

# Choice

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## Application Booklet

Application Booklet



**GENERALI**  
International



# Application Booklet - Generali International Choice

## Financial Adviser Details

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of Financial Adviser: \_\_\_\_\_

Agency number: \_\_\_\_\_

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 sections or supplementary forms when completed and ensure that all necessary documentation is included.

Completed by:

Application Form	Section 1 – 2	<input type="checkbox"/> Applicant
	Section 3	<input type="checkbox"/> Lives Assured
	Section 4 – 8	<input type="checkbox"/> Applicant
Payment by Electronic Transfer Instruction Form	Section 9	<input type="checkbox"/> Applicant
Verification of Applicant or Life Assured Identity	Section 10	<input type="checkbox"/> Financial Adviser
Source of Funds Questionnaire	Section 11	<input type="checkbox"/> Financial Adviser & Applicant

The following supplementary forms may need to be completed and are available from us on request:

Portfolio Manager Agreement	<input type="checkbox"/> Applicant
Discretionary Switch Authority	<input type="checkbox"/> Applicant
Verification of Corporate or Trustee Applicant Identity (Required if the Applicant is a Company or a Trust)	<input type="checkbox"/> Financial Adviser
Nomination / Change of Beneficiaries Form	<input type="checkbox"/> Applicant
Medical Questionnaire (Required at our discretion)	<input type="checkbox"/> Applicant / Lives Assured

# Application Form

The information provided and declarations given in this Application Form shall form the basis of your contract of life assurance with Generali International Limited. Capitalised terms used and not defined in this Application Form shall have the meanings given to them in the Terms & Conditions applicable to Choice.

Please complete all sections in **BLOCK CAPITALS** or tick the boxes, where appropriate.

## 1. Life Assured

Please indicate the type of life assurance you require:

Single Life

Joint Life, First Death

Multiple Lives, Last Survivor

## 2. Applicant – Personal Details

### First Applicant

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: M  F

Residential address (if at this address for less than 18 months, see Section 10):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different to above): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Tel. no. (home): \_\_\_\_\_

(mobile): \_\_\_\_\_

Place and country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(if retired, please state former occupation)

### Second Applicant (if any)

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: M  F

Residential address (if at this address for less than 18 months, see Section 10):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different to above): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E-mail address: \_\_\_\_\_

\_\_\_\_\_

Tel. no. (home): \_\_\_\_\_

(mobile): \_\_\_\_\_

Place and country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(if retired, please state former occupation)

Relationship to first Applicant: \_\_\_\_\_

### 3. Life or Lives Assured - Personal Details

Please complete if the Life or Lives Assured are **not** the Applicants as outlined in Section 2.

#### First Life Assured

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: M  F

Residential address (if at this address for less than 18 months, see Section 10):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place and country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(if retired, please state former occupation)*

Relationship to Applicant: \_\_\_\_\_

#### Second Life Assured (if any)

Surname: \_\_\_\_\_ Title: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Gender: M  F

Residential address (if at this address for less than 18 months, see Section 10):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place and country of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Do you hold dual nationality? Yes  No

2nd Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Date of birth:

Occupation and nature of employment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*(if retired, please state former occupation)*

Relationship to Applicant: \_\_\_\_\_

- My signature is confirmation that: I agree to be a Life Assured; and
- To the best of my knowledge and belief, the information provided in this Section 3 is true and complete; and
- I agree to be bound by the declarations regarding Data Protection contained in Section 8 (x) of this Application Form.

Signature of First Life Assured:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Second Life Assured (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date:

Date:

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

Please tick this box if additional information is attached.



Sections 4 to 8 must be completed by the Applicant(s)

#### 4. Other Investment Plans

Do you already hold any other Plans with:

Generali International    Yes     No

Generali PanEurope    Yes     No

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


#### 5. Currency of Plan

Please indicate the currency in which you require your Plan to be denominated. *Benefits will be calculated and charges deducted in the Plan Currency.*

US dollar

GB pound

Euro

Japanese yen

#### 6. Investment Details

Please indicate the amount you wish to invest, noting that Investment Amounts should normally be made in the Plan Currency you specified in Section 5.

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The minimum initial Investment Amounts are as follows:

USD	36,000
GBP	20,000
EUR	30,000
JPY	4,000,000

If your Investment Amount is to be transferred via Electronic Transfer please use the Payment by Electronic Transfer Instruction Form supplied in Section 9 of this Application Booklet.



## 7. Initial Dealing Instructions

You may either choose Fund Portfolio Service or choose Funds from our International Fund Selection Brochure.

### Fund Portfolio Service

Please indicate if you opt to use our Fund Portfolio Service: Yes  No

If yes, please note that you must complete a 'Portfolio Manager Agreement'.

### Fund Selection

If you have not chosen the Fund Portfolio Service, please indicate your choice of Funds below.

Please enter the Investment Amount per Fund below in the Plan Currency.

- The maximum number of Funds that can be selected at outset is 10.
- The minimum to be invested in each Fund is USD1,350 / GBP750 / EUR1,125 / JPY150,000.

I wish to invest in the following specific Funds:

Fund Manager	Fund Name	Fund Currency	Total of your Investment Amount to be invested in each Fund
(Please note that this figure should match the Investment Amount in Section 6)			<b>Total Investment Amount</b>

## 8. Declarations

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

- i) I declare that I am not resident in Guernsey for tax purposes. I apply for a Plan of the type and with the features indicated in this document which I understand will be subject to the Plan Terms and Conditions. I confirm that before I signed this declaration, I had received, read and understood the Principal Brochure including the Details Guide, (in particular, the section entitled "Cancellation Rights") given to me by my Financial Adviser explaining the Choice product to which this Application Form relates. I have been given an opportunity to raise any queries that I may have and have received satisfactory answers to those queries.
- ii) I declare that to the best of my knowledge and belief, the information given and declarations made in this Application Form are accurate and true and that no material fact has been omitted or concealed. I agree that this Application Form, together with the Terms and Conditions, Plan Schedule and any endorsements issued by Generali International Limited (the "Company") and any statements made to the Company, on application or in the future, and on which the Company may rely shall form the basis of the contract of life assurance between me and the Company (the "Contract") in accordance with the law of the Island of Guernsey.
- iii) I understand that this Contract will not commence until this Application Form, duly completed, has been received and accepted by the Company. I understand that the Company has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of the Company.



- iv) I take full responsibility for the selection of investments made by me including, to the extent that I consider necessary, reading and understanding the prospectus and supporting literature in respect of each Fund in which I choose to invest and seeking independent advice.
- v) I understand that the realisable value of my selected investments determines the value of my Plan. I acknowledge that the value of my Plan is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I understand also that investments that are denominated in a currency other than that of my Plan may involve a currency risk and that the value of my Plan may fall as well as rise as a result of exchange rate fluctuations.
- vi) I acknowledge that, where the investments in my Plan are not easily convertible to cash, the Company 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.
- vii) I understand and agree that all associated documentation relating to my Plan may be sent to my Financial Adviser (*named on page 1 of this Application Booklet*) until written notice to the contrary is provided by me.
- viii) If an existing similar Plan of mine has been or is to be replaced in full or in part by this Plan, I declare that my Financial Adviser has explained to me the financial consequences of such a replacement, including the possibility of financial loss.
- ix) I have been informed of and understand my rights to cancel my Plan as detailed in the section entitled "Cancellation Rights" in the Details Guide in the Principal Brochure.
- x) Data Protection
  - I undertake to disclose all facts material to the assessment by the Company of this application. Such facts are those, which an insurer would regard as likely to influence the assessment and acceptance of a proposal for a contract of life assurance. (*If in doubt as to the relevance of any particular information, you should disclose it as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or rendering the Plan invalid*).
  - I accept and consent that the Company may pass data originating from this application or data relating to the execution of the Contract (*e.g. Investment Amounts, events insured against, changes to risk or Contract*), to other companies within the Generali Worldwide Group (*the group of companies owned in whole or in part by Generali Worldwide Insurance Company Limited, Generali International Limited's immediate parent*), financial advisers, investment advisers, portfolio managers, fiscal representatives and re-insurers wherever they are located in the world but only for purposes related to my Plan. I accept that the above applies regardless of whether this Contract is concluded.
  - I also accept that personal data, however obtained, will be held, recorded and processed by the Company (*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 insurance dealings with the Company both now and in the future for administrative, identification, customer care, service and marketing purposes only.
  - I hereby confirm that prior to my provision of information to the Company in respect of a third party, the said party has been informed of the use of such information and in this regard I hereby indemnify the Company against and in respect of any liability which the Company may incur in the event of my failure to so notify the third party.
  - I understand that I have the right to obtain access to and request correction of any personal data concerning me held by the Company. Requests for such access can be made to Head of Customer Services, Generali International, PO Box 613, Generali House, Hirzel Street, St Peter Port, Guernsey, Channel Islands, GY1 4PA.

If you do not wish Generali International to contact you for marketing purposes, please tick this box.

### Declarations – Signatures

#### Signature of the First Applicant:

I understand and agree with all the declarations contained in Section 8 (i) to (x) of this Application Form.

Date:

#### Signature of the Second Applicant (*if any*):

I understand and agree with all the declarations contained in Section 8 (i) to (x) of this Application Form.

Date:



## 9. Payment by Electronic Transfer Instruction Form

### ELECTRONIC TRANSFERS

#### To The Applicant

Please complete and forward the original of this form to your Bank and arrange for your Financial Adviser to send us a photocopy with your application.

Applicant(s) Name(s): \_\_\_\_\_

#### To The Sending Bank

**Please charge the following amount and any charges/expenses incurred from my/our account, quoting my/our name(s) on the transfer advice.**

#### Amount payable

Currency: US dollar  GB pound  Euro  Japanese yen

Amount in Figures:

Amount in Words: \_\_\_\_\_

#### Bank Details

Name of the remitting bank: \_\_\_\_\_

Bank address: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

#### Routing Instructions

**For US dollar, Euro and Japanese yen electronic transfers, please ensure that a SWIFT MT103 is sent to Lloyds Bank Swift Address LOYDGB2L, in favour of Generali International Ltd:**

**US dollar:** A/C No: **GB42 LOYD 3016 6321 1768 20** held with Lloyds TSB Offshore Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1. Funds should be covered through Wachovia Bank NA, New York (ABA# 026 005 092) for the account in the name of Lloyds Bank plc, London.

**Euro:** A/C No: **GB73 LOYD 3016 6321 1768 44** held with Lloyds TSB Offshore Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1.

**Japanese yen:** A/C No: **GB97 LOYD 3016 6321 1768 97** held with Lloyds TSB Offshore Ltd, Guernsey. Branch Identifier Code (BIC): LOYDJEH1. Funds should be covered through Bank of Tokyo-Mitsubishi, Tokyo for account in the name of Lloyds Bank plc, London.

**For GB pound electronic transfers, please send to:**

**GB pound:** A/C No: **GB17 LOYD 309 37300 762 432** held with Lloyds TSB Bank (Guernsey) Ltd, PO Box 53, St Peter Port, Guernsey, Channel Islands. Sort Code 30-93-73 in favour of Generali International Limited.

#### Authorisation

First Account Signatory:

Second Account Signatory (if applicable):

Date:

Date:

#### ALTERNATIVE PAYMENT BY CHEQUE OR DRAFT

If you wish to pay by personal cheque or a draft drawn against your own bank account, please make payable to Generali International Ltd and attach securely to the Application Booklet. We recommend that applicants check the likely clearance times before making payment by cheque or draft.





# 10. Verification of Applicant or Life Assured Identity

The introducing Financial Adviser should complete this section for all applications.

Full name of First Applicant: \_\_\_\_\_

Full name of Second Applicant: \_\_\_\_\_

Full name of First Life Assured (if different to First Applicant): \_\_\_\_\_

Full name of Second Life Assured (if different to Second Applicant): \_\_\_\_\_

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

This section is required to verify the identity of the Applicants and/or Lives Assured, if different.

All identification papers must be certified by the Financial Adviser or a Notary Public and include a photograph of the Applicants and Lives Assured.

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

**(a) For each Individual Applicant (and each Life Assured, if different)**

First Applicant:

1. Certified copy of an original photo passport

2. Certified copy of an original utility bill (showing name and current residential address)

Prior residential address\*: \_\_\_\_\_

\* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in Section 2.

Second Applicant:

1. Certified copy of an original photo passport

2. Certified copy of an original utility bill (showing name and current residential address)

Prior residential address\*: \_\_\_\_\_

\* Please complete if the Applicant has been less than 18 months at their current residential address, as detailed in Section 2.

**(b) Corporate and Trust Applicants**

If the Applicant(s) shown in this Application Booklet is/are a Company or a Trust, additional information is required. The introducing Financial Adviser should complete a Verification of Corporate or Trustee Applicant Identity form, available from us on request.

**Declaration**

● I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Life/Lives Assured and attach a certified copy of these documents for your records.

Signature of Financial Adviser: \_\_\_\_\_

Financial Adviser Name (Printed in BLOCK CAPITALS): \_\_\_\_\_

Date:



# 11. 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  No   
If yes, please give details:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are there any concurrent financial proposals being made elsewhere? Yes  No   
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  USD  EUR  Other

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:

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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:

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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?

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

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**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:**

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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):**

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Applicant Name (Printed in BLOCK CAPITALS): \_\_\_\_\_

Please state country where application was signed: \_\_\_\_\_

Date:



**Generali International Limited**

We reserve the right to request additional information at any time.

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

Generali International Limited  
Registered head office address: PO Box 613, Generali House, Hirzel Street,  
St Peter Port, Guernsey, Channel Islands GY1 4PA  
Company Registration No: 5921  
Tel: +44 (0) 1481 714 108  
Fax: +44 (0) 1481 712 424

E-mail: [enquiries@generali-guernsey.com](mailto:enquiries@generali-guernsey.com)

**[www.generali-gi.com](http://www.generali-gi.com)**

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