

Failure to disclose relevant information may result in non-payment of your claim, and we may cancel all cover under your plan.

B DETAILS OF THE PERSON WHO WILL BE INSURED (CONTINUED)

Country of permanent residence

In the last five years, have you lived, worked or travelled for more than three consecutive months outside Western Europe, North America or Australasia other than for a holiday, or do you intend to do so in the future? (✓) Yes No

If Yes, please give full details.

Country

Date from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Date to

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Reason for visit

Will the person insured also own the plan? (✓) Yes No

Where the person insured is not an owner, please state the nature and extent of the insurable interest.

C DETAILS OF THE PERSON OR PEOPLE WHO WILL OWN THE PLAN

In this section, please give details of any person who is not insured by the plan. Plan owners must be at least 18 years old. If this application is for key person cover, please give the name and address of the company. We will address correspondence to a nominated person at the company. (For shareholder/partnership protection please go to section D.)

FIRST OR ONLY OWNER

Title (✓) Mr Mrs Miss Other

Full forename(s)

Surname

Company name (if applicable)

Name of person dealing with correspondence (for key person cover)

Address (only complete if different from the life assured)

Postcode

E-mail address

Telephone number: (Home)

Telephone number: (Work)

(continued)

Failure to disclose relevant information may result in non-payment of your claim, and we may cancel all cover under your plan.

C DETAILS OF THE PERSON OR PEOPLE WHO WILL OWN THE PLAN (CONTINUED)

Second owner (if applicable)

Title (✓) Mr Mrs Miss Other

Full forename(s)

Surname

Company name
(if applicable)

Name of person dealing with correspondence (for key person cover)

Address
(only complete if different
from the life assured)

 Postcode

E-mail address

Telephone number:
(Home)

Telephone number:
(Work)

Both applicants

In what capacity are you applying for this cover? (✓)

Plan owner(s) (life of another)

Employer (for key person cover)

Trustee(s) (we will set up the new plan under the existing trust)

Other (please give details below)

Failure to disclose relevant information may result in non-payment of your claim, and we may cancel all cover under your plan.

D SHAREHOLDER/PARTNERSHIP PROTECTION

Complete this section if the original plan was for shareholder/partnership protection. We will address correspondence to the nominated person at the firm.

Name of firm	<input type="text"/>
Name of nominated person	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Business e-mail address	<input type="text"/>
Business telephone number	<input type="text"/>

Postcode

The nominated person will be responsible for dealings and correspondence with us regarding the payment of premiums for all the plans included in the shareholder/partnership agreement.

E YOUR PLAN DETAILS

Amount of cover	£ <input type="text"/>
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The cover for this policy cannot be more than £100,000 or the amount we paid out from your original Skandia Lifetime Plan if that is lower. Please refer to section A – Cover under your original plan.

Premium – your regular payment amount	£ <input type="text"/>
---------------------------------------	------------------------

Trust – please tick if the plan will be put in a trust (✓)

Have you asked for cover under the continuing cover option of any other Old Mutual Wealth plan? (✓) Yes No

F PAYMENT DETAILS

How often do you want to make payments? (✓) *(Tick one only.)* Monthly Yearly

How will you make your first payment? (✓) *(Subsequent monthly premiums must be paid by direct debit.)* Direct debit Cheque

We will normally collect the first direct debit amount within 10 days after we accept your application. We will collect subsequent direct debits on the first working day of the month. For yearly direct debits, we will collect subsequent premiums on the first working day of the month that the yearly review takes place. However, units are allocated to your plan on the review date.

Failure to disclose relevant information may result in non-payment of your claim, and we may cancel all cover under your plan.

H DECLARATION AND APPLICATION (CONTINUED)

Signatures

Signature of the person insured

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of the first plan owner *(if different)*

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of the second plan owner *(if different)*

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

If the application was NOT signed in the UK, in which country was it signed?

Capacity *(for employer/ trustee applications only)*

for example 'As Managing Director' (of the employer company) or 'As trustee of the John Smith Will Trust'

Checklist – all plan owners

(✓)

Have you completed all relevant sections and signed section H?

If you are paying monthly, have you completed and signed the attached direct debit instruction?

Where applicable, have you attached a cheque for the first premium?

If the plan is to be put in a trust, have you completed and attached a declaration of trust deed?

Checklist – financial adviser

(✓)

Have you completed and attached a Confirmation of Verification of Identity form?

Have you answered the question regarding the advice at the start of this form?

Please remember to enclose a copy of the illustration.

www.oldmutualwealth.co.uk

Please be aware that calls and electronic communications may be recorded for monitoring, regulatory and training purposes and records are available for at least five years.

Old Mutual Wealth Life Assurance Limited is registered in England & Wales under number 1363932.

Registered Office at Old Mutual House, Portland Terrace, Southampton SO14 7EJ, United Kingdom.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Financial Services register number 110462. VAT number 386 1301 59.

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Please complete the form and send to:

 Old Mutual Wealth, Old Mutual House, Portland Terrace,
Southampton SO14 7AY.

Name and full postal address of bank/building society

To: The Manager	
	bank/building society
Address	
	Postcode

Service user number

7	6	8	2	4	2
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Reference

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Instruction to your bank or building society

Please pay Old Mutual Wealth Life Assurance Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with Old Mutual Wealth Life Assurance Limited and, if so, details will be passed electronically to my bank/building society.

Name(s) of accountholder(s)

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Signature(s)

Date

/	/
/	/

Bank/building society account number

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Branch sort code

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Banks and building societies may not accept Direct Debit Instructions for some types of account.

This is not part of the instruction to your bank or building society and must be detached by Old Mutual Wealth Life Assurance Limited before submission to the paying bank.

FOR OFFICIAL USE ONLY

Where the payer is not the policy owner, please provide the full name, date of birth, address and telephone number of the bank/building society accountholder. Where a company is paying on behalf of the policy owner, please provide: the company name, name of contact person, address and telephone number of the company. The accountholder's personal data may be made available to a third party by electronic or other means for the purpose of verifying identity in accordance with Money Laundering Regulations.

In some circumstances the policy owner may be the only person permitted to pay premiums. Please contact Old Mutual Wealth if you have any queries with this.

 Full
forename(s)

--

Address

--

Surname

--

Date of birth

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

 Company name
(if applicable)

--

Postcode

--

 Name of contact
person (if applicable)

--

 Telephone
number

--

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee.


- This Guarantee is offered by all banks and building societies that accept Instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Old Mutual Wealth Life Assurance Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Old Mutual Wealth Life Assurance Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Old Mutual Wealth Life Assurance Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when Old Mutual Wealth Life Assurance Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Old Mutual Wealth
Old Mutual House
Portland Terrace
Southampton
SO14 7AY
United Kingdom
T: +44 (0)23 8033 4411
F: +44 (0)23 8022 0464

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