

Name of Independent Financial Advisor

DEAN EVANS

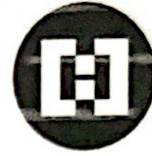
Contract number (if already allocated)

--	--	--	--	--	--	--	--

Entity code

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

H W L - 20783 -



HANSARD
WORLDWIDE

Application Form

Future Focus / Ascend

Life Assurance and Capital Redemption products

This page is intentionally left blank

Section	Page number
1. Notes	4
2. Product Details	5
3. Details of Applicant and Life Assured	6
4. Details of the Ultimate Beneficial Owner	8
5. Politically Exposed Person	8
6. Beneficiary Nomination - Life Assurance	9
7. Beneficiary Nomination - Capital Redemption	10
8. Investment Options	13
9. Source of Contribution	15
10. Source of Contribution Payment	15
11. Important Notes	16
12. Additional Notes	16
13. Data Protection	16
14. Declarations	17
15. Verification of Customer Identity	18

Please read carefully before completing this form

In order to ensure the smooth & timely processing of the information contained within this form, please ensure that you are using the latest version. The latest version can be found [here](#) or on our document library hansard.com/document-library.

Please read this in conjunction with the Privacy Policy document which is available to view on our website: 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 (HWI 16).
2. Where a question is not applicable, please always mark "N/A".
3. Please forward this form to our Administration Centre for Correspondence: Hansard International (Reinsurer), 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
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/beneficiaries 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 checked="" type="checkbox"/>	<input checked="" 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
CARLOS ALBERTO VARGAS GONZALEZ

Date of birth 16041973 Country of residence MEXICO

Nationality MEXICAN

Country of birth MEXICO City/Town of birth MEXICO CITY

Gender Male Female Marital status MARRIED

Permanent residential address
DIVISION DEL NORTE 26-03 , PROL AVE JUAREZ
LOXACO , EL CONTADERO CDMX

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

City/Town MEXICO CITY

Country MEXICO Postcode 05360

Email address jefaturaimagen@gmail.com

Telephone number

	Country code	Area code	Phone number
Mobile/Cell	+52	55	1068 2910
Business			
Home			

Employment status Employed Self-employed Retired
Other Please state

Occupation SURGEON

Industry HEALTH

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

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

Currency USD

Tax residency country MEXICO

Tax identification number VAGC730416100 H00

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

Applicant 2 / Life Assured 2

Title Mr Mrs Miss Ms Other Please state

First name Middle name 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"/>			
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 ¹ <input type="checkbox"/>	National Identity Card ¹ <input type="checkbox"/>	Other ¹ <input type="checkbox"/> Please state <input type="text"/>			
ID document number	<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"/>		

¹ 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") and request enhanced due diligence.

A PEP is a person who is or has been entrusted with prominent public functions. This includes immediate family members or any close associate. Enhanced Due Diligence (EDD) means, in addition to fulfilling the minimum verification requirements, the life company may be required to take extra steps to verify the identity, address, source of funds and/or source of wealth of a client. This may include requesting additional documentation which will support the identity, residency, source of funds and/or source of wealth of the applicant(s).

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 the answer is "Yes", please provide further details below (including full name and PEP status).

<input type="text"/>
<input type="text"/>

6. Beneficiary Nomination - Life Assurance

Advisable

I hereby request that, in the event of the death benefit becoming payable, the benefit shall be paid to the nominated beneficiary(ies) whose details are given below. I reserve the right to change the nominated person(s) at any time via the Online Account.

Beneficiary 1

Title Mr Mrs Miss Ms Other Please state

First name Middle name Last name

Gender Male Female

Date of birth

Nationality

Residence address

City/Town

Country Postcode

Email address

Telephone number

Country code Area code Phone number

Mobile/Cell

Share of total benefit %

Beneficiary 2

Title Mr Mrs Miss Ms Other Please state

First name Middle name Last name

Gender Male Female

Date of birth

Nationality

Residence address

City/Town

Country Postcode

Email address

Telephone number

Country code Area code Phone number

Mobile/Cell

Share of total benefit %

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, or Hansard directly, using the details at the end of this form.

7. Beneficiary Nomination - Capital Redemption

Advisable

This nomination transfers ownership of the contract to one or more persons (the "Designated Beneficiaries") 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.

The contract owner may nominate a maximum of four Designated Beneficiaries to whom ownership of the contract will transfer to upon death of the sole or last remaining contract owner. If one or more Designated Beneficiaries have been nominated, then upon death of the last remaining contract owner, all Designated Beneficiaries will own the contract jointly as a whole as the contract owners who must be in agreement with the continuation of the contract. The contract owners do not hold their own divisible share of the contract; should one contract owner die, ownership will pass to the surviving contract owners.

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(s) at any time by using the Online Account.

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.

SAVINGS FROM SALARY AS SURGEON AT
HOSPITAL ABC

- 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 for single contribution contracts; or
- are equal to or exceed GBP 100,000 / USD 125,000 / EUR 100,000 per year for regular contribution contracts; or
- where both single contribution contracts and regular contribution contracts are held, the contracted contributions are to equal or exceed GBP 1,000,000 / USD 1,250,000 / EUR 1,000,000 within the next five years, 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

9. Source of Contribution cont.

6. Other (for example inheritance or gifts) please provide the following:

- name of person(s) providing the inheritance or gift

Please also provide:

- if an inheritance, a suitably certified copy of the will including a value of the estate
- if a gift, a letter from the donor confirming details of the gift and suitably certified copy of evidence of the original source of this wealth (as per the other document requirements).

We reserve the right to request further information and/or evidence to satisfy our legal and regulatory AML obligations with regards to understanding your Source of Wealth.

10. Source of Contribution Payment

This section must be completed by all applicants.

Where is the contribution for this contract being sent from?

For contributions being made from your personal account, please complete all account details in full. Failure to do so will result in us requiring additional documentation to establish the link between you and your contribution.

Name of Financial Institution/Bank

Financial Institution/Bank address

Name of account holder(s) / contract owner(s)

Account number

Sort code

SWIFT/BIC

IBAN

Additional bank details

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 investment options 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".
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, 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.

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 copies¹ 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 utility¹, 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.

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

C. TRUSTEE APPLICANT

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 (settlors, 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

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

DEAN EDWIN EVANS

Date

03042026

Please print full name

DEAN EDWIN EVANS

Entity code

16465

This page is intentionally left blank



HANSARD
WORLDWIDE

Hansard Worldwide Limited

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

Email: ClientServicesSupport@hansard.com **Telephone:** +1 242 397 2120 **Website:** hansard.com

Administration Centre for Correspondence: Hansard International Limited (Reinsurer), 55 Athol Street,
Box 192, Douglas, Isle of Man, IM99 1QL, British Isles.

Registered Office: Sassoon House, Shirley St & Victoria Avenue, PO Box SS-5383, Nassau, Bahamas.