

Investment Bond  
Level Allocation

# Investment Bond

Level Allocation application form

Please read the key features and your personal illustration before completing this form. (Please complete all details in CAPITAL LETTERS). If there are more than two lives assured or applicants, please complete the 'Supplementary Lives Assured and/or Applicants form' (reference G972). Trustees should also complete the 'Supplementary Trustee form' (reference G971). The 'Identity verification certificate' (reference X1566) must also be completed for each applicant and trustee if applicable.

## 1 Details of the applicant(s)

This bond is designed for individuals who are UK resident for UK income tax purposes.

First applicant	Second applicant
Sex <span style="float:right">male <input type="checkbox"/> female <input type="checkbox"/></span>	Sex <span style="float:right">male <input type="checkbox"/> female <input type="checkbox"/></span>
Mr/Mrs/Miss/Ms or other title	Mr/Mrs/Miss/Ms or other title
Surname	Surname
Full forename(s)	Full forename(s)
Address	Address
Postcode	Postcode
Date of birth (DD/MM/YYYY) (minimum age 18) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth (DD/MM/YYYY) (minimum age 18) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Nationality (list all if more than one held)	Nationality (list all if more than one held)
Country of residence (if other than the UK)	Country of residence (if other than the UK)
Occupation	Occupation
Please tick if retired <input type="checkbox"/>	Please tick if retired <input type="checkbox"/>
Please state your relationship with the life (lives) assured. If you are acting as a trustee then a suitable certified true copy of the existing trust form or the 'Supplementary trustee form' (reference G971) must be provided.	
Is the applicant also a life assured? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	Is the applicant also a life assured? <span style="float:right">Yes <input type="checkbox"/> No <input type="checkbox"/></span>

For internal use only

Proposal number

Policy number



ii. Please select **one** of the Clerical Medical fund collections by ticking **one** box only.

**Balanced Collection** (25% Clerical Medical Balanced Managed Fund, 25% Clerical Medical UBS Managed Fund, 25% Clerical Medical Schroder Managed Balanced Fund, 25% Clerical Medical Newton Balanced Fund)

**Cautious Collection** (25% Clerical Medical Newton Income Fund, 25% Clerical Medical UBS UK Growth Fund, 22% Clerical Medical Gilt & Fixed Interest Fund, 15% Clerical Medical Index-Linked Fund, 9% Clerical Medical Cash Fund, 2% Clerical Medical Schroder Corporate Bond Fund, 2% Clerical Medical Schroder Monthly High Income Fund)

**Defensive Collection** (75% Clerical Medical Non-Equity Managed Fund, 25% Clerical Medical Equity High Income Fund)

## 5 Making regular withdrawals or taking an income

Please complete **either** section i **or** ii below if you wish to make regular withdrawals or take an income. If you do not want to make regular withdrawals or take an income, please go straight to Section 7.

i. **Regular withdrawals** (the minimum withdrawal is £20pm/£240 pa and the maximum is 7.5% a year of your total cash investment)

I/We would like to make a regular withdrawal from my/our bond as follows:

A fixed amount of £  **per payment**  **or**  % **each year** of my total investment

I/We would like this paid:

Monthly  Every 3 months  Every 4 months  Every 6 months  Once a year

Please pay my regular withdrawals on the  day of the month (1st to 28th available), commencing on  /  / . This date must be at least 30 days after the start of your bond. If your chosen date falls within 30 days of the start of your bond, the first payment will automatically be paid on the same day of the following month. Please note that this is the date payment originates from Clerical Medical. It may take up to seven days for the funds to clear into your account.

I/We would like regular withdrawals to be paid:

Indefinitely  **or** For  years  months

Please provide the regular withdrawals by cancelling sufficient units:

Equally across each policy  **or** across all policies from the  fund (specify one fund only)

ii. **Income distributions** (only available when the whole of your investment is in one of our income distributing funds)

I/We would like to receive the full distributions from my investment and I/we would like this paid:

Every six months (on 18 February and 18 August)  Every month (on the 18th of each month)

Please invest the whole of my bond into the following income distributing fund. Please tick **one** box only.

Equity High Income (Inc) Fund  Distribution S2 Fund  Managed Income Fund

## 6 Bank/Building society details (only required if section 5 is completed)

Name(s) of account holder(s)

Name and address of bank/building society

Bank account number or holding account number (for building societies)

Sort code

 -  - 

Building society roll number (if applicable)

## 7 Declaration (to be completed by the applicant(s))

### Data Protection Act

By signing this form you consent to Clerical Medical processing the information you have supplied for the purposes of running the Bond. Some of the information may be passed to the financial adviser or other persons acting on your behalf. Relevant information may be passed to our agents and service providers. Information may also be shared with other product providers as a safeguard against non-disclosure or fraudulent claims.

Where you disclose information about another person, you are assumed to have their consent to disclose such information and to have informed them of the identity of Clerical Medical as the data controller, and the purposes (as set out above) for which their information will be processed.

Clerical Medical may also use your information to notify you (by letter, telephone, e-mail or otherwise) of initiatives and new products or services that may interest you, for the purposes of conducting market research, preparing strategic plans or gauging product sales and/or performance. In addition, some of the information may be passed to other companies so they may advise you of complementary products and services. Please contact Clerical Medical by any convenient means if you do not wish to receive this information.

You are entitled to access information that Clerical Medical holds about you and, where necessary, have it corrected.

### Confirming your identity

You may be asked to provide physical forms of identity verification when you open your Bond. Alternatively, we may search for information from the Electoral Register, obtainable through credit reference agency files, in order to verify your identity. The agency keeps a record of our search, whether or not your application proceeds. Our search is not seen or used by lenders to assess your ability to obtain credit. Members of our group and other companies may use the search records and any other information provided to the agency if you, or members of your household, apply for other products or services, including insurance application and claims. This information may also be used for debt tracing and the prevention of money laundering.

In signing below I declare that I have read, or have had read to me, and understand the 'Confirming your identity' note above. I/We understand that Clerical Medical reserves the right not to accept this application, in which case my/our investment will be returned. It is Clerical Medical policy to bank all cheques on the day of receipt and we must allow 14 days for the funds to clear, so we cannot arrange the refund prior to the end of this period. Benefits will not start until Clerical Medical has issued the Policy Certificate.

I/We confirm that I/we have read the Investment Bond (Level Allocation) key features document and my personal illustration.

#### First applicant

Signature

Date

/

/20

#### Second applicant

Signature

Date

/

/20

The completed application and cheque made payable to 'Clerical Medical Investment Group Limited' should be sent to Clerical Medical, Castlewood, Tickenham Road, Clevedon BS21 6BD. Copies of the completed application and the policy terms and conditions are available on request from the Clevedon office.

To be completed by the financial adviser

## Financial adviser details

FSA reference of principal firm:	
Name of principal firm:	
Name of adviser/registered individual	
Network member firm name/appointed representative firm name (if applicable):	
Adviser telephone number:	
Adviser fax number:	
Correspondence address (optional)	
Postcode	
We will assume that this application is being submitted on a Whole of Market basis, unless you advise us otherwise by ticking <b>one</b> of the following:	
Multi-tie <input type="checkbox"/>	Tied <input type="checkbox"/> Non-intermediated <input type="checkbox"/>
Did you give advice to the customer in respect of this application?	Advice given <input type="checkbox"/> Advice not given <input type="checkbox"/>

## Financial adviser remuneration

Please return a copy of the chosen illustration and complete one of the following options for commission. Please tick **one** box only.

A.	My default basis	<input type="checkbox"/>
B.	Premium based <input type="text"/> % and/or Fund based <input type="text"/> %	<input type="checkbox"/>
C.	One-off amount to be taken <input type="text"/> £	<input type="checkbox"/>
D.	Nil commission	<input type="checkbox"/>

**[www.clericalmedical.co.uk](http://www.clericalmedical.co.uk)**

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