

Professional Portfolio

Application Form

Application Form



GENERALI
PAN€UROPE



Application Form - Generali PanEurope Professional Portfolio

Financial Adviser Details

Company name: _____

Address: _____

Agency number: _____

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 5-11	<input type="checkbox"/> Applicant
Declaration of Residency outside Ireland Form	Section 12	<input type="checkbox"/> Applicant
Payment Instruction Form	Section 13	<input type="checkbox"/> Applicant
Verification of Applicant Identity	Section 14	<input type="checkbox"/> Financial Adviser
Appointment of a Portfolio Manager (optional)	Section 15	<input type="checkbox"/> Applicant & Portfolio Manager
Source of Funds Questionnaire	Section 16	<input type="checkbox"/> Financial Adviser

Supplementary Forms may need to be completed by the Financial Adviser and are available from us on request:

Verification of Corporate or Trustee Applicant Identity (required if the Applicant is a Company or a Trust)	Supplementary Form	<input type="checkbox"/> Financial Adviser
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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: _____

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: _____

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. Number of Policies

Minimum Investment Amount per policy is €16,000.

Please enter the number of policies you require:

If left blank we will issue up to a maximum of 20 policies.



10. Regular Income Facility

Section A

If required, please give details (the minimum withdrawal amount is €500 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

Name of 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 the Financial Adviser or a Notary Public and include a photograph of the third party. 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.



11. 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 signed this declaration, I/we had seen, read and understood the Brochure including the Policy Details Guide and Information Sheet (for the relevant country) given to me/us by my/our Financial Adviser explaining the key features of the Professional Portfolio to which this Application Form relates.
- ii) I/We declare that this Application was completed in _____ (country) and I/we confirm that I/we am/are living in that country. 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 PanEurope ("the Company"), on application or in the future, shall form the basis of the contract in accordance with the laws of the above country, unless otherwise agreed.
- 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 this contract can only be negotiated with and accepted by an authorised official of the Company at the Company Head Office in Ireland. However, Generali PanEurope will be committed to concluding the contract if they do not respond to me/us with an offer of insurance, a refusal of insurance, or a request for further information within 30 days of receipt of this Application Form.
- 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 PanEurope 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.
- vii) I/We acknowledge that, where the investments in this portfolio are illiquid, Generali PanEurope 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 request to receive a copy of the Policy Terms and Conditions and all other correspondence in the English Language.
- 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) I/We have been informed of my/our right to complain and of the complaint procedure to the relevant authority to which complaints should be addressed, in the section entitled "Complaints" in the Policy Details Guide in the Brochure.
- xii) I/We have been informed and understand my/our right to cancel my/our Application for this Policy as detailed in the section entitled "Cooling Off Period" in the Policy Details Guide in the Brochure.
- xiii) *GPE Data Protection*
 - I/We accept that my/our data supplied in this Application (and any information which is subsequently given by me/us or on my/our behalf) will be transferred to Generali PanEurope in Ireland and that my/our data is processed and stored there on computer or otherwise for administration, customer care and service purposes.
 - I /We accept that Generali PanEurope may disclose my/our information (and any information which is subsequently given by me/us or on my/our behalf) to any other company of the Generali Group, Financial Adviser, Investment Adviser, Portfolio Manager, Reinsurance company and Agent acting on their behalf for purposes related to my/our Policy.

Section 11 (cont'd)

- I /We accept that Generali PanEurope may disclose my/our information (and any information which is subsequently given by me/us or on my/our behalf) to any competent authority entitled to request disclosure thereof.
- I /We accept that some of the parties to whom Generali PanEurope may disclose my/our information may be in countries outside the EEA and may not have laws to protect my/our information. Details of such countries can be provided on request.

If you do not wish Generali PanEurope to contact you for marketing purposes please tick this box

Signature of the First Applicant:

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

Date:

Date:



12. Declaration of Residence outside Ireland

Policyholders (Applicants) resident outside Ireland are required by the Irish Revenue Commissioners to make the following declaration, which is in a format authorised by them, in order to receive payments without deduction of Irish tax.

I/We* declare that

- I/We* have read the explanation of the terms detailed in the note entitled "Residence Definitions" attached;
- I am/We are/The company is* the policyholder in respect of which this declaration is being made;
- I am/We are/The company is* not resident or ordinarily resident in Ireland;

If you are making this declaration whilst in the process of setting up your policy, setting up a series of regular withdrawals or making a first partial surrender:

- I/We/The company* hereby undertake to inform the insurance company of any change in my/our/the company's* country of residence during the life of the policy.

**Delete as appropriate.*

Name and principal place of residence/address of Policyholder: _____

Signature of Policyholder or Authorised Signatory: _____

Capacity in which declaration is made:

_____ Date: _____

Joint Policyholders:

Names and principal places of residence

Signatures:

_____	_____
_____	_____
_____	_____

Notes:

1. This section may be subject to inspection by the Irish Revenue Commissioners. It is an offence under Irish law to make a false declaration.
2. This declaration must be signed by policyholders who are neither resident nor ordinarily resident in Ireland or by personal representatives signing on behalf of deceased persons. Where the policyholder is a company, the declaration must be signed by the company secretary or such other authorised officer. It may also be signed by a person who holds power of attorney from the policyholder. A copy of the power of attorney should be furnished with this declaration.



Residence Definitions

Residence – Individual

An individual will be regarded as being resident in Ireland for a tax year if he/she:

1. spends 183 days or more in the State (Republic of Ireland) in that tax year; or
2. has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two year test. Presence in the State for a day means the personal presence of an individual at the end of the day (midnight).

Ordinary Residence – Individual

The term "ordinary residence", as distinct from "residence", relates to a person's normal pattern of life and denotes residence in a place with some degree of continuity.

An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

For example, an individual who is resident in the State for the tax years:

- 6 April 2001 to 31 December 2001
- 1 January 2002 to 31 December 2002, and
- 1 January 2003 to 31 December 2003

will become ordinarily resident with effect from 1 January 2004.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which he/she is not resident. Thus, an individual who is resident and ordinarily resident in the State during the 2002 tax year and departs from the State in that year **will remain** ordinarily resident up to the end of the tax year 1 January 2005 to 31 December 2005.

Residence – Company

A company which has its central management and control in the Republic of Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where:-

- the company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU Member States or countries with which the Republic of Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised Stock Exchange in the EU or in a tax treaty country.

OR

- the company is regarded as not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company's residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in Section 23A Taxes Consolidation Act of Ireland, 1997.



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: euro sterling US dollar HK dollar Japanese yen Swedish krona

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

Amount:

Amount in words: _____

Authorisation

First Account Signatory:

Second Account Signatory (if any):

Date:

Date:

Notes for your bank

On all payments, please ensure that a Swift MT103 is sent to Citibank Dublin, Swift Code CITIIE2X for final credit to Generali PanEurope Limited (GPE). Please quote Applicant's name and address.

Account details as follows:

euro: Citibank N.A, London (SWIFT CITIGB2L) favour of Citibank N.A, Dublin (SWIFT CITIIE2X)
GPE A/C No: 11045006 IBAN: IE31 CITI 99005111045006

sterling: Citibank N.A, London (SWIFT CITIGB2L) favour of Citibank N.A, Dublin (SWIFT CITIIE2X)
GPE A/C No: 11045049 IBAN: IE34 CITI 99005111045049

US dollar: Citibank N.A, New York (SWIFT CITIUS33) favour of Citibank N.A, Dublin (SWIFT CITIIE2X)
GPE A/C No: 11045057 IBAN: IE12 CITI 99005111045057

Hong Kong dollar: Citibank N.A, Hong Kong (SWIFT CITIHKHX) favour of Citibank N.A, Dublin (SWIFT CITIIE2X)
GPE A/C No: 11045065 IBAN: IE87 CITI 99005111045065

Japanese yen: Citibank N.A, Tokyo (SWIFT CITIJPJT) favour of Citibank N.A, Dublin (SWIFT CITIIE2X)
GPE A/C No: 11045073 IBAN: IE65 CITI 99005111045073

Swedish krona: Svenska Handelsbanken, Stockholm (SWIFT HANDSESS) favour of Citibank N.A, Dublin (SWIFT CITIIE2X)
GPE A/C No: 11045081 IBAN: IE43 CITI 99005111045081

14. Verification of 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 Applicants' 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 enclosed and ensure that all necessary documents are included.

(a) Individual Applicant

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"/>
Source of Funds Questionnaire	<input type="checkbox"/>	<input type="checkbox"/>

(b) Corporate and Trust Applicants

If the Applicant(s) shown in this Application Form is/are a Company or a Trust, additional information is required. The introducing Financial Adviser should complete a supplementary 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 attach a certified copy for your records.
- I confirm that I am aware of the original source of monies being used to pay the Investment Amount(s) and am satisfied they are derived from legitimate activities.

Signature of Financial Adviser:

Financial Adviser Name: _____

Date:



15. 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 PanEurope ("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 estate(s), 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 € 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 portfolio debt facility as described in the Policy Terms and Conditions.

(cont'd overleaf)

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: _____

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.



16. 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 how the source of wealth for this investment has been raised.

i) Employment income? Yes No

If yes, please specify employer and estimated earnings:

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

If yes, please give details:

iii) 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:

iv) Other? Yes No

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

6. 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?

7. 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 investment amounts is derived from legitimate activities.

Signature of Financial Adviser:

Financial Adviser Name (Printed in BLOCK CAPITALS): _____

Date:



Generali PanEurope Limited

Registered Office: 25 - 28 North Wall Quay, Dublin 1, Ireland

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If you have any sales queries please contact:

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Fax: + 353 (0) 46 906 0223

E-mail: enquiries@generali.ie

www.generali-gpe.com

This product is provided by Generali PanEurope Limited, a limited liability company registered in Ireland (number 311420) and licensed to transact life assurance business by the Irish Financial Services Regulatory Authority.

Generali PanEurope Limited is part of the Generali Group.