

This form is needed to provide additional information for relevant business. Please read the notes carefully and sign the declaration in section D. Your professional financial adviser should also sign and date section D.

If policies are to be settled into trust after issue please complete the relevant trust details in section C1 of this form. If this form is being completed in respect of a top-up to Royal Skandia Trust Company business the form should be signed by the Settlor and professional financial adviser.

Please note that when this form is completed in respect of a top-up, assignment, or where information/documentation has previously been provided in accordance with the current Isle of Man Anti-Money Laundering Standards, only the relevant sections of the form need to be completed. Any sections which are not relevant may be reflected as 'Not Applicable' (N/A).

If guidance is required you should contact your professional financial adviser or your Skandia regional office.

Plan type/number

Name of client(s)

A Verification of customer identity - completed by professional financial adviser

This form must be completed for all clients, including trustee and corporate clients. All supporting information listed in the following sections should accompany the application and be certified by the Suitable Certifier, as a true copy of the original where the original document is not provided. Occasionally, additional information other than that listed below may be requested.

**A1. Verification of each individual's identity (in respect of a natural person)**

Please provide one of either of the following (tick which document has been attached):

Signed copy Passport  Signed copy National Identity Card

If a passport or national identity card is not available please provide two formal documents carrying appropriate personal details, verifiable reference numbers: eg driving licence with photographic evidence, bank statement, pension book, council tax bill. If one of these documents contains the residential address no further documents are required in this respect.

(For all documents provided please complete the details in the box below.)

**A2. Verification of each individual's address (in respect of a natural person)**

A recent document verifying the residential address, eg utility bill, mortgage statement, an account statement from a bank.   
 The document should be the latest available, but not more than 12 months old.

Name of all Person(s) identified, including all parties where policies are to be settled into trust	Capacity, eg applicant, beneficiary, protector, settlor	Relationship to Settlor	Identification documentation reference number

A Verification of customer identity - completed by professional financial adviser *(continued)*

Notes:

- Where verification of identity of any party to the application (eg directors, beneficial owners, trustees, etc) is required, you should provide documents as required for individuals, section A1 and A2, and complete the details in the box on the previous page.
- For Trustee business, where policies are to be settled into trust after issue and Corporate business, please complete the relevant details in this section and refer to section C1 and C2 of this form.
- Other Applicants (eg Partnerships, Nominees, Occupational Pension Schemes) - You should contact your Royal Skandia regional office.
- Other Connected Parties - Verification of the identity of any other person or entity connected with the application (eg Attorney, Guardian) should be provided. Details of any other person(s) from whom we may take instructions should be provided with evidence of their authority and specimen signatures. Details should be provided in the box in section A2.

Name of connected party and the reason for the connection to the application:

If the 'connected party' is not an individual, you should provide appropriate requirements as stated above (eg corporate requirements). Please note the application may not proceed if any of the parties associated with the application are not identified.

**Fund adviser** - If a fund adviser has been appointed Royal Skandia may need to verify the identity of the appointee.

**MULTIPLE PAYMENTS TO ROYAL SKANDIA PLANS**

Please provide details of existing Royal Skandia plans the applicant has made, or is making payments to:

Plan type/number:	Name of client:

**POLITICALLY EXPOSED PERSONS**

If any party to the contract could be considered a Politically Exposed Person, as described in the Isle of Man Anti-Money Laundering Standards, eg head of state or a senior politician, please provide details:

  
  

B Origin of wealth information - completed by client and professional financial adviser

Additional information is required on:

1. Origin of wealth for new investments, including top-ups and increments.
2. Funds now being paid **into** plans.
3. Funds being **withdrawn** from plans.

Please read through the following sections carefully and discuss with your professional financial adviser which sections affect your investment. The additional questions should be answered in conjunction with the 'Royal Skandia Origin of Wealth Guidelines'. Your professional financial adviser will have a copy of these.

**ALL clients must complete the questions relevant to the application.**

If details previously provided in respect of this Policy apply to the current increase/top-up please tick the box to indicate. Further details may not be required.

*continued*



**B** Origin of wealth information - completed by client and professional financial adviser *(continued)*

b) Please provide full details of how you have acquired the money to be invested, and where the funds are held.

**SAVINGS FROM ANNUAL INCOME** (as shown in section B1 a) (✓)

Total amount saved

**Account details where funds held**

Account name

Account number

Bank name

Acceptable supporting documentation *(if required)*.

Certified copies of bank statements showing the payment of income, pay-slip, employer's letter.

**INVESTMENT GAINS OR REALISATION** (✓)

i) Mutual funds or unit trusts (✓)

Please give details, including value, or supporting documents

  

ii) Listed company shares

Please give details, including value, or supporting documents

  

**SALE OF PROPERTY** (✓)

Date property sold

Address of property sold

Total proceeds

**Account details where proceeds paid**

Account name

Account number

Bank name

Acceptable supporting documentation *(if required)*.

Certified copy of letter from conveyancing lawyer, contract for the sale, copy of land registry.

**INHERITANCE** (✓)

Date received

Details of what exactly was inherited

From whom inherited/relationship to donor







**PARTIES TO THE CONTRACT**

**Corporate business** - The company has not been and is not in the process of being dissolved, struck off, wound up or terminated.

**All clients** - Please provide details of any other names/alias, eg maiden name, that any party to the contract uses or has previously used, which are different to those provided.

[Empty form box for client details]

**DECLARATION OF EACH CLIENT**

I declare that the information provided in this document is true and complete. I agree to provide Royal Skandia with any further information in respect of the investment on request.

Client name [Grid]

Capacity [Grid]

Signed [Signature box] Date (day/month/year) [Date grid]

Client name [Grid]

Capacity [Grid]

Signed [Signature box] Date (day/month/year) [Date grid]

Please complete details on a separate sheet(s) if not enough room. The separate sheet(s) should be initialled and dated by the parties signing the form.

**DECLARATION OF THE SUITABLE CERTIFIER**

I declare that:

- 1. I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.
- 2. I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.
- 3. To the best of my knowledge, all the information provided with this application is true and complete and that I will provide further information if required.

Full name of professional financial adviser/Suitable Certifier [Grid]

Signature of professional financial adviser/Suitable Certifier [Signature box]

Full name of Introducer Firm [Grid]

Royal Skandia broker code [Signature box] Date (day/month/year) [Date grid]

**Note:**  
This form is unacceptable if not dated by the signatories.