

Scottish Mutual's Flexible Investment Bond Application Form for Personal Investors

A separate Application Form is available for Trustee or Corporate Investors.

Please complete this Application using BLOCK CAPITALS or tick boxes where appropriate.

Please complete each step. We may return applications which have been incorrectly completed.

STEP 1		OWNERS OF THE BOND	
Owner 1		Owner 2 (if any)	
Title (please tick) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="text"/> Other (in full)		Title (please tick) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="text"/> Other (in full)	
Surname	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>	Forename(s) (in full)	<input type="text"/>
Residential Address	<input type="text"/> <input type="text"/>	Residential Address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode		<input type="text"/> Postcode
Country of Residence	<input type="text"/>	Country of Residence	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> (minimum age 18)	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/> (minimum age 18)

STEP 2		LIVES ASSURED	
The maximum age of the (younger) life assured must be 84 (89 for additional investments).			
Is Owner 1 to be a Life Assured?	No <input type="checkbox"/> Yes <input type="checkbox"/>	Is Owner 2 to be a Life Assured?	No <input type="checkbox"/> Yes <input type="checkbox"/>
If Yes, please state nature of insurable interest of other Owner	<input type="text"/>	If Yes, please state nature of insurable interest of any other Owner	<input type="text"/>
There can only be a maximum of 2 lives assured. Please include any life assured who is not an Owner below.			
Life Assured 1 – if not an Owner		Life Assured 2 – if not an Owner	
Title (please tick) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="text"/> Other (in full)		Title (please tick) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="text"/> Other (in full)	
Surname	<input type="text"/>	Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/>	Forename(s) (in full)	<input type="text"/>
Residential Address	<input type="text"/> <input type="text"/>	Residential Address	<input type="text"/> <input type="text"/>
	<input type="text"/> Postcode		<input type="text"/> Postcode
Country of Residence	<input type="text"/>	Country of Residence	<input type="text"/>
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Nature of insurable interest of Owners	<input type="text"/>	Nature of insurable interest of Owners	<input type="text"/>

STEP 3**INVESTMENT DETAILS**

Amount of Investment (minimum investment £5,000, maximum investment £1,000,000)

Please note:

- the maximum you can invest in each smoothed investment fund is £500,000.
- the maximum additional investment is £1,000,000 less the sum of all previous investments.
- we will require a Declaration of Health form to be completed on the (younger) life assured if:
 - a life assured is over the age of 70 (younger life assured if there are two) and your investment is greater than £250,000, or
 - you invest £500,000 or more

Please indicate method of payment Cheque Share Exchange Scheme Telegraphic Transfer

Please note:

- **cheques** should be payable to 'Scottish Mutual Assurance plc' or, if you are sending a building society cheque, 'Scottish Mutual Assurance plc reference (your name)'.
- minimum investment for **Share Exchange** is £20,000. We will send out a Share Exchange Agreement Form to be completed.
- minimum investment for **Telegraphic Transfers** is £20,000. Please provide relevant bank details.

STEP 4**ADDITIONAL INVESTMENTS**

Do you wish to increase an existing Flexible Investment Bond? Yes No

If "Yes", please insert your existing Bond Number

STEP 5**SEGMENT POLICIES**

We will divide the bond into 20 equal 'segment' policies. Please indicate if you want a larger or smaller number of policies (maximum 100).

Please divide the bond into segment policies.

Please note:

- Amount of Investment must be equally divisible by the number of segments chosen.
- the number of segments for an Additional Investment should be the same as your existing bond.

STEP 6**REGULAR WITHDRAWAL OPTIONS**

Do you want to take regular withdrawals from your bond? Yes No

If "Yes" please complete all 3 sections below.

Please note:

- if you are making an Additional Investment please enter below the withdrawal details required for the entire bond. If nothing is entered we will assume that any existing arrangements will remain unaltered.
- further details of the options are contained in the Details leaflet.

STEP 6a**WITHDRAWAL OPTIONS**

Please indicate below how the withdrawals are to be made. Please tick one box only.

- Proportionately from all funds
- Proportionately from selected funds (please indicate which funds in STEP 7)

STEP 6b

WITHDRAWAL AMOUNT

Please indicate the type of withdrawal you wish to make. Please complete one box only.

Fixed Sum (minimum amount £25)

OR

Percentage p.a. of the value of the units % (maximum 7.5%)

Payable: Monthly Quarterly Every 4 months Half-Yearly Yearly

First withdrawal due on

STEP 6c

PAYMENT DETAILS

Name and Address of Bank/Building Society

Name

Address

Name of Account Holder

Sort Code Number

Account Number

Building Society Reference Number

STEP 7

INVESTMENT CHOICE

The investment should be allocated in the following proportions in up to a maximum of 10 funds. If you choose to take regular withdrawals proportionately from selected funds, please tick the relevant boxes below.

Please note:

- any investment into a controlled risk fund can only take place on a Quarterly Dealing Date. The investment will be first placed into a cash feeder fund until the next appropriate Quarterly Dealing Date.
- it is not possible to take regular withdrawals from controlled risk funds.
- it is not possible to invest more than 50% of your investment directly into the Cash Fund.
- for information on the funds available and how they work, please see the Fund Choice booklet, Annual Fund Charge leaflet and Details leaflet.

Fund Name	Percentage Invested (%)	Withdrawals Required (please tick)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total	100%	

STEP 8**PHASED INVESTMENT OPTION**

Do you want to take up the Phased Investment Option?

Yes No

If "Yes" please complete all information below.

This option allows you to automatically switch units monthly in a phased approach from one of the funds selected in STEP 7 into a maximum of 10 different funds.

Please note:

- it is not possible to choose a controlled risk fund, as the fund to be phased out of.
- further details of the option is contained in the Details leaflet.

Fund to be phased out of

Phased amount

£ per month (minimum amount £25)

Phasing period

 months (minimum 3 months, maximum 12 months)

First phased investment date

 05 / /

Funds to be phased into:

Fund Name

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

Total 100%

- I declare that the information given in this Application Form, together with any associated statements, made to any person acting for Scottish Mutual Assurance plc is true, complete and correct to the best of my knowledge and shall form the basis of the contract.
- I declare that I have read and understood the Key Features of the Flexible Investment Bond.
- I understand that this Application together with the Standard Provisions and Plan Schedule represent the legally binding contract with Scottish Mutual Assurance plc. I agree to be bound by these in relation to the bond.
- I authorise Scottish Mutual Assurance plc to put the bond into force, on the basis of this application, as soon as possible.
- I will keep Scottish Mutual Assurance plc informed of any change to any information provided by me in this application (e.g. any change to my address).
- # I/We authorise Scottish Mutual Assurance plc to cancel, on each bond anniversary, 0.25%/0.5%/0.75%/1%* of the value of the units then in force, to pay commission to the financial adviser named in STEP 10.
#Tick box if applicable
*Delete as appropriate
- If you would like to receive communications from us in one of the following formats, please tick the relevant box.
 Large Print Audio Tape Computer Disk Braille

IMPORTANT NOTE: Data Protection Act 1998

Some or all of the information, which you supply to us in connection with this Application, will be held both on computer and paper, and may be conveyed to or by your Independent Financial Adviser. As Scottish Mutual Assurance plc is part of the Abbey National Group, this information may also be passed to other administration service providers within the Group in order to administer your bond. If this happens, your data will remain confidential and will not be used by the service providers for any other purpose. You have the right to see certain information held by us. Such requests should be made in writing to our Registered Office address.

Signature of Owner 1

Date

Signature of Owner 2 (if any)

Date

Copies of the Standard Provisions of the Flexible Investment Bond and this completed Application Form are available on request.

STEP 10**FOR IFA USE ONLY**

Please insert the quotation reference number which can be found in the quotation part of the Personalised Key Features document:

STEP 10a**IDENTITY VERIFICATION CERTIFICATE**

To comply with the UK Money Laundering Regulations 1993 and the Guidance Notes for the Financial Sector, as amended from time to time, we require a separate Identity Verification Certificate to be completed for each Owner/Trustee/Third Party. Please complete the appropriate certificate(s).

STEP 10b**INSTRUCTIONS**

Please state to whom the bond documentation should be issued:

 Owner only

 IFA only

 Both

Please state to whom the Annual Plan Statement should be issued:

 Owner only

 IFA only

 Both

The Annual Plan Statement will be issued on the bond anniversary.

STEP 10c**COMMISSION**

Commission Basis
(please tick relevant box)

 Full Commission

 Commission Give Up to enhance investment

 Commission Give Up to reduce establishment charge (n/a for fixed amount Initial Commission)

Commission Terms

(please give details of actual Initial and Indirect Renewal Commission to be paid)

Initial Commission

 % OR £

Indirect Renewal Commission p.a.

 0%

 0.25%

 0.5%

 0.75%
STEP 10d**IFA DETAILS**

Full name of Regulated Firm

Agency Number

Signed by (IFA)

Full Name

Job Title

Date

 / /

For Office use only:

Bond Number

Date Received

 / /

Scottish Mutual Assurance plc is owned by Abbey National plc.
Registered Office: Abbey National House, 301 St Vincent Street, Glasgow G2 5HN,
United Kingdom. Telephone 0141 248 6321. Registered in Scotland no. 133846.
Authorised and regulated by the Financial Services Authority.
www.scottishmutual.co.uk
Calls may be monitored and recorded.



Identity Verification Certificate

(To be completed by a Regulated UK or EU Intermediary when introducing retail sector business)

Please complete both sides of the form. A 'Guide to completing the Identity Verification Certificate' is available from our website at www.scottishmutual.co.uk

Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification.

Name of Applicant*/Trustee*/Third Party* (in full)

*Delete as applicable

Date of Birth

Address

I/WE CERTIFY THAT (please tick the box beside EITHER Section A or Section B)

SECTION A

I/We **HAVE** verified the identity of the applicant and, having:

- seen the original documents;
- checked that any requiring a signature were pre-signed; and
- confirmed that any associated photograph of the Applicant bore a good likeness to the Applicant,

have included the relevant reference information or certified documentary evidence on/with this certificate. Tick

SECTION B

I/We **HAVE NOT** verified the identity of the applicant for the following reason(s):

Tick

Full Name of Regulated Firm

Name of Regulator

Regulator Reference Number

Signed*

Name

Position

Date

Company Stamp

*Note that this certificate must be signed by the person who has seen the original documentary evidence.

Evidence of Name	Reference/account number				Certified copy attached? (2)
Current Full Signed Passport		Place of Birth	Date of Birth	Date of Expiry	
Residential Permit issued to EU nationals by Home Office				Date of Expiry	
Current UK/EU Photo Driving Licence (1)				Date of Issue	
Current Full UK Driving Licence (old style) (1)				Date of Issue	
Firearms certificate		Issuing Authority		Date of Issue	
State Pension or Benefits Book/notification letter (1)		Issuing Authority		Date of Issue	
Sub-contractors Certificate (3)	VAT No.	Issuing Authority		Date of Issue	
Inland Revenue tax notification		Type: P45/P60/Notice of Coding (4)		Date of Issue	

Evidence of Address	Reference/account number				Certified copy attached? (2)
Home Visit			Premises Entered? Y/N	Date of Visit	
Solicitor letter confirming completion of house purchase or land registration (5) (6)				Date of Letter	
Electoral roll check (5)				Date of Check	
Most Recent Mortgage Statement		Name of Lender	Address Current? Y/N	Date of Issue	
Current Local Authority Tax Bill		Name of Authority	Address Current? Y/N	Date of Issue	
Local Authority rent card or tenancy agreement		Name of Authority	Address Current? Y/N	Date of Issue	
Bank/building society/ credit union statement or passbook		Name of Issuer	Address Current? Y/N	Date of Issue	
Utility Bill (not mobile phone)		Name of Utility	Address Current? Y/N	Date of Issue	
Current UK/EU Photo Driving Licence (1)			Address Current? Y/N	Date of Issue	
Current Full UK Driving Licence (old style) (1)			Address Current? Y/N	Date of Issue	
State Pension or Benefits Book/notification letter (1)		Issuing Authority	Address Current? Y/N	Date of Issue	

Notes

- (1) These items may be used to evidence address or identity but not both.
- (2) If attaching certified copies of the evidence please also record the relevant details on this sheet as this will help with record keeping in the event that copy documents become detached from the certificate.
- (3) For self employed persons in the construction industry – tax exemption certificate with photograph.
- (4) Please delete as appropriate.
- (5) You must submit a certified copy of the search if you are relying on this as evidence.
- (6) The previous address should also be verified.
- Other forms of evidence may not be accepted by some providers; if in doubt please enquire.*

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Please complete a separate certificate for all parties to the contract (e.g. joint applicants, trustees, settlors and third parties) where you have been required to undertake identification.

Name of Applicant*/Trustee*/Third Party* (in full)

*Delete as applicable

Date of Birth

Address

I CERTIFY THAT (please tick the box beside EITHER Section A or Section B)

SECTION A

We **HAVE** verified the identity of the applicant and, having:

- seen the original documents;
- checked that any requiring a signature were pre-signed; and
- confirmed that any associated photograph of the Applicant bore a good likeness to the Applicant,

have included the relevant reference information or certified documentary evidence on/with this certificate. Tick

SECTION B

I/We **HAVE NOT** verified the identity of the applicant for the following reason(s):

Tick

Full Name of Regulated Firm

Name of Regulator

Regulator Reference Number

Signed*

Name

Position

Date

Company Stamp

*Note that this certificate must be signed by the person who has seen the original documentary evidence.

Evidence of Name	Reference/account number				Certified copy attached? (2)
Current Full Signed Passport		Place of Birth	Date of Birth	Date of Expiry	
Residential Permit issued to EU nationals by Home Office				Date of Expiry	
Current UK/EU Photo Driving Licence (1)				Date of Issue	
Current Full UK Driving Licence (old style) (1)				Date of Issue	
Firearms certificate		Issuing Authority		Date of Issue	
State Pension or Benefits Book/notification letter (1)		Issuing Authority		Date of Issue	
Sub-contractors Certificate (3)	VAT No.	Issuing Authority		Date of Issue	
Inland Revenue tax notification		Type: P45/P60/Notice of Coding (4)		Date of Issue	

Evidence of Address	Reference/account number				Certified copy attached? (2)
Home Visit			Premises Entered? Y/N	Date of Visit	
Solicitor letter confirming completion of house purchase or land registration (5) (6)				Date of Letter	
Electoral roll check (5)				Date of Check	
Most Recent Mortgage Statement		Name of Lender	Address Current? Y/N	Date of Issue	
Current Local Authority Tax Bill		Name of Authority	Address Current? Y/N	Date of Issue	
Local Authority rent card or tenancy agreement		Name of Authority	Address Current? Y/N	Date of Issue	
Bank/building society/ credit union statement or passbook		Name of Issuer	Address Current? Y/N	Date of Issue	
Utility Bill (not mobile phone)		Name of Utility	Address Current? Y/N	Date of Issue	
Current UK/EU Photo Driving Licence (1)			Address Current? Y/N	Date of Issue	
Current Full UK Driving Licence (old style) (1)			Address Current? Y/N	Date of Issue	
State Pension or Benefits Book/notification letter (1)		Issuing Authority	Address Current? Y/N	Date of Issue	

Notes

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www.scottishmutual.co.uk
Calls may be monitored and recorded.

