HANSARD INTERNATIONAL LIMITED



TOP-UP APPLICATION FORM FOR STANDARD BUSINESS

HANSARD

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EOU Numl		Personal Follono	iop-ups.				Contract Number uired and allocated)					
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Full name	(s) of Applicant(s)										1	
Please sta Contract N	te existing Iumber											
hereby re	equest that an additio	nal contribution of										
Currency	Amount in figures	Frequency	(Single, M	1onti	hly, (Quarterly, Half-	Yearly, Annually)*					
Amount in w	ords											
ne accent	ed under the provision	ons of								_		
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Fund Link Code	Fund I	 Link	Percentage		ge	Fund Link Code	Fund Link	Link		Percentage		
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application	can be processed.	SOU new contribution to	JRCE (OF	= C	ONTRIE	on will be required before this BUTION ple: investments, personal incor	Total me, borrov	1 0		% sonal	
	· · · · · · · · · · · · · · · · · · ·						oyer's name, annual gross salary	/)				
io. II you	nave omer Substantial	Sources of income	piease [ייטוע)	viue	uetalis. (F	or example: rental income)					

Should the Top-up when combined with the previous contributions exceed £225,000 for single contributions or £50,000 per annum for regular contribution products you must complete H-1638-O, Source of Wealth Questionnaire, in addition.

ONLY complete sections 2a - 3, if:

- the Top-up contribution does not originate from the same account as the first contribution.
- where a third party is making the payment on behalf of a Applicant, complete section 2b.
- 2a. Where is the contribution for this Top-up being sent from? If this is a regular contribution Top-up do not complete 2a but attach a Long Term Method of Payment.

If the contribution is being paid from your personal account please complete all the account details in full. Failure to do so will result in the Company requiring additional documentation to establish the link between you and your contribution. If your payment is coming from more than one personal account, please give the account details for each additional contribution payment in the Additional Notes section.

Name of Financial Institution/Bank						
Financial Institution/ Bank Address						
Name of Account Holder(s)						
Account Number					Bank Sort Code	
IBAN					BIC	
2b. If your contribut please provide t			er financial inst	itution, such as an i	□□ nsurance company, or an	y other third party account,
Full name and addre	ess of third	party (individual,	, corporation, in	surance company)		
Details of the source	e of the con	tribution from an	other financial	institution (not your p	personal account) or indiv	vidual third party*
Name of Financial Institution/ Bank/Insurance Company						
Financial Institution/ Address	Bank					
Name of Account Ho Contract Holder(s)	older(s)/					
Account Number/ Contract Number					Bank Sort Code	
IBAN					BIC	
Details of relationsh	ip between	you and the thire	d party			
Reasons for the thir	d party mak	king the contribut	tion(s)			
3. Other parties invo	olved in this	contract as ben	eficial owner (if	named) or lender:		
Please provide nam	e and conta	act details of				
Beneficial Owner						
Lender						

NB. Please note that cash, traveler's cheques, bearer shares and Banker's drafts are not acceptable forms of payment.

The Company reserves the right to ask for additional documentation if required to meet its anti-money laundering obligations. The Company reserves the right not to accept payments by third parties.

* Certified identification and current proof of residence are required for individual third party payers.

IMPORTANT NOTES

- 1. If you become resident in the United States of America while your Hansard International Limited ("the Company") Contract is in force, the Company may not be able to accept any further contributions or any instructions to vary the fund choice until after you cease to be a resident of the United States of America.
- 2. The Company will only accept an application introduced by a Independent Financial Advisor. Your Independent Financial Advisor is acting solely as your agent when advising you and submitting your application to the Company. Accordingly, the Company cannot be held responsible for the advice, representations, acts or omissions, made in connection with your application. Please therefore ensure that the application conforms with your instructions before you sign it.
- 3. All contributions must be made payable to Hansard International Limited. The Company will not accept responsibility where contributions are made payable to a third party. Where a contribution is made payable to a third party, that third party shall be acting solely as your agent and not as a collecting agent for the Company.
- 4. No liability can be accepted for any country's current or future tax or other legislation which may affect the contract including any benefit that may be payable under it. You should seek independent advice on the applicable legislation in your country of residence.
- 5. If you request The Company to communicate with you by email, you agree that this is entirely at your own risk and you will be taken to be confirming that you have been advised that such method of communication is not secure and may be intercepted by unauthorised third parties. In such circumstances, you will be taken as agreeing that the Company shall not be held responsible in any way should emails be intercepted by unauthorised third parties who gain access to your personal data.

ADDITIONAL NOTES									
My actual country of residen	ce is								
First Applicant Country									
Occasional Associations of Consistence									
Second Applicant Country									
I was present in (enter name	e of country below) when I rec	ceived the investment advice.							
First Applicant Country									
Second Applicant Country									
Signatures (Individual Applic	ant/s)			DD MM	YYYY				
First Applicant			Date		1111				
Second Applicant			Date	DD MM	YYYY				
Gecond Applicant			Date						
Signatures (Trustee/s, Autho	rised Signatory/ies)								
Signature		Name		DD MM	YYYY				
		Position/Capacity	Date						
		Гозполюция							
Signature		Name	Date	DD MM	YYYY				
		Position/Capacity	Date						

Please post to

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Registered No. 32648

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