



Please print in block letters using black or blue ink.

**FOR OFFICE USE ONLY:**

Name of Sales Co-ordinator/  
Admin. Support person:  Telephone number: (  )

Name of submitting branch:

Proposal Number:  -  Check Digit:  OR Existing Contract Number/UT Account Number:

Freeze Code: (this field is compulsory)

Product Code\*: (this field is compulsory)  \* (IH = Investment Horizons; UT = Unit Trusts; GL = Greenlight; ES = Essential Savings; MI = Max Investments; MXI = Max Income) **Service Centre Fax Number:** 0860 60 7500 or 0860 60 9500 (for IH/GL/ES/MI & MXI) 021 509 4654 (for UT)

**Declaration by all parties that have contractual interest in the proposal**

- I understand and accept that the freeze code entered in the designated spaces above is the unique code which will be used to identify the electronic application form ("the proposal") as well as the Client Advice Record to which this Finalisor Declaration applies.
- I warrant that the information given in the proposal whether obtained electronically or by telephone, and in all other documents which have been or will be signed by me in connection with the proposal, whether in my handwriting or not, is true and correct.
- I confirm that I have read, understood and accept all undertakings, declarations, instructions and disclosures and the security cession in respect of the Deferred Premium Fund (if applicable), as set out in the proposal, that pertain to the product I am buying/have an interest in.
- I confirm that I am satisfied that the advice given in the Client Advice Record is correctly reflected.

	Name of Company/Trust/Other	Registration No.	Signature of Authorised Person	Official stamp
<b>Contracting Party</b> (mark additional role <input checked="" type="checkbox"/> ) Company <input type="checkbox"/> Trust <input type="checkbox"/> Debit Order Payer <input type="checkbox"/> Other <input type="checkbox"/>				
Security Cessionary (SC) (if SC is company, trust or other)				
Reversionary Cessionary (RC) (if RC is company, trust or other)				

	Surname	Names	Date of Birth dd/mm/yyyy	Signature
<b>Contracting Party/Member</b> (mark additional role <input checked="" type="checkbox"/> ) Life Covered <input type="checkbox"/> Debit Order Payer <input type="checkbox"/> Stop Order Payer <input type="checkbox"/> Cessionary (DPF) <input type="checkbox"/> Deposit Payment <input type="checkbox"/>			__/__/__	
<b>Contracting Party/Member</b> (mark additional role <input checked="" type="checkbox"/> ) Life Covered <input type="checkbox"/> Debit Order Payer <input type="checkbox"/> Stop Order Payer <input type="checkbox"/> Cessionary (DPF) <input type="checkbox"/> Deposit Payment <input type="checkbox"/>			__/__/__	

<b>Other Parties: e.g. Life Covered, Debit Order Payer/Stop Order Payer</b>				
Life Covered			__/__/__	
Life Covered			__/__/__	
Life Covered			__/__/__	
Debit Order Payer <input type="checkbox"/> Stop Order Payer <input type="checkbox"/> (if not Contracting Party) Deposit Payer <input type="checkbox"/>			__/__/__	
Debit Order Payer <input type="checkbox"/> Stop Order Payer <input type="checkbox"/> (if not Contracting Party) Deposit Payer <input type="checkbox"/>			__/__/__	
Legal Guardian/Parent (if necessary)				
Security Cessionary (SC) (if SC is a natural person)			__/__/__	
Reversionary Cessionary (RC) (if RC is a natural person)			__/__/__	

**Declaration for Introducers: I/we confirm the Declaration for Introducers as set out in the proposal.**

Introducer 1			__/__/__	
Introducer 2			__/__/__	

Signed at (place)  this  day of  20