



**i IMPORTANT**


- This form must be completed together with the accompanying Policy Charges Schedule which forms part of the contract between the applicant and the Insurer.
- Complete all the information requested on this form and initial each page.
- An incomplete form may be deemed invalid and will lead to unnecessary delays in processing the application.
- Correction fluid is not permitted, and any amendments must be initialled by the applicant/s.

**SECTION 1: APPLICANT DETAILS**

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
First names		
Surname		
Title (Mr/Mrs/Ms, etc.)		
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Identity type	Identity <input type="checkbox"/> or Passport <input type="checkbox"/>	Identity <input type="checkbox"/> or Passport <input type="checkbox"/>
Identity or passport number (as per selection above)		
Expiry date (dd/mm/yyyy)		
Country of birth		
Town or city of birth		
Date of birth (dd/mm/yyyy)		
Nationality		
Country of tax residency		
Tax number		
Occupation		
Relationship status	Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="text"/>	Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="text"/>
Do you wish to be the life assured?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Telephone (home)		
Telephone (office)		
Mobile		
Email		
Residential address	Residential Address	Residential Address
	Town or city	Town or city
	Postal code	Postal code

	Country	Country
Postal address	Postal address (if different from Residential address)	Postal address (if different from Residential address)
	Town or city	Town or city
	Postal code	Postal code
	Country	Country

**SECTION 2: LIFE ASSURED DETAILS**

** IMPORTANT**

- Only complete the below if the applicants are not the lives to be insured. There must be at least one life assured.

	FIRST LIFE ASSURED	SECOND LIFE ASSURED
First names		
Surname		
Title (Mr/Mrs/Ms, etc.)		
Gender	Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Identity type	Identity <input type="checkbox"/> or Passport <input type="checkbox"/>	Identity <input type="checkbox"/> or Passport <input type="checkbox"/>
Identity or passport number (as per selection above)		
Expiry date (dd/mm/yyyy)		
Country of birth		
Town or city of birth		
Date of birth (dd/mm/yyyy)		
Nationality		
Country of tax residency		
Tax number		
Occupation		
Relationship status	Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="text"/>	Divorced <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Other <input type="text"/>
Telephone (home)		
Telephone (office)		
Mobile		
Email		
Residential address	Residential address	Residential address

	Town or city	Town or city
	Postal code	Postal code
	Country	Country
Postal address	Postal address (if different from Residential address)	Postal address (if different from Residential address)
	Town or city	Town or city
	Postal code	Postal code
	Country	Country
What is the relationship between the life assured/s and the applicant?		

**SECTION 3: BENEFICIARY DETAILS**

**ⓘ IMPORTANT**

- A Beneficiary is a natural person/s or a juristic person/s nominated to receive the Insured's benefit if the Insured dies whilst insured under the policy. In the case of a joint policyholder account, this will be upon the death of the last life assured, unless requested otherwise.
- In the case of a joint policyholder application, the applicants cannot be nominated as Beneficiaries.
- A Beneficiary must be alive or in the case of a juristic person/s must be in existence at the time of receiving the benefit.
- More than one Beneficiary can be nominated.
- The percentages in the Share of Benefit column must add up to 100%.
- If the Insured experiences a life-changing event (i.e. marriage, divorce, birth of a child, etc.) throughout the term of this policy and wishes to change their beneficiaries, a new Beneficiary nomination form must be completed and submitted to the Insurer.
- If there are more Beneficiaries than space has been provided for, please complete the Beneficiary Nomination form and submit it together with this application form.
- Should you nominate the International Wealth Benefit Fund Trust as a beneficiary, please request the letter of wishes template from your Financial Advisor, complete it, and submit it to the Insurer.
- Should you nominate International Wealth Benefit Fund Trust as a beneficiary, the proceeds will be settled and distributed in accordance with the laws of Mauritius, with the trustees having full discretion over any letter of wishes provided.

**3.1 Please complete this section for the nomination of an Individual beneficiary (natural person/s).**

No.	Surname	First names	Date of birth (dd/mm/yyyy)	Passport number	Relationship to life assured/s	Percent
1.						%
2.						%
3.						%
4.						%
5.						%
<b>Total</b>						<b>100%</b>

**3.2 Please complete this section for the nomination of a Corporate or Trust beneficiary (juristic person).**

Company/Trust name	
Trustee name	
Relationship to life assured/s	

Share of benefit (%)		
Address details	Registered address	Postal address (if different from Registered address)
	Town or city	Town or city
	Postal code	Postal code
	Country	Country
Contact person	First names	
	Surname	
	Title (Mr/Mrs/Ms, etc.)	
	Capacity	
	Telephone (office)	
	Email	

Should you wish to nominate the International Wealth Benefit Fund Trust as a beneficiary, please tick this box.

**SECTION 4: APPOINTED FINANCIAL ADVISORY FIRM & ADVISOR DETAILS**

Financial Advisor First names	
Financial Advisor Surname	
Financial Advisory Firm name	

**Authority Granted to the Financial Advisory Firm**

The Applicant(s) hereby appoint the Financial Advisory Firm to act in relation to the Investment Portfolio on the basis selected below. Please indicate your selection by ticking the appropriate box.

**Non-Discretionary Authority:** I/We confirm that the Financial Advisory Firm will act on a non-discretionary basis. This means that the Financial Advisory Firm will discuss any proposed changes to the composition of the Investment Portfolio with me/us and must obtain my/our prior written approval before transmitting any investment instructions to the Insurer. Such investment instructions may include, without limitation, instructions to buy, sell, hold, or retain cash or other investments in any fund, share, ETF, interest in a certificate, note or debenture, or any other security or financial instrument.

I/We authorise the Insurer to act upon investment instructions received from the Financial Advisory Firm and agree that the Insurer shall be entitled to rely exclusively on such instructions. The Insurer shall not be required to independently verify or confirm with me/us that the instructions transmitted by the Financial Advisory Firm are consistent with the instructions given by me/us to the Financial Advisory Firm. The Insurer may, at its discretion, request that the Financial Advisory Firm provide reasonable written evidence of my/our confirmation before acting on any investment instruction.

**Discretionary Authority:** I/We confirm that the Financial Advisory Firm will act on a discretionary basis. This means that the Financial Advisory Firm is authorised to exercise full discretion, without prior consultation with me/us, to make investment decisions on my/our behalf, including decisions to buy, sell, hold, or retain cash or other investments in any fund, share, ETF, interest in a certificate, note or debenture, or any other security or financial instrument.

I/We authorise the Insurer to act upon investment instructions received from the Financial Advisory Firm, which may be transmitted without my/our prior consultation or approval. I/We acknowledge and agree that the Insurer acts solely on instructions received from the Financial Advisory Firm and is under no obligation to verify or confirm such instructions with me/us.

**ACKNOWLEDGEMENT AND INDEMNITY**

The following acknowledgements and indemnities apply in relation to the authority granted to the Financial Advisory Firm.

1. I/We acknowledge and agree that the Insurer acts strictly on investment instructions received from the Financial Advisory Firm in accordance with the authority selected above and does not provide investment, legal, or tax advice, nor does it provide investment management services or undertake suitability or appropriateness assessments in respect of the Investment Portfolio.
2. I/We acknowledge that the Insurer may rely in good faith on any instruction received from the Financial Advisory Firm and shall not be responsible for verifying the suitability, appropriateness, commercial merits, or authenticity of any investment decision or instruction so received.

3. To the fullest extent permitted by law, I/We agree to indemnify and hold harmless the Insurer, its officers, directors, employees, shareholders, and any protected cell, against any and all claims, losses, liabilities, damages, costs, and expenses (including reasonable legal and professional fees) arising directly or indirectly from:
- (i) any investment decision made by, or instruction given through, the Financial Advisory Firm;
  - (ii) the exercise of discretionary or non-discretionary authority by the Financial Advisory Firm; or
  - (iii) the Insurer acting in accordance with instructions received from the Financial Advisory Firm,

except to the extent that such loss arises directly from the Insurer's fraud, wilful misconduct, or gross negligence.

**SECTION 5: INITIAL INVESTMENT DETAILS**

**IMPORTANT**

- The Insurer reserves the right to maintain an available cash balance of up to 3% of the policy's value to provide for ongoing charges. The percentage (%) will depend on a variety of factors including, but not limited to, the liquidity of the underlying investments, the amount of the ongoing fees charged and the frequency of trading/switching within the portfolio.

Policy and sum assured reporting currency (only select one):      USD       EUR       GBP

Expected Amount	Currency	Type
		Cash <input type="checkbox"/> or      Asset Transfer <input type="checkbox"/>
		Cash <input type="checkbox"/> or      Asset Transfer <input type="checkbox"/>

**5.1 Complete this section if you wish to transfer any existing non-cash instruments.**

**IMPORTANT**

- If you wish to transfer any existing non-cash instruments, please specify below the details of the existing instrument/s to be transferred.
- If there are more assets you wish to transfer, please provide the additional information on a separate schedule, signed by the applicant/s and submit together with this application form.
- Please provide a statement from the transferring Administrator that supports proof of ownership. Additional supporting documentation may be requested.
- The Insurer will require up to 3% cash to be transferred** to cover the cash balance as well as any cash required to cover the initial fees.
- Transfer and acceptance of non-cash instruments are at the discretion of the Insurer.
- Speak to your Financial Advisory Firm for more information on how to proceed with the transfer.

Instrument name	Administrator	Identifier (ISIN/SEDOL/etc.)	No. of shares/units	Value in USD	Currency
1.					
2.					
3.					
4.					
5.					

**5.2 Complete this section if you will be purchasing instruments.**

**IMPORTANT**

- The Insurer reserves the right to amend any dealing instruction, without prior notice, in order to maintain the required cash balance (up to 3% of the policy's value).
- Any instruction submitted to the Insurer regarding the purchase and/or sale of any investment instrument or security shall be final upon submission. The Insurer will act on such instruction as received, and any subsequent amending instruction (including a cancellation or replacement) may not be actioned if the original instruction has already been executed or is in the process of execution. The Insurer shall not be liable for any loss, cost, or damage (whether direct, indirect, or consequential) arising from acting on the original instruction received, or from any delay, rejection, or inability to process any amending instruction thereafter.

Please specify below the details of the instrument/s and the % (percentage) to be invested for each:

Instrument name	Identifier (ISIN/SEDOL/etc.)	No. of shares/units	Value in USD	Currency	Percent
1.					%

2.					%
3.					%
4.					%
5.					%
Total					100%

**SECTION 6: SOURCE OF FUNDS & WEALTH**

**ⓘ IMPORTANT**

- The Anti Money Laundering and Combatting the Financing of Terrorism Handbook, issued by the Financial Services Commission pursuant to the Financial Intelligence and Anti-Money Laundering Act 2002, together with the Financial Intelligence and Anti-Money Laundering Regulations 2018, as may be amended from time to time, requires all long term life insurance businesses in Mauritius to conduct ongoing monitoring of a business relationship, including, obtaining information on the source of funds and/or source of wealth. Mauritius is committed to maintaining the highest possible standards of business practice and to counter money laundering and the financing of terrorism.
- We reserve the right to request documentary evidence or further information relating to the source of funds and/or wealth if it's considered necessary.

**SOURCE OF FUNDS:**

**Note:** Please submit together with this application supporting documentary evidence for the source of funds (i.e. Bank Statement or any other relevant Statement).

How are you funding the premium? (i.e. Pension Transfer/Savings/Gifts/Inheritance/Disposal of business or asset/Other)	
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**SOURCE OF WEALTH:**

Please select the source of your wealth. If multiple sources, please select all that apply.

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
Approximate net worth (in USD)		
<b>Savings from current or previous employment income or business profits</b>	<input type="checkbox"/>	<input type="checkbox"/>
Current or last estimated income p.a. (in USD)		
Current or last occupation (if retired)		
Current or last employment duration		
Business name		
Nature of Business/Industry		
Business address		
<b>Savings from other income (i.e. rental income, pension income, dividends)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Property, i.e. rental income (in USD)		
Other, i.e. pension income, dividends, etc. (in USD)		
<b>Gifts and inheritance</b>	<input type="checkbox"/>	<input type="checkbox"/>
Name of benefactor		
Relationship with applicant/s		
Amount received (in USD)		

<b>Disposal of business or asset (i.e. sale of property/shares)</b>	<input type="checkbox"/>	<input type="checkbox"/>
Details of business or asset		
Relationship between the applicant/s and the business or asset		
Amount received (in USD)		
<b>Private loan</b>	<input type="checkbox"/>	<input type="checkbox"/>
Lender's name		
Lender's address		
Relationship with lender		
Amount received (in USD)		
<b>If none of the above is applicable, please provide details here (i.e. matured policy/redemption proceeds/pension settlement/compensation payment)</b>		
Amount received (in USD)		

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
Are you or have you in the past been a Politically Exposed Person (PEP)?  PEP (Politically Exposed Person) are individuals who are or have been entrusted with prominent public functions in foreign, domestic and international organisations/institutions. This also includes close relatives and associates of such individuals.	YES <input type="checkbox"/> NO <input type="checkbox"/>  If 'Yes', please provide details <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	YES <input type="checkbox"/> NO <input type="checkbox"/>  If 'Yes', please provide details <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
How long have you known your Financial Advisor/Financial Advisory Firm?		
Have you been visited by your Financial Advisor?	YES <input type="checkbox"/> NO <input type="checkbox"/>  If 'Yes', where? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	YES <input type="checkbox"/> NO <input type="checkbox"/>  If 'Yes', where? <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

**SECTION 7: APPLICANT BANK DETAILS**

**ⓘ IMPORTANT**

- Please provide the policyholder's bank account details from which the funds will be transferred and submit supporting documentary evidence (i.e. Bank Statement or any other relevant Statement).
- For telegraphic transfers to the Insurer, please request the Insurer's bank account details from your Financial Advisory Firm.

For joint applicants, please provide the joint bank account details or at least one of the applicant's bank details.

Account holder's name (as stated on the bank account)	
Bank name	
Bank address	

Country	
Account/IBAN number	
Swift/BIC	
Currency	

**SECTION 8: DECLARATIONS AND SIGNATURES**

This application form is subject to the **Legal Acknowledgements and Consents Document** (the “Document”), together with the Policy Terms and Conditions (the “T&Cs”), both of which are available on the Insurer’s website ([www.international-assurance.com/legal](http://www.international-assurance.com/legal)), or upon request from your appointed Financial Advisor.

The following sections are incorporated by reference and form an integral part of this application and the terms governing your policy:

2. **The Document** – detailing the key declarations, acknowledgements, responsibilities, and disclaimers required from both the Applicant/Policyholder and the Financial Advisor.
3. **The T&Cs** – setting out the full contractual terms governing your policy, including rights, obligations, and provisions applicable throughout the policy’s duration.

Additionally, the following document is annexed to this application form and constitutes an integral part thereof:

3. **Policy Charges Schedule** – detailing all fees and charges associated with your policy.

**Important:** Please review all related documents carefully before completing and signing this application form.

**ACKNOWLEDGEMENT AND CONSENT**

By signing below, I/we confirm that:

1. I/We have read, understood, and accept the contents of the **Legal Acknowledgements and Consents Document**, the **Policy Terms and Conditions**, together with the annexed **Policy Charges Schedule**.
2. I/We specifically acknowledge and agree to the **investment risk and indemnity provisions** contained in the Legal Acknowledgements and Consents Document.
3. I/We acknowledge and agree to the Acknowledgement and Indemnity provisions set out under section 4 of this Application Form.
4. I/We acknowledge having reviewed and understood the entirety of this **eight (8) page Application Form** and confirm that the information provided is true and complete.

	FIRST APPLICANT		SECOND APPLICANT (if applicable)
Signature		Signature	
Date (dd/mm/yyyy)		Date (dd/mm/yyyy)	

Authorised Signatory for the Financial Advisory Firm	
First names	
Surname	
Date (dd/mm/yyyy)	



**i IMPORTANT**

- This Policy Charges Schedule must be completed together with the accompanying application form and is part of the contract between the applicant and the Insurer.
- Complete all the information requested in this Policy Charges Schedule.
- Correction fluid is not permitted, and any amendments must be initialed.

**INITIAL FEE**

The applicant/s may choose one of the following Establishment Charging Structures (please tick the chosen option):

- 0 year establishment charging structure (92.5% allocation)  
There is no surrender or termination charge under this structure.
- 5 year establishment charging structure (100% allocation)  
An initial surrender charge of 7.5% of the premium received reducing daily to nil after 5 years.
- 8 year establishment charging structure (100% allocation)  
An initial surrender charge of 7.5% of the premium received reducing daily to nil after 8 years.
- 10 year establishment charging structure (100% allocation)  
An initial surrender charge of 7.5% of the premium received reducing daily to nil after 10 years.

**ONGOING FEE (calculated as a % p.a. of the daily value of the Policy, accrued daily & deducted monthly)**

Financial Advisor's ongoing fee	.....% p.a (maximum charge of 2%)
Insurer's administration fee	0.25% p.a.
*Custodian fee	0.10% p.a. (Should the custodian fee exceed 0.10% p.a., the Insurer reserves the right to charge the full amount of the custodian fee to the Policyholder).
Insurer's policy fee	USD 10 p.m.

\*The Custodian fee may include a life cover reserving fee, however, should a reserving fee be applicable, this will be deducted from the Insurer's administration fee.