

ONLY complete sections 2a - 3, if:

- the Top-up contribution does not originate from the same account as the first contribution.
- where a third party is making the payment on behalf of a Applicant, complete section 2b.

2a. Where is the contribution for this Top-up being sent from? If this is a regular contribution Top-up do not complete 2a but attach a Long Term Method of Payment.

If the contribution is being paid from your personal account please complete all the account details in full. Failure to do so will result in the Company requiring additional documentation to establish the link between you and your contribution. If your payment is coming from more than one personal account, please give the account details for each additional contribution payment in the Additional Notes section.

| | | | |
|-------------------------------------|--|----------------|--|
| Name of Financial Institution/Bank | | | |
| Financial Institution/ Bank Address | | | |
| Name of Account Holder(s) | | | |
| Account Number | | Bank Sort Code | |
| IBAN | | BIC | |

2b. If your contribution is originating from another financial institution, such as an insurance company, or any other third party account, please provide these details.

Full name and address of third party (individual, corporation, insurance company)

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Details of the source of the contribution from another financial institution (not your personal account) or individual third party*

| | | | |
|---|--|----------------|--|
| Name of Financial Institution/ Bank/Insurance Company | | | |
| Financial Institution/Bank Address | | | |
| Name of Account Holder(s)/ Contract Holder(s) | | | |
| Account Number/ Contract Number | | Bank Sort Code | |
| IBAN | | BIC | |

Details of relationship between you and the third party

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Reasons for the third party making the contribution(s)

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3. Other parties involved in this contract as beneficial owner (if named) or lender:

Please provide name and contact details of

| | |
|------------------|--|
| Beneficial Owner | |
| Lender | |

NB. Please note that cash, traveler's cheques, bearer shares and Banker's drafts are not acceptable forms of payment.

The Company reserves the right to ask for additional documentation if required to meet its anti-money laundering obligations.

The Company reserves the right not to accept payments by third parties.

* *Certified identification and current proof of residence are required for individual third party payers.*

IMPORTANT NOTES

1. If you become resident in the United States of America while your Hansard International Limited ("the Company") Contract is in force, the Company may not be able to accept any further contributions or any instructions to vary the fund choice until after you cease to be a resident of the United States of America.
2. The Company will only accept an application introduced by a Independent Financial Advisor. Your Independent Financial Advisor is acting solely as your agent when advising you and submitting your application to the Company. Accordingly, the Company cannot be held responsible for the advice, representations, acts or omissions, made in connection with your application. Please therefore ensure that the application conforms with your instructions before you sign it.
3. All contributions must be made payable to Hansard International Limited. The Company will not accept responsibility where contributions are made payable to a third party. Where a contribution 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.
4. No liability can be accepted for any country's current or future tax or other legislation which may affect the contract including any benefit that may be payable under it. You should seek independent advice on the applicable legislation in your country of residence.
5. If you request The Company to communicate with you by email, you agree that this is entirely at your own risk and you will be taken to be confirming that you have been advised that such method of communication is not secure and may be intercepted by unauthorised third parties. In such circumstances, you will be taken as agreeing that the Company shall not be held responsible in any way should emails be intercepted by unauthorised third parties who gain access to your personal data.

ADDITIONAL NOTES

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My actual country of residence is

First Applicant Country

Second Applicant Country

I was present in (enter name of country below) when I received the investment advice.

First Applicant Country

Second Applicant Country

Signatures (Individual Applicant/s)

First Applicant Date

| | | |
|-----------|-----------|-------------|
| <i>DD</i> | <i>MM</i> | <i>YYYY</i> |
| | | |

Second Applicant Date

| | | |
|-----------|-----------|-------------|
| <i>DD</i> | <i>MM</i> | <i>YYYY</i> |
| | | |

Signatures (Trustee/s, Authorised Signatory/ies)

| | | | | | | | | |
|-----------|-------------------|---|-------------|-----------|-------------|--|--|--|
| Signature | Name | Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 25px; text-align: center;"><i>DD</i></td><td style="width: 25px; text-align: center;"><i>MM</i></td><td style="width: 25px; text-align: center;"><i>YYYY</i></td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr></table> | <i>DD</i> | <i>MM</i> | <i>YYYY</i> | | | |
| <i>DD</i> | <i>MM</i> | | <i>YYYY</i> | | | | | |
| | | | | | | | | |
| | Position/Capacity | | | | | | | |
| Signature | Name | Date <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 25px; text-align: center;"><i>DD</i></td><td style="width: 25px; text-align: center;"><i>MM</i></td><td style="width: 25px; text-align: center;"><i>YYYY</i></td></tr><tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr></table> | <i>DD</i> | <i>MM</i> | <i>YYYY</i> | | | |
| <i>DD</i> | <i>MM</i> | | <i>YYYY</i> | | | | | |
| | | | | | | | | |
| | Position/Capacity | | | | | | | |

Please post to

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