



**This Application Form is for Trustee (Individual or Corporate) applicants only. If you are an individual or corporate applicant, you should use the alternative Application Forms that are available from your financial adviser.**

# Old Mutual International Investment Portfolio+

Trustee Investor

November 2021

This Application Form should only be used when applying for the Old Mutual International Investment Portfolio+, a Capital Redemption Contract issued as long-term insurance business under the Isle of Man Insurance Act 2008 by Old Mutual Isle of Man Branch of Old Mutual Life Assurance Company (South Africa) Limited ("Old Mutual Isle of Man") and should be read in conjunction with the Investment Portfolio+ Key Features document & General Conditions:

You will also need to complete the 'Tax declaration for Trustees and corporates' located at the end of this Application Form.

**To complete this form:**

- Complete all relevant sections.
- Do not use correction fluid; any amendments should be crossed out and initialled by the company's authorised signatories.
- Any incomplete information will need to be confirmed in writing by you to Old Mutual Isle of Man.

**Existing Investment Portfolio/Investment Portfolio+ number:**

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Financial adviser's details	
Name of financial adviser	<input type="text"/>
OMI adviser code (if applicable)	<input type="text"/>
OMLAC(SA) code (if known)	<input type="text"/>
Company name	<input type="text"/>
Contact Person	<input type="text"/>
Contact number	<input type="text"/>
E-mail address	<input type="text"/>
FAIS licence number	<input type="text"/>
OM Broker Consultant name (if applicable)	<input type="text"/>
OM Broker Consultant number (if applicable)	<input type="text"/>
OMI Offshore Specialist	<input type="text"/>
Old Mutual Isle of Man only accepts business introduced by intermediaries who have Terms of Business with us. All introducers must be appropriately FAIS licensed.	

Further details on Data Protection, Tax, Cancellation Rights & Complaints resolution process & Isle of Man Financial Services Ombudsman can be found in the Investment Portfolio+ General Conditions or on the Old Mutual International (OMI) website – [www.omi-int.com](http://www.omi-int.com)



**INTERNATIONAL**



## A Details of the Trustee (Individual/Corporate) Applicant

### Details of Corporate Trustee Applicant

Corporate Trustee name	<input type="text"/>
Contact person	<input type="text"/>
Country of registration	<input type="text"/>
Registered office address <small>(The information must be provided in full. We are unable to accept PO Boxes and 'care of' addresses)</small>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Country code	<input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Country code	<input type="text"/>
Telephone number	<input type="text"/>
E-mail address	<input type="text"/>
Corporate website address	<input type="text"/>
Manager of the Company (Managing Director / Member)	
Full names	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text"/>
SA Identity number / Passport <small>(non SA residents)</small>	<input type="text"/>
Nationality	<input type="text"/>
Residential Address	<input type="text"/>
Nature of Business	<input type="text"/>
Source of Corporate Trust Income	<input type="text"/>

#### Source of Funds

The funds for this transaction emanate from the investment by the underlying client.  Yes  No

If no, please detail the source of funding for the this transaction.

#### Authorised signatories

Please confirm the minimum number of authorised signatories of the Corporate Trustee needed to give instructions.

Please provide a copy of the authorised signatory list, including signing powers.



**A Details of the Trustee (Individual/Corporate) Applicant** (continued)

**Details of Individual Trustee Applicant(s)**

In this section, please give details of all Trustee Applicant(s).

	<b>Trustee Applicant 1</b>	<b>Trustee Applicant 2</b>
Title (√)	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>	<input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Other <input type="text"/>
Full forename(s)	<input type="text"/>	<input type="text"/>
Full surname(s)	<input type="text"/>	<input type="text"/>
Previous name(s) or alias(s)	<input type="text"/>	<input type="text"/>
Gender (√)	<input type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Male <input type="radio"/> Female
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Dual nationality (if applicable)	<input type="text"/>	<input type="text"/>
ID Number / Passport Number (where non SA Citizen)	<input type="text"/>	<input type="text"/>
Residential address (where you currently live. Please provide proof of residential address with this application.)	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Country	Postcode <input type="text"/>	Postcode <input type="text"/>
Country of residence	<input type="text"/>	<input type="text"/>
Stand/Plot/Erf number	<input type="text"/>	<input type="text"/>
Telephone number	<input type="text"/>	<input type="text"/>
Cell number	<input type="text"/>	<input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>

All documentation will be sent to the email address provided or retrievable from the online portal. Where there is a loss of contact, Old Mutual Isle of Man or the Reinsurer (where applicable) reserves the right to send correspondence to your residential or registered office address where regulations prevent it being sent to an alternative address.

**Politically Exposed Persons (PEP)**

If the Applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a PEP, or connected with a PEP, please provide details.

A PEP is an individual or entity that is, or has been, entrusted with a prominent public function or such parties associated with them (examples of PEP: Heads of State or Government, judicial or military officials, senior politicians or senior executives of state owned enterprises (either partially or wholly).

Please note that we will need further documentary evidence on the origin of wealth to support applications from parties who are PEPs or who are connected to PEPs.

**ALL APPLICANTS MUST COMPLETE AND SIGN THE DECLARATION IN SECTION I**



## B Details of the Trust

Corporate applicant FBO  Yes  No

Trust name

Trust number

Created on  
(please enter date)

/  /

Please state jurisdiction  
of Trust & Country

Registered address in  
country of formation

Reason for investment  
(for example, inheritance tax planning)

Please explain the reason for the establishment  
of the Trust, what type of trust it is.

Source of Wealth

Please provide an indication of the value of the  
Trust assets (please specify currency).

Over how many years was the total wealth  
accumulated

/

How was the wealth accumulated (eg savings  
from salary/bonuses/ earnings, asset / property sale, gift/  
inheritance)

Please state if a protector has been appointed  
and is required to sign on behalf of the Trust.

### Details of Donor(s)/Settlor(s)

Name(s) & Surname of  
Donor/Settlor

Title (✓)

Mr  Mrs  Miss  Other

Gender (✓)  Male  Female

Date of birth or death

/  /

Birth

Death

ID Number / Passport  
Number (where non SA Citizen)

Nationality

Residential Address

Postcode

Contact number

### Beneficiary 1

Class of beneficiary

Name

Surname

Date of birth

/  /

Residential address

Postcode

Country



**B Details of the Trust** (continued)

**Beneficiary 2**

Class of beneficiary	<input type="text"/>
Name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Country	<input type="text"/>

**Beneficiary 3**

Class of beneficiary	<input type="text"/>
Name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Country Code	<input type="text"/>

**Beneficiary 4**

Class of beneficiary	<input type="text"/>
Name	<input type="text"/>
Surname	<input type="text"/>
Date of birth	<input type="text" value="D D"/> / <input type="text" value="M M"/> / <input type="text" value="Y Y Y Y"/>
Residential address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Country	<input type="text"/>

If there are more beneficiaries, please attach a copy of this page to the Application.



## C Source of Wealth and Funding

### Full details of the immediate wealth activity generating the source of funds

**THIS SECTION MUST BE COMPLETED IN ALL INSTANCES. PLEASE TICK THE DESCRIPTION OPTION(S) RELATING TO THE ORIGINAL SOURCE OF THE CONTRIBUTION FOR YOUR INVESTMENT PORTFOLIO+ (✓).**

**YOU MUST FULLY COMPLETE EACH RELEVANT SECTION RELATING TO THE DESCRIPTION OPTION(S) YOU HAVE TICKED.**

**Regular income earnings from employment**

Donor/Settlor

Name and address of employer or own company

Occupation (if retired detail previous employment information)

Gross salary (please specify currency)

Bonus (if any. Please specify currency)

**Sale of shares**

Name of company/Financial Institution that held your shares/investment/policy (for example bank stockbroker or insurance company)

**Dividends**

**Matured/  
Surrendered/  
replacement of  
investment/policy**

Name of person who held the shares/  
investment/policy

**Pension Settlement**

**Savings**

Account/Policy/Investment/Portfolio  
number

How were they accumulated? (i.e. bank, stockbroker  
or other agent, if applicable)

Description of shares investments sold  
(if applicable)

Reason for policy liquidation or replacement  
policy (if applicable)

  
  

Total amount paid out  
(please specify currency)

Surrender penalty incurred (if any)

Date received

D	D	M	M	Y	Y	Y	Y
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Savings/Shares/investment/policy held for

		years			months
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## C Source of Wealth and Funding (continued)

### Full details of origin of wealth (continued)

PLEASE TICK THE DESCRIPTION OPTION(S) RELATING TO THE ORIGINAL SOURCE OF THE CONTRIBUTION FOR YOUR INVESTMENT PORTFOLIO+ (✓).

YOU MUST FULLY COMPLETE EACH RELEVANT SECTION RELATING TO THE DESCRIPTION OPTION(S) YOU HAVE TICKED.

**Sale of property/  
interest in company/  
Dividend payment**

Name of company (if applicable)

Address of property/company sold  
(including postcode if applicable)

Connection to Company/Property  
(ie. owner, shareholder)

Nature of business (if company sale)

Date of Sale   

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date declared (Dividends)   

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Amount received from sale (please  
specify currency)

Date received   

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**Inheritance**

**Loan**

**Gift /Donation**  
(details of donor to be provided  
along with SOW information on  
the donor)

**Other**  
(please provide detailed  
explanation below of the activity,  
including amount and date  
received. Additional evidence and  
information may be requested)

Origin of wealth (if ticked 'Gift' or 'Other')

From which organisation or whom  
(state the relationship if applicable)  
and full name(s)

Name of donor/deceased

Relationship to donor/deceased

Details (including reasons where applicable,  
how the money was acquired, etc)

Amount (please specify currency)

Date received   

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of Death (inheritance)   

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



## C Source of Wealth and Funding (continued)

**THIS SECTION MUST BE COMPLETED IN ALL INSTANCES. PLEASE NOTE THIS SECTION CONTINUES ON THE FOLLOWING THREE PAGES.**

The investment amount will be invested after all requirements have been met and, where applicable, after the SARS (South African Revenue Service) Application for a Tax Clearance Certificate has been received.

### Source of premium account funding the payment to Old Mutual Isle of Man

**Please detail the account from which payment is being made to Old Mutual Isle of Man. Please complete (a) and/or (b) as appropriate.**

For Contributions from multiple bank accounts, please photocopy this page and complete for each bank account and provide reasons for multiple payments.

Reasons for multiple payments:

#### (a) Payment from Trust

Please complete the information below. Payment should be received from a Trust bank account.

Payment amount	<input type="text"/>	Payment currency	<input type="text"/>
Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Account holder's name (as stated on bank account)	<input type="text"/>		
Bank account number/ IBAN*	<input type="text"/>		
Sort code** (if applicable)	<input type="text"/> - <input type="text"/> - <input type="text"/>	SWIFT or BIC code** (if applicable)	<input type="text"/>
Bank account currency	<input type="text"/>		

**Would you like to nominate the bank account above as the account to be used to receive payments out of your Investment Portfolio+?**  Yes  No

If you do not wish to nominate the bank account above as the account to be used to receive payments out of your Investment Portfolio+, you can nominate a different account in the name of the Trust, below. We will keep these details on our records.

Bank name	<input type="text"/>		
Bank address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Account holder's name (as stated on bank account)	<input type="text"/>		
Bank account number/ IBAN*	<input type="text"/>		
Sort code** (if applicable)	<input type="text"/> - <input type="text"/> - <input type="text"/>	SWIFT or BIC code** (if applicable)	<input type="text"/>
Bank account currency	<input type="text"/>		

\* IBAN stands for International Bank Account Number and is always used in conjunction with a bank identifier code (BIC).

\*\* A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number.

A BIC code is used in Europe in conjunction with an IBAN

#### (b) Third-party payments

Third-party payments, such as payments made by persons other than a Applicant, are not normally acceptable. However, we may accept payments from other financial services institutions, where the previous investment was held in respect of the Trust.

Please tick if this is the case (✓)

Copy documentation showing the investment and the payment will be required.

(Note: payment from unregulated companies or from certain jurisdictions may not be acceptable.)





## D Contract Information

### Contribution

Please complete your Contribution(s) below:

Currency (✓)	Amount
<input type="radio"/> £	<input type="text"/>
<input type="radio"/> US\$	<input type="text"/>
<input type="radio"/> €	<input type="text"/>
<input type="radio"/> CHF	<input type="text"/>
<input type="radio"/> AU\$	<input type="text"/>
<input type="radio"/> ZAR	<input type="text"/>

Minimum initial investment amounts

- Direct Funds – £ 15,000 or 20,000 for other currencies (except ZAR)
- Authorised Custodian Facility – £ 60,000 or 75,000 for other currencies (except ZAR)

### Contract Currency

The Trustee Applicant requests the Contract Currency to be (please tick one of the following).

Contract Currency (✓)     £             US\$             €             CHF             AU\$

The Contract Currency cannot be changed once the Contract has been issued.

Please note, if no currency is selected your Contract Currency will be Pound Sterling (£).

Your Plan valuation will be summarised in your chosen Contract Currency.

In addition, the total value of your Plan will also be valued in South African Rand.

If you choose a Contract Currency other than that in which you made your Contribution, you should be aware that we will notionally convert the Contribution into your chosen Contract Currency. This means we will not physically convert the Contribution, but the converted amount will be the amount that is shown in your Plan Summary.

Any conversions that we make will be based on the closing 'market mid-rate'\* provided to us by a third-party currency rate provider, on the working day before we allocate your Contribution to your Contract.

If additional currency conversions are required as a result of transactions within your Contract, you should be aware that delays may occur.

\* All Currencies have a market rate. Any provider dealing with Currencies will independently set different 'buy' and 'sell' rates, which include overheads and profit margins.

The market mid-rate is derived from the mid-point between the 'buy' and 'sell' rates used in the global markets.

### Number of Contracts

You will be allocated 1 000 Contracts which is the maximum number allowed.



## E Charges

The charging structure and Currency that you choose for your Investment Portfolio+ cannot be changed once the Investment Portfolio+ has started and will apply to any additional Contributions that are made.

We will charge a Custodian Access Fee depending on the account you choose.

### Financial adviser Commission and Fees

**Please see Terms 18 to 21 of the General Conditions for information on charges that may apply to your Investment Portfolio+ or speak to your financial adviser.**

VAT will be included in commission payments where applicable. The charges/fees will be levied at the end of the relevant calendar quarter.

Please indicate your chosen charging structure and complete the relevant information (✓)

**(If no box is ticked, the application cannot be processed)**

### INITIAL FEES

#### CHARGING OPTION 1

##### Commission payable to your financial adviser

**Maximum of 3% of your contribution amount. (VAT will automatically be added if applicable.)**

Initial Commission to be paid  %

Any commission being waived should be used to (✓)  Reduce the Contract Establishment Charge

Enhance the Allocation Percentage

OR

#### CHARGING OPTION 2

##### Advice Fee

**Subject to a maximum of 3% (VAT will automatically be added if applicable.)**

- The Advice Fee is an amount that you have agreed to pay your financial adviser for providing you with advice.
- This amount will be deducted by Old Mutual Isle of Man on your instructions prior to investing the Contribution on the Contract Commencement Date and is based on your Contribution.
- For clarity, the Advice Fee is not a commission payment paid by Old Mutual Isle of Man.

Advice Fee  %

### Ongoing Fee

##### Investment Review Fee – if selected, payable from inception.

- The Investment Review Fee is an additional ongoing fee that you have agreed to pay your financial adviser for providing you with ongoing advice.
- You have instructed Old Mutual Isle of Man to pay this Fee to your financial adviser by making partial surrenders (refer to the Investment Portfolio+ General Conditions) from your Plan.
- For clarity, this is not a commission payment paid by Old Mutual Isle of Man.
- **Subject to a maximum equivalent of 1% per annum (VAT will automatically be added if applicable) and minimum payment of £ 250.**

% per annum of the value of my Portfolio Fund to be taken



## F Investment Choices

Please choose ONE of the following options: (If no option is ticked, the application cannot be processed)

1.  **Direct Funds**

Available on a Plan with an initial Contribution of at least £ 15,000 or 20,000 for other currencies.

- Please complete Direct Funds section below ONLY.

Please refer to Investment Portfolio+ Investment Choices list for relevant Fund Codes.

2.  **Authorised Custodian Facility**

Available on a Plan with an initial Contribution of at least £ 60,000 or 75,000 for other currencies.

- Please complete Authorised Custodian Facility section below and Section G overleaf.

Please select your Contribution payment method (√)

- Electronic bank transfer to Old Mutual Isle of Man
- Asset transfer (Asset Statement required)

All assets to be transferred will be reviewed and are subject to Old Mutual Isle of Man acceptance. All stocks and shares must be quoted on a stock exchange recognised by Old Mutual Isle of Man. Old Mutual Isle of Man will confirm to you when the asset transfer process can start. It is your responsibility to start and monitor the transfer process.

**You can only transfer assets if:**

- the total value of assets is more than £ 60,000 (or currency equivalent) in total, and
- each stock to be transferred has a value greater than £ 5,000 (or currency equivalent)

3.  **Combination of Authorised Custodian Facility and Direct Funds**

Authorised Custodian Facility and Direct Funds can be held within the same Plan subject to a minimum of £ 60,000 (or 75,000 for other currencies) being invested in the Authorised Custodian Facility.

The £ 15,000 (or 20,000 for other currencies) minimum for Direct Funds will not apply to a Plan that holds the Authorised Custodian Facility, provided the £1,000 (or 1,500 for other currencies) minimum investment amount per Direct Fund is met.

- Please complete BOTH Authorised Custodian Facility and Direct Funds sections below and Section G.
- Please confirm the Currency and amount to be held in the Authorised Custodian Facility

(the remaining contribution to be invested as per the funds indicated in the Direct Funds section below)

### Direct Funds

Fund code	Fund name	Currency	Proportion %
<b>Authorised Custodian*</b>			
<b>Transaction account percentage**</b>			
<b>Total</b>			<b>100%</b>

\* Please provide the asset statement containing the asset name, Sedol/ISIN Number/Book Value/units & custodian currency. (Please complete sections F, G & Letter of Authority)

\*\* Please indicate the % of your Contribution that should be kept in your Transaction Account held with Old Mutual Isle of Man to cover ongoing charges. No interest will be paid for any cash balance in the Transaction Account held with us. Please note, it is your Fund Adviser's, also known as your Discretionary Investment Manager's, responsibility to ensure liquid assets are available to pay ongoing charges. Where the deduction of charges leads to a debit balance in the Transaction Account, please see the Investment Portfolio+ General Conditions for further details.



## **G Request to open an Authorised Custodian account - Authorised Custodian Facility ONLY**

**For an up-to-date list of Authorised Custodians that we have terms of business with, please go to the correct region on our website [www.omi-int.com](http://www.omi-int.com), click on Our products, Investment Portfolio+ and then select the Investment Portfolio+ Investment Choices Brochure.**

We strongly recommend you complete your own due diligence on the Authorised Custodian, seeking advice if necessary, before you request us to appoint them, to ensure they satisfy your requirements.

Old Mutual Isle of Man is the provider of the Investment Portfolio+ and will issue the Contract. All the assets held in the Investment Portfolio+ will legally be owned by Old Mutual Isle of Man. However, Old Mutual Isle of Man is entitled to reinsure its obligations under the Investment Portfolio+ to an appropriate Reinsurer, in which case the Assets will legally be held by the Reinsurer.

The fact that we may allow or refuse a particular Authorised Custodian does not indicate any judgement by us about its financial stability, services or suitability for you.

Please see the details in the 'Authorised Custodian' part of Section H for more information on opening an Authorised Custodian account.

### **Appointment of Authorised Custodian**

The Trustee Applicant

requests that Old Mutual Isle of Man appoints with the intent that the Authorised Custodian shall be responsible for the safe custody of Assets.

### **Internet Request (Authorised Custodian Facility)**

Where the Authorised Custodian offers Internet Services we may on your request authorise view-only access to another party.

Does the Trustee require view-only access to the Internet Service provided by the Authorised Custodian?  Yes  No

Does the Trustee require their financial adviser as detailed on page 1 to have view-only access to the Internet Service provided by the Authorised Custodian?  Yes  No

Does the Trustee require a third party to have view-only access to the Internet Service provided by the Authorised Custodian?  Yes  No

#### **Details of third party requiring access**

Title (√)

Mr  Mrs  Miss  Other

Full forename(s)

Surname

Address

Postcode

Telephone number

E-mail address

**I request that you connect the Trustee Applicant's financial adviser or, if applicable, the third party I have named, to the Internet Service provided by the Authorised Custodian.**



## H Appointing a Fund Adviser, also known as a Discretionary Investment Manager – Authorised Custodian Facility ONLY

A Discretionary Investment Manager is a person or firm that acts as your agent and provides investment advice to you, or is able to act on your behalf under a discretionary mandate and that gives investment instructions to the Dealing Desk.

**Please tick as appropriate (✓) for more information relating specifically to the fees payable.**

Trust name

have not appointed a Discretionary Investment Manager and the Trustee Applicant will act on an “execution only basis”.  
· This means that I, as the Trustee Applicant will issue dealing instructions directly to the Authorised Custodian's Dealing Desk.  
(You do not need to complete the rest of this section, but please ensure the Letter of Authority at the end of the Application Form is completed)

**OR**  
 appoint the financial adviser as indicated on page 1 of this Application Form to act as the Discretionary Investment Manager (must be appropriately FAIS licensed – Category II)

**OR**  
 appoint a third party, which may be a company linked to the Authorised Custodian, to act as the Trustee Applicant's Discretionary Investment Manager as specified below.  
· Financial advisers acting as Discretionary Investment Managers cannot have both the Investment Review Fee and the Discretionary Manager Fee.

Name of Discretionary Investment Manager firm

Contact person

Address

E-mail address

Telephone number

### Discretionary Investment Manager Fee

- The Discretionary Investment Manager Fee is an additional ongoing fee that you have agreed to pay your Discretionary Investment Manager for providing you with ongoing advice.
- You have instructed Old Mutual Isle of Man to pay this fee to your Discretionary Investment Manager by making partial surrenders from your Plan (refer to the Investment Portfolio+ General Conditions).
- For clarity, this is not a commission payment paid by Old Mutual Isle of Man.
- Payment will be payable quarterly.
- **Subject to a maximum equivalent to 1% per annum exclusive of VAT.**

VAT to be added:

YES  NO

(If not ticked Vat will not be added.)

Discretionary Investment Manager Fee starting on

D	D	M	M	Y	Y	Y	Y
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of  % per annum of the value of my Portfolio Fund to be taken

If the amount to be paid is below the minimum partial encashment amount, then Old Mutual Isle of Man will accrue the calculated value and pay the Discretionary Investment Manager Fee at the earliest opportunity following the next Quarterly Date on which the minimum partial surrender is met.

**Please insert third-party Discretionary Investment Manager bank account details below.**

Bank name

Bank address

Postcode

Country

Account holder's name (as stated on bank account)

Bank account number/ IBAN\*

Sort code\*\* (if applicable)  -  -

SWIFT or BIC code\*\* (if applicable)

Bank account currency

\* IBAN stands for International Bank Account Number and is always used in conjunction with a bank identifier code (BIC).

\*\* A sort code is used in the UK in conjunction with a bank account number. A SWIFT code is used outside Europe in conjunction with a bank account number. A BIC code is used in Europe in conjunction with an IBAN.



## H Appointing a Fund Adviser, also known as a Discretionary Investment Manager – Authorised Custodian Facility ONLY (continued)

### Acceptance of appointment

The Trustee Applicant, the authorised signatories for the Discretionary Investment Manager named above, agree that:

1. The Discretionary Investment Manager has the necessary regulatory permission to carry out this activity and will inform Old Mutual Isle of Man and the Trustee Applicant if this stops being the case. For example in South Africa, this would be a licensed Discretionary Financial Services Provider or an authorised member of the Johannesburg Stock Exchange Limited;
2. The Discretionary Investment Manager will be responsible to the Trustee Applicant for investment decisions in relation to the Investment Portfolio+ or certain assets in the Investment Portfolio+, depending on the licence conditions of the Discretionary Investment Manager e.g. Johannesburg Stock Exchange Authorised Investments;
3. The Discretionary Investment Manager has obtained and read a copy of the Investment Portfolio+ General Conditions and is aware of the responsibilities and requirements of those Investment Portfolio+ General Conditions and agrees to act in accordance with them at all times as applicable;
4. Where the Discretionary Investment Manager is subject to South African regulation, the Discretionary Investment Manager and Trustee Applicant confirm that:
  - i. a Mandate has been agreed and signed by the Trustee Applicant;
  - ii. the Mandate authorises the above-named Discretionary Investment Manager to act on behalf of the Trustee Applicant with full discretion;
5. The Trustee Applicant has completed the Letter of Authority form (on page 20) that, once completed by Old Mutual Isle of Man or the Reinsurer, enables the 'Authorised Individual' to give instructions to the Authorised Custodian subject to the terms and conditions specified in the Letter of Authority;
6. The Discretionary Investment Manager Fee will be taken as a partial surrender in accordance with the Investment Portfolio+ General Conditions. If the amount to be paid is below the minimum partial encashment amount, then Old Mutual Isle of Man will accrue the calculated value and pay the Discretionary Investment Manager Fee at the earliest opportunity on the quarterly date on which the minimum partial surrender is met, subject to point 7 below;
7. If the Plan is in the Restricted Period as defined in the General Conditions and no further encashments are allowed at that time, then payment of any outstanding Discretionary Investment Manager Fee will have to be paid directly by the Trustee Applicant.

Name of Discretionary Investment Manager firm

Signature  Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of signatory

Position

An authorised signatory list including signing powers will be required.



# I Declaration and application by the Trustees

## TAX RESIDENCY DETAIL

Each country has its own rules for whether a person is resident for tax purposes or not. It is possible to be resident for tax purposes in more than one country. Depending on the rules of the country, tax residency may be determined by factors such as where you permanently live, where you were born, or if you live and work in the country for more than half the year. If you are a USA citizen or hold a USA passport or green card, you will also be considered resident for tax purposes in the USA even if you live outside the USA, unless you have given up your citizenship.

	Individual Trustee Applicant 1	Individual Trustee Applicant 2
SA Resident for Tax	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Income Tax Reference Number	<input type="text"/>	<input type="text"/>
USA citizen and/or Tax Resident	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Income Tax Reference Number	<input type="text"/>	<input type="text"/>
Tax Resident in any other Country	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Income Tax Reference Number	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>

**WE, AS THE TRUSTEE APPLICANT(S), CONFIRM THAT WE HAVE READ AND UNDERSTOOD ALL DETAILS SUPPLIED IN THE APPLICATION FORM, INCLUDING SECTIONS J & K IN ITS ENTIRETY, AND UNDERSTAND ITS IMPLICATIONS AS WELL AS THE INFORMATION INCLUDED IN THE KEY FEATURES AND GENERAL CONDITIONS DOCUMENTS RESPECTIVELY.**

### Individual Trustee Applicant(s)

Name	<input type="text"/>						
Signature of Trustee 1	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country where signed	<input type="text"/>						
Name	<input type="text"/>						
Signature of Trustee 2	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country where signed	<input type="text"/>						

If there are more than four signatories, please attach a copy of this page to the Application.

### Authorised signatories for Corporate Trustee Applicant(s)

Name	<input type="text"/>						
Capacity	<input type="text"/>						
Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country where signed	<input type="text"/>						
Name	<input type="text"/>						
Capacity	<input type="text"/>						
Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country where signed	<input type="text"/>						

**If there are more than two authorised signatories Trustee Applicants, please attach a copy of this page to the Application.**



## **J Verification of customer identity – financial adviser to complete**

### **THIS SECTION MUST BE READ, UNDERSTOOD AND COMPLETED IN ALL CASES.**

Please note that we will not be able to set the Plan live until this section has been completed and you have provided the necessary identification documentation. Outlined below are the standard minimum requirements. In some circumstances we may need additional information.

#### **Requirements for a Trust**

- 1) A suitably certified copy of the extract of the Trust Deed, showing:
  - a. Evidence of establishment of the trust i.e. its name and date established and executed (signatory page)
    - i. If changes to the appointed Trustees have been made, proof will be required that the new Trustees are authorised
  - b. Details of the Settlor
  - c. Signing powers; this may be expressed in the Trust Deed, Letter of Authority or a resolution
    - i. Evidence of the appointment of the Trustees.
    - ii. Signing arrangements.
    - iii. A current authorised signatory list.
    - iv. Specimen signatures of the authorised signatories
    - v. Resolution, if applicable, where only one of the authorised signatories is entitled to sign.
  - d. If any amendments have been made to the Trust Deed, acknowledgment by the Master's Office will be required (South African Trust).
  - e. Deed of Retirement and Appointment where trustees have changed.
- 2) For a South African Trust – a suitably certified copy of Master of High Court's Letters of Authorisation (Magtigingsbrief) authorising the Trustees to act in that capacity,
  - a. If changes to the appointed Trustees have been made, proof will be required that the new Trustees are authorised; this will be in the form of an amended Letter of Authority by the Master's Office.
- 3) A suitably certified true copy of ID and proof of residential address will be required for all applicable parties or in the Trust, namely:
  - a. All of the Trustees
  - b. All the Donors/Settlors
  - c. All the Protector(s) if appointed

#### **Requirements if the Trustee is a Corporate (To be provided in the instance that there has been a change of information.)**

- 1) A suitably certified copy of the Certificate of Incorporation or other equivalent official registration documentation.
- 2) Evidence of registered office and place of business, if different.
- 3) A list of directors' names
- 4) Organogram showing Corporate structure.
- 5) A current authorised signatory list
- 6) Certified copy of an up to date shareholder register.
- 7) Specimen signatures and signing power arrangements of the authorised signatories.
- 8) A certified true copy of ID and proof of residential address will be required for the following parties of the Corporate Trustee, namely:
  - a. At least two Directors, one of whom must be an Executive/Managing Director
    - I. The manager of the Corporate Trustee Company in South Africa
    - II. The person authorised to establish a relationship or enter into the single transaction on behalf of the Corporate.
  - b. Shareholders holding of 25% or more of the company shares. (or less if controlling interest held)
  - c. Those who signed this application (if different from Directors)
- 9) Printout from regulator website or registry to evidence licensed/regulated entity or certificate of good standing – if applicable.

All information should be provided on letterhead.

#### **Confidentiality**

Any information given by the client(s) or their financial adviser will be used solely by members of the Old Mutual groups of companies in accordance with the privacy notices detailed within the application.





## J Verification of customer identity – financial adviser to complete (continued)

### Verification of identity

Information:

Identification documentation should be current, valid and must verify identity including nationality and country of birth.

- A suitably certified copy of a valid Passport OR a bar-coded Identity Document (ID) OR Smart Card ID (front and back) for each Contract Holder with visually clear and legible photo likeness. The certifier must certify that the ID is a **true likeness of the person represented and that it is a true copy of the original document.**
- A photograph of the client which clearly shows the person's face, holding the relevant identity document containing the same picture to demonstrate this actually belongs to the client. A clear scanned copy of the document itself is also to be provided.
- A Certified copy of the death certificate in the instance of a deceased Settlor/Donor.

### Verification of proof of residence

- An original document, electronic copy of a document or a suitably certified copy of the proof of residential address, **not older than three months from date of issue**, for each applicant (Postal or P.O. Box addresses will not be accepted unless a supply address is shown).

#### Acceptable documents:

- A recent utility, rates or council tax bill (cell phone bills not acceptable)
- A recent mortgage statement, evidencing the residential address
- A state pension, benefit or other government produced document showing benefit entitlement
- A recent tax assessment document
- A recent account statement from bank or credit card (store cards not acceptable)
- Proof of ownership or rental of the residential address

**Note:** If the statement or bill is in an e-format it must clearly show the address of the property.

### IMPORTANT – CERTIFICATION REQUIREMENTS

The Certifier is required to see the client and the original documents at the time of the certification.

Any photocopies showing photographs and signatures should be clearly legible and photographically clear.

In the certification, preferably but not necessarily in the form of a stamp, the certifier must:

- state that he/she is a Commissioner of Oaths, Advocate, Lawyer, Solicitor, Accountant or Notary Public,
- certify that he/she has met the person represented in the document and that the photograph is a true likeness.
- certify that he/she has seen the original document, and that the copy is a true copy of the original,
- sign and date the certification, and
- provide his/her full name and contact details in the form of a physical address and contact number or e-mail address.

### Additional requirements

Old Mutual Isle of Man will apply additional requirements if any of the following additional risk factors are present:

- The applicant is employed in certain industries which may be considered to be high-risk or sensitive;
- The applicant is classified as a PEP (Politically Exposed Person); i.e. a person who holds or has held high political office, or is or has been employed in a prominent public capacity, or the applicant is closely related to or associated with such a person;
- The applicant is resident in, or the investment funds are sourced from certain territories or countries which may be considered to be high-risk or sensitive.

### OMI for office use only

Offshore Specialist/OMI Employee confirmation that you have met with the client

- Yes  No

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



**J Verification of customer identity – financial adviser to complete** (continued)

**A Declarations – Must be completed by the financial adviser, Old Mutual PFA or Old Mutual Offshore Specialist**

I declare that:

- I have verified the contents of the original documents where copies have been enclosed and confirm that they are true copies of the originals.
- I have met and discussed with the applicant(s)  YES  NO  
**or** I have met and discussed with the applicant(s) through electronic video conferencing.  YES  NO
- I have taken reasonable steps to make sure that the funding is legitimate and in line with the client's circumstances.
- To the best of my knowledge and belief, all the information provided in and with this application is true and complete and was obtained from the Trustee Applicant(s) who is/are of good standing. I also confirm that I will provide further information if required.
- I have not made any changes to the Application Form after the Trustees have signed it.
- In accordance with the Financial Advisory and Intermediary Services Act 2002 (Act No. 37 of 2003) I have a regulatory obligation to keep original client documentation and provide this on request.
- I understand and confirm that I will supply original copies of client new business applications and supporting documents, if requested by OMI.
- I also understand and confirm that by providing only scanned copies of client new business applications and any supporting documents for you to process new business, I am declaring that the scanned copies represent a true and accurate copy of the original applications and any supporting documents.

I confirm that I gave advice concerning this investment to the Settlor/Trustee Applicant(s) in  country

on

I confirm that, if applicable, all information was received directly from the Trustee Applicant(s).

Signature

Date

Country where signed



## K Data Privacy Notices

### Old Mutual Isle of Man Branch Privacy Notice:

The Company: Old Mutual Isle of Man Branch of Old Mutual Life Assurance Company (South Africa) Limited  
 Jurisdiction: Isle of Man  
 Contact details for the Data Protection Officer:  
**Telephone:** +44 (0) 1624 690200  
**E-mail:** enquiries@impactiom.com  
**Postal:** 5A Village Walk, Onchan, Isle of Man, IM3 4EA

The Company processes your personal data and that of any other party whose personal data has been supplied to us, for the purpose of establishing and servicing the IP+ contract. Personal data will be processed and may be shared with other parties outside of the Old Mutual Group for the following purposes:

- Check against credit reference or databases to verify information provided for regulatory due diligence purposes. Prevention and detection of crime including money laundering, terrorist financing, bribery, or fraud;
- Allow for the provision of services relating to reinsurance, data hosting, online services, payment or reporting of any tax or levy, or provision of any other services to Contract Holders from time to time;
- Enable your appointed financial adviser to assist in the provision of services to the Contract Holder;
- Compile statistical analysis or market research, where information is not specific to an individual.
- Comply with any legal obligation which includes the releasing of personal data to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so.

### Transfer of data

Personal data may be shared or transferred both within the Isle of Man and the European Economic Area (EEA) and outside the EEA with members of the Old Mutual Group (OMG) and third parties who provide services to OMG. It should be noted that countries outside the EEA do not necessarily have data protection legislation equivalent to those that apply within the Isle of Man or EEA. In such instances, we will ensure that the transferred personal data is protected by a data transfer contract.

### How to withdraw consent

You can withdraw your consent for us holding your personal information at any time.

Should you withdraw your consent, preventing the processing of your personal data, this may impact the service we provide, or stop us from administering your contract.

### Privacy policy

You will find parts of this notice included as part of our full privacy notice on our website ([www.omi-int.com/privacyPolicy.html](http://www.omi-int.com/privacyPolicy.html)) and in the Investment Portfolio+ General Conditions.

### Data Protection Officer (DPO)

You can contact the DPO for a full copy of our privacy notices using the contact details above.

### Old Mutual Life Assurance Company South Africa (OMLACSA) Privacy Notice:

The Old Mutual Group may use your information or obtain information about you for the following reasons:

- Underwriting;
- Assessment and processing of claims;
- Credit searches and/or verification of personal information;
- Claims checks (ASISA Life and Claims Register);
- Tracing beneficiaries;
- Fraud prevention and detection;
- Market research and statistical analysis;
- Audit and record keeping purposes;
- Compliance with legal and regulatory requirements;
- Verifying your identity;
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

**Website:** <https://www.justice.gov.za/inforeg>  
**General enquiries:** [inforeg@justice.gov.za](mailto:inforeg@justice.gov.za)  
**Complaints:** [complaints.IR@justice.gov.za](mailto:complaints.IR@justice.gov.za)

To view our full privacy notice and to exercise your preferences, please visit – [www.oldmutual.co.za](http://www.oldmutual.co.za)



# Old Mutual International Investment Portfolio+ Letter of Authority – Authorised Custodian Facility ONLY

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Dear Name and address of Authorised Individual (who could be either the Discretionary Investment Manager or the Trustee Applicant)

Name
Address

Name and address of Custody Service Provider – the ‘Authorised Custodian’

Name
Address

### Investment Portfolio+ Restricted Letter of Authority

Reference is made to the following accounts (the ‘Accounts’)

Old Mutual Isle of Man to insert the account number(s) of the account(s) opened with the Authorised Custodian									
<b>Old Mutual International Investment Portfolio+ number:</b>									
<b>Custodian account numbers</b>	<b>Cash</b>					<b>Custody</b>			

Old Mutual Isle of Man may reinsure its policies with a reinsurer.

Old Mutual Isle of Man hereby authorises the ‘Authorised Individual’ to give instructions to the ‘Authorised Custodian’ in respect of the Accounts, subject to the terms and conditions of this Letter of Authority.

This Letter of Authority authorises the ‘Authorised Individual’ to carry out any of the following actions in respect of the Accounts (designated with the above-referenced Investment Portfolio+ number) opened by Old Mutual Isle of Man with the Authorised Custodian:

- i. to obtain details of cash balances and safe custody holdings on the Accounts, and
- ii. to give instructions to acquire, sell and otherwise dispose of for value, investment assets (subject to the investment restrictions set out herein (the ‘Investment Restrictions’) and as may be changed by Old Mutual Isle of Man from time to time) with any such acquisition or proceeds of disposition to continue to be held for the benefit of the Accounts.

**PROVIDING** that, and for the avoidance of any doubt, this Letter of Authority does not extend to or give authority to the ‘Authorised Individual’ to:

- i. give instructions in respect of Assets that are not permitted by the Investment Restrictions,
- ii. withdraw money or securities from the Accounts,
- iii. pledge any money or security in the Accounts,
- iv. overdraw an Account(s) or issue any form of credit line or borrowings against the Accounts,
- v. issue or use a cheque book on the Accounts, or
- vi. represent Old Mutual Isle of Man at shareholders’ meetings.

The Investment Restrictions specify certain classes of Assets that can and cannot be held within the Accounts. These restrictions are made for administrative and/or regulatory reasons only and do not reflect any guidance from Old Mutual Isle of Man on risk or potential performance. The ‘Authorised Individual’ is responsible for their choice of investment, not Old Mutual Isle of Man. The value of the Investment Portfolio+ referenced above is linked to the value of the Assets held within the Accounts.



### Permitted investments

- Regulated Collective Investment Schemes from the following jurisdictions:
- UK Authorised Unit Trusts/OEICs
- UK Authorised Investment Trusts
- FCA Recognised Funds in other jurisdictions
- Funds with UCITS status
- Luxembourg SICAVs, Fonds Commun de Placement (FCPs) and SIF Schemes
- Exchange Traded Funds (providing the exchange is one Old Mutual Isle of Man deals on)
- Irish Collective Investment Schemes
- Isle of Man Collective Investment Schemes - International Schemes
- EU Registered Funds
- Channel Islands Collective Investment Schemes
- Australian Mutual Funds
- Swedish Funds
- Cayman Islands Mutual Funds
- BVI Public Funds
- Bermuda Collective Investment Schemes
- Bahamas Collective Investment Schemes
- Singapore Unit Trusts
- Hong Kong Unit Trusts
- Mauritius Collective Investment Schemes
- Gibraltar Collective Investment Schemes
- Malta Collective Investment Schemes
- Luxembourg SICAV SIF

### Other securities

- Equities/stocks on a stock exchange recognised by Old Mutual Isle of Man
- Bonds with a minimum rating of Baa3 (Moody's)/BBB- (Standard & Poors) and that a regular secondary market exists in order to sell holdings
- Medium Term Notes, providing the Issuer of the Notes is rated at least Baa3 (Moody's)/BBB- (Standard & Poors) or higher and that a regular secondary market exists in order to sell holdings
- Medium Term Notes or bond products issued by any of the following five banks are permitted and Investment Grade requirements do not apply: ABSA, Standard Bank, FirstRand, Nedbank and Investec
- Exchange Traded Commodities (providing the exchange is one Old Mutual Isle of Man deals on)
- Certificates, providing the Issuer of the Certificate is rated A or higher and that a regular secondary market exists in order to sell holdings
- Cash deposits, provided the institution has a credit rating of at least A, with interest paid gross and maximum term five years subject to individual review

### The following types of investments are expressly NOT permitted

- Securities with excessive charging/commission structures, in particular funds that pay >4% initial commission to brokers and/or entry/exit penalties >5%
- Funds that can borrow cash of more than 100% of the NAV
- Illiquid assets, i.e. where the price or dealing point is not readily available
- Assets where no accurate value can be established on at least a quarterly basis
- Commodities
- Gold and precious metals
- Options/derivatives, including futures, currency forwards, short selling, Covered Warrants
- Private company shares
- Shares in Old Mutual PLC and an interest in whatever form in any Old Mutual Group company
- Contingent liability transactions

### Old Mutual Isle of Man may change the Investment Restrictions from time to time.

This Letter of Authority is personal to the Authorised Individual and is given without right of assignment or substitution. Therefore the Authorised Individual may not assign this Letter or appoint another party to act in their place. This Letter of Authority shall remain in force until such time as Old Mutual Isle of Man revokes it in writing.

This Letter of Authority shall be governed by and construed in all respects in accordance with Isle of Man law and the parties agree to submit to the non-exclusive jurisdiction of the Isle of Man Courts as regards any claim or matter arising in relation to this Letter of Authority.

Old Mutual Isle of Man is not responsible for the acts or omissions of the Authorised Individual. Accordingly, Old Mutual Isle of Man is not responsible for any reduction in the value of the Accounts arising directly or indirectly from the Authorised Individual's instructions.

Old Mutual Isle of Man is not responsible for any adverse tax effects suffered at any time by the Applicant of the Investment Portfolio+ as a result of Old Mutual Isle of Man agreeing to grant this Letter of Authority.



**It is the Authorised Individual's responsibility to ensure that, at all times, they act within the limits of this Letter of Authority and, in particular, in accordance with the Investment Restrictions. Old Mutual Isle of Man accepts no responsibility or legal liability whatsoever for loss, damages or expenses that the Authorised Individual or any other party may suffer or incur directly or indirectly as a result of the Authorised Individual acting outside the limits of this Letter of Authority.**

The Authorised Individual undertakes at all times fully and effectively to indemnify Old Mutual Isle of Man from and against all present or future liabilities, losses, charges, costs, claims, demands and expenses howsoever arising as a consequence of a breach by the Authorised Individual of the terms and conditions of this Letter of Authority and, without prejudice to the generality of the foregoing, of the Investment Restrictions set out herein or as may be notified to the Authorised Individual from time to time by Old Mutual Isle of Man.

**ACKNOWLEDGEMENT AND ACCEPTANCE (PLEASE SIGN TWO COPIES OF THIS LETTER, RETAIN ONE FOR YOUR RECORDS AND RETURN THE OTHER TO OLD MUTUAL ISLE OF MAN)**

The Trustee Applicant has read this Letter of Authority and, by signing and delivering this Letter of Authority as a Deed, the Trustee Applicant acknowledges, accepts and agrees to be bound by the terms and conditions hereof and to provide the indemnity set out herein.

**IN WITNESS WHEREOF** the Authorised Individual has executed this document as a Deed at the date below.

**Authorised Individual – Natural Person**

**SIGNED and DELIVERED**

Trustee Name 1/  
Authorised Signatory  
(delete as appropriate)

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Trustee Name 2/  
Authorised Signatory  
(delete as appropriate)

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Trustee Name 3/  
Authorised Signatory  
(delete as appropriate)

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**OR**

Trustee Name 4/  
Authorised Signatory  
(delete as appropriate)

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

**AS A DEED by**

Name of Authorised  
Individual

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

in the presence of:

Name of witness

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



**OR**

**Authorised Individual – Limited Company**

**EXECUTED and DELIVERED  
AS A DEED by**

Full name of Company

acting by:

Director/Authorised Signatory

Signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Director/Authorised Signatory

Signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

---

**Signed for and on behalf of Old Mutual Isle of Man or their Reinsurer**

Name of Authorised Signatory

Signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Name of Authorised Signatory

Signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

---

**Signed for and on behalf of Authorised Custodian (acknowledging receipt)**

Name of Authorised Signatory

Signature

Date 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---



# Tax Declaration

## for Trustees

November 2021

**Regulations governing automatic exchange of information, including the US Foreign Account Tax Compliance Act (FATCA), The Common Reporting Standards (CRS) issued by the Organisation for Economic Co-operation and Development and Tax Information Agreements (TISAs) between the UK and its Crown Dependencies and Overseas Territories, require Old Mutual Isle of Man, a branch office of Old Mutual Life Assurance Company (South Africa) Limited, to collect information from you to determine your tax status.**

### Collection and Disclosure of Information

Juristictions in which we have regulated businesses have agreed a number of inter-governmental agreements (IGAs) to share tax information with tax authorities in other jurisdictions. The requirement to collect and report information about customers' tax arrangements is now a legal requirement and as a financial services company we are legally obliged to comply. We are therefore asking for your tax residency and tax reference numbers (where applicable) and will note this on our records.

Depending on the information collected we may be required to report details about you and your investment to our local tax authority who may exchange this information with overseas tax authorities. To enable us to do this, please answer the questions below so we may correctly classify your entity and determine if any reporting is required.

Policy number (if known)

Policy holder name

## 1 Nature/Entity & Trust Classification

Entity Name

Entity/Registration number

Registered Address & Country Code

Registered Country & Country Code

Postal Address & Country Code

Registered Country & Country Code

Please tick which of the following entity categories applies to you.

Tick one

### 1.1 Financial Institution

A Financial Institution is an entity that carries out activity related to deposit taking, investment activity, insurance or custody services.

This includes (please tick where applicable):

- Banks
- Insurance Companies
- Custodial Institutions
- Investment Entities

An entity is an Investment Entity that primarily conducts as a business one or more of the following activities on behalf of a customer (please tick where applicable):

- trading in money market instruments, foreign exchange, exchange, interest rate and index instruments, transferable securities or commodity future trading,
- individual and collective portfolio management Other funds, or
- otherwise investing, administering or managing financial assets or money on behalf of other persons.

In some circumstances it may be possible that a trust holding an insurance policy will be treated as an Investment Entity, particularly where a professional trustee service provider is acting as trustee.





## 1 Nature/Entity & Trust Classification (continued)

### 1.2 Non-trading Entity (Passive Non-Financial Foreign Entity)

This is an entity that is not actively trading, for example where the entity only exists to hold investments or income on behalf of another, such as:

- a private company,
- a partnership, and
- other legal arrangements such as a non-professionally managed trust.
- Listed company, public unlisted company
- Close corporation

### 1.3 Actively Trading Entity (Active Non-Financial Foreign Entity)

This is an entity that actively engages in trading activity, trades or professions that generates the majority of the income of the entity. If the majority of the income of the entity is generated from passive investments then you should tick 1.2. If you are an entity that is established for religious, charitable, scientific, artistic, cultural, athletic or educational purposes, please select 1.4.

### 1.4 Other Non-Financial Foreign Entity

If you do not fall into any of the above three categories please describe in the space below the nature of the activity carried out by the entity and if you are claiming exemption from FATCA, please detail the reason. Examples of such entities could be charitable trusts, organisations, sports, clubs, informal body, church, school, burial society, stokvel associations and government agencies.

### 1.5 Non-Financial Entity

MUST be completed if you ticked 1.3 or 1.4:

#### 1.5.1 Non-Financial Entity|Fatca

For FATCA, if the entity is not a Financial Institution, it will be classified as a Non-Financial Foreign Entity unless it is a US Person (which includes a US Specified Person). Please select (✓) the applicable entity classification below:

- Specified US person
  - US person that is not a Specified US person
  - Active NFFE
- Please complete Section 1.5.3 below
- Passive NFFE
- Please complete a controlling person section

#### 1.5.2 Non-Financial Entity|Crs

Please select (3) the applicable entity classification below:

- Active NFE
- A corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation. Please complete Section 1.5.3 below (circle) Active NFE
- A government entity, a central bank or an international organisation.
- Active NFE
- Other than as detailed above. Please complete Section 1.5.3 below
- Passive NFE
- Please complete a controlling person section

#### 1.5.3 Active Nffe/Nfe (Additional Information)

Please select ( ) the applicable entity classification below:

The Account Holder is a corporation, the stock of which is regularly traded on

which is an established securities market; or The Account Holder is a related Entity of

a corporation, the stock of which is regularly traded on

which is an established securities market; or



## 1 Nature/Entity & Trust Classification (continued)

Note that an "Active NFFE" means any NFFE that account holder is one of the following:

- Active business –
- Holding company that is a member of a non-financial group
- Start-up Company
- Liquidating Company
- Financial Company of a non-financial
- Charity or non-profit organisation

If other, please specify:

## 2 Entity Tax Residency

Tax residency rules for entities vary from country to country and can be complicated. For instance, companies may be tax resident in the country where they are incorporated but may also be tax resident in countries in which they operate. The rules relating to the tax residency for trusts can be equally complex. If you are in doubt as to your country of tax residence, professional advice may be required.

Please list below the country or countries in which the entity is resident for tax purposes and the tax reference number of the entity, if relevant.

Please answer the questions that follow and complete your tax reference number(s) in the table below, selecting a YES/NO for each question below. (At a minimum answering whether you are resident for tax purposes in South Africa, the United States of America and in another country.)

NB: The income tax reference number is mandatory where the (\*) is indicated.

Country resident in for tax purposes	Yes	No	Please specify country resident in for tax purposes	Income tax reference number (*mandatory)
Are you a resident for tax purposes in <b>Isle of Man</b> ?			Isle of Man	
Are you a citizen and/or resident for tax purposes in the <b>United States of America</b> ?			United States of America	*
<b>Specify other countries:</b>				
Are you a resident for tax purposes in <b>another country</b> ?				*

\* Where the tax reference number is mandatory and you do not have an income tax reference number (TIN), provide a reason based on the descriptions below:

- Reason A – The country/jurisdiction does not issue TINs to its residents.
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (if you have selected this reason, please provide an explanation below as to why you are unable to obtain a TIN):

- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.)



### 3 Further Information

**Part 3 MUST be completed if you ticked 1.1 or 1.2 in Part 1.**

#### A1. Financial Institutions – FATCA

**This MUST be completed if you ticked 1.1 in Part 1.**

Please tick to indicate which of the following best describes the entity/Trust, in accordance with the Regulations:

Tick one

**3.1 Financial Institution in a Model 1 or Model 2 IGA country\***

You can find a list of Model 1 and Model 2 countries at <http://www.treasury.gov/resource-center/tax-policy/treaties/Pages/FATCA-Archive.aspx>

**3.2 Participating Financial Institution in a non-IGA country\***

This is a Financial Institution in a non-IGA country that has entered into an agreement with the US Internal Revenue Service (IRS) to comply with the FATCA Regulations.

**3.3 Registered Deemed Compliant Financial Institution\***

This is a Financial Institution that has registered in accordance with the FATCA regulations to declare its status. This includes certain local banks, qualified collective investment vehicles (including non-profit organisations and certain retirement funds), restricted funds and Financial Institutions that comply with the regulations.

**3.4 Certified Deemed Compliant Financial Institution**

This is a Financial Institution which is not required to register under the regulations. For example, this includes non-registered local banks.

**3.5 Exempt Beneficial Owner**

The term Exempt Beneficial Owner means a government entity, an international organisation, a central bank or a UK registered pension scheme, or non-UK pension scheme falling within the definition of Exempt Beneficial Owner for the purpose of the Regulations.

Please tick the applicable classification:

- A Retirement Fund
- Any other retirement fund/pension scheme that is an Exempt Beneficial Owner and non-reporting Financial Institution in terms of the FATCA regulations or another country's IGA with the US
- A Government entity
- An International Organisation
- A foreign central bank of issue
- A Foreign Government, any political subdivision of a foreign government, or any wholly owned agency or instrumentality of any one or more of the foregoing
- Any investment entity wholly owned by one of the above Exempt Beneficial Owners
- Other – please specify

**3.6 Non-Participating Foreign Financial Institution (NPFFI)**

An NPFFI is a Financial Institution that has not entered into an agreement to comply with the Regulations and is not a Registered Deemed Compliant Financial Institution or a Certified Deemed Compliant Financial Institution.

Please tick the applicable classification:

- The Financial Institution is a Non-Participating Foreign Financial Institution
- The Financial Institution is a Specified US Person
- The Financial Institution is a US person but not a Specified US Person

**\*IRS Global Intermediary Identification Number (GIIN)**

A GIIN is issued by the US Internal Revenue Service to Financial Institutions that are complying with the Regulations.

If you have ticked 3.1, 3.2 or 3.3 please provide your GIIN.

If you do not yet have a GIIN, please advise us when you have been issued with one.



### 3 Further Information (continued)

#### A2. Financial Institutions – CRS

Please select (3) the applicable classification:

- The entity is an Investment Entity located in a jurisdiction that is not participating in CRS managed by a Financial Institution. (If this box is ticked, PNFE requirements should be adhered to - controlling persons must be identified and self-certifications must be obtained.)
- The entity is a Financial Institution under CRS unless above classification applies (this includes Reporting and Non-Reporting Financial Institutions such as a pension scheme, government entities and international organisations.)

#### B. Controlling Persons

##### Part B MUST be completed if you ticked 1.2 in Part 1.

We must obtain information about the underlying Controlling Persons. A Controlling Person is any individual who exerts control over, or has a majority ownership interest in an entity.

**For companies** this includes shareholders who own or control more than 25% of the shares or voting rights or otherwise exercise control over the company. For example, an individual who exercises control over a company is where an individual has less than 25% of the shares or voting rights but who has a percentage ownership or voting right that is significantly higher than other shareholders.

**For trusts** this includes settlors, trustees, protectors (if any) and any beneficiary entitled to 25% or more of the trust property. Please complete the relevant details in the following table in relation to the persons who have ownership or control of the entity.

Where the Trust is a private trust that is a PNNFE/PNFE you would require a self-certification in respect of each and every party to the trust, i.e. Trustee, Donor/Settlor, Protector, Beneficiary

Where a beneficiary is a company, the 25% rule would need to be applied for a company and a self-certification must be obtained from each shareholder 25% or >.

Please complete the relevant details in the table below in relation to the persons who have ownership or control of the entity.

Title, Name & Surname	<input type="text"/>
Type of Controlling person - Settlor/Founder Trustee/ Donor Protector/Partner Beneficiary Shareholder/ Member of CC	<input type="text"/>
ID/Passport number	<input type="text"/>
Telephone number	<input type="text"/>
Full/Postal address	<input type="text"/> <input type="text"/> <input type="text"/>
	Postcode
Country/Countries of tax residency	<input type="text"/>
Nationality	<input type="text"/>
Tax Reference Number(s)*	<input type="text"/>



### 3 Further Information (continued)

NB: The income tax reference number is mandatory where the (\*) is indicated.

Country resident in for tax purposes	Yes	No	Please specify country resident in for tax purposes	Income tax reference number (*mandatory)
Are you a resident for tax purposes in <b>Isle of Man</b> ?			<b>Isle of Man</b>	
Are you a citizen and/or resident for tax purposes in the <b>IOM</b> ?			<b>United States of America</b>	*
<b>Specify other countries:</b>				
Are you a resident for tax purposes in <b>another country</b> ?				*

\* Where the tax reference number is mandatory and you do not have an income tax reference number (TIN), provide a reason based on the descriptions below:

- Reason A – The country/jurisdiction does not issue TINs to its residents.
- Reason B – The Account Holder is otherwise unable to obtain a TIN or equivalent number (if you have selected this reason, please provide an explanation below as to why you are unable to obtain a TIN):

- Reason C – No TIN is required. (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction.)



## 4 Declaration and Certification

1. We, as Directors, Controllers, Trustees or Persons Acting on Behalf of the Entity declare that the information provided in this Tax Declaration is, to the best of our knowledge and belief, accurate and that the statements made by us are true and complete.
2. We agree to notify you if any information contained in this Tax Declaration changes, within 30 days, for example where the Controlling Persons change. We understand that this may require us to complete a new Tax Declaration form.
3. We understand that the information collected in this Tax Declaration may be disclosed to the collecting institution's home state tax authority which may, under a relevant inter-governmental agreement, provide the information to an overseas tax authority.

By signing this declaration we confirm that we have read the above declaration and, if a third party has completed this form on behalf of the Trustee applicant, that all the information provided within it is correct.

Signed on behalf of (entity name)	<input type="text"/>		
Signed by (please print name)	<input type="text"/>	Signed by (please print name)	<input type="text"/>
Capacity in which you are signing	<input type="text"/>	Capacity in which you are signing	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signed by (please print name)	<input type="text"/>	Signed by (please print name)	<input type="text"/>
Capacity in which you are signing	<input type="text"/>	Capacity in which you are signing	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signed by (please print name)	<input type="text"/>	Signed by (please print name)	<input type="text"/>
Capacity in which you are signing	<input type="text"/>	Capacity in which you are signing	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>



### INTERNATIONAL

[www.omi-int.com](http://www.omi-int.com)

Old Mutual Isle of Man, Branch of Old Mutual Life Assurance Company (South Africa) Limited, is registered in the Isle of Man under number 005664F and whose principal place of business is 5A Village Walk, Onchan, Isle of Man, IM3 4EA, British Isles.

Permitted to carry on long-term Insurance Business in and from the Isle of Man by the Isle of Man Financial Services Authority.

Old Mutual Life Assurance Company (South Africa) Limited, Registration Number 1999/004643/06. A licensed FSP and Life Insurer. Registered office: Mutual Park, Jan Smuts Drive, Pinelands, Cape Town, South Africa

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