



## C - LEGAL PERSONAL REPRESENTATIVE DETAILS (CONTINUED)

(b) Title	Mr	Mrs	Ms	Other (please specify)	<input type="text"/>
Surname	<input type="text"/>				
Full forename(s)	<input type="text"/>				
Permanent residential address					
<input type="text"/>					
<input type="text"/>				Postcode	<input type="text"/>
Capacity (for example, executor, administrator, assignee)					
<input type="text"/>					

(c) Title	Mr	Mrs	Ms	Other (please specify)	<input type="text"/>
Surname	<input type="text"/>				
Full forename(s)	<input type="text"/>				
Permanent residential address					
<input type="text"/>					
<input type="text"/>				Postcode	<input type="text"/>
Capacity (for example, executor, administrator, assignee)					
<input type="text"/>					

(d) Title	Mr	Mrs	Ms	Other (please specify)	<input type="text"/>
Surname	<input type="text"/>				
Full forename(s)	<input type="text"/>				
Permanent residential address					
<input type="text"/>					
<input type="text"/>				Postcode	<input type="text"/>
Capacity (for example, executor, administrator, assignee)					
<input type="text"/>					

## D - PAYMENT INSTRUCTIONS

### Complete the following for payment to be made

Name of bank/building society			
<input type="text"/>			
Branch address ► <i>it must be in the UK</i>			
<input type="text"/>			
<input type="text"/>			
Postcode			
<input type="text"/>			
Sort code	Building society reference number ► <i>if applicable</i>		
<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"/> <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"/>		
Bank/building society account number	Bank/building society account holder's name		
<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"/>		
In what capacity is the bank/building society account holder acting?			
Executor	Solicitor	Other (please specify)	<input type="text"/>

(Continued)

## E - AUTHORITY

**All legal personal representatives, including additional trustees or assignees as applicable, must sign this authority. Please do not alter or delete any part of section E as we will not be able to accept the authority.**

**Declaration – made by each person signing below:**

1. I confirm that I am the legal owner and rightful claimant under the bond specified in section A and that all information I have disclosed in this form is true and accurate.
2. I confirm that there is no bankruptcy order against the bond holder or other claimant, nor is the bond holder or other claimant an undischarged bankrupt or deemed to be insolvent within the meaning of the Insolvency Act 1986 as amended, extended or re-enacted.
3. I claim the amount due under the bond and authorise the payment of the amount of the claim to the person named in section B.
4. I undertake to indemnify Alpha International Life Assurance Company (Guernsey) Limited against any claims or demands made by any other person, party or parties as a result of the payment of this claim.
5. I agree that payment of the amount claimed in accordance with my payment instructions shall constitute a full discharge of the liability of Alpha International Life Assurance Company (Guernsey) Limited and claims arising by virtue of this transaction.

### Signatures

(a)	<input type="text"/>	Date (dd/mm/yyyy)	<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"/>
(b)	<input type="text"/>	Date (dd/mm/yyyy)	<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"/>
(c)	<input type="text"/>	Date (dd/mm/yyyy)	<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"/>
(d)	<input type="text"/>	Date (dd/mm/yyyy)	<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"/>

### NOTE

If the bond has been assigned, this form must be signed above by an official authorised to act on behalf of the assignee (if applicable). We also need the individual's name and capacity below as well as the company stamp, if applicable.

Company stamp/seal of assignee

### Details of the individual signing on behalf of the assignee

Full name (print)

Official capacity

## DATA PRIVACY STATEMENT

I understand that Alpha International Life Assurance Company (Guernsey) Limited (AILAC) will process personal information about me and any other party whose personal information I have provided.

The type of personal information processed about me will depend on the purpose for which it has been collected and will include:

- my contact details
- information to verify my identity
- information about my family, lifestyle, health and finances
- my payment details
- my policy details

The processing of my personal information may take place in a number of jurisdictions and may be shared with other parties within or outside AILAC for the general purpose of establishing, maintaining and servicing an insurance policy. The sharing of my personal data may be used for any or all of the following purposes, to:

- check against credit reference or other databases to verify information provided for regulatory due diligence purposes and to prevent or detect financial crime including money laundering, terrorist financing, bribery and corruption, sanctions listing or fraud;
- allow for the provision of services relating to enhanced due diligence, underwriting, reinsurance, data hosting, online services, payment or reporting of any tax or levy, or any other services provided from time to time;
- enable an appointed financial adviser or fund adviser to assist in the provision of services to the policyholder;
- compile statistical analysis or market research, where information is not specific to the individual;
- comply with any legal obligation which includes the releasing of personal information to regulators, law enforcement authorities or other bodies where there is a legal requirement to do so, including the sharing of information under regulations relating to the U.S Foreign Account Tax Compliance Act and The Organisation for Economic Co-operation and Development Common Reporting Standards;
- enable an appointed discretionary asset manager or custodian to meet their legal or regulatory requirements, where that discretionary asset manager or custodian providing services in relation to a policy requests the personal data of an individual linked to an application, and where we are satisfied that such a discretionary asset manager or custodian has a legal or regulatory requirement to make such a request.

## DATA PRIVACY STATEMENT (CONTINUED)

Where my personal information is shared with a third party for the provision of services relating to my policy, my personal information will only be used for the purposes for which it was collected. In some circumstances this may involve a transfer of my personal information to a third party outside the European Economic Area (EEA). Whenever my personal information is shared it will be subject to the same levels of security and protection that AILAC would apply.

I may ask AILAC to:

- provide a copy of personal information held about me and an explanation of how this data is processed;
- update or correct my personal information;
- delete information about me (where it is no longer necessary in relation to the purpose for which it was originally collected);
- restrict processing of my personal information where appropriate. I may also object to AILAC processing my data but understand that this may have consequences in AILAC being able to continue servicing my policy.

I have been made aware that a full explanation of how AILAC collects, uses and shares my personal information can be found at <https://alphaintlife.com/privacy-policy.html>

If I have any questions about data privacy I can address these to:

The Data Protection Manager,  
Alpha International Life Assurance Company (Guernsey) Limited,  
C/O Impact Professional Services Ltd  
14 Tynwald Street  
Douglas  
Isle of Man  
IM1 1BG  
Tel: 07624 499615  
[enquiries@impactiom.com](mailto:enquiries@impactiom.com)

If I have a complaint about the processing of my personal information and AILAC is unable to provide a satisfactory response I may contact the appropriate regulator:

Channel Islands Financial Ombudsman,  
PO Box 114,  
Jersey,  
Channel Islands, JE4 9QG  
Tel: +44 (0) 1534 748610  
Fax: +44 (0) 1534 747629  
Email: [enquiries@ci-fo.org](mailto:enquiries@ci-fo.org)  
Website: [www.ci-fo.org](http://www.ci-fo.org)

Office of the Data Protection Authority,  
St Martin's House,  
Le Bordage,  
St. Peter Port,  
Guernsey, GY1 1BR  
Telephone: +44 (0) 1481 742074  
Email: [enquiries@odpa.gg](mailto:enquiries@odpa.gg)

I have read and understood the Data Privacy Statement set out above and will make it available to other individuals whose personal information has been provided by me to AILAC either in this application or within accompanying documentation.

Alpha International Life Assurance Company (Guernsey) Limited are the data controller who determine the purposes and means of the processing of your personal data.

Utmost Administration Limited act as a data processor on behalf of Alpha International Life Assurance Company (Guernsey) Limited.

To view the privacy policy of Alpha International Life Assurance Company (Guernsey) Limited please visit

<https://alphaintlife.com/privacy-policy.html>

To view the privacy policy of Utmost Administration Limited please visit

[www.utmostinternational.com/privacy-statements/](http://www.utmostinternational.com/privacy-statements/)

## GUIDANCE NOTES

Here is a list of the documents we can accept to provide the various types of evidence required, followed by some requirements regarding certifying copies of documents (if we need documents in addition to those listed, we will advise you as soon as we can).

### ACCEPTABLE DOCUMENTS – ORIGINALS OR CERTIFIED COPIES<sup>2</sup>

#### A – Proof of identification – for individuals

We need to see one of the following:

- Valid passport
- Valid photo card driving licence
- Valid photographic National ID card
- Armed Forces Card

*A financial adviser's Confirmation of Verification of Identity (CoVI) **cannot** be used as proof of identification.*

#### B – Proof of residential address – for individuals

We need to see one of the following:

- A bank/credit card statement\* (store cards are not acceptable).
- Utility bill\* (not mobile phone bill).
- Council tax bill\*.
- Valid driving licence (photo card)
- An extract from the electoral roll

*(Postal or P.O. Box addresses will not be accepted unless a supply address is also shown.)*

*\*Bills and statements must be dated within the past six months.*

**C – Trusts**

We need to see:

- Extract from the trust deed to verify the legal status, name, and date of establishment of the trust (we do not need to see the full trust deed, just the sections that include the aforementioned information).
- An explanation as to the nature and purpose of the trust.
- Names, dates of birth, and residential address details for any settlors (including date of death for any deceased settlors), and protectors (if applicable).
- **(For individual trustees)** documents (in line with A and B) for the original trustees (if not already provided) and for any replacement trustees.
- **(For corporate trustees)** Certificate of incorporation; evidence of the registered office address and place of business (if different); list of directors for the corporate trustee; documents (in line with A and B) for each person authorised to enter into a transaction on behalf of the trust; all shareholders with 25% or more of the company shares and an authorised signatory list.
- For payments out to beneficiaries, they must be over 18 and we require documents in line with A and B for them (and for discretionary beneficiaries, we need details in section 5 of the form of their relationship to the settlor).

**D – Companies**

We need to see:

- Certificate of incorporation.
- Documents (in line with A and B) for all directors, all authorised signatories, and shareholders with more than a 25% share.
- A letter on company headed paper, signed by signatories in line with the signatory list, confirming the names of all shareholders and the percentage of shares they own OR confirming that no shareholders own more than 25% of company shares.
- Verification of the company's registered office address and principal place of business (where different from the registered office).
- List of current directors.
- Authorised signatory list on company headed paper – it must be dated, confirm the signatories and their powers (eg 2 of 5 must sign) and be signed by all authorised signatories.

**E – Proof of bank account ownership**

We need to see evidence to prove bank account ownership, if not already provided, which can be:

- A cancelled cheque
- A bank account statement from within the last three months. For online statements, a printed copy certified by the financial adviser will suffice.
  - It must include recent activity on the account, the bank sort code, account number, account holder's name and address registered with the bank.
  - None of the pertinent information should be blacked out or covered over.
- A letter from the bank on headed paper addressed to Alpha International Life Assurance Company (Guernsey) Limited, confirming the account holder's name, account number and how long the account has been held. The letter should be signed by a bank employee reflecting their name and status.

**F – Power of Attorney/Deputy Order**

If an attorney or deputy is acting for the investor, we need to see the following (if not already provided and acceptable):

- The Power of Attorney document/Deputy Order issued by the Court of Protection
- Documents (in line with A and B) for the donor and for each attorney (including court-appointed deputies)
- Documents (in line with A and B) for any other parties<sup>1</sup> associated with the investment
- **(for trusts)** The Trustee Power of Attorney as well as the requirements mentioned in Part C for trusts

**G – Assignments**

If the bond has been assigned, we need to see:

- All assignment deeds
- Documents (in line with A and B) for the assignor (and original associated parties<sup>1</sup>) and for the assignee (and any new associated parties<sup>1</sup>)
- If either the assignor or assignee is a trust, trust deeds including those showing any amendments.

**NOTES****1. Parties associated with the investment include**

- Policyholders
- Acting attorneys (including Court-appointed deputies)
- (for companies) all directors and all shareholders with at least a 25% share
- (for trusts) the settlor/donor, protectors and all trustees
- (for corporate trustees) each person who is authorised to enter into a transaction on behalf of the trust and all shareholders holding 50% or more of company shares

**2. Certification requirements**

All copy documents must be certified

The following people can certify copied documents\*:

- \*See below for specific requirements for Power of Attorney/Court of Protection documents
- an introducer (eg financial adviser) or authorised employee of an introducer based and regulated on an Appendix C\*\* country
- an authorised representative of an embassy or consulate of the country who issued the identification document
- a notary public, commissioner of oaths, lawyer or advocate, other formally appointed member of the judiciary, registrar or other civil or public servant authorised to issue or certify copy documents
- an accountant in an Appendix C\*\* country who is a member of an institute, or other professional organisation, which imposes on its members a requirement to abide by anti-money laundering obligations, or who is regulated in the conduct of their business by a regulatory organisation

## NOTE

Policyholders and associated relevant parties cannot certify copies themselves, nor can their family members, even if they fall into one of the categories above.

*\*\* Appendix C of the Guernsey Financial Services Commission Handbook for Financial Services Businesses on Countering Financial Crime and Terrorist Financing.*

For further information, refer to: [www.gfsc.gg/The-Commission/Pages/Home.aspx](http://www.gfsc.gg/The-Commission/Pages/Home.aspx)

Power of Attorney/Court of Protection documents – can be certified by the following:

- The donor (the person granting the power)
- Solicitor
- Notary Public (Lasting Powers of Attorney)
- Stockbroker (Enduring Power of Attorney)

The Certifier must:

- Certify that the document is a true copy of the original (we cannot accept a photocopied signature).
- If a document for proof of identification includes a photograph, the certification must include the statement that it is “a true likeness” of the individual concerned and the certifier has met the individual. and how the certifier saw the document i.e. met in person or via video link
- Sign and date the certification on each page including the capacity in which the certification is provided, eg lawyer. Where the certifier is a member of a recognised professional body, their membership number must be provided.
- Provide contact information (certifier’s full name, official status, address and contact number).



[www.utmostinternational.com](http://www.utmostinternational.com)

Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

The Offshore Collective Investment Bond is issued by Alpha International Life Assurance Company (Guernsey) Limited. The Company is regulated by The Guernsey Financial Services Commission and is licensed to carry on long term business under the Insurance Business (Bailiwick of Guernsey) Law 2002. Registered office: Albert House, South Esplanade, St Peter Port, Guernsey, GY1 1AW, Channel Islands. Registered No. 2424.

The Offshore Collective Investment Bond is administered by Utmost Administration Limited, registered in the Isle of Man under number 109218C and licensed by the Isle of Man Financial Services Authority. Utmost Administration Limited is part of the Utmost Group.

Administration Centre for correspondence: Utmost Wealth Solutions, King Edward Bay House, King Edward Road, Onchan, Isle of Man, IM99 1NU, British Isles.  
Phone: +44 (0)1624 655 555 Fax: +44 (0)1624 611 715.

Alpha International Life Assurance Company (Guernsey) Limited is not part of the Utmost Group.