



Additional Premium

General Information	
Date (dd/mm/yyyy)	/ /
Policy Number	
Policy Holder	

Premium Information	
Cash	Currency and Amount
Transfer of existing investments	Currency and Amount

Source of Funds		
<p>In accordance with the requirements stipulated by the British Virgin Island Anti Money Laundering Code of Practice 1999, all Insurers are required to collect Source of Wealth information for every applicant and also each premium that are made into Victory Life's accounts.</p> <p>If the policyholder is a company, please submit details of annual company profits or complete the questionnaire in respect of the ultimate beneficial owner. If this is a trustee investment, please complete the questionnaire in respect of the settlor.</p>		
Please provide details of your annual earned income from all sources including bonuses		
This year	First Applicant	Second Applicant
Last year		
Previous year		
Please provide details of your annual unearned income from all sources		
Source		
This year	First Applicant	Second Applicant
Last year		
Previous year		
Where the source of funds for this application/premium are from any of the following please provide details		
Savings	First Applicant	Second Applicant
How were savings accumulated?		
Please detail the bank/building where the savings were held		
Property Sale		
Address of property		
Date of Sale		
Amount Received		
Company Sale		
Name of Company		
Date of Sale		
Amount Received		
Inheritance, gift or lottery win		
From		
Date		
Amount Received		
Declaration		
<p>I declare that I/we am/are of good standing and the information given in this questionnaire is true and complete.</p> <p>I /we confirm that the original source of monies being used to pay the investment amount is derived from legitimate activities.</p>		
Place and Date (dd/mm/yyyy)	First Applicants Signature	
Place and Date (dd/mm/yyyy)	Second Applicants Signature	