

# INVESTMENT BOND

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## APPLICATION FORM

FOR INTERNAL USE ONLY

Proposal Number

Policy Number

Please read the Key Information Document(s) (KIDs), Additional Information Document (AID) and your personal illustration before completing this form. (Please complete all details in CAPITAL LETTERS).

If there are more than two lives assured or applicants, please complete the ‘Supplementary Lives Assured and/or Applicants form’. Trustees should also complete the ‘Supplementary Trustee form’. The ‘Confirmation of verification of identity certificate’ must also be completed for each applicant and trustee if applicable.

**1. DETAILS OF APPLICANT(S)**

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

**First 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  
\_\_\_\_\_

## 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)

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

### First 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.

## 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.

## 5. FUND CHOICE

For more information on our range of available funds, please see the 'Scottish Widows Investment Solutions and Clerical Medical Life Funds Investor's Guide' which is available on request.

**Please ignore this section if you require income distributions because you input your fund details in section 6.**

Please specify below the funds you would like to invest in, giving whole percentages only. The minimum investment into each fund is £1,000.

Full name of fund(s)	Percentage to be invested
e.g. Distribution Fund (Acc)	50%
e.g. Non-Equity Fund	50%
<b>Total</b>	<b>100%</b>

## 6. MAKING REGULAR WITHDRAWALS OR TAKING AN INCOME

Before completion of this section, please read the Important notes in section 8, overleaf.

Please complete **either** section 1 or 2 below if you wish to make regular withdrawals or take an income. If you do not want to make regular withdrawals or take an income, please go straight to Section 8.

1. **Regular withdrawals** (The minimum withdrawal is £20pm/£240 pa. The maximum is 7.5% a year of the investment amount of any individual policy of your bond.)

I/We would like to make a regular withdrawal from my/our bond as follows:

A fixed amount of £ \_\_\_\_\_ per payment OR % \_\_\_\_\_ each year of the total investment amounts

I/We would like this paid:

Monthly      Every 3 months      Every 4 months      Every 6 months      Once a year

Please pay my regular withdrawals on the \_\_\_\_\_ day of the month (1st to 28th available), commencing on (DD MM YYYY)

This date must be at least 30 days after the start of your bond. If your chosen date falls within 30 days of the start of your bond, the first payment will automatically be paid on the same day of the following month. Please note that this is the date payment originates from us.

It may take up to seven days for the funds to clear into your account.

I/We would like regular withdrawals to be paid:

Indefinitely      OR      for \_\_\_\_\_ years      \_\_\_\_\_ months

Please provide the regular withdrawals by cancelling sufficient units:      Equally across each policy

OR across all policies from the \_\_\_\_\_ fund (specify one fund only)

2. **Income distributions** (only available when the whole of your investment is in one of our income distributing funds)

I/We would like to receive the full distributions from my investment and I/we would like this paid:

Every six months (on 18 February and 18 August)      Every month (on the 18th of each month)

Please invest the whole of my bond into the following income distributing fund. Please tick **one** box only.

Equity High Income (Inc) Fund      Distribution S2      Fund Managed Income Fund

## 7. BANK/BUILDING SOCIETY DETAILS

This section is only required if section 6 is completed.

Name(s) of account holder(s)

Name and address of bank/  
building society

Postcode

Bank account number or  
holding account number (for building societies)

Sort Code

Building society roll number  
(if applicable)



## 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 PRIVACY NOTICE

Your personal information will be held by Scottish Widows Ltd which is part of the Lloyds Banking Group. More information on the Group can be found at [www.lloydsbankinggroup.com](http://www.lloydsbankinggroup.com)

This privacy notice contains key information about how we will use and share your personal information and the rights you have in relation to this. If you want to know more please access our full privacy notice at [www.scottishwidows.co.uk/legalprivacy](http://www.scottishwidows.co.uk/legalprivacy) or ask us for a copy.

We will use your personal information:

- to provide products and services, manage your relationship with us and comply with any laws or regulations we are subject to (for example the laws that prevent financial crime or the regulatory requirements governing the products we offer).
- for other purposes including improving our services, exercising our rights in relation to agreements and contracts and identifying products and services that may be of interest.

To support us with the above we analyse information we know about you and how you use our products and services, including some automated decision making. You can find out more about how we do this, and in what circumstances you can ask us to stop, in our full privacy notice.

Your personal information will be shared within Lloyds Banking Group and other companies that provide services to you or us, 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 our customer's needs, run accounts and policies, and provide products and services efficiently. This processing may include activities which take place outside of the European Economic Area. If this is the case we will ensure appropriate safeguards are in place to protect your personal information. You can find out more about how we share your personal information with credit reference agencies below and can access more information about how else we share your information in our full privacy notice.

We will collect personal information about you from a number of sources including:

- information given to us on application forms, when you talk to us in branch, over the phone or through the device you use and when new services are requested.
- from analysis of how you operate our products and services, including the frequency, nature, location, origin and recipients of any payments.
- from or through other organisations (for example card associations, credit reference agencies, insurance companies, retailers, comparison websites, social media and fraud prevention agencies).
- in certain circumstances we may also use information about health or criminal convictions but we will only do this where allowed by law or if you give us your consent.

You can find out more about where we collect personal information about you from in our full privacy notice.

We may be required by law, or as a consequence of any contractual relationship we have, to collect certain personal information. Failure to provide this information may prevent or delay us fulfilling these obligations or performing services.

## 9. IMPORTANT NOTES FOR APPLICATIONS (CONTINUED)

The law gives you a number of rights in relation to your personal information including:

- the right to access the personal information we have about you. This includes information from application forms, statements, correspondence and call recordings.
- the right to get us to correct personal information that is wrong or incomplete.
- in certain circumstances, the right to ask us to stop using or delete your personal information.
- from 25th May 2018 you will have the right to receive any personal information we have collected from you in an easily re-usable format when it's processed on certain grounds, such as consent or for contractual reasons. You can also ask us to pass this information on to another organisation.

You can find out more about these rights and how you can exercise them in our full privacy notice.

We may also collect personal information about other individuals who you have a financial link with. This may include people who you have joint accounts or policies with such as your partner/spouse, dependents, beneficiaries or people you have commercial links to, for example other directors or officers of your company.

We will collect this information to assess any applications, provide the services requested and to carry out credit reference and fraud prevention checks. You can find out more about how we process personal information about individuals with whom you have a financial link in our full privacy notice.

In order to process your application we may supply your personal information to credit reference agencies (CRAs) including how you use our products and services and they will give us information about you, such as about your financial history. We do this to assess credit worthiness and product suitability, check your identity, manage your account, trace and recover debts and prevent criminal activity.

We may also continue to exchange information about you with CRAs on an ongoing basis, including about your settled accounts and any debts not fully repaid on time, information on funds going into the account, the balance on the account and, if you borrow, details of your repayments or whether you repay in full and on time. CRAs will share your information with other organisations, for example other organisations you ask to provide you with products and services. Your data will also be linked to the data of any joint applicants or other financial associates as explained above.

You can find out more about the identities of the CRAs, and the ways in which they use and share personal information, in our full privacy notice.

The personal information we have collected from you and anyone you have a financial link with may be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity. If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies, and your data protection rights, can be found in our full privacy notice.

If you apply to us for insurance, we may pass your details to the relevant insurer and their agents. If a claim is made, any personal information given to us, or to the insurer, may be put onto a register of claims and shared with other insurers to prevent fraudulent claims.

It is important that you understand how the personal information you give us will be used. Therefore, we strongly advise that you read our full privacy notice, which you can find at [www.scottishwidows.co.uk/legalprivacy](https://www.scottishwidows.co.uk/legalprivacy) or you can ask us for a copy.

If you have any questions or require more information about how we use your personal information please contact us using [https://www.scottishwidows.co.uk/secure/forms/contact\\_us/individual\\_customers/policy-enquiries](https://www.scottishwidows.co.uk/secure/forms/contact_us/individual_customers/policy-enquiries) You can also call us on 0345 300 2244.

If you feel we have not answered your question Lloyds Banking Group has a Group Data Privacy Officer, who you can contact on 0345 300 2244 and tell us you want to speak to our Data Privacy Officer.

## 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.

9. IMPORTANT NOTES FOR APPLICATIONS (CONTINUED)

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 FCA regulations we have established and implemented procedures for identifying, and preventing or managing, conflicts of interest. 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 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 risk of damage to clients from specific conflicts, we will disclose the general nature and/or source of those conflicts of interest to you and the steps taken to lessen the potential risk, before we take on the relevant business.

Our procedures for dealing with conflicts of interest may be revised and updated from time to time. If you would like more information on the procedures, or on any specific conflict of interest that you think might affect you, please contact us.

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

We would like to keep you up to date on products and offers that may be of interest to you. Please select how you would like to hear from us below. These choices won't affect any necessary information we need to send you such as statements and, don't worry, you can change your mind and update your preferences at any time.

SCOTTISH WIDOWS WEBSITES

You may see relevant messages when you log in to our online services.

If you choose 'no', you may still see messages, but they will not be tailored to you. Yes No

EMAIL Yes No

POST Yes No

DEVICE NOTIFICATIONS

As we develop mobile applications you'll receive relevant notifications to your mobile device Yes No

TEXT MESSAGES Yes No

PHONE Yes No

By saying yes, you are giving consent for Scottish Widows to use your personal information to send you relevant offers and information about our products. Scottish Widows includes the following legal entities: Scottish Widows Ltd, Scottish Widows Unit Trust Managers Limited, Scottish Widows Administration Services Limited, HBOS Investment Fund Managers Limited. Occasionally we will send you selected offers from other companies within Lloyds Banking Group that may be relevant to you.

Signature [Signature box]

Date (DD/MM/YYYY) [Date box]

9. IMPORTANT NOTES FOR APPLICATIONS (CONTINUED)

**Second applicant**

We would like to keep you up to date on products and offers that may be of interest to you. Please select how you would like to hear from us below. These choices won't affect any necessary information we need to send you such as statements and, don't worry, you can change your mind and update your preferences at any time.

**SCOTTISH WIDOWS WEBSITES**

You may see relevant messages when you log in to our online services.

If you choose 'no', you may still see messages, but they will not be tailored to you. Yes  No

**EMAIL** Yes  No

**POST** Yes  No

**DEVICE NOTIFICATIONS**

As we develop mobile applications you'll receive relevant notifications to your mobile device Yes  No

**TEXT MESSAGES** Yes  No

**PHONE** Yes  No

By saying yes, you are giving consent for Scottish Widows to use your personal information to send you relevant offers and information about our products. Scottish Widows includes the following legal entities: Scottish Widows Ltd, Scottish Widows Unit Trust Managers Limited, Scottish Widows Administration Services Limited, HBOS Investment Fund Managers Limited. Occasionally we will send you selected offers from other companies within Lloyds Banking Group that may be relevant to you.

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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