



Flexible Life Annuity Additional Premium Application Form



London & Colonial Assurance PCC Plc ('LCA') is a Gibraltar registered company and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company ('PCC'). LCA is regulated by the Gibraltar Financial Services Commission (permission number: 5191) and is part of STM Group Plc, a multi-jurisdictional financial services group listed on AIM, a market operated by the London Stock Exchange.

The Flexible Life Annuity ('FLA') is provided by LCA.

The security and safety of your data is very important to LCA. A copy of our Privacy Notice can be found on our website: info.stmgrouplc.com/privacy-notice

! PLEASE COMPLETE ALL SECTIONS FULLY IN BLOCK CAPITALS

Section 1. Additional Premium Details

This Additional Premium Application Form, together with the Flexible Life Annuity Key Features, the Flexible Life Annuity Key Information Document, and the policy documentation issued to you at the outset of the Policy by London & Colonial Assurance PCC Plc ('LCA'), forms the basis of the contract.

If you have difficulty completing this form please consult your Financial Adviser.

Policyholder's Name:

Policy Number:
(To which additional premium is to be applied)

Date of Birth :

Email:

Additional Premium Amount:

Reference number of the FLA additional premium Personal Illustration:

Section 2. Financial Adviser

Please confirm if advice has been given on this additional premium investment into your FLA policy:

Financial Adviser details (to be completed by your Financial Adviser):

Financial Adviser's Full Name:

Company Name:

Registration Number:

Signature of the Financial Adviser:

Date:

Please note that we can only accept applications where financial advice has been given by your appointed Financial Adviser.

Section 3. Source of Wealth

Please tick the appropriate option(s) relating to Source of Wealth and supply suitably certified documentation as a minimum requirement.

Source of Wealth	Information we Require	Documentation Required as a Minimum*
Savings from Employment (Salary and/or Bonuses)	Occupation. Average salary per annum for last 3 years. Name and address of employer(s). Length of service with employer(s).	<ul style="list-style-type: none"> • Payslip from within the last three months OR • Letter from employer confirming salary/bonus, position, and length of employment
Savings from Self-Employment	Occupation. Earnings per annum (average or detailed per year for last five years).	<ul style="list-style-type: none"> • Business accounts, preferably with preparing accountant's report OR • Letter from practising accountant confirming your earnings OR • Your tax returns (All for approximately 3 years) • Copy of CV
Company Dividends (including where you own or part-own the company)	Amount(s), date(s), and company(s) involved (name and address).	<ul style="list-style-type: none"> • Board Minute approving the dividends AND • Audited Financial Statements evidencing the dividends AND • Copy of share certificate(s)
Sale or Maturity of Investments	Amount(s), date(s), and details of the investments sold/matured/transferred in or in-specie transfer.	<ul style="list-style-type: none"> • Sale/surrender contract notes or certificates OR • Statement from a recognised broker or investment manager
Property Sale	Details of the property, date of sale and total sale amount.	<ul style="list-style-type: none"> • Copy of completion statement OR • Letter of confirmation from your lawyer
Life Policy Proceeds	Amount(s) and date(s) received, Policy Provider and Policy reference number. Length of time the Policy was held and date of surrender or maturity.	<ul style="list-style-type: none"> • Policy surrender/maturity documentation (original or certified) OR • Letter from Policy Provider
Private Company Sale	Amount(s), date(s), and company involved (name and address). Company activities.	<ul style="list-style-type: none"> • Original or certified copy of sales contract OR • Letter confirming details from your lawyer
Inheritance / Gift	Amount(s) and date(s) of the inheritance/gift(s), benefactor's details and their relationship to you. Details of benefactor's source of wealth	<ul style="list-style-type: none"> • Original or certified copy of relevant document; if this is a Will, a certified copy of the Grant of Probate is also required OR • Letter confirming details from your lawyer OR • Original letter from donor
Other	Details including dates and amounts involved, from whom the money was received and for what reason.	<ul style="list-style-type: none"> • Documentation and/or third party confirmation relevant to each circumstance

* This is not intended to be an exhaustive list and LCA reserves the right to request any further information and/or documentation we reasonably believe to be necessary in order to comply with Gibraltar's statutory Anti-Money Laundering requirements.

Generally, the "Information We Require" can be provided by way of a written note from you. The "Documentation Required as a Minimum" should always be from a third party and suitably certified as detailed in Section 5 of this Application Form.

Section 4. Source of Funds

The premium payment must come from a Bank or Building Society Account held in the name of the Policyholder.

If you are making multiple payments, please photocopy this page, attach the details and the reason why multiple payments are being made with this Application Form and tick here

Premium Payment Amount:	£	Account Name:	
Bank Account Number/IBAN:			
Sort Code:		SWIFT or BIC code:	
ABA Number:		Branch Code for non-UK Banks:	
Bank Name:			
Bank Address:			

- Accounts within the UK, Jersey, Guernsey, Isle of Man or Gibraltar require a bank account number and sort code.
- Premium payments made from banks outside the UK require a SWIFT or Bank Identifier Code (BIC), and an International bank account number (IBAN).

Section 5. Who Can Certify Documents?

Where copies of original documents are provided they must be properly certified (and have been certified within the last three months) using the correct wording, and be certified by the correct person, as detailed below:

Certified to be a true copy of the original as seen by me.

Where the document contains a photograph, I certify that this is a true likeness of the person in the photograph.

Full Name: (of the person certifying)	Company: (of the person certifying)
Tel. Number: (of the person certifying)	Date: (the date the certification was made)
Position: (of the person certifying)	Signature: (the signature of the person certifying)

The person certifying the document must be a professional person with verifiable credentials and should not be:

- Related to you
- Living at the same address
- In a relationship with you

Section 6. Policyholder’s Signature

(Please tick to confirm)

I wish to invest the additional premium amount specified in Section 1 above in accordance with the existing Policy terms and conditions and confirm that to the best of my knowledge and belief all of the statements within this Additional Premium Application Form, together with the Key Features, the Key Information Document, and the policy documentation issued to you at the outset of the Policy by London & Colonial Assurance PCC Plc ('LCA'), sets out the terms and conditions of the contract. this Application Form are true and complete and shall form, together with the policy documentation,

I confirm that I have read and understood the FLA Key Features and the FLA Key Information Document for the Policy and understand the charges that will be levied.

I confirm that to the best of my knowledge and belief I am not subject to any taxation, exchange control or legislation that would make this Application unlawful.

The establishment charge is % and the annual management charge is % .

I acknowledge that my Financial Adviser has entered into an agreement which sets out the basis upon which LCA is prepared to accept applications submitted by the Financial Adviser on my behalf. This agreement categorically states that the Financial Adviser acts as my agent, and not the agent of LCA. I acknowledge that my Financial Adviser, or any other, has no authority to act as the agent of LCA or to state, suggest, or imply that they have such authority.

Policyholder

Full Name:
(BLOCK CAPITALS)

Signature:

Date: Day Month Year

Certified copies of the signed Additional Premium Application form, the Source of Wealth documentation and the Source of Funds documentation should be scanned and emailed to LCA@stmgroup.online.



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Gibraltar Company Registration Number: 80650
London & Colonial Assurance PCC Plc is a Gibraltar registered company, and is incorporated under the Gibraltar Insurance Companies Act as a Protected Cell Company. London & Colonial Assurance PCC Plc is regulated by The Gibraltar Financial Services Commission - Permission Number: 5191. Registered Office: 3rd Floor, 55 Line Wall Road, Gibraltar, GX11 1AA