)
4. Deeds or rental contract
5. Original letter from a lawyer or an approved introducer confirming the address of the individual

Where it is not possible to provide any of the documents mentioned as proof of address above, we reserve the right to accept an Employer's letter verifying the address. This must be on letter headed paper with the signatory name and position clearly stated. The individual should also submit an explanation as to why the documents cannot be provided.

## Who Can Certify Documents

Where copies of original documents are provided they must be properly certified (and have been certified within the last three months) using the correct wording, and be certified by the correct person, as detailed below:

Certified to be a true copy of the original as seen by me.

Where the document contains a photograph, I certify that this is a true likeness of the person in the photograph.

Name: ..... (of the person certifying)

Company: ..... (of the person certifying)

Tel. Number: ..... (of the person certifying)

Date: ..... (the date the certification was made)

Position: ..... (of the person certifying)

Signature: ..... (the signature of the person certifying)



THE PERSON CERTIFYING THE DOCUMENT MUST BE A PROFESSIONAL PERSON WITH VERIFIABLE CREDENTIALS AND SHOULD NOT BE:

- Related to you
- Living at the same address
- In a relationship with you

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## SECTION 1. Annuitant Details

|                      |   |
|----------------------|---|
| Title:               | <input type="text"/>  |
| Surname:             | <input type="text"/>  |
| First Name:          | <input type="text"/>  |
| Email:               | <input type="text"/>  |
| Gender:              | <input type="checkbox"/> Male  <input type="checkbox"/> Female  |
|                      | <input type="checkbox"/> Please tick here to confirm you are a UK tax resident:   |
| Residential Address: | <input type="text"/>  |
|                      | Nationality: <input type="text"/>   |
|                      | Date of Birth: <input type="text"/> Day <input type="text"/> Month <input type="text"/> Year  |
|                      | Postcode: <input type="text"/>  |
| Country:             | <input type="text"/>  |
|                      | Phone: <input type="text"/>   |

I, the Annuitant hereby declare that the information provided above is true and correct to the best of my knowledge.

|            |                            |
|------------|----------------------------|
| Signature: | <input type="text"/>       |
|            | Date: <input type="text"/> |

## SECTION 2. Applicant Details

This Application Form should be read in conjunction with the Key Features and the Key Information Document for this product which, together with the policy documentation, set out the terms and conditions of the contract. If you have any questions while completing this Application Form, please speak to your Independent Financial Adviser.

|                           |                                    |
|---------------------------|------------------------------------|
| Name of Corporate Entity: | <input type="text"/>               |
| Correspondence Address:   | <input type="text"/>               |
|                           | Phone: <input type="text"/>        |
|                           | Contact Name: <input type="text"/> |
|                           | Email: <input type="text"/>        |

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### SECTION 3. Premium Details / Source of Funds

The premium payment must come from an account held in the name of the Applicant.

If you are making multiple payments, please photocopy the page, attach the details and the reason why multiple payments are being made with this Application Form and tick here

|                             |  |                               |  |
|-----------------------------|--|-------------------------------|--|
| Payment Amount: £           |  | Bank Account Holder:          |  |
| Bank Account Number / IBAN: |  |                               |  |
| Sort Code:                  |  | SWIFT or BIC code:            |  |
| ABA Number:                 |  | Branch Code for non-UK Banks: |  |
| Bank Name:                  |  |                               |  |
| Bank Address:               |  |                               |  |

- Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN)

### SECTION 4. Annuity Details and Payment Instructions

Reference number of Illustration received:

Frequency of payments. Please tick the appropriate box:

Per Annum

Per Half Year

Per Quarter

Per Month

|                         |                      |                        |                      |                      |                      |
|-------------------------|----------------------|------------------------|----------------------|----------------------|----------------------|
| Annuity Payment Amount: | <input type="text"/> | Date of first payment: | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|-------------------------|----------------------|------------------------|----------------------|----------------------|----------------------|

Please allow 7 working days for your account to be credited where the funds are held in the current account of the policy. Funds held by third party may take longer to clear.

#### Where do you want the funds to be paid?

(We will pay income to the bank details provided in Section 3 unless you complete this section. Payments will be made by electronic transfer. A certified copy of an up-to-date statement for this bank account must be provided.)

|               |                      |                 |                      |
|---------------|----------------------|-----------------|----------------------|
| Bank Name:    | <input type="text"/> |                 |                      |
| Bank Address: | <input type="text"/> | Account name:   | <input type="text"/> |
|               |                      | Account number: | <input type="text"/> |
|               |                      | Sort Code:      | <input type="text"/> |
| Country:      | <input type="text"/> | IBAN:           | <input type="text"/> |
| Postcode:     | <input type="text"/> | SWIFT / BIC:    | <input type="text"/> |

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## SECTION 5. Independent Financial Adviser

Please confirm if advice has been given on the sale of this product:

Yes

No

Please provide details of the Independent Financial Adviser who gave you the advice to purchase this product:

|                      |   |     |       |      |
|----------------------|---|-----|-------|------|
| Name:                |   |     |       |      |
| Company Name:        |   |     |       |      |
| Registration Number: | Phone:  |     |       |      |
| Registered Address:  | Mobile:   |     |       |      |
| Country:             | Signature of the Independent Financial Adviser: |     |       |      |
| Postcode:            | Date:   | Day | Month | Year |
| Email:               |   |     |       |      |

Your Independent Financial Adviser acts as your agent and not as an agent of LCA (see declaration on page 8).

## SECTION 6. Investment Adviser

Please provide details of the Investment Adviser that you would like LCA to consider appointing as the Investment Adviser to this Annuity.

|                     |                      |  |  |  |
|---------------------|----------------------|--|--|--|
| Name:               |                      |  |  |  |
| Company Name:       |                      |  |  |  |
| Registered Address: | Registration Number: |  |  |  |
|                     | Telephone:           |  |  |  |
|                     | Mobile:              |  |  |  |
|                     | Country:             |  |  |  |
| Email Address:      |                      |  |  |  |

### Declaration

I declare that I wish to appoint the Investment Adviser named above to be the Investment Adviser of the underlying assets held within my Annuity. I request LCA to enter into any formal agreements required by the Investment Adviser to facilitate this appointment.

I declare that I have delegated investment decisions to the Investment Adviser, who has complete discretionary authority, without having to consult me first, to make all investment decisions to buy or sell assets, hold cash or other investments. I authorise LCA to act upon the investment instructions of the Investment Adviser as if the Investment Adviser were the Applicant.

(Please tick to confirm)

### For completion by the Investment Adviser

I confirm that I hold the appropriate authorisation to provide ongoing investment advice to the Applicant

|                                      |       |     |       |      |
|--------------------------------------|-------|-----|-------|------|
| Signature of the Investment Adviser: | Date: | Day | Month | Year |
|--------------------------------------|-------|-----|-------|------|

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### SECTION 7. Discretionary Fund Manager (if applicable)

Please provide details of the Discretionary Fund Manager that you would like LCA to consider appointing to this Annuity.

|   |  |            |  |
|---|--|------------|--|
| Name of Discretionary Fund Manager:<br><i>("the Manager")</i> |  |            |  |
| Registration Number:  |  | Country:   |  |
| Registered Address:   |  | Mobile:    |  |
|   |  | Fax:       |  |
|   |  | Telephone: |  |
| Email Address:  |  |            |  |

### Declaration

I declare that I wish for the underlying assets held within my Annuity to be placed in a discretionary account, which will be managed on a discretionary basis by the Manager.

I acknowledge that these investments are held in the name of LCA and therefore I request LCA to enter formal agreement(s) appointing the Manager.

(Please tick to confirm)

### SECTION 8. Investment Instructions

Please give full details below of your initial asset selection.

Please note that if any of the investment instructions are unclear, LCA will not make the investments until the information has been clarified. If no investment instructions are given on this Application Form then LCA shall hold any funds in cash until such time as LCA receives valid investment instructions.

| Amount to Invest |                         | Asset Details                       |            |                    |
|------------------|-------------------------|-------------------------------------|------------|--------------------|
| Cash Amount      | % of The Premium Amount | SEDOL, ISIN or FPI Mirror Fund Code | Asset Name | Base Currency Unit |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |
|                  |                         |                                     |            |                    |

There should be sufficient cash held in the cash account to cover 1st year charges and income payments.

**Any assets which have not previously been accepted by LCA may be subject to an asset acceptance process.**

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## SECTION 9. Product Charges

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### LCA Charges

|                       |                      |   |
|-----------------------|----------------------|---|
| Establishment Charge: | <input type="text"/> | % |
|-----------------------|----------------------|---|

|                           |                      |   |
|---------------------------|----------------------|---|
| Annual Management Charge: | <input type="text"/> | % |
|---------------------------|----------------------|---|

### Independent Financial Adviser Charges (if applicable)

|                 |                        |    |                      |   |
|-----------------|------------------------|----|----------------------|---|
| Initial Charge: | £ <input type="text"/> | or | <input type="text"/> | % |
|-----------------|------------------------|----|----------------------|---|

|                        |                        |    |                      |   |
|------------------------|------------------------|----|----------------------|---|
| Annual Renewal Charge: | £ <input type="text"/> | or | <input type="text"/> | % |
|------------------------|------------------------|----|----------------------|---|

### Investment Adviser Charges (if applicable)

|                 |                        |    |                      |   |
|-----------------|------------------------|----|----------------------|---|
| Initial Charge: | £ <input type="text"/> | or | <input type="text"/> | % |
|-----------------|------------------------|----|----------------------|---|

|                        |                        |    |                      |   |
|------------------------|------------------------|----|----------------------|---|
| Annual Renewal Charge: | £ <input type="text"/> | or | <input type="text"/> | % |
|------------------------|------------------------|----|----------------------|---|

All annual charges and fees due will be deducted annually on each anniversary of the commencement date. All charges will be deducted from the Portfolio unless otherwise advised, and will be inclusive of VAT if applicable.

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### SECTION 10. Declaration, General Principles and Signature

This declaration is to be read, signed and dated by the Applicant.

By signing this Application, the Applicant declares and understands the following:

- a. The Applicant is applying for The London & Colonial Flexible Life Annuity on the Standard Terms and Conditions and confirms that to the best of their knowledge and belief all of the above statements are true and complete and shall, together with such Terms and Conditions and any nomination forms, form the basis of the contract between the Applicant and LCA.
- b. The Applicant confirms that they have read and understood the Terms and Conditions, the Key Features and the Key Information Document, and they understand the charges that will be levied. The Applicant also confirms that the charging structure for this product has been discussed and the Applicant agrees to the fees as set out on the Illustration.
- c. LCA is not providing any advice as to the UK or other tax implications of investing in this product.
- d. LCA does not give any warranty as to the performance or profitability of the assets that are purchased by the Annuity fund and, accordingly, LCA shall not be liable for any loss or depreciation in the value of the assets, whether such loss or depreciation may result from a fall in the value of any investment or from any other cause (but excluding any loss arising from negligence, wilful default or fraud by LCA).
- e. Any shares in companies to which this product is directly or indirectly linked will be held by LCA solely as an investment and, accordingly, LCA will not normally undertake any responsibility for the day-to-day management of any such company.
- f. The Applicant confirms that to the best of their knowledge and belief that they are not subject to any taxation, exchange control or legislation that would make this Application unlawful.
- g. The Applicant understands and agrees that the contract they are applying to enter into with LCA will be subject to Gibraltar law and that the terms of the contract will be in the English language.
- h. With reference to this Application, the Applicant may request that LCA considers the appointment of the Investment Adviser suggested in Section 6, subject to the terms and conditions as set out in the Investment Adviser Agreement. This appointment will not commence until a fully completed Investment Adviser Appointment Form has been received and duly acknowledged by LCA.
- i. The contract could be invalidated by any failure to disclose facts which might influence LCA's assessment of this Application prior to acceptance.
- j. If the Applicant has any doubt as to whether a fact is relevant then it should be disclosed.
- k. The Applicant understands that LCA shall not be responsible for any loss or liability caused to this product resulting from advice given by or negligence of the named Investment Adviser or for the investment return produced by this product.
- l. The Applicant authorises LCA to debit the Annuity fund on each anniversary of the commencement date with the charges that have been agreed.
- m. The Applicant acknowledges that the Independent Financial Adviser (IFA) has entered into an agreement which sets out the basis upon which LCA is prepared to accept applications submitted by the IFA on their behalf. This agreement categorically states that the IFA acts as the agent of the Applicant and not as the agent of LCA. The Applicant acknowledges that the IFA has no authority to act as the agent of LCA or to state, suggest, or imply that they have such authority.
- n. The Applicant consents to LCA performing electronic searches on the company directors to verify their identity for Anti-Money Laundering purposes as and when may be required.
- o. The Applicant agrees that they will inform LCA within 30 days in writing if there is any change in their name(s) or permanent residential address.
- p. The Applicant consents to LCA using any personal information supplied on this Application or obtained from any third party to be used for the administration of The London & Colonial Flexible Life Annuity.
- q. The Applicant consents to LCA using any personal information supplied on this Application or obtained from any third party to be used for the administration of The London & Colonial Flexible Life Annuity.
- r. The Applicant authorises LCA to pass on personal information LCA collects to:
  1. Any professional financial or investment adviser(s) which the Applicant has nominated on this Application Form or in any associated correspondence; and
  2. Any necessary third party in connection with administering this Annuity;
  3. Any regulatory authorities or to any other third parties under pensions regulations and/or to comply with any other legal requirements;
  4. Other companies within STM Group Plc.
- s. The Applicant consents to LCA providing any relevant information related to The London & Colonial Flexible Life Annuity to any other pension scheme trustees, administrators, practitioners, insurers or pension providers when required to do so.

In consideration of LCA agreeing to accept instructions from the Applicant by email and fax ('the instructions') without requiring written confirmation bearing actual signatures, before acting on the instructions the Applicant confirms that: LCA is hereby authorised to act on the instructions which LCA believes emanate from the Applicant and LCA shall not be liable for acting in good faith on instructions which emanate from unauthorised individuals.

The Applicant hereby requests that the amount shown in Section 3 be invested as an initial premium for this product and requests LCA to issue the Annuity in the Applicant's name.

The Applicant hereby declares that the advice for this product was given in the UK and that, to the best of their knowledge and belief, the statements made in this Application and any related documents are true, consistent and complete and that no material facts have been concealed.

#### Authorised Signatory 1

|                  |                          |                            |                           |
|------------------|--------------------------|----------------------------|---------------------------|
| Name:            | <input type="text"/>     |                            |                           |
| (BLOCK CAPITALS) |                          |                            |                           |
| Signature:       | <input type="text"/>     |                            |                           |
| Date:            | Day <input type="text"/> | Month <input type="text"/> | Year <input type="text"/> |

#### Authorised Signatory 2

|                  |                          |                            |                           |
|------------------|--------------------------|----------------------------|---------------------------|
| Name:            | <input type="text"/>     |                            |                           |
| (BLOCK CAPITALS) |                          |                            |                           |
| Signature:       | <input type="text"/>     |                            |                           |
| Date:            | Day <input type="text"/> | Month <input type="text"/> | Year <input type="text"/> |



# LONDON & COLONIAL FLEXIBLE LIFE ANNUITY

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## SECTION 11. Queries, Complaints and Contact Details

For further information, or if you wish to complain about any aspect of the service you have received, please contact:

Managing Director  
London & Colonial Assurance PCC Plc  
PO Box 1175  
Montagu Pavilion  
8-10 Queensway  
Gibraltar  
GX11 1AA

Email Address: [Gibraltar@londoncolonial.com](mailto:Gibraltar@londoncolonial.com)  
Telephone: + 44 (0)2036 406845

If you feel that your complaint is not being resolved satisfactorily, you can contact the Office of Fair Trading's Consumer Protection division at:

Office of Fair Trading  
Suite 975  
Europort  
Gibraltar  
GX11 1AA

Email Address: [oft@gibraltar.gov.gi](mailto:oft@gibraltar.gov.gi)  
Telephone: +350 200 71700

Making a complaint will not prejudice your right to take legal proceedings.

## SECTION 12. Data Protection

The security and safety of your data is very important to LCA. A copy of LCA's Privacy Notice can be found on our website:

[info.stmgroupplc.com/privacy-notice](http://info.stmgroupplc.com/privacy-notice)



PART OF



GIBRALTAR COMPANY REGISTRATION NUMBER: 80650  
LONDON & COLONIAL ASSURANCE PCC PLC IS A GIBRALTAR REGISTERED COMPANY, AND IS INCORPORATED UNDER THE GIBRALTAR INSURANCE COMPANIES ACT AS A PROTECTED CELL COMPANY. LONDON & COLONIAL ASSURANCE PCC PLC IS REGULATED BY THE GIBRALTAR FINANCIAL SERVICES COMMISSION - PERMISSION NUMBER: 5191. REGISTERED OFFICE: MONTAGU PAVILION, 8-10 QUEENSWAY, GIBRALTAR, GX11 1AA

POSTAL ADDRESS:  
LONDON & COLONIAL ASSURANCE PCC PLC  
ROCKWOOD HOUSE  
9-17 PERRYMOUNT ROAD  
HAYWARDS HEATH  
WEST SUSSEX, RH16 3TW  
T: 0044 (0)2036 406845  
[WWW.LONDONCOLONIAL.COM](http://WWW.LONDONCOLONIAL.COM)  
[GIBALTAR@LONDONCOLONIAL.COM](mailto:GIBALTAR@LONDONCOLONIAL.COM)