

Professional Portfolio

Application Form

Application Form



GENERALI
International



Application Form - Generali International Professional Portfolio

Financial Adviser Details

Company name: _____

Address: _____

Name of Financial Adviser: _____

Additional information / special instructions: _____

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation may result in a delay in the Application being processed. Further information may be required during the validation process (i.e. questions arising from the information provided).

Please tick alongside all items when completed and ensure that all necessary documentation is included.

Application Form	Section 1 – 3	<input type="checkbox"/> Applicant
	Section 4	<input type="checkbox"/> Lives Assured
	Section 5 – 12	<input type="checkbox"/> Applicant
Payment Instruction Form	Section 13	<input type="checkbox"/> Applicant
Source of Funds Questionnaire	Section 14	<input type="checkbox"/> Financial Adviser
Verification of Applicant Identity	Section 15	<input type="checkbox"/> Financial Adviser
Verification of Corporate Identity (required if the Applicant is a Company or a Trust)	Section 16	<input type="checkbox"/> Financial Adviser
Appointment of a Portfolio Manager (optional)	Section 17	<input type="checkbox"/> Applicant & Portfolio Manager



Please complete all sections of this form in BLOCK CAPITALS or tick the boxes, where appropriate.

1. Investment Holdings

Full Investment Range or Collective Investment Schemes
(Personal Portfolio) (Pooled Portfolio)

2. Life Assured

Please indicate, with a tick, the type of life assurance you require:

Own Life Life of Another Joint Life, First Death Multiple Life, Last Survivor

3. Applicant - Personal Details

First Applicant

Surname: _____ Title: _____

Forename(s): _____

Residential address: *(if at this address for less than 18 months, see section 15)*

Correspondence address *(if different to above)*: _____

Email address: _____

Tel. no. (home): _____

(mobile): _____

Country of birth: _____

Date of birth:

Occupation and nature of employment: _____

(if retired, please state former occupation)

Second Applicant *(if any)*

Surname: _____ Title: _____

Forename(s): _____

Residential address: *(if at this address for less than 18 months, see section 15)*

Correspondence address *(if different to above)*: _____

Email address: _____

Tel. no. (home): _____

(mobile): _____

Country of birth: _____

Date of birth:

Occupation and nature of employment: _____

(if retired, please state former occupation)



4. Life/Lives Assured - Personal Details

Please complete if the Lives Assured are **not** the Applicants as outlined in section three.

First Life Assured

Surname: _____ Title: _____

Forename(s): _____

Residential address: _____

Country of birth: _____

Date of birth:

Relationship to Applicant: _____

My Signature is confirmation that I agree to be a Life Assured.

First Life Assured:

Date:

Second Life Assured (if any)

Surname: _____ Title: _____

Forename(s): _____

Residential address: _____

Country of birth: _____

Date of birth:

Relationship to Applicant: _____

My Signature is confirmation that I agree to be a Life Assured.

Second Life Assured:

Date:

If there are further Lives Assured, please complete this section on an additional sheet and attach securely to this Application.

Please tick this box if additional information is attached

5. Other Investment Policies

Do you already hold any other Policies with us? Yes No

If yes, please advise us of your Policy number(s): _____

6. Currency of Policy

Please indicate the currency in which you require your Policy to be denominated.

Benefits will be calculated and charges deducted in the Policy currency.

US dollar sterling euro HK dollar Japanese yen Swedish krona



11. Regular Income Facility

Section A

If required, please give details (the minimum withdrawal amount is USD500 or currency equivalent, per payment):

Frequency of payment: Monthly Quarterly Half-yearly Annually

Commencing in: _____ / _____
Month Year

Fixed amount per payment: _____ OR _____ % of the Investment Value per payment.

Section B

Payment Details - Please complete as applicable

Please indicate below where proceeds should be sent by completing either section (i), (ii) or (iii):

i) Personal cheque

Cheque payable to: Title: _____ Forename: _____ Surname: _____

Address: _____

ii) Cheque to a bank account

Bank name: _____

Bank address: _____

Account name: _____ Account no: _____ Sort code: _____

iii) Payment by telegraphic transfer to a bank account. *(Please note that all bank transfer and agent charges will be debited to your account).*

Bank name: _____

Bank address: _____

Account name: _____ Account no: _____

Sort code: _____ Swift code: _____ IBAN no: _____

Additional information where payment is to be made to a 'Third Party'

Relationship between the Applicant and the payee: _____

Certified ID of the payee*: _____

Current residential address of the payee: _____

**All identification papers must be certified by your Financial Adviser or a Notary Public. Identification papers include a photo passport and a certified copy of a utility bill, showing name and current residential address.*

If proceeds are requested to be made payable to a company (non-banking), please note that we require normal company verification documents.



12. Declarations

It is important that you read, understand and accept the following declarations:

- i) I/We apply for a Policy of the type and with the features indicated in this document. I/We confirm that before I/we sign this declaration, I/we have seen, read and understood the Principal Brochure including the Policy Details Guide given to me/us by my/our Financial Adviser explaining the Professional Portfolio to which this Application Form relates. I/We have been given an opportunity to raise any queries which I/we have and have received satisfactory answers to those queries.
- ii) I/We declare that to the best of my/our knowledge and belief, the statements in this Application Form are true and complete. I/We agree that they, together with any other statements made to Generali International (the "Company"), on application or in the future, shall form the basis of the contract in accordance with Guernsey Law.
- iii) I/We understand that this contract will not commence until this completed Application Form has been received and accepted by the Company. I/We understand that the Company has the right to decline this Application and that this contract can only be negotiated with and accepted by an authorised official of the Company.
- iv) I/We understand that a separate investment portfolio is maintained for my/our Policy and that the realisable value of the investments in this portfolio determines the value of my/our Policy. I/We acknowledge that the value of my/our Policy is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I/We understand also that investments that are denominated in a currency other than that of my/our Policy may involve a currency risk and that the value of my/our Policy may fall as well as rise purely as a result of exchange rate fluctuations.
- v) I/We acknowledge that Generali International reserves the right to limit the nature of the investments allowed within the Policy.
- vi) I/We take full responsibility for the selection and choice of any investments made by me/us or my/our appointed Portfolio Manager, if any. I/We confirm that if I/we have appointed a Portfolio Manager it is his/her responsibility to read and understand the Prospectus or other offering documentation in respect of any investment selected within this Policy. If I/we have not appointed a Portfolio Manager it is my/our responsibility to read and understand the Prospectus or other offering documentation.
- vii) I/We acknowledge that, where the investments in this portfolio are illiquid, Generali International reserves the right to defer the payment of benefits, either in whole or in part, until such time as it is able to realise those investments allowing for, among other things, notice periods, dealing dates and settlement dates of the investments in question.
- viii) I/We have been informed and understand my/our rights to cancel my/our Application to this Policy as detailed in the section entitled "Cooling Off Period" in the Policy Details Guide in the Principal Brochure.
- ix) I/We recognise that my/our Financial Adviser will receive copies of all associated documentation relating to my/our Policy.
- x) If an existing similar policy has been or is to be replaced in full or in part by this Policy, I/we declare that my/our Financial Adviser has explained to me/us the financial consequences of such a replacement, including the possibility of financial loss.
- xi) **Data Protection**
 - I/We accept that Generali International may pass data originating from this Application or data relating to the execution of this contract (eg. investment amounts, events insured against, changes to risk or contract), to other insurance companies of the Generali Group, Financial Advisers, Investment Advisers, Portfolio Managers, Investment Fund Providers and Reinsurers wherever they are located in the world but only in so far as it is required to ensure the proper execution of my/our insurance matters. I/We accept that the above applies regardless of whether this contract is concluded.
 - I/We also accept that personal data, however obtained, will be held, recorded and processed by Generali International (which is registered under and adheres to the Data Protection (Bailiwick of Guernsey) Law 2001, as may be amended from time to time) on computer and/or manual systems in respect of my/our insurance dealings with Generali International both now and in the future for administrative, identification, customer care, service and marketing purposes only.

If you do not wish us to contact you for marketing purposes, please tick this box

Signature of the First Applicant:

Signature of the Second Applicant (if any):

Date:

Date:



13. Payment Instruction Form

Payments can be made by Telegraphic Transfer only. Please complete sections (a) and (b) in all cases.

(a) Telegraphic Transfer

Please provide the following information, forward the original of this form to your Bank and arrange for your Financial Adviser to send us a photocopy of this form with the Application.

Applicant name: _____

Applicant address: _____

Name and address of Bank: _____

Account number: _____ Account name: _____

(b) Payment Details

Currency: US dollar sterling euro HK dollar Japanese yen Swedish krona

Please charge the following amount and any charges/expenses incurred in the transfer from my/our account.

Amount: Quoting Ref:

Amount in words: _____

Authorisation

First Account Signatory:

Second Account Signatory (if any):

Date:

Date:

Notes for your bank

Telegraphic Transfer (Please ensure that all bank transfer and agent charges are debited to the Applicant's account).

For all payments, please follow the below instructions relevant to your chosen currency. **Always quote Applicant's name, address & Policy No.**

Cover should be paid to the following accounts of Citibank N.A.:

US dollar: Please pay USD _____ to Citibank N.A. Jersey CI (CITIJESX) a/c 0412492056, Generali International LTD (IBAN GB25 CITI 1850 2641 2492 05) using Citibank N.A. New York (CITIUS33) ABA 021000089, 111 Wall Street, NY10005, New York as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank N.A. Jersey CI (CITIJESX).

Sterling: Please pay GBP _____ to Citibank N.A. Jersey CI (CITIJESX) a/c 0412492048, Generali International LTD (IBAN GB52 CITI 1850 2641 249 204) using Citibank N.A. London (CITIGB2L) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank N.A. Jersey CI (CITIJESX).

Euro: Please pay EUR _____ to Citibank N.A. Jersey CI (CITIJESX) a/c 0412492005, Generali International LTD (IBAN GB63 CITI 1850 2641 249 200) using Citibank N.A. London (CITIGB2L) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank N.A. Jersey CI (CITIJESX).

Hong Kong dollar: Please pay HKD _____ to Citibank N.A. Jersey CI (CITIJESX) a/c 0412492013, Generali International LTD (IBAN GB36 CITI 1850 2641 249 201) using Citibank N.A. Hong Kong (CITIHKHX) as the correspondent bank. Please ensure your bank send a direct MT103 message to Citibank N.A. Jersey CI (CITIJESX).

Japanese yen: Please pay JPY _____ to Citibank N.A. Jersey CI (CITIJESX) a/c 0412492021, Generali International LTD (IBAN GB09 CITI 1850 2641 249 202) using Citibank N.A. Japan (CITIJPT) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank N.A. Jersey CI (CITIJESX).

Swedish krona: Please pay SEK _____ to Citibank N.A. Jersey CI (CITIJESX) a/c 0412492064, Generali International LTD (IBAN GB95 CITI 1850 2641 2492 06) using Senska Handelsbanken (HANDSESS) as the correspondent bank. Please ensure your bank sends a direct MT103 message to Citibank N.A. Jersey CI (CITIJESX).





14. Source of Funds Questionnaire

The introducing Financial Adviser should complete this section for all applications. Please continue on a separate sheet if required.

1. How and when were you introduced to the Applicant(s)? (specify number of months/years):		

2. Please provide Applicant's bank details:		
Bank name: _____		
Bank address: _____		
Account number: _____		
Account holder(s) name: _____		
Years account held: _____		
Please tick appropriate box		
3. Are there any other parties indirectly involved with this application e.g. lender?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please give details:		

4. Are there any concurrent financial proposals being made elsewhere?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please give details:		

5. Please state Annual Income:		
i) Total amount received annually from all sources		
ii) Where income is received in addition to, or instead of employment, please specify from the list below the source/s it originated from, including the amount and currency per annum:		
	GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Other <input type="checkbox"/>	
Rental Income	_____	
Investment Income	_____	
Pension Income	_____	
Other (Please specify)	_____	
iii) If employed please state:		
Name and address of employer	_____	
Annual basic income	_____	
Bonus	_____	
Benefits in kind (e.g. housing allowance, education, travel, etc.)	_____	
Other (Please specify)	_____	
Please give details:		
Length of service with current employer	_____	
If less than 18 months please state previous employer and length of service	_____	

6. Please state how the source of wealth for this investment has been raised if other than Annual Income.

i) Gift or inheritance from a third party? Yes No

If yes, please give details:

ii) The disposal of a business or other asset? Yes No

If yes, please give details and specify the original source of wealth for the investment in the business or asset:

iii) Other? Yes No

If yes, please give details and specify the original source of wealth for the investment:

How was wealth generated? _____

When was wealth generated? _____

7. When answering these questions has the information been supplied from your own knowledge of the

Applicant's circumstances? Yes No

If no, where did it originate?

8. Please outline your client's reasons for applying for this product:

Declaration

- I declare that, to the best of my knowledge and belief, the Applicant(s) is/are of good standing and the information given in this questionnaire is true and complete.
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the premium is derived from legitimate activities.

Signature of Financial Adviser: _____

Financial Adviser Name (Printed in BLOCK CAPITALS): _____

Declaration

- I declare that to the best of my knowledge and belief all the information above is true, correct and complete.

Signature of Applicant(s): _____

Applicant Name (Printed in BLOCK CAPITALS): _____

Please state country where application was signed: _____

Date:



15. Verification of Applicant Identity

The introducing Financial Adviser should complete this section. **For individual applicants only.**

Full name of First Applicant: _____

Full name of Second Applicant: _____

This section is required to verify the Applicant(s) identity. All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of the Applicant.

Please tick alongside all items and ensure that all necessary documents are included.

For each Applicant:

	First Applicant	Second Applicant
Certified copy of an original photo passport	<input type="checkbox"/>	<input type="checkbox"/>
Certified copy of an original utility bill (showing name and current residential address)	<input type="checkbox"/>	<input type="checkbox"/>

Prior residential address*: _____

**Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in section three.*

Declaration

- I confirm that I have seen the original documents or certified true copy and have checked the name and identity of the Applicant(s) as specified above.

Signature of Financial Adviser:

Financial Adviser Name: _____

Date:



16. Verification of Corporate and Trustee Applicant Identity

The introducing Financial Adviser should complete this section.

Full name of First Applicant: _____

Full name of Second Applicant: _____

This section is required to verify the identity of a Company or a Trust. All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of each Applicant.

Required in all cases

Please tick alongside all items below and ensure that all necessary documents are included.

A certified copy of the Certificate of Incorporation

A signed Directors' statement as to the nature of the company's business

A certified copy of the passport for all verification subjects*

A certified copy of a utility bill for all verification subjects* showing the name and current permanent residential address

A copy of the Authorised Signatory list certified by the Company Secretary

A copy of the Company Share Register and Directors' Register certified by the Company Secretary

Are there any holding companies or subsidiaries? Yes No

If yes, please give details: _____

**Verification subjects include all applying Directors, Officers, Authorised Signatories and all Beneficial Owners.*

Depending on the circumstances of the case, we may also require audited accounts and/or other forms of evidence to substantiate the capability to fund the investment.

Additional requirements for Trustees

Trust Deed (Trustees to advise in writing the names of all beneficiaries and relationship to the Settlor(s))

Identification for Settlor(s), Trustees, Beneficiaries and Protector(s)

Declaration

- I confirm that I have seen the original documents or certified true copy and have checked the name and identity of the Applicant(s) as specified above.

Signature of Financial Adviser:

Financial Adviser Name _____

Date:



17. Appointment of a Portfolio Manager

PART ONE - This section is for completion by the Applicant(s) if they wish to appoint a Portfolio Manager to the portfolio and is subject to the approval of Generali International (the "Company").

First Applicant name: _____

Second Applicant name: _____

Section A

Name of Portfolio Manager: _____

Address: _____

- I/We hereby declare that the above named has been appointed as Portfolio Manager to the portfolio to which my/our policies are to be linked.
- I/We authorise and request the Company to enter into any formal agreements required by the Portfolio Manager to facilitate this appointment and I/we agree that the Company shall not be responsible for any loss or liability to the portfolio arising from this appointment, or from reliance upon advice given or investment services rendered by the Portfolio Manager to the Company, or for any action or failure to take action on the part of the Portfolio Manager giving rise to any loss in the value of the portfolio howsoever arising (including, but without limitation, failure on the part of the Portfolio Manager to produce a reasonable investment return, in relation to the portfolio).
- Further I/we, for myself/ourselves and my/our estates, 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 Portfolio Manager (including, but without limitation, the cost of defending in any court of law any such claim, demand or action against the Company).

Section B

I/We understand the portfolio will be valued quarterly. I/We have agreed to pay a fee of USD/GBP/EUR/HKD/JPY/SEK per quarter or % of the Investment Value per annum, paid quarterly, to the Portfolio Manager. I/We request the Company to make deductions from the portfolio equivalent to these fees and to pay such sums to the Portfolio Manager on my/our behalf.

Section C

I/We acknowledge that I/we have authorised the Portfolio Manager to give investment instructions and services to the Company relating to the portfolio to purchase or sell assets subject to the following conditions:

1. All instructions given by the Portfolio Manager to the Company must be in writing before they will be acted upon although the Company, at its sole discretion, may agree to modify this condition.
2. I/We will be bound by all investment decisions made by my/our Portfolio Manager acting as my/our agent and not the agent of the Company.
3. This appointment is not transferable and investment advice will not be accepted by the Company from any party other than the Portfolio Manager, including any broker, analyst, adviser or agent used by the Portfolio Manager.
4. All assets recommended shall either be quoted on a Stock Exchange recognised by the Company or specifically agreed by the Company as eligible to be purchased by the portfolio.
5. No tangible commodity (e.g. diamonds or gold coins) or futures shall be recommended and no option contracts shall be written.
6. The Portfolio Manager is authorised to utilise the overdraft facility as described in the Policy Terms and Conditions.

Section C (cont'd)

7. Any assets purchased as a result of an instruction from the Portfolio Manager shall be purchased at the open market buying price as shown on the contract note issued by the vendor or stockbroker.
8. Currency deposits in major currencies are acceptable.
9. The Company, in its absolute discretion, retains the right to refuse or accept an investment choice instructed by the Portfolio Manager.
10. The Policyholder or the Portfolio Manager may terminate the appointment of the Portfolio Manager via written notice to the Company. The Company also reserves the right to terminate this agreement.
11. On termination, the Portfolio Manager will receive any portfolio management fee owing pro rata to the date of termination and provision of portfolio management will become my/our responsibility until a further Portfolio Manager is appointed.
12. Any information received from or otherwise obtained about myself/ourselves shall be considered confidential by the Portfolio Manager (including any sub-contracted party) upon countersigning this Application and the Portfolio Manager agrees not to disclose confidential information without my/our specific written permission.
13. The Company's name and logo cannot be used by the Portfolio Manager except by way of material that has been produced by the Company.
14. I/We recognise that my/our Portfolio Manager will receive copies of all associated documentation relating to my/our Policy.

I have read and understood the conditions outlined in Part One, sections A, B and C and agree to act in accordance with them.

Signature of the First Applicant:

Signature of the Second Applicant (if any):

Date:

Date:

PART TWO - For completion by the Portfolio Manager.

Telephone number: _____

Facsimile number: _____

Email address: _____

I* have read and understood the conditions outlined in Part One, sections A, B and C and agree to act in accordance with them.

Signature of Portfolio Manager or an Authorised Signatory:

Full name of signatory: _____

In the case of a company, please state the capacity of the Authorised Signatory within the company: _____

For and on behalf of: _____

Date:

* "I" refers to the Person(s) or Firm named in Part One, section A.



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Licensed Insurer under the Insurance Business (Bailiwick of Guernsey) Law 2002 (as amended) and regulated by the Guernsey Financial Services Commission.

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