

INVESTMENT BOND

APPLICATION FORM

FOR INTERNAL USE ONLY

Proposal Number

Policy Number

1. DETAILS OF APPLICANT(S)

Second applicant

Title Mr Mrs Miss Ms Other Male Female

First name(s)

Last name

Address

Postcode

If you have lived at this address
for less than three months,
please also supply details
of your previous address

Postcode

Daytime tel. no.

Date of birth (DD MM YYYY)

(minimum age 18)

Nationality

(list all if more than one held)

(e.g. British, French, Irish)

Town/city of birth

Country of birth

Country of residence

(if other than the UK)

Country of any residential addresses

Which countries are you tax resident in?

(If you are a US Citizen or resident in the US for tax purposes by any other means, then the US must also be included as one of your countries of tax residency.)

Occupation

Please tick if retired

Please provide your TIN:

By TIN, we mean your Taxpayer Identification Number or similar tax payer reference you hold for countries you are resident in.

Please state your relationship with the life (lives) assured. If you are acting as a trustee the 'Supplementary trustee form' must be completed.

Is the applicant also a life assured?

Yes No

Plan basis (please tick one box only)

Single life

Joint life/last survivor

2. DETAILS OF THE LIFE (LIVES) ASSURED (IF DIFFERENT FROM THE APPLICANTS) CONTINUED

This bond is designed for individuals who are UK resident for UK income tax purposes.

Second life assured

Title Mr Mrs Miss Ms Other Male Female

First name(s)

Last name

Address

Postcode

If you have lived at this address
for less than three months,
please also supply details
of your previous address

Postcode

Daytime tel. no.

Date of birth (DD MM YYYY)

Nationality

(list all if more than one held)

(e.g. British, French, Irish)

Town/city of birth

Country of birth

Country of residence

(if other than the UK)

Country of any residential addresses

Which countries are you tax resident in?

(If you are a US Citizen or resident in the US for tax purposes by any other means, then the US must also be included as one of your countries of tax residency.)

Occupation

Please tick if retired

Please provide your TIN:

By TIN, we mean your Taxpayer Identification Number or similar tax payer reference you hold for countries you are resident in.

3. INVESTMENT DETAILS

1. Amount £

(Cheques should be made payable to Scottish Widows Limited for a minimum of £10,000 in whole pounds only)

To help prevent fraud, you should also add the policyholder name and the policy number (if known).

For example: 'Scottish Widows Limited – A N Other, policy number 123456.'

You should also draw a line through any unused space on the cheque so that unauthorised people cannot add extra numbers or names.

2. Please divide my bond into 100 200 300 400 500 600 identical policies

If you do not specify otherwise, your bond will automatically be written as 100 identical policies. For example, if you invested £100,000 and divided it into 100 policies, you'd have £1,000 in each policy (before any applicable initial charge was taken). If you invested £150,000 and divided it into 300 policies, you'd have £500 in each policy (before any applicable initial charge was taken).

4. SOURCE OF WEALTH

1. What is your current employment? Employed Self-employed Retired

Other (please specify)

2. What is your occupation?

3. What is your employer's name and address

4. What is your current annual income?

5. Please indicate where the money for this investment has come from:

Income from employment

House sale

Company Sale

Inheritance

Gift

Divorce settlement

Other (please specify)

Scottish Widows Limited reserves the right to request further documentary evidence of source of wealth should it be considered necessary. Please note that missing information may delay the processing of the application or settlement monies.

8. IMPORTANT NOTES

- i) Any income or withdrawals from the bond are treated as a return of capital and special tax rules apply. For example, income distributions or regular withdrawals exceeding 5% per annum of the investment amount of any individual policy may give rise to a tax charge. Tax rules can change. Please see your Key Information Document(s) (KIDs) and Additional Information Document (AID) or contact your financial adviser for more information.
- ii) Where you request that withdrawals are taken by encashing units from one specific fund only, regular withdrawals will cease once that fund is exhausted. The onus is on you to let us know if you require regular withdrawals to continue after that point. This will be particularly important in respect of Discounted Gift & Income Trusts where the settlor has a lifetime entitlement to income under the terms of the trust.
- iii) Where the bond has been issued under trust, any instructions to pay income distributions or regular withdrawals must be signed by all of the trustees.
- iv) Any payments made on request of the trustees must normally be paid by direct credit into the trustees' bank or building society account. If the trustees require any other form of payment, they may be required to complete an indemnity form, which is available on request.
- v) We reserve the right to query any payment that appears to conflict with the terms of any trust, or where we are aware that a payment may be disputed.

9. IMPORTANT NOTES FOR APPLICATIONS

This section is to be completed by all the applicant(s).

DATA PROTECTION ACT

Your information will be held by Scottish Widows which is part of the Lloyds Banking Group. More information on the Lloyds Banking Group can be found at www.lloydsbankinggroup.com

We may ask you to provide physical forms of identity verification when you open your investment or plan. Alternatively, we may search credit reference agency files in assessing your application. The agency also gives us other details and information from the Electoral Register to verify your identity. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit.

We will share your personal information from your application with fraud prevention agencies. If necessary a copy of the application form and any other supporting information may be given to a reinsurance company who will share the risk with us. If false or inaccurate information is provided and fraud is identified, details of this fraud will be passed to these agencies to prevent fraud and money laundering. Further details explaining how information held by the fraud prevention agencies may be used can be obtained by reading the privacy notice at www.scottishwidows.co.uk/legalprivacy

If you make a claim, any information you give to us, may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.

Your personal information will be shared within the Lloyds Banking Group so that we and any other companies in our Group can look after your relationship with us. By sharing this information it enables us to better understand your needs and provide products in the efficient way that you expect.

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our Privacy Statement, which you can find at www.scottishwidows.co.uk/legalprivacy or you can ask us for a copy. By signing this application/declaration you agree to your personal information being used in the ways we describe in our Privacy Statement. Please let us know if you have any questions about the use of your personal information.

Lloyds Banking Group companies may use your information to contact you by mail, telephone, email or text message about products and services that may be of interest to you. If you do not wish to receive this information please tick this box

MONEY LAUNDERING REGULATIONS

Under current regulations we are required to verify the identity of our customers. In order to meet this requirement and for the prevention and detection of fraud, we will access information from a credit reference agency* to confirm your identity. They will authenticate your name and address which involves checking the details you supply against those held on any databases that the company carrying out the checks on our behalf (or any similar company) has access to. This includes information from the Electoral Register. We will use scoring methods to authenticate your identity. Our search will not be used by lenders or insurers when assessing lending or insurance risks. We may also pass information to financial and other organisations involved in money laundering and fraud prevention to protect ourselves and our customers from theft and fraud. If you give us false or inaccurate information and we suspect fraud, we will record this and share this information with other organisations.

If you provide us with information about another person, we will treat this as confirmation that they have appointed you to act for them to consent to the processing of their personal data. This means that you have informed them of our identity and the purpose for which their personal data will be processed, namely to verify their name and address. Where Scottish Widows receives notification affecting the legal ownership of the plan, or the appointment of an attorney under a Power of Attorney or other circumstances where there are new parties associated with the contract, the same process as set out above will apply.

Please note that if we cannot confirm your name and address by using a credit reference agency we may contact you to ask you to supply certain documents to verify this information. If you ask, we will tell you which credit reference agency we have used so you can get a copy of your details from them

*Please note we only use this agency to verify identity to fulfil anti-money laundering regulations and not to check credit worthiness.

CONFLICTS OF INTEREST POLICY

In accordance with the Financial Services regulations, Scottish Widows, which is a member of the Lloyds Banking Group, has established and implemented a Conflicts Policy. The Conflicts Policy sets out how we must seek to identify and manage all material conflicts of interest. Such conflicts of interest can occur in our day to day business activities, for example, where one of our clients could make a gain at the direct expense of another client, or we might be faced with an opportunity to make a gain but this would be to the direct disadvantage of one or more of our clients.

Depending on the exact nature of the conflict of interest involved, we may take certain actions in accordance with the Conflicts Policy to lessen the potential impact of the conflict. Such actions may include putting in place controls between the opposing sides of the conflict, which may control or prevent the exchange of information, and / or involve the appropriate management of staff activities and segregation of duties. In instances where such controls would not be enough to eliminate the potential material risk of damage to clients from specific conflicts, we'll disclose the general nature and / or source of those conflicts of interest to you before we take on the relevant business.

The Conflicts Policy may be revised and updated from time to time. If you'd like more information on the Conflicts Policy, or on any specific conflict of interest that you think might affect you, please contact us.

I/We understand that Scottish Widows Limited reserves the right not to accept this application, in which case my/our investment will be returned. It is Scottish Widows Limited's policy to bank all cheques on the day of receipt and then allow 14 days for the funds to clear, so Scottish Widows Limited cannot arrange the refund prior to the end of this period. The policy will not start until Scottish Widows Limited has issued the policy schedule.

For your own benefit and protection it is important that you read the notes on Money Laundering Regulations, the Investment Bond Key Information Document(s) (KIDs), Additional Information Document (AID) and your personal illustration carefully before signing this application form. If you do not understand any point please ask your financial adviser for further information.

First applicant

Signature

Date (DD/MM/YYYY)

Second applicant

Signature

Date (DD/MM/YYYY)

The completed application and cheque made payable to 'Scottish Widows Limited' should be sent to Scottish Widows, PO Box 28117, 15 Dalkeith Road, Edinburgh EH16 9AN. Copies of the completed application and the policy terms and conditions are available on request from the address above.

TO BE COMPLETED BY THE FINANCIAL ADVISER

Financial adviser details

FCA reference of principal firm

Name of principal firm

Name of adviser/registered individual

Network member firm name/
appointed representative firm
name (if applicable)

Adviser telephone number

Adviser fax number

Correspondence address (optional)

Postcode

We will assume that this application is being submitted on an Independent Advised basis, unless you indicate otherwise by ticking **one** of the following:

Advised (Restricted)

Non-Advised

CHECKLIST

Please check that all relevant information has been completed and attached

Have you attached a copy of the relevant illustration?

Yes

No

If this is not available, please insert the illustration reference number here

Cheque for the full investment amount enclosed

All applicants have signed the application form

Any further instructions (please specify)

Additional forms attached (where applicable)

Completed confirmation of verification of identity for each applicant (and trustee if applicable)

Supplementary lives assured and/or applicants form (reference SW58073)

Supplementary trustee form (reference 51266)

Scottish Widows Limited. Registered in England and Wales No. 3196171. Registered office in the United Kingdom at 25 Gresham Street, London EC2V 7HN.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Financial Services Register number 181655.

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