

Name of Independent Financial Advisor

Contract number (if already allocated)

Entity code

(To which this application is to be attached  
for business processing purposes)



HANSARD  
WORLDWIDE

Application Form

## **Future Focus / Ascend**

Life Assurance and Capital Redemption products

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### Please read carefully before completing this form

Please read this in conjunction with the Privacy Policy document which is available to view on our website: [hansard.com/privacy policy](https://hansard.com/privacy-policy).

### Life Assurance and Capital Redemption Contracts

1. Trusts, companies, and other legal entities must complete this form and the accompanying Supplementary Application form (HWL16). Applicable to Future Focus contracts only.
2. Where a question is not applicable, please always mark "N/A".
3. Please forward this form to our Administration Centre for Correspondence: 55 Athol Street, Box 192, Douglas, Isle of Man, IM99 1QL, British Isles. Alternatively, please scan and email the completed form to [ClientServicesSupport@hansard.com](mailto:ClientServicesSupport@hansard.com)
4. Please note that an email will be sent requesting you to sign into your Online Account when your contract is active. Your contract documents will only be available through your Online Account - we will not send any correspondence by post.
5. Any reference to "we", "us", "our", or "the Company" means Hansard Worldwide Limited.
6. Any reference to "I" means the applicant, or joint applicants.

### Life Assurance Contracts only

7. Please complete section 6 to nominate beneficiaries to receive the amount due under the proposed contract in the event of the death benefit becoming payable. A maximum of four beneficiaries can be nominated.

### Capital Redemption Contracts only

8. Please complete section 7 to transfer the ownership of the contract to a beneficiary on death of the contract owner (or the second death in the case of joint contracts) before the maturity date.

## 2. Product Details

### a. Product name:

Ascend

Future Focus

### b. Type of contract

Life Assurance

Capital Redemption

### c. Contract currency

Note currency cannot be amended after the contract has commenced.

USD

GBP

EUR

### d. Contribution details

Full contribution amount (in contract currency)

#### For Ascend contracts only:

Frequency of contribution  Monthly  Quarterly  Half-yearly  Yearly

Commitment Period  Years

Please note that if contributions are not made for the selected commitment period, the value at maturity will be reduced.

Please remember to include your full name and contract number (if known) on your payment instruction.

### e. Payment method

Note that standing order/telegraphic transfer is the only payment method available for Future Focus.

Contribution type		Payment Method
Initial	Subsequent	
<input type="checkbox"/>	<input type="checkbox"/>	Standing Order/Telegraphic Transfer
<input type="checkbox"/>	<input type="checkbox"/>	Credit Card (For regular Ascend contributions only)
<input type="checkbox"/>	<input type="checkbox"/>	Visa Debit (For regular Ascend contributions only)
<input type="checkbox"/>	<input type="checkbox"/>	Other (please state) <input type="text"/>
<input type="checkbox"/>	<input type="checkbox"/>	Other (please state) <input type="text"/>

#### Payment(s) must be made in favour of: Hansard Worldwide Limited

### f. Are you cancelling an existing contract with us or any other Hansard Group company, or any other provider to effect this contract?

Yes  No

### 3. Details of Applicant / Life Assured

#### Applicant 1 / Life Assured 1

Title  Mr  Mrs  Miss  Ms  Other  Please state

First name  Middle name(s)  Last name

Date of birth         Country of residence

Nationality

Country of birth  City/Town of birth

Gender  Male  Female  Marital status

Permanent residential address

PO Boxes and care of addresses are not acceptable. Evidence of address must be provided – see section 17

City/Town

Country  Postcode

Email address

Telephone number

	Country code	Area code	Phone number
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment status  Employed  Self-employed  Retired   
 Other  Please state

Occupation

Industry

Name of employer/company name or if retired, final employer/company name

Annual income  Below 300,000  300,000 - 500,000  500,000 - 1m  Above 1m

Currency

Tax residency country

Tax identification number

Other tax residency country & Tax Identification Number (if applicable)



## 4. Details of the Ultimate Beneficial Owner or Controller if not the Contract Owner

This section must be completed by Corporate Applicant(s).

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Please state <input type="text"/>							
Surname	<input type="text"/>												
Forename	<input type="text"/>												
Other names	<input type="text"/>												
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Date of birth				<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>				Town/City of birth	<input type="text"/>							
Marital status	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Single <input type="checkbox"/>	Other <input type="checkbox"/>	Please state <input type="text"/>							
Occupation	<input type="text"/>												
Industry	<input type="text"/>												
Name of employer/ Company name or if retired, final employer/company name	<input type="text"/>												
Permanent residential address (PO Boxes and care of addresses are not acceptable) Evidence of address must be provided – see section 17	<input type="text"/>												
Identification type	Passport <sup>1</sup> <input type="checkbox"/>	National Identity Card <sup>1</sup> <input type="checkbox"/>				Other <sup>1</sup> <input type="checkbox"/> Please state <input type="text"/>							
ID document number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Issued by	<input type="text"/>												
Tax residency countries	<input type="text"/>						<input type="text"/>						
Tax identification numbers (TIN)	<input type="text"/>						<input type="text"/>						

<sup>1</sup> A suitably certified copy must be supplied (see section 17).

## 5. Politically Exposed Person

This section must be completed by all applicants.

We are required to identify any parties to the application who are Politically Exposed Persons (“PEP”). A PEP is a person who is or has been entrusted with prominent public functions. This includes immediate family members or any close associate.

Examples of PEPs include: a head of state, an owner of a political or government post, a high-level member of the judiciary, a high-ranking officer in the military, an employee of a state-owned corporation or a board member of a central bank.

Is any party to this application  
a Politically Exposed Person (PEP)  
or a close associate/family member  
of a PEP? Yes  No

If you have answered ‘Yes’ to this question, we are unable to proceed with your application.



## 6. Beneficiary Nomination - Life Assurance cont.

If you would like to nominate more than two beneficiaries, please copy the previous page, complete and return. For life assurance contracts, a maximum of four beneficiaries can be nominated.

### Important Notes

- Completing this section directs us to pay the death benefit under the contract to the nominated beneficiaries. It does not constitute a transfer of title of the contract, which will remain the property of the contract owner(s).
- We are under no obligation to determine the validity of this beneficiary nomination, or whether there are any restrictions or prohibitions in law governing the distribution of property that could affect the execution of this instruction.
- This section can be used to divide the benefit payable under the contract between up to four nominated beneficiaries by specifying a percentage in the box headed "share of total benefit". For example, nominated beneficiary A - 70%, nominated beneficiary B - 30%. If no percentages are entered the benefit will be split into equal shares.
- The beneficiary details provided will be used for identification and contact in the event that the death benefit becomes payable. At such point, we will require the further provision of certified documentary evidence to verify the identity and residential address of all nominated beneficiaries prior to any payments being made.
- If a nominated beneficiary is under the age of 18 years, any payment due to that nominated beneficiary will be made to the nominated beneficiary's parent or legal guardian.
- The nomination will be revoked if:
  - the contract owner instructs us via the Online Account to cancel the appointment or provides a replacement beneficiary nomination;
  - the contract is subsequently assigned by the contract owner to a third party and notice of the assignment is given to us in writing;
  - the contract ends before the death benefit becomes payable; or
  - the nominated beneficiary pre-deceases the contract owner.
- Any personal information that you have provided on this form will be processed for the intended purpose. We may also use this information for any other purpose specified in our Privacy Policy which is available to view on our website: [Hansard.com/privacy-policy](https://www.hansard.com/privacy-policy). If you have any questions about the usage of your personal information, please contact our Data Protection Officer by emailing [data.protection@hansard.com](mailto:data.protection@hansard.com), or Hansard directly, using the details at the end of this form.

## 7. Beneficiary Nomination - Capital Redemption

**Mandatory**

This nomination transfers ownership of the contract to (the "Designated Beneficiary") on the "Transfer Date", which is the date of death of the contract owner (or death of the last to die in the case of joint contract owners) before the maturity date.

I hereby request that, in the event of the death of the contract owner(s), the contract ownership shall pass to the Designated Beneficiary whose details are given below. I reserve the right to change the nominated person at any time by using the Online Account.

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Other <input type="checkbox"/>	Please state <input type="text"/>
First name	Middle name		Last name			
<input type="text"/>	<input type="text"/>		<input type="text"/>			
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>				
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>					
Residence address	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
City/Town	<input type="text"/>					
Country	<input type="text"/>				Postcode	<input type="text"/>
Email address	<input type="text"/>					
Telephone number	Country code	Area code	Phone number			
Mobile/Cell	<input type="text"/>	<input type="text"/>	<input type="text"/>			



## 9. Source of Contribution

For us to comply with our obligations, we are required to understand how our applicants have acquired the monies they wish to invest with Hansard Worldwide Limited. Please answer the following questions clearly and in full for each applicant:

a) Please provide full details and description of the source of the contribution to be invested for example, details of investments, personal income, borrowing, personal savings, pension, other. Please note additional information may be required if insufficient information is provided.

b) What is the total value of all your assets?

Currency

Amount

If the total contributions (including other Hansard Worldwide Limited contracts that you hold) are equal to or exceed GBP 1,000,000 / USD 1,250,000 / EUR 1,000,000 then supporting documentary evidence is required.

If the source of the contribution to be invested is wealth created from:

1. **Income** please provide the following:

- suitably certified copies of three months of recent payslips; or
- a letter from your employer which evidences income and bonuses earned for the past 3 months; or
- recent business accounts or tax returns if self-employed

2. **Investments** please provide the following:

- if liquid assets (deposits), please provide bank statement or similar
- if equities or other investments, please provide stock broker's statement or similar

Please also provide:

- a certified copy of the investment statement showing sale proceeds; or
- a contract note

3. **Another insurance contract** please provide the following:

- a suitably certified copy of the letter notifying the amount of proceeds to be transferred

4. **Sale of property** please provide the following:

- details of the property sold including dates of purchase and sale

Please also provide:

- signed letter from the solicitor; or
- suitably certified copy of the sale contract

5. **Borrowing** please provide the following:

- name and address of the financial institution providing the loan

Please also provide:

- a suitably certified copy of the loan agreement



## 11. Important Notes

1. If you become resident in the United States of America while your contract is in force, we may not be able to accept any further contributions or any instructions to vary the chosen assets until after you cease to be resident in the United States of America.
2. We will only accept an application introduced by an Independent Financial Advisor. Your Independent Financial Advisor is acting solely as your agent when advising you and submitting your application to us. Accordingly, we 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 Worldwide Limited" and must be made by the Contract Owner – contributions made by a third party will not be accepted.
4. No liability can be accepted by us 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. Examples of individuals who may be acceptable as a suitable certifier include:
  - your Independent Financial Advisor provided they have been appointed as a suitable certifier by us;
  - an authorised representative of an embassy or consulate of the country who issued the identification document;
  - a notary public, commissioner for oaths, lawyer or advocate, a registrar or other civil or public servant authorised to issue or certify copy documents;
  - an accountant who is a member of an institute, or other professional organisation.
6. We are a regulated business that is now deemed a Financial Institution (FI) under the Foreign Account Tax Compliance Act, commonly known as FATCA. There is a drive to standardise reporting requirements globally and tax and financial accounts held overseas are now subject to the Common Reporting Standard (CRS) which is to be the standard for international exchange of information.

You acknowledge and agree that we will be required to disclose information you have provided to us, including personal data as defined in the current Data Protection legislation, for the purposes of complying with any applicable tax or regulatory authority requirement or request for information. In the event that a formal request is made by a relevant tax or regulatory authority for the provision of additional information not held by us you agree to co-operate with such requests without unreasonable delay.

## 12. Additional Notes

Any additional notes made below by or on behalf of the applicant MUST be countersigned by the applicant.


## 13. Data Protection

Our Privacy Policy document which is available to view at [hansard.com/privacy-policy](https://hansard.com/privacy-policy), describes how we collect and use personal information provided to us as a Data Controller for the purposes of effecting and administering the contract applied for. By signing this application form and providing personal information to us, each applicant acknowledges that we could not provide the contract without the provision of accurate and sufficient personal information. All applicant rights are documented in the Privacy Policy, including details on right of access; right of rectification and erasure; right of restriction on processing; right to data portability; right to withdraw consent; and rights on how to make a complaint.

## 14. Declarations

To be completed in full by each individual applicant.

I HEREBY DECLARE that:

1. I have read, fully understood, and retained the Product Brochure, Key Information Document, Terms and Conditions, Privacy Policy and a copy of the Declaration and Signature Form. My Independent Financial Advisor has explained the content of these documents to me such that I understand the nature, risks and costs of this product and how it is deemed suitable by my Independent Financial Advisor based upon my financial capabilities and circumstances and in helping to meet my financial needs/goals.
2. I have read and fully understood the important notes and the data protection declaration on this form.
3. My Independent Financial Advisor is acting solely as my agent in respect of my Application. Until I give the Company written notice to the contrary, my Independent Financial Advisor shall continue to act in this capacity once the contract has been issued.
4. I understand that submission of my Application and signing the Declaration and Signature Form does not in itself establish a contract and that the Company has the right to refuse an application.
5. I have been made aware that providing certified documentation relating to my proof of identity, verification of address and tax self-certification information is required by applicable law and regulation.
6. I am a tax resident only in the jurisdictions stated in my Application and no other jurisdictions.
7. I am not a US Citizen or US resident alien with an obligation to file any tax returns (income, estate, gift, or the like) to the Internal Revenue Service of the USA ("IRS").
8. I confirm that I am not a Politically Exposed Person (PEP), nor a close associate/family member of a PEP.
9. I will inform the Company immediately of the details of my new address if during the life of this contract I change my residential address or if any of my personal details change.
10. I understand that the application will be underwritten and issued in The Bahamas and is subject to Bahamas law.
11. To the best of my knowledge and belief, all statements and declarations made in my Application and the Declaration and Signature Form are true and complete and I wish to proceed with my Application on the basis of the information provided.
12. The Application conforms with my instructions before it was submitted to the Company; it has been submitted on my behalf, and all information used to populate the Application has been provided with my consent. If any person other than myself has completed any part or all of my Application they did so with my full authority.

### Applicant 1 / Trustee or Authorised Signatory

Signature

Date

Please print full name

### Applicant 2 / Trustee or Authorised Signatory

Signature

Date

Please print full name

## FOR THE INDEPENDENT FINANCIAL ADVISOR'S USE ONLY

If the applicant is effecting this contract as a complete or partial replacement for another contract, please state the reason(s) why you are recommending this contract to the applicant. Please provide details of previous contracts. Please use a separate sheet if necessary.


### 15. Verification of Customer Identity

This section must be completed by a suitable certifier. Please tick alongside all items enclosed, and ensure that all necessary documents are included.

All suitably certified copies of documents must be "certified as a true copy" and signed and dated by a suitable certifier, whose name must be printed in BLOCK CAPITALS below the signature, in accordance with 'Part B, Identification Requirements - Suitable Certifiers' of the Company's Guidance Notes (HWL133) for Independent Financial Advisors governing the anti-money laundering requirements of the Bahamas.

#### 1. Delivery Channel

Have you met the client face to face?

I have met the client face to face  
(including by digital means e.g., FaceTime/webcam)

I have not met the  
client face to face

#### 2. CDD/KYC 3rd Party Involvement

Have any elements of Customer Due Diligence/KYC been provided to you by a 3rd party?

No – I obtained CDD/KYC directly  
from the client

Yes – I obtained  
CDD/KYC from  
another 3rd party

Verification of identity materials must be provided for each applicant, and beneficial owner, if different, as follows:

#### A. INDIVIDUAL APPLICANT

A suitably certified copy of EITHER of the following, which must incorporate a photograph:

1. Current Passport
2. Current National Identity Card

If not available, suitably certified copies<sup>1</sup> of two other formal documents such as a tax assessment, driving licence or similar document.

Together with:

A suitably certified copy of a document showing the residential address of each applicant. Such a document includes a utility<sup>1</sup>, rates or council tax bill, a bank or credit card statement, a mortgage statement, a tax assessment document or a driving licence. The document should ideally not be more than six months old.

#### B. POWER OF ATTORNEY APPLICANT

Where the applicant is acting under a power of attorney, verification will be required of the identity and proof of residence of both the applicant and the individual holding the power, in accordance with the provisions of paragraph A. A suitably certified copy of the power is also required together with the reason for granting that power.

<sup>1</sup>For example gas, electricity, water or telephone bill. Please note mobile phone bills are not acceptable

**C. TRUSTEE APPLICANT** (Future Focus only)

- 1. Where the applicant is an individual trustee, or where there is more than one individual trustee, the identity of each trustee must be verified in accordance with Paragraph A and specimen signatures provided
- 2. Copy of the trust deed and trust schedule (as evidence of the proper appointment of the trustee, the settlors and the beneficiaries)
- 3. Purpose of the trust (for example, inheritance tax planning)
- 4. Details of the source of origin of the assets held under trust
- 5. Names and addresses of the persons who we are to take instructions from along with their specimen signatures. Verification of their identification is also required
- 6. Details of all parties to the trust (settlers, beneficiaries, protectors as appropriate) must be provided by the trustees - full names, address, and date of birth
- 7. Verification of identity for the settlor and protector is required in accordance with Paragraph A or D (as appropriate)
- 8. Where the trustees have authorised any third party to act on their behalf, the Company must be provided with written confirmation from the trustees of such authority together with the full name, address and specimen signature of such third party.

**D. CORPORATE APPLICANT** including Corporate Trustees (Future Focus only)

- 1. Certificate of Incorporation or other official registration evidence
- 2. Copy of the Memorandum and Articles of Association
- 3. Satisfactory evidence of the registered office for the company
- 4. Board resolution of the directors authorising the opening of the account and conferring authority on the person who will operate the account
- 5. Names and addresses of all directors, along with verification of identification for the directors
- 6. Names of the person(s) holding a senior management position
- 7. Latest annual report and accounts
- 8. Written confirmation that the corporation has not been, or is not in the process of being, dissolved, struck off, wound up or terminated
- 9. List of authorised officers that act on behalf of the corporation and from whom the Company is to take instructions, together with details of their full name, address and specimen signatures
- 10. Names and addresses of all beneficial owners along with verification of identification for the beneficial owners (individual or corporate) who hold 10% or more of the issued share capital.

Please refer to Paragraph A for our verification requirements in relation to individuals.

## 16. Verification of Customer Identity cont.

### E. OTHER TYPES OF APPLICANT

Evidence of identity for other types of applicants will vary depending on the type of applicant, for example charity, local or national government. Please check with us to ascertain what form of evidence will be required before the application can be considered.

Please state how and when you were introduced to the applicant(s)

  
  

All documentation must be certified by a Suitable Certifier.

### Declaration

I confirm that I have seen the original documents specified above and have checked the name and identity of the individual(s) and attach a certified copy of each document for your records.

Suitable certifier signature

Date

Please print full name

Entity code

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HANSARD  
WORLDWIDE

**Hansard Worldwide Limited**

Incorporated in The Bahamas (no. 200975B) and authorised by the Insurance Commission of The Bahamas.

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