

Vision

Application Booklet

Application Booklet



GENERALI
INTERNATIONAL

Financial Adviser Details

Company name: _____

Address: _____

Name of Financial Adviser: _____

Introducer number: _____

Additional information / special instructions: _____

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation may result in a delay in the application being processed. Further information may be required during the validation process (i.e. questions arising from the information provided). Please note that non-disclosure of any relevant information may affect the validity of any claims.

Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.

Completed by:

Application Form	Section 1 – 2	<input type="checkbox"/> Applicant
	Section 3	<input type="checkbox"/> Life / Lives Assured
	Section 4 - 10	<input type="checkbox"/> Applicant
Declarations	Section 11	<input type="checkbox"/> Applicant
Payment Instruction Forms	Section 12	<input type="checkbox"/> Applicant
Verification of Applicant or Life Assured Identity	Section 13	<input type="checkbox"/> Financial Adviser
Source of Funds Questionnaire	Section 14	<input type="checkbox"/> Financial Adviser

The following supplementary forms may need to be completed and are available from us on request:

Verification of Corporate or Trustee Applicant Identity (Required if the Applicant is a Company or a Trust)	<input type="checkbox"/> Financial Adviser
Nomination of Beneficiaries Form	<input type="checkbox"/> Applicant
Medical Questionnaire (Required at our discretion)	<input type="checkbox"/> Applicant / Lives Assured





Application Form - Generali International Vision

This application shall form the basis for the contract with Generali International Limited. Please complete all sections in BLOCK CAPITALS or tick the boxes where appropriate.

1. Life Assured

Please indicate the life assurance option you require:

Single Life Joint Life First Death Joint Life Second Death

2. Applicant - Personal Details

First Applicant

Surname: _____ Title: _____

Forename(s): _____

Gender: M F

Residential address (if at this address for less than 18 months, see Section 13):

Correspondence address (if different to above): _____

E-mail address: _____

Tel. no. (home): _____

(mobile): _____

Country of birth: _____

Nationality: _____

Marital status: _____

Date of birth:

Occupation and nature of employment: _____

(if retired, please state former occupation)

Second Applicant (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: M F

Residential address (if at this address for less than 18 months, see Section 13):

Correspondence address (if different to above): _____

E-mail address: _____

Tel. no. (home): _____

(mobile): _____

Country of birth: _____

Nationality: _____

Marital status: _____

Date of birth:

Occupation and nature of employment: _____

(if retired, please state former occupation)

Relationship to first Applicant: _____



3. Life or Lives Assured - Personal Details

Please complete if the Life/Lives Assured is/are **not** the Applicants as outlined in Section 2.

First Life Assured

Surname: _____ Title: _____

Forename(s): _____

Gender: M F

Residential address:

Country of birth: _____

Nationality: _____

Marital status: _____

Date of birth:

Occupation and nature of employment: _____

(if retired, please state former occupation)

Relationship to Applicant: _____

Second Life Assured (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: M F

Residential address:

Country of birth: _____

Nationality: _____

Marital status: _____

Date of birth:

Occupation and nature of employment: _____

(if retired, please state former occupation)

Relationship to Applicant: _____

- My signature is confirmation that I agree to be a Life Assured. To the best of my knowledge and belief, the information above is true and complete.
- If additional death benefit is chosen I have completed and signed a Medical Questionnaire.
- I agree with the declarations in this Application Form in Section 11 (x) regarding Data Protection.

Signature of First Life Assured:

Signature of Second Life Assured:

Date:

Date:



Sections 4 to 11 must be completed by the Applicant(s)

4. Other Investment Policies

Do you already hold any other policies with:

Generali International Yes No Generali PanEurope Yes No

If yes, please advise us of your policy number(s):

5. Currency of Policy

Please indicate the currency in which you require your policy to be denominated.

US dollar GB pound Euro Japanese yen

6. Amount to be invested

Please indicate the amount you wish to invest, noting that single and regular premium payments can be made in the policy currency only (as selected in Section 5 above).

Regular Premium Single Premium

Regular Premium Payment Frequency: Monthly Quarterly Half-Yearly Annually

Please refer to the Policy Terms and Conditions for details of the minimum premiums payable.

7. Premium Payment Term

Please specify the premium payment term required: years (in figures)

years (in words)

8. Protection Cover

Please complete this section if you require either form of additional protection cover.

Please tick the relevant boxes:

(a) Additional Death Benefit Yes No

Please specify the sum assured you require in the denominated currency of your policy:

Note: The maximum sum assured cannot exceed the annualised regular premium (after the deduction of the premium protection cover if applicable) multiplied by 40.

(b) Premium Protection Cover Yes No

Please calculate the total premium protection cover charge due by multiplying the appropriate rate from the following table by the regular premium stated in Section 6:



8. Protection Cover (continued)

Age at policy commencement	Male Rate	Female Rate
Up to 40 next birthday	1% of premium	1.5% of premium
41 to 59 next birthday	2% of premium	3% of premium

Notes:

- In the case of joint applicants, the premium protection cover is applicable to one employed applicant only and the benefit will be applied to the first named applicant unless we are otherwise advised.
- Please ensure that the additional charge due for premium protection cover is included in the sum specified on the Payment Instruction Form in Section 12.

9. Investment Details

Regular Premium Investment Instructions

- The maximum number of funds that can be selected at outset is 10.
- The minimum to be invested in each fund depends on the frequency of your premium payments, as follows:

Currency	Monthly	Quarterly	Half-Yearly	Annually
USD	30	90	180	360
GBP	20	60	120	240
EUR	27	81	162	324
JPY	4,000	12,000	24,000	48,000

Please enter the premium amount per fund below in the denominated currency of your policy, using the minimums above as a guide.

Fund Manager	Fund Name	Fund Currency	Proportion of your regular premium to be invested in each fund
Total Investment Amount			
(Please note that this figure should match the regular premium amount in Section 6)			



9. Investment Details (continued)

Single Premium Investment Instructions (if applicable)

- The maximum number of funds that can be selected at outset is 10.
- The minimum to be invested in each fund is USD400 / GB267 / EUR360 / JPY53,333.

Please enter the premium amount per fund below in the denominated currency of your policy, using the minimums above as a guide.

Fund Manager	Fund Name	Fund Currency	Proportion of your single premium to be invested in each fund
Total Investment Amount			
(Please note that this figure should match the single premium amount in Section 6)			

10. Automatic Fund Switching

Is Automatic Fund Switching required? Yes No

If yes, please select a commencement date

(Must be at least five years after the policy commencement date)

Please select the currency in which your AFS fund is to be denominated. If possible, the currency of the AFS fund should match the policy currency.

US dollar GB pound Hong Kong dollar Euro

11. Declarations

It is important that you read, understand and accept the following declarations:

- i) I declare that I am not resident in Guernsey. I apply for a policy of the type and with the features indicated in this document. I confirm that before I signed this declaration, I had seen, read and understood the Brochure including the Policy Details Guide, the International Fund Selection Brochure and the Illustration document given to me by my Financial Adviser explaining the Vision product to which this Application Form relates. I have been given an opportunity to raise any queries and have received satisfactory answers to those queries.
- ii) I declare that to the best of my knowledge and belief, the statements in the Application Form are accurate and true and that no material fact has been omitted or concealed. I also confirm that the original source of funds being used to fund the premium(s) is/are derived from legitimate activities. I agree that they, together with any written statements made to Generali International (the "Company") by the Applicant/Policyholder and/or Life/Lives assured on application or in the future, the Policy Terms and Conditions, Policy Schedule and any endorsements issued by the Company shall form the basis of the contract in accordance with Guernsey Law.



- iii) I understand that this contract will not commence until the completed Application Form has been received and accepted by the Company. I understand that the Company has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of the Company.
- iv) I take full responsibility for the selection and choice of any investments made by me including, to the extent that I consider necessary, reading and understanding the fund manager's prospectus and supporting literature and seeking independent advice.
- v) I understand that the realisable value of my selected investments determines the value of my policy. I acknowledge that the value of my policy is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I understand also that investments that are denominated in a currency other than that of my policy may involve a currency risk and that the value of my policy may fall as well as rise as a result of exchange rate fluctuations.
- vi) I acknowledge that, where the investments in this policy are not easily convertible to cash, Generali International reserves the right to defer the payment of benefits, either in whole or in part, until such time as it is able to realise those investments allowing for, among other things, notice periods, dealing dates and settlement dates of the investments in question.
- vii) I understand and agree that all associated documentation relating to my policy may be sent to my Financial Adviser until written notice to the contrary is provided by me.
- viii) If an existing similar policy has been or is to be replaced in full or in part by this policy, I declare that my Financial Adviser has explained to me the financial consequences of such a replacement, including the possibility of financial loss.
- ix) I have been informed of and understand my rights to cancel my policy as detailed in the section entitled "Cancellation Rights" in the Policy Details Guide in the Brochure.

x) Data Protection

I undertake to disclose all facts material to the assessment by the Company of this application. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal (If in doubt as to the relevance of any particular information, you should disclose it as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or rendering the policy invalid).

I accept and consent that Generali International may pass data originating from this application or data relating to the execution of this contract (e.g. investment amounts, events insured against, changes to risk or contract), to other insurance companies of the Generali Group, financial advisers, investment advisers, portfolio managers, investment fund providers fiscal representatives and reinsurers wherever they are located in the world but only in so far as it is required to ensure the proper execution of my insurance matters. I accept that the above applies regardless of whether this contract is concluded.

I also accept that personal data, however obtained, will be held, recorded and processed by Generali International (which is registered under and adheres to the Data Protection (Bailiwick of Guernsey) Law 2001, as may be amended from time to time) on computer and/or manual systems in respect of my insurance dealings with Generali International both now and in the future for administrative, identification, customer care, service and marketing purposes only.

I hereby confirm that prior to my provision of information to the Company in respect of a third party, the said party has been informed of the use of such information and in this regard I hereby indemnify the Company against and in respect of any liability which the Company may incur in the event of my failure to so notify the third party.

I understand that I have the right to obtain access to and request correction of any personal information concerning me held by the Company. Requests for such access can be made to Head of Customer Services, Generali International, PO Box 613, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands, GY1 4PA.

If you do not wish Generali International to contact you for marketing purposes, please tick this box

Signature of the First Applicant:

Signature of the Second Applicant (if any):

Date:

Date:





12. Payment Instruction Forms

Regular Premium Payment Instructions

Please complete either section 1 or 2.

SECTION 1. ELECTRONIC TRANSFERS, STANDING ORDERS AND BANKERS DRAFT/CHEQUE

Applicant Details

Applicant Name(s): _____

Payment Frequency

Monthly Quarterly Half-Yearly Annually

Amount Payable:

US dollar GB pound Euro Japanese yen

Amount in Figures: _____

Amount in Words: _____

Note: If you have applied for the Premium Protection Cover option in Section 8 you should ensure that the charge, in addition to the premium stated in Section 6, is included in the sum specified above.

Please indicate your chosen payment method:

(A) Electronic Transfer (Available for any payment frequency except monthly)

(B) Standing Order (Available for any payment frequency) Commencing:

(C) Banker's Draft/Cheque (Available for any payment frequency except monthly)

If you wish to pay by personal cheque or a draft drawn against your own bank account, please make payable to Generali International Ltd and attach securely to the Application Booklet.

Bank Details

Name of the remitting bank: _____

Bank address: _____

Account Name: _____

Account Number: _____

Routing Instructions:

- Please refer to the top of this form for details on the relevant sums and frequencies
- All charges/expenses incurred in the transfer should be charged to the Applicant's account
- Please quote Applicant's name and policy number _____

For all US dollar, euro and Japanese yen transfers please ensure that a SWIFT MT103 is sent to Lloyds Bank Swift Address LOYDGB2L, in favour of Generali International Ltd:

US dollar: A/C No: GB42 LOYD 3016 6321 1768 20 held with Lloyds Offshore Treasury Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1. Funds should be covered through Wachovia Bank NA, New York (ABA# 026 005 092) for the account in the name of Lloyds Bank plc, London.

Euro: A/C No: GB73 LOYD 3016 6321 1768 44 held with Lloyds TSB Offshore Treasury Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1.

Japanese yen: A/C No: GB97 LOYD 3016 6321 1768 97 held with Lloyds TSB Offshore Treasury Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1. Funds should be covered through Bank of Tokyo-Mitsubishi, Tokyo for account in the name of Lloyds Bank plc, London.

For GB pound transfers, please send to:

GB pound: A/C No: GB17 LOYD 309 37300 762 432 held with Lloyds TSB Bank (Guernsey) Ltd, PO Box 53, St Peter Port, Guernsey, Channel Islands. Sort Code 30-93-73 in favour of Generali International Limited.

First Account Signatory:

Second Account Signatory (if applicable):

Date:

Date:



SECTION 2. CREDIT CARDS (regular premium payments only)

PLEASE NOTE THAT WE CAN ONLY ACCEPT PAYMENT BY VISA OR MASTERCARD.

Applicant Details

Applicant Name: _____

Applicant Address: _____

Payment Frequency

Monthly Quarterly Half-Yearly Annually

Amount Payable

US dollar GB pound Euro Japanese yen

Amount in Figures: _____

Amount in Words: _____

Note: If you have applied for the Premium Protection Cover option in Section 8 you should ensure that the charge, in addition to the premium stated in Section 6, is included in the sum specified above.

Cardholder name: _____

Visa/MasterCard Number:

Expiry Date:

Your premiums will be automatically collected approximately 48 hours in advance of the next premium due date. This is determined by the policy commencement date.

If you wish to specify an alternative date, please indicate here:

Policy No. (If unknown, please leave blank)

Authorisation

Signature of cardholder:

Date:





Single Premium Payment Instructions

ELECTRONIC TRANSFERS

Applicant(s) Name(s): _____

To The Sending Bank

Please charge the following amount and any charges/expenses incurred from my/our account, quoting my/our name(s) on the transfer advice.

Amount Payable

US dollar GB pound Euro Japanese yen

Amount in Figures: _____

Amount in Words: _____

Bank Details

Name of the remitting bank: _____

Bank address: _____

Account Name: _____

Account Number: _____

Routing Instructions

For US dollar, Euro and Japanese yen transfers, please ensure that a SWIFT MT103 is sent to Lloyds Bank Swift Address LOYDGB2L, in favour of Generali International Ltd:

US dollar: A/C No: GB42 LOYD 3016 6321 1768 20 held with Lloyds Offshore Treasury Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1. Funds should be covered through Wachovia Bank NA, New York (ABA# 026 005 092) for the account in the name of Lloyds Bank plc, London.

Euro: A/C No: GB73 LOYD 3016 6321 1768 44 held with Lloyds TSB Offshore Treasury Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1.

Japanese yen: A/C No: GB97 LOYD 3016 6321 1768 97 held with Lloyds TSB Offshore Treasury Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1. Funds should be covered through Bank of Tokyo-Mitsubishi, Tokyo for account in the name of Lloyds Bank plc, London.

For GB pound transfers, please send to:

GB pounds: A/C No: GB17 LOYD 309 37300 762 432 held with Lloyds TSB Bank (Guernsey) Ltd, PO Box 53, St Peter Port, Guernsey, Channel Islands. Sort Code 30-93-73 in favour of Generali International Limited.

ALTERNATIVE PAYMENT BY CHEQUE OR DRAFT

If you wish to pay by personal cheque or a draft drawn against your own bank account, please make payable to Generali International Ltd and attach securely to the Application.

We recommend that applicants check the likely clearance times before making payment by cheque or draft.

Authorisation

First Account Signatory:

Second Account Signatory (if applicable):

Date:

Date:





13. Verification of Applicant or Life Assured Identity

The introducing Financial Adviser should complete this section for all applications.

Full name of First Applicant: _____

Full name of Second Applicant: _____

Full name of First Life Assured (if different to First Applicant) _____

Full name of Second Life Assured (if different to Second Applicant) _____

This section is required to verify the identity of the Applicants and/or Lives Assured, if different.

All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of the Applicants and Life/Lives Assured.

Please tick alongside all items enclosed and ensure that all necessary documents are included.

(a) For each Individual Applicant (and each Life Assured, if different)

First Applicant:

1. Certified copy of an original photo passport
2. Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address*: _____

* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in Section 2.

Second Applicant:

1. Certified copy of an original photo passport
2. Certified copy of suitable proof of address (showing name and current residential address)

Prior residential address*: _____

* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in Section 2.

(b) Corporate and Trust Applicants

If the Applicant(s) shown in this Application Booklet is/are a Company or a Trust, additional information is required. The introducing Financial Adviser should complete a Verification of Corporate or Trustee Applicant Identity form, available from us on request.

Declaration

- I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Life/Lives Assured and attach a certified copy of these documents for your records.

Signature of Financial Adviser:

Financial Adviser Name (Printed in BLOCK CAPITALS): _____

Date:

14. Source of Funds Questionnaire

The introducing Financial Adviser should complete this section for all applications. Please continue on a separate sheet if required.

1. How and when were you introduced to the Applicant(s)? (specify number of months/years):

2. Please provide Applicant(s) bank details:

Bank name: _____

Bank address: _____

Account number: _____

Account holder's name: _____

Years account held: _____

Please tick appropriate box

3. Are there any other parties indirectly involved with this application e.g. lender? Yes No

If yes, please give details:

4. Are there any concurrent financial proposals being made elsewhere? Yes No

If yes, please give details:

5. Please state Annual Income.

Please include a breakdown of Annual Income, its nature and source. Where wealth is generated by employment please specify **name and address details of Employer** as well as bonuses and benefits, etc.

6. Please state how the source of wealth for this investment has been raised if other than Annual Income.

i) Gift or inheritance from a third party? Yes No

If yes, please give details:



ii) The disposal of a business or other asset? Yes No

If yes, please give details and specify the original source of wealth for the investment in the business or asset:

iii) Other? Yes No

If yes, please give details and specify the original source of wealth for the investment:

7. When answering these questions has the information been supplied from your own knowledge of the Applicants' circumstances? Yes No

If no, where did it originate?

8. Please outline your client's reasons for applying for this product:

Declaration

- I declare that, to the best of my knowledge and belief, the Applicant(s) is/are of good standing and the information given in this questionnaire is true and complete.
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the premiums is derived from legitimate activities.

Signature of Financial Adviser:

Financial Adviser Name (Printed in BLOCK CAPITALS): _____

Date:



Generali International Limited

Licensed Insurer under the Insurance Business (Bailiwick of Guernsey) Law 2002 and regulated by the Guernsey Financial Services Commission.

Generali International Limited
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