

FOR INTERNAL USE ONLY

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HANSARD EUROPE LIMITED

PROPOSAL NUMBER (if already allocated)

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EOU NUMBER

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Proposal Form

1. Please complete **ALL SECTIONS** of this form in **BLOCK CAPITALS IN BLACK INK** and indicate clearly your answers to all questions. To comply with European legislation, this document must be completed in the Proposer's own hand.
2. Where a question is not applicable please always mark "N/A".
3. This form cannot be used for Hansard Europe's French, German or Austrian products, or for sales in the U.K.
4. Please forward this form to Hansard Europe Limited.
5. If additional life cover is required, please complete the Underwriting Proposal Form.

Hansard Europe Limited life assurance policies are not available to residents of the Republic of Ireland.

HANSARD EUROPE LIMITED

PO Box 43, Enterprise House, Frascati Road, Blackrock, Co. Dublin, Republic of Ireland

Telephone: +353 1 211 2800 Fax: +353 1 211 2860 Internet: www.hansard.com

Registered No. 219727. Registered in Dublin, Republic of Ireland

A Member of the Irish Insurance Federation and of the Association of International Life Offices

A Member of the Hansard Group of Companies



- N.B. (i) If the Life (or Lives) to be Assured and the Proposer(s) are the same individual(s), please tick here and complete Sections 1b and 1c below.
- (ii) If the Life (or Lives) to be Assured and the Proposer(s) are not the same individual(s), please tick here, complete sections 1b and 1c in respect of the Life (or Lives) to be Assured and:
- a) if the Proposer(s) is/are acting as or on behalf of a trust, charity, corporate entity, partnership, unincorporated association or nominee(s) (for convenience these categories are collectively described subsequently as "an organisation"), also complete Sections 2a, 2b and 2c overleaf in respect of the Applicant(s), or
 - b) if the Proposer(s) is /are acting in a personal capacity and not as or on behalf of "an organisation", also complete sections 2a and 2b overleaf.

1b

FIRST LIFE TO BE ASSURED

SECOND LIFE TO BE ASSURED



Title	Mr	Mrs	Miss	Dr	Other
Surname/Family Name					
Forename(s)/Given Name(s)					
Other Name(s)					
Sex/Date of Birth	M	F	Day	Month	Year
Marital Status					
Place of Birth					
Nationality					
Occupation					
Industry					
Residence Address (including country)					
Postcode					
Address For Correspondence <small>(if different from above)</small>					
Postcode					

Mr	Mrs	Miss	Dr	Other
M	F	Day	Month	Year
Postcode				
Postcode				

1c

FIRST PROPOSER

SECOND PROPOSER



Passport or Identity Card No.*	Passport No.†	Identity Card No.†									
Issued by											

† Please delete that which does not apply. * Please supply a Certified Copy, over-written "Certified as a true copy" and counter-signed by the Introducer.

Passport No.†	Identity Card No.†										
Issued by											

'Fail-safe' Correspondence Address. If in the future, for any reason, it is not possible to contact you promptly at your normal correspondence address, is there another address (e.g. a relative, business contact, family solicitor) through which contact could be made?

If so, please give details (in respect of First Proposer only):

	Postcode
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First Proposer		E-Mail Address					
Telephone Numbers	Country Code	Area Code	Home	Business	Fax		
Second Proposer		E-Mail Address					
Telephone Numbers	Country Code	Area Code	Home	Business	Fax		

2a DETAILS OF PROPOSER(S) IF OTHER THAN THE LIFE (OR LIVES) TO BE ASSURED

N.B. If you are completing this Proposal Form on the basis described in Section 1a (ii)a) overleaf, please complete Sections 2a, 2b and 2c, if completion is on the basis described in Section 1a (ii)b it is only necessary to complete Sections 2a and 2b

FIRST PROPOSER

Title	Mr	Mrs	Miss	Dr	Other
Surname/Family Name					
Forename(s)/Given Name(s)					
Other Name(s)					
Sex/Date of Birth	M	F	Day	Month	Year
Marital Status					
Place of Birth					
Nationality					
Occupation					
Industry					
Residence Address (including country)					
Postcode					
Address For Correspondence <small>(if different from above)</small>					
Postcode					

SECOND PROPOSER

Mr	Mrs	Miss	Dr	Other
Surname/Family Name				
Forename(s)/Given Name(s)				
Other Name(s)				
M	F	Day	Month	Year
Marital Status				
Place of Birth				
Nationality				
Occupation				
Industry				
Residence Address (including country)				
Postcode				
Address For Correspondence <small>(if different from above)</small>				
Postcode				

2b

FIRST PROPOSER

Passport or Identity Card No.*	Passport No.†																		
	Identity Card No.†																		
	Issued by																		

† Please delete that which does not apply. * Please supply a Certified Copy, over-written "Certified as a true copy" and counter-signed by the Introducer.

SECOND PROPOSER

Passport No.†	Identity Card No.†																		
	Issued by																		

'Fail-safe' Correspondence Address. If in the future, for any reason, it is not possible to contact you promptly at your normal correspondence address, is there another address (e.g. a relative, business contact, family solicitor) through which contact could be made?

If so, please give details (in respect of First Proposer only):

Postcode																	

First Proposer

E-Mail Address

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Telephone Numbers

Country Code

Area Code

Home

Business

Fax

Second Proposer

E-Mail Address

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Telephone Numbers

Country Code

Area Code

Home

Business

Fax

2c**FURTHER DETAILS OF PROPOSER(S)**

N.B. This section need **ONLY** be completed if you are acting as or on behalf of one of the legal entities described in Section 1a (ii) a). For convenience, all the entities are covered by the term "organisation" in this Section

Full Name of Individual Organisation
Registered Office or Principal Address of Organisation
<i>Postcode</i>
Registered number and place of registration <i>(if applicable)</i>
Office Telephone Number of Organisation
Address for Correspondence <i>(if different from above)</i>
<i>Postcode</i>
Contact Name or Official Title for Correspondence
Brief description of Principal Activities of Organisation

IMPORTANT NOTES

1. Before Hansard Europe Limited can enter into a business relationship with an organisation, a banker's reference will be required. Unless you have already done so, please complete and enclose the **Banker's Reference Authorisation Form** below.
 - (a) We have already supplied a written authority to enable Hansard to obtain a banker's reference.
 - (b) We have completed the **Banker's Reference Authorisation Form** in Section 3 of this document.
2. Please note the following points regarding payments made by Hansard Europe Limited in respect of income or other withdrawals under a contract issued in the name of an organisation.
 - (a) In the case of payments made by cheque, our cheque is marked 'Not Negotiable - Account Payee Only.'
 - (b) Payments direct to a Bank will normally only be made to an account in the name of the organisation. You are therefore requested to complete the boxes below. If you need to supply details of several accounts, please provide the relevant information separately on the organisation's letterhead paper, countersigned by the individual(s) signing this Proposal Form.

Name of Payee or Bank	
Address of Payee or Bank	
<i>Postcode</i>	
Bank Sort Code / Swift Code	
Account Name	Account Number

3**BANKER'S REFERENCE AUTHORISATION FORM**

(Complete this Section only if required under Section 2c)

In order to obtain a banker's reference, we will require your written consent. Please therefore, sign the consent given below. If the account is in a company name, you must sign in accordance with your signatory arrangements.

CONSENT

I/We <i>(Block Capitals)</i>					
consent to <i>(Name and address of Bank)</i>					
providing a reference on me/us to Hansard Europe Limited.					
Signed		Date	<i>Day</i>	<i>Month</i>	<i>Year</i>
Signed		Date	<i>Day</i>	<i>Month</i>	<i>Year</i>
Signed		Date	<i>Day</i>	<i>Month</i>	<i>Year</i>
Account Name		Account No.			



(To be completed in full by each individual proposer or, in the case of a Trust or Corporate Proposer, by an authorised signatory)

I/WE HEREBY DECLARE that:

1. To the best of my/our knowledge and belief, the above statements are true and complete and shall form the basis of the contract applied for above. I/We understand that completion of this proposal does not in itself establish a contract and that the company has the right to refuse a proposal.
2. I/We have received, understood and retained the relevant product brochure and fund information before deciding my/our choice of funds and have read and fully understood the Important Notes overleaf.
3. I/We have completed the proposal in my/our own hand(s).
4. I/We understand that, if fund-switching or partial/total encashment is required at a time when units in a Value-Protected Fund are allocated to the policy, certain restrictions will apply to those units.
5. I am/We are not resident in the Republic of Ireland and undertake to inform Hansard Europe Limited immediately if during the life of this Policy I/either of us become(s) resident in the Republic of Ireland. I/We understand that if I/either of us were/was to become a resident of the Republic of Ireland, special conditions will apply under Irish Tax Legislation.
6. I/We further undertake to inform Hansard Europe Limited immediately of the details of my/our new address(es) if during the life of this Policy I/either of us change(s) my/our residency address(es) and/or my/our correspondence address(es).
7. If a fund in the Pathfinder Series is selected, in addition to the relevant charges that fund will be subject to a charge, currently 0.0625% per month.
8. I/We understand that, although most funds are priced daily, some funds are priced at weekly, monthly or quarterly intervals and that contributions due to be allocated to such funds will be held in a non interest bearing account until the next unit price is declared. I/We have verified and understood the pricing frequency of the fund(s) I/we have selected.
9. If any person/s other than myself/ourselves shall have completed any part or all of this application form he/she/they did so with my/our full authority and not on behalf of Hansard Europe Limited, and I/we further declare that the completed application form fully conforms with my/our instructions.
10. The Introducer is acting solely as my/our agent in respect of this proposal and that I/we shall not hold Hansard Europe Limited liable in any way whatsoever for his/her advice, representations, acts or omissions.
11. I am/We are not resident in the United States of America. I/We shall notify Hansard Europe Limited should I/either of us become resident in the United States of America.
12. I was/We were present in _____ when I/we received the investment advice.
(please state country)

DATA PROTECTION

I/We declare that I/we consent to Hansard Europe Limited ("HEL") using the information supplied on and in conjunction with this application in order to assess and decide upon my/our application for insurance (and any renewals or new insurance products) and to administer my/our policy (and any renewals or new insurance products). I/We acknowledge that the information will be held on HEL's records (both manual and computer) and consent to its use for underwriting, administration (including premium collection, information storage and record-keeping), claims assessing and handling and other related purposes, marketing analysis, and for the purpose of sending information to me/us in relation to my/our policy (and any renewals or new insurance products). I/We consent to HEL and any other company within the Hansard Group using my/our information to inform me/us (including by telephone) of other products and services offered by them - if you do not want to receive any such information please tick the box.

The information given by you may be disclosed to any persons necessary in connection with any of the foregoing (including financial representatives, agents, brokers, other intermediaries, employees and contractors, or any of those persons set out in HEL's Data Protection Registration) governmental or regulatory bodies, any competent Ombudsman or similar official, other insurance/reinsurance companies and to other companies within the Hansard Group, including, for the purposes of processing the data and obtaining actuarial, underwriting and similar advice and administrative services (including marketing if you have not opted out), and to any person to whom your policy may be assigned. The disclosure of your information (including sensitive information such as medical history) to other Hansard Group companies, and if you purchase a HEL product from outside the EEA the disclosure to some or all of the persons listed above, will include the transfer of your information outside the European Economic Area ("EEA") to the Isle of Man and other countries which do not have the same level of protection under the data protection laws. However, HEL will ensure that all reasonable measures will be taken to ensure the integrity and security of your personal information. I/We consent to such a transfer, including a transfer of any sensitive information referred to above outside the EEA.

The Policyholder, and the Life Assured, if different, can request that any information concerning them contained in any files used by HEL, its legal representatives as well as any intermediary (agent, broker or other) of the Hansard Group, reinsurers (any other insurance company), supervisory and regulatory bodies including any professional bodies, Ombudsman or other body with the responsibility for complaints and any provider of administrative services (within the restrictions of a data processing service agreement) be sent to them or rectified. The right of access and rectification can be exercised at HEL's address shown on the front page of this proposal form.

First Proposer:

Date:

Day	Month	Year
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Second Proposer:

Date:

Day	Month	Year
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Signature (Trustee/Authorised Signatory):

Date:

Day	Month	Year
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Please print full name/s of all Signatories:

Preferred language for correspondence
(if other than English)

Proposers are advised to satisfy themselves that, under any Exchange Control or Insurance Legislation to which they may be subject, they are permitted to effect this contract, which is not available to residents of the Republic of Ireland, the United Kingdom or the United States of America

***** Copies of this proposal and/or the General Contractual Conditions of the Policy applied for are available from us on request *****



IMPORTANT NOTES



- If you become resident in the Republic of Ireland or the United States of America while your Hansard policy is in force this may affect the status of your policy.
If you become resident in the Republic of Ireland while your Hansard policy is in force, special conditions will apply under Irish Tax legislation.
If you become resident in the United States of America, the Company may not be able to accept the payment of any further premiums or accept any instructions to vary the fund choice until after you cease to be a resident in the United States of America.
- Hansard Europe Limited will only accept a proposal introduced by an independent financial intermediary (the Introducer). Your Introducer is acting solely as your agent when advising you and submitting your proposal to the Company. Accordingly, the Company cannot be held responsible for the advice, representations, acts or omissions, made in connection with your proposal. It is, therefore, your responsibility to make sure that the proposal form conforms with your instructions before you sign it.
- Any alterations made to the proposal form must be initialled by the proposer/s before it will be accepted by Hansard Europe Limited.
- All premiums must be made payable to Hansard Europe Limited. The Company will not accept responsibility where premiums are made payable to a third party. Where a premium is made payable to a third party, that third party shall be acting solely as your agent and not as a collecting agent for the Company.
- Applicants are advised to satisfy themselves that, under any exchange controls, or insurance or investment or tax legislation to which they may be subject, they are permitted to effect this contract. Hansard cannot accept any responsibility for the tax status of your policy.

FOR THE INTERMEDIARY'S USE ONLY

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SOURCE OF PAYMENT



Questions 1 to 5 to be answered if the aggregate* payments exceed €380,000** (Single Payment) or €38,000** per annum (Regular Payment)

<p>1 What is the source of payments to be invested, e.g. investments, income, borrowing, personal bank account? <i>(Please provide details)</i></p>							
<p>2 In addition to any regular earned income, do you have any other substantial sources of income? <i>(If "YES" Please provide details)</i></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>						
<p>3 Are there any other parties involved with this investment, e.g. beneficial owner, lender? <i>(Please provide details)</i></p>							
<p>4 Have you recently made or do you intend to make, an application to another life assurance company for an investment or life assurance contract <i>(If "YES" Please provide details requested)</i></p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name and Address of the Company</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Policy Number or Reference</td> </tr> <tr> <td style="padding: 2px;">Date of Application</td> <td style="padding: 2px;">Amount and Frequency of Premium</td> </tr> </table>	Name and Address of the Company		Policy Number or Reference		Date of Application	Amount and Frequency of Premium
Name and Address of the Company							
Policy Number or Reference							
Date of Application	Amount and Frequency of Premium						
<p>5 Please give details of your Bank Account and complete Banker's Reference Authorisation Form in Section 3 <i>(Unless you have already done so in connection with Section 2)</i></p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Bank name and Address</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Name of Account</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Bank Sort Code</td> </tr> </table>	Bank name and Address		Name of Account		Bank Sort Code	
Bank name and Address							
Name of Account							
Bank Sort Code							
<p>6 If the source of payment is from a third party, please provide the following:</p> <p>(a) the full name and address of the person/corporate body making the payment:</p> <p>(b) details of the relationship between you and the third party:</p> <p>(c) the reason for the third party making the payment/s:</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> </tr> </table>						

* i.e. aggregate payments under all policies with the Company

** or the equivalent of these limits in another currency.



If the proposer(s) is/are effecting this policy as a complete or partial replacement for another policy, please state the reason(s) why you are recommending this policy to the proposer(s). (Please use a separate sheet if necessary)

COUNTRY OF POINT OF SALE



Please state the country of Point of Sale

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IDENTITY CHECK



I enclose the following documentation:

INDIVIDUAL APPLICANT (including Trustees)**For each Applicant:**

Either ONE of the following:-

- * 1. Passport.
 * 2. National Identity Card.

TRUSTEE APPLICANT

ALL of the following:

- * 1. A list of the Trustees.
 * 2. ID for each Trustee who signed on behalf of the Trust.

CORPORATE APPLICANT (including Trustees)

ALL of the following:-

- * 1. A list of Directors' Names together with their specimen signatures and a copy of their Passport or National Identity Card.
 * 2. A list of all authorised signatories together with their specimen signatures and a copy of their Passport or National Identity Card.
 * 3. Details of the Corporate Investor's bank (name, address, sort code, account number and account name).
 * 4. The Company's Certificate of Incorporation or other official registration document.
 * 5. A written undertaking from the Applicant that, where the Applicant is not the ultimate beneficial owner of the contract, the identity of the ultimate beneficial owner is known to the Applicant and will be disclosed if requested.

***Please tick alongside all items enclosed, and ensure that all necessary documents are included. All copy documents must be certified by you as true copies.**

DECLARATION: I confirm that I have seen the original documents specified above and have checked the name and identity of the individual(s) and attach a certified copy of each document for your records.

Signature of Introducer

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E.O.U. NUMBER

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Date

Day | Month | Year

--	--	--

Full Name of Introducer

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SPECIAL NOTES



Address for correspondence:

HANSARD EUROPE LIMITED

PO Box 43, Enterprise House, Frascati Road, Blackrock, Co. Dublin, Republic of Ireland

Telephone: +353 1 211 2800 Fax: +353 1 211 2860 Internet: www.hansard.com

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