



VICTORY LIFE & PENSION ASSURANCE COMPANY LIMITED
THE GLOBAL GROWTH BOND | APPLICATION FORM

| |
|------------------------|
| Financial Adviser Code |
| Policy no |

| General Information | |
|---------------------------------------|---|
| Type of insurance bond GGB: | Type of life assurance <input type="checkbox"/> Own life <input type="checkbox"/> Life of another <input type="checkbox"/> Multiple life, Last survivor <input type="checkbox"/> Joint Life, First death |
| Preferred reference currency | Forms attached to this application <input type="checkbox"/> Purchase instruction <input type="checkbox"/> Other |

| First Applicant | | |
|---|---|-----------------|
| Title <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other | Life Assured <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name (surname, given name)/ Full name if Org | Date of birth/ Org No | |
| Registered Address (Street) | Zip Code, City | Country |
| Correspondence Address (Street) | Zip Code, City | Country |
| Email | Phone No | Mobile Phone No |
| Second Applicant | | |
| Title <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Other | Life Assured <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Name (surname, given name)/ Full name if Org | Date of birth/ Org No | |
| Registered Address (Street) | Zip Code, City | Country |
| Correspondence Address (Street) | Zip Code, City | Country |
| Email | Phone No | Mobile Phone No |
| Life Assured (if other than the policy holder(s)) | | |
| Name (surname, given name) | Date of birth | |
| Registered Address (Street) | Zip Code, City | Country |
| Email | Phone No | Mobile Phone No |
| Place and Date (dd/mm/yyyy) | Life Assured Signature | |

| Bank Details (will be registered for future withdrawals) | |
|--|----------------|
| Bank Name | Bank Address |
| Account Holder | Account Number |
| IBAN Number | SWIFT/BIC Code |



| Source of funds | | |
|---|-----------------------------|------------------|
| <p>In accordance with the requirements stipulated by the British Virgin Island Anti Money Laundering and Terrorist Financing Code of Practice 2008, 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 | |

| Premium Details | | | |
|--|--------------|----------|----------------------|
| Cash (Estimated Amount) | | Currency | |
| | | | |
| If you wish to transfer existing investments, please give details below (transfers and acceptance is at Victory Life's discretion) | | | |
| Security / Fund | ISIN/ Ref No | Units | Current Market Value |
| | | | |
| | | | |

| Beneficial owner declaration | |
|--|-----------------------------|
| <p>I/We, the undersigned, hereby declare and confirm as follows :</p> <p>That the Policy will not be used for money laundering, terrorist activities, receiving the proceeds of drug trafficking, trading in arms, munitions or other weapons, the management of investments other than the property of the Policy the operation and administration of collective investment schemes, trading with countries subject to embargo authorised by the Security Council of the United Nations, or for any other purpose which is illegal under the law of the place of incorporation or management or jurisdiction Victory Life & Pension Assurance Company Limited</p> <p>That I/We will at all times irrevocably and unconditionally hold harmless and indemnify Victory Life & Pension Assurance Company Limited and their directors, officers, and employees against all proceedings, suits, damages, fines, expenses, penalties, and liabilities arising or brought against any of them by reason of any breach of the above declarations or by the provision of the Policy and/or the services to me/us or my/our use thereof;</p> <p>That I/We have never been adjudged a bankrupt nor have I/We have been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or pardoned for conviction of or pleaded guilty or nolo contendere to any information or indictment charging any felony, or charging a misdemeanor, involvement involving embezzlement, theft, larceny, or mail fraud, or charging a violation or any corporate securities statute or any international financial services statutes, or have ever been the subject of any disciplinary proceedings of any governmental or state regulatory agency.</p> <p>Clarification By sending this Application to Victory Life I/we agree this Application shall form the basis of the insurance contract between me/us and Victory Life.</p> <p>That I/we have neither been offered nor have received legal or taxation advice from Victory Life & Pension Assurance Company Limited and that I/we understand and accept that Victory Life is in no way responsible for my/our choice of investments within my/our policy</p> <p>That I am/we are aware of the fees payable for the chosen investment(s) to be held in my policy. I/We understand that the fees exist partly to meet promotion and distribution expenses of the product, including commission paid to a financial adviser and/or fund adviser</p> <p>I/We hereby confirm that by signing this application form I/we have had access to the insurance terms and conditions.</p> | |
| Place and Date (dd/mm/yyyy) | First Applicants Signature |
| Place and Date (dd/mm/yyyy) | Second Applicants Signature |



| Due Diligence Requirements | | |
|--|---------------------------------|--|
| <p><i>These documents should be sent to Victory Life together with the application form. All identification papers must be certified to be a true copy by two individual signatures.</i></p> <p><i>Please tick alongside all items and ensure that all necessary documents are included.</i></p> | | |
| Individuals | | |
| For each applicant | 1st applicant | 2nd applicant |
| Certified copy of an original photo passport | <input type="checkbox"/> | <input type="checkbox"/> |
| Certified copy of an original utility bill as proof of residency | <input type="checkbox"/> | <input type="checkbox"/> |
| Companies and Trustees | | |
| <p><i>For companies and trustees we require additional documentation, these documents should also be certified by a financial adviser, notary public or company secretary.</i></p> <p><i>Please tick alongside all items and ensure that all necessary documents are included.</i></p> | | |
| A certified copy of the certificate of incorporation (this document should state the directors of the company and the company's registered address) | | <input type="checkbox"/> |
| A certified copy of the passports for all verification subjects | | <input type="checkbox"/> |
| A certified copy of a utility bill for all verification subjects* showing the name and current permanent residential address. | | <input type="checkbox"/> |
| A copy of the authorized signatory list certified by the company secretary | | <input type="checkbox"/> |
| A copy of the company share register and directors' register certified by the company secretary | | <input type="checkbox"/> |
| Are there any holding companies or subsidiaries? If yes, please give details: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Telegraphic Transfer Instruction

APPENDIX 1

Please complete this form and send it to your bank

To The Manager Bank/Building Society

Address

My/Our Account Name

My/Our Account Number

Please remit the sum of for value on net of all charges by

telegraphic transfer to the account of:

Bank: Barclays Private Clients International Banking
Address: 38 Hans Crescent
Knightsbridge
London SW1X 0LZ
UNITED KINGDOM

Account Holder: Victory Life & Pension Assurance Company Limited

SWIFT code: BARCGB22

Sort code: 204 735

| | | |
|-------------------------|-------------|-----------------------------|
| For EUR Payments | Account: | Victory Client A/C EUR |
| | Account no: | 83 074 233 |
| | IBAN no | GB83 BARC 2047 3583 0742 33 |
| For GBP Payments | Account: | Victory Client A/C GBP |
| | Account no: | 70 602 248 |
| | IBAN no | GB30 BARC 2047 3570 6022 48 |
| For USD Payments | Account: | Victory Client A/C USD |
| | Account no: | 42 347 155 |
| | IBAN no | GB98 BARC 2047 3542 3471 55 |
| For SEK Payments | Account: | Victory Client A/C SEK |
| | Account no: | 83 074 344 |
| | IBAN no | GB93 BARC 2047 3583 0743 44 |

For further credit to: (Client Name/Reference)

| | |
|-----------------------------|----------------------------------|
| Name(s) Account Holder (S) | Address Account Holder (s) |
| Place and Date (dd/mm/yyyy) | Account Holder (s) Signature (s) |



Appointment of Financial Adviser

APPENDIX 2

| Financial Adviser | |
|--|--|
| Name of Adviser | Name of Organisation |
| <i>By this appointment I/We, the Policy Holder(s), give the mandate to the above mentioned Financial Adviser to initiate and execute the following actions on my behalf.</i> | |
| Purchases | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sales | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Currency Exchanges | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Withdrawals (to the registered account specified in the application form) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Vote on shareholders' meeting | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Clarification | |
|--|-----------------------------|
| <p>I/We the Policyholder, hereby declare that the Adviser has been appointed as Financial Adviser to the policy mentioned above. Advising is including purchasing and selling assets. I/We authorize and request Victory Life & Pension Assurance Company Limited ("the Company") to enter into any formal agreements required by the Adviser to facilitate this appointment and I/We agree that the Company shall not be responsible for any loss or liability arising from this appointment or from reliance upon advice given or investment services rendered by the Adviser to the Company or from any other action or failure to take action on the part of the Adviser giving rise to any loss in the value howsoever arising (including but without limitation failure on the part of the Adviser to produce a reasonable investment return in relation to the Policy). Further I/We for myself/ourselves and my/our estimate(s) indemnify the Company against all claims, demands and actions against the Company in respect of such loss as aforesaid and all costs and expenses howsoever arising from or in respect of the activities and performance of the Adviser (including but without limitation the cost of defending in any court of Law any such claim demand or action against the Company).</p> <p>Online Investments and Sales through Advisers' Desk By completing and sending this Appointment to Victory Life & Pension Assurance Co Ltd I/We authorize the Financial Adviser to make purchases and sales through Victory Life's online facilities. I/We agree that the Company shall not be responsible for any loss or liability arising from online trading, security breaches, nor incautious handling of password and/or username.</p> | |
| Place and Date (dd/mm/yyyy) | First Applicants Signature |
| Place and Date (dd/mm/yyyy) | Second Applicants Signature |







CONTACT DETAILS

Head office

Postal address: P.O. Box 3161, Road Town, Tortola, British Virgin Islands
Visiting address: R G Hodge Plaza, Wickhams Cay 1
Phone: +1-284-494-4692
Fax: +1-284-494-4695

Liason office

Postal address: P.O. Box 730, CH-1214 Vernier-Geneva, Switzerland
Visiting address: Vernier Business Centre, 5 Chemin de la Croisette, Vernier-Geneva
Phone: +41-22-306-02-44
Fax: +41-22-306-02-49

Administrative Partner

AssuranceService

Postal address: P.O. Box 11331, 404 27 Gothenburg, Sweden
Visiting address: Norra Hamngatan 18, Gothenburg
Phone: +46-31-15-64-80
Fax: +46-31-15-64-33

Email: info@victorylife.ch
Website: www.victorylife.ch