



THE STM

# INTERNATIONAL SELF DIRECTED BOND

APPLICATION FORM





This Application Form should be issued in conjunction with the International Self Directed Bond (“ISDB”) Key Features Document which together with the Standard Policy Terms and Conditions sets out the terms and conditions of the contract.

A copy of the Standard Policy Terms and Conditions and/or this completed Application Form is/are available upon request from STM Life Assurance PCC Plc (“STM Life”).

If more space is required please continue on a separate piece of paper and ensure it is signed and dated by each applicant.

If you have difficulty completing this form please consult your Intermediary.

STM Life Assurance PCC Plc  
Montagu Pavilion,  
8–10 Queensway,  
Gibraltar.

Email Address: **info@stmlife.com**

Tel: +350 200 70713

Fax: +350 200 74081



1. APPLICANT'S DETAILS											
	First Applicant						Joint or Second Applicant (if any)				
Title (Mr/Mrs/Miss/ Other)											
Full Forename(s)											
Surname											
Date of Birth (DD/MM/YYYY)											
Gender (please circle)	Male			Female			Male			Female	
Nationality											
Country of Birth											
Relationship to First Applicant											
Residential Address											
	Postcode						Postcode				
	Country						Country				
Telephone Number											
Fax Number											
E-mail Address											
Correspondence Address (if different from above)											
	Postcode						Postcode				
	Country						Country				
Passport/ National Identity card number											
Is the Applicant to be a life assured? (please circle) (if "Yes" proceed to section 3)	Yes			No			Yes			No	

Certified copies of passport(s)/identity card(s) should be enclosed together with an original utility bill verifying residential address. We will also require you to complete a Financial Questionnaire, a copy of which forms part of this application.

## 2. LIFE/LIVES ASSURED DETAILS

(This section only needs to be completed if the Life/Lives Assured are to be different from the Applicant or Applicants)

	First Life Assured				Second Life Assured			
Title (Mr/Mrs/Miss/ Other)								
Full Forename(s)								
Surname								
Date of Birth (DD/MM/YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender (please circle)	Male		Female		Male		Female	
Nationality								
Country of Birth								
Relationship to Applicant(s)								
Residential Address								
	Postcode				Postcode			
	Country				Country			
Telephone Number								
Fax Number								
E-mail Address								

In the case of joint or multiple lives assured, the death benefit will become payable either on the first death that occurs or on the death of the last survivor. At this point the Bond will be encashed and all benefits shall cease. Please tick which death benefit option you require:

First Death	<input type="checkbox"/>
Last Death	<input type="checkbox"/>



## 6. INVESTMENT ADVISER

I/We wish to appoint

as Investment Adviser to the investment account to which these policies are linked, subject to the terms and conditions set out in the Investment Adviser Form in section 12 below.

(Insert "SELF" if you wish to undertake this role yourself)

Please note that the appointment will not commence until a fully completed Investment Appointment Form as been received and duly acknowledged by STM Life

## 7. INVESTMENT INSTRUCTIONS

Please give full details below of your initial asset selection.

Please note that if any of the investment instructions are unclear, STM Life will not make the investments until the information has been clarified.

Asset Name	SEDOL Number (if appropriate)	Amount to invest
Cash Account (an amount should be maintained in the cash account to cover future charges)		

## 8. FINANCIAL QUESTIONNAIRE

### STRICTLY CONFIDENTIAL

Please complete this form in full. Failure to do so may delay the processing of the proposal. Please note that a separate form is required for each Applicant.

**Please supply documentary evidence of the identity and residential address for each Applicant such as the original or suitably certified copy of your passport and one recent utility bill.**

Full Name of Applicant			
Residential Address			
	Postcode		
	Country		
Country(ies) of Tax Residence			
Date of Birth (DD/MM/YYYY)			
1. Occupation/profession? (include name, address and telephone number of employer or please state if self employed)			
2. How long have you been employed by your current employer? (If less than 24 months please provide details of previous employer)			
3. Please provide details of the Bank from where the investment is to be transferred to STM Life Assurance PCC Plc:			
a. Bank Name			
b. Branch Name			
c. Account Number			
d. Sort Code			
e. Account Name			
f. IBAN Number			
g. Swift Code			
h. How long has the account been held?			

4. Please either:		
a. Attach authority to obtain references from the above bankers.		
b. Provide below the name and address of a business or personal referee (i.e. Lawyer/Accountant) from whom STM Life Assurance PCC Plc may obtain a reference.		
Name and Address of Referee		
	Postcode	
	Country	
5. If you are an existing Policyholder of STM Life Assurance PCC Plc, please give policy number(s).		
6. Are any concurrent proposals being made to other Life offices and do you hold any other assurance or investment products? If so, please provide details.		
7. Are there any other parties indirectly involved with this proposal (e.g. beneficial owner, lender, potential borrower)? If so, please give full details.		
8. What is the source of funds to be invested in the contract? (e.g. sale of property, from savings, inheritance – you may be asked to provide documentary evidence of the source of funds).		
9. Where the source is “from savings”, please disclose the annual income of the person(s) who accumulated the savings.	Current Year	Last Year
10. Where the source is “from sale or maturity of investments/shares”, please confirm details of the dates and transactions involved. Please also enclose evidence (e.g. contract notes) of these transactions.		
11. Where the source is from a Property sale please give the address of property and the date of sale including total sale amount. Please also enclose a copy of the relevant sales documentation.		
12. Where the source is from an inheritance, please give details of the inheritance, date and amount received. Please also provide a copy of the relevant Will documentation.		
13. If source is other than detailed above, e.g. Company sale, Gift, please supply full details including dates and amount involved. Please provide a copy of the relevant sales documentation.		

14. What is the reason for applying for this form of investment?	
15. Are there any other details which you feel would help us in determining the source of funds?	

## APPLICANT'S DECLARATION

I declare that to the best of my knowledge and belief the above statements are true, consistent and complete.

Signature	Date (DD/MM/YYYY)
Name (BLOCK CAPITALS)	

## 9. DECLARATION AND APPLICATION

The contract could be invalidated by any failure to disclose facts which might influence STM Life Assurance PCC Plc's assessment of this application prior to acceptance. If you have any doubt as to whether a fact is relevant then you should disclose it. Any additional information should be detailed on a separate, signed sheet.

I/We apply for the International Self Directed Bond on the Standard Policy Terms and Conditions and confirm that to the best of my/our knowledge and belief all of the above statements are true and complete and shall, together with such terms and conditions and any nomination forms, form the basis of the contract between me/us and STM Life Assurance PCC Plc.

I/We confirm that I/we have read and understood the International Self Directed Bond Standard Terms and Conditions and Key Features Document and understand the charges that will be levied as summarised at the end of this application form.

I/We acknowledge that my/our initial investment may be used in whole or in part by STM Life Assurance PCC Plc to subscribe for, or otherwise acquire, all of the issued shares in a non-United Kingdom incorporated and resident company (Non UK Co) which has not traded or otherwise carried on any business since its incorporation and which shall, following such subscription or other acquisition, constitute an asset within STM Life Assurance PCC Plc's Long Term Business Fund and that such shares (if any) will be allocated to my/our Bond. STM Life Assurance PCC Plc shall determine, in its sole discretion, the proportion of my/our investment referred to above which shall be applied in subscribing for, or otherwise acquiring, the shares in a Non UK Co.

I/We acknowledge, agree and/or undertake that:

1. I/We understand the nature of the International Self Directed Bond and understand that it is classified as a high risk investment. I/ We accept this level of risk and confirm that this investment is reasonable given our level of financial stability.
2. STM Life Assurance PCC Plc is not providing any advice as to the UK or other tax implications of investing in the International Self Directed Bond.
3. STM Life Assurance PCC Plc does not give any warranty as to the performance or profitability of my/our International Self Directed Bond or any part of it and, accordingly, STM Life Assurance PCC Plc shall not be liable for any loss or depreciation in the value of my/our International Self Directed Bond, whether such loss or depreciation may result from a fall in the value of any investment or from any other cause (but excluding any loss arising from negligence, wilful default or fraud by STM Life Assurance PCC Plc).
4. Any shares in companies to which my/our International Self Directed Bond is directly or indirectly linked will be held by STM Life Assurance PCC Plc solely as an investment and, accordingly, STM Life Assurance PCC Plc will not normally undertake any responsibility for the day-to-day management of any such company. STM Life Assurance PCC Plc shall determine, in its sole discretion, whether or not to undertake responsibility for the management of a Non UK Co.

I/We understand and agree that the contract that I am/we are applying to enter into with STM Life Assurance PCC Plc will be subject to Gibraltar law and that the Policy Terms will be in the English language.

I/We confirm that I/we have an insurable interest in the life/lives assured as listed in section 2.

I/We hereby request that the amount shown in Section 3 be invested as an initial premium for a policy comprising an International Self Directed Bond and request STM Life Assurance PCC Plc (STM Life) to issue the policy in my/our name.

I/We hereby declare that this application form was signed in ..... (name of country) and that, to the best of my/our knowledge and belief, the statements made in this application and any related documents are true and complete and that no material facts have been concealed.

I/We confirm that to the best of my/our knowledge and belief I am/we are not subject to any taxation, exchange control or legislation that would make this application unlawful.

### DATA PROTECTION

I/We consent that any personal information obtained by STM Life Assurance PCC Plc (whether contained in this Application or otherwise and whether stored electronically or otherwise) may be held and used or disclosed to enable STM Life Assurance PCC Plc to process this Application or any subsequent transactions and to communicate with me/us whether directly or indirectly for any purpose.

### INDEMNITY FOR INSTRUCTIONS RECEIVED BY E-MAIL AND FAX

In consideration of STM Life Assurance PCC Plc agreeing to accept instructions from me/us by e-mail and fax (“the Instructions”) without requiring written confirmation bearing actual signatures, before acting on the instructions I/ we confirm that:

STM Life Assurance PCC Plc are hereby authorised to act on the Instructions which STM Life Assurance PCC Plc believe emanate from me/us and STM Life Assurance PCC Plc shall not be liable for acting in good faith on instructions which emanate from unauthorised individuals.

I/We confirm that all Instructions sent via fax will be signed by me/us and that all e-mail Instructions will be sent via my/our e-mail account(s) (please insert e-mail address)

I/We undertake to keep STM Life Assurance PCC Plc indemnified at all times against and to save STM Life Assurance PCC Plc harmless from all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against STM Life Assurance PCC Plc or suffered or incurred by STM Life Assurance PCC Plc and which shall have arisen either directly or indirectly out of or in connection with STM Life Assurance PCC Plc accepting instructions and acting thereon.

**SIGNATURES ARE REQUIRED BY ALL APPLICANT(S)**

First Applicant Signature		Name in full:
		Date (DD/MM/YYYY)
Second/Joint Applicant Signature		Name in full:
		Date (DD/MM/YYYY)

If there are two or more Applicants, the International Self Directed Bond will be owned by them jointly. On the death of one of them, ownership of the International Self Directed Bond will automatically vest in the survivor(s).

## 10. INTERMEDIARY

Company Name and Address or Stamp			
Intermediary's Name			
Intermediary's Signature			Date (DD/MM/YYYY)
INITIAL COMMISSION (based on percentage of initial premium)	.	%	Or Initial Fee £
If commission is earned by the Intermediary, an equal charge will be deducted from the Policyholder's cash account			
Renewal Commission payable at the end of each policy quarter	.	%	Or Renewal Amount £
If any renewal commission is taken, an equal charge will be deducted from the Policyholder's cash account.			

## 11. PAYMENT INSTRUCTIONS

It is essential that the remitting bank sends to NatWest Bank Plc a Tested Telex or SWIFT payment order giving full details of the Account to be credited.

You may use any of the following methods to pay premiums to your International Self Directed Bond. If you choose Option B, Electronic Transfer, please tick one of the following boxes:

<input type="checkbox"/> This is a photocopy of the instruction – the original has been sent to the bank direct	<input type="checkbox"/> The original instruction is enclosed for onward transmission to the bank
To: The Manager	Bank
Postcode	
Country	

## OPTION A: BANKERS DRAFT

Please prepare a bankers draft made payable to STM LIFE ASSURANCE PCC PLC quoting policy number  
 .....for exactly the amount detailed.

Amount in figures	
Amount in words	

Please send the prepared draft to:

STM Life Assurance PCC Plc,  
 Montagu Pavillion,  
 8 – 10 Queensway,  
 Gibraltar.

## OPTION B: ELECTRONIC TRANSFER

Please transfer the amount shown below exclusive of all charges and expenses:

Amount in figures

Amount in words

Quoting the applicants surname

To the following account

STERLING PAYMENTS

Account Name:

STM Life Assurance PCC Plc

Bank:

NatWest Bank

Account Number:

9544-39064866

Sort Code:

60-60-60

IBAN Number:

GI63 RBOS 0609 5443 9064 866

Reference:

For ease of identity please reference your payment with your surname.

PLEASE CHARGE THE AMOUNT OF THE PAYMENT, TOGETHER WITH ANY BANK AND AGENT BANK'S CHARGES TO MY/OUR ACCOUNT.

Account name

Account number

Signature

Date (DD/MM/YYYY)

Signature

Date (DD/MM/YYYY)

Address of Bank

Postcode

Country

## CHEQUE PAYMENT

Cheques should be made payable to STM Life Assurance PCC Plc

**12. INVESTMENT ADVISER APPOINTMENT FORM**  
**(to be completed by the Applicant)**

To: STM Life Assurance PCC Plc, Montagu Pavilion, 8–10 Queensway, Gibraltar.

With reference to my/our application dated ....., I/we request the appointment of the following named to act on my/our behalf as Investment Adviser to the funds to which my/our International Self Directed Bond is to be linked, subject to the terms and conditions set out below.

Name of Investment Adviser	
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I/We understand that the STM Life shall not be responsible for any loss or liability caused to the International Self Directed Bond resulting from advice given by or negligence of the above named Investment Adviser or for the investment return produced by the International Self Directed Bond.

I/We undertake to indemnify STM Life to the extent of any loss, howsoever arising, suffered by STM Life in respect of the operation of this agreement.

I/We authorise the Investment Adviser to instruct deals on my/our behalf on a discretionary basis and I have satisfied myself that my Adviser is authorised to provide discretionary advice.

I/We authorise STM Life to debit the International Self Directed Bond at the end of each policy quarter with

.		%	of the bond value or	£		per quarter and
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to pay the amount deducted to the Investment Adviser on my/our behalf.

I/We undertake to inform the Company immediately in writing if I/we amend or revoke this authority.

I/We acknowledge that the Company reserves the right to refuse the nomination of an Investment Adviser at its absolute discretion.

	First Applicant	Second Applicant
Signed		
Full Name		
Date		

### 13. INVESTMENT ADVISER APPOINTMENT FORM

(to be completed by the Investment Adviser)

Name of Investment Adviser	
Address	
E-mail address	
Telephone Number	
Fax Number	
Name of Regulator	
Registration Number	
Category of membership and relevant permitted activity	

In accepting the authority of Investment Adviser to make recommendations for the sale or purchase of assets, given to me by the policyholder. I agree to abide by the following:

1. All instructions will be given in writing to STM Life.
2. All instructions for the purchase or sale of funds will be in respect of funds which STM Life deem to be acceptable within the bond.
3. All assets purchased as a result of advice given by the Investment Adviser shall be purchased at the open market buying price as shown on the contract note issued by the seller.
4. All deals must be placed by STM Life.
5. STM Life reserves the right to reject or accept advice given by the Investment Adviser at its absolute discretion.
6. STM Life has the right to withdraw the investment adviser facility from the Investment Adviser without specifying a reason and on giving one month’s written notice to the Policyholder.
7. The Investment Adviser must maintain such authorisation as is necessary to act as Investment Adviser under the legislation and regulations in the country in which the advice is given. Where the Investment Adviser is carrying out investment business in the United Kingdom he must have the necessary authorisation for the category of investment business and permitted business being undertaken.
8. The Investment Adviser must immediately notify STM Life in writing should the Investment Adviser’s Regulatory Authorisation change or cease, or should the Regulator take or threaten to take disciplinary action against the Investment Adviser.
9. The Investment Adviser may resign his appointment by giving one month’s written notice to the Policyholder and to STM Life.
10. The Investment Adviser’s appointment shall cease immediately upon the death, bankruptcy, dissolution or insolvency of the Investment Adviser or any composition with creditors or if the Investment Adviser is in breach of any regulatory requirement or it becomes illegal for the Investment Adviser to continue to act in this capacity.

Signed	
Full Name	
For and on behalf of	
Date	
If the above named Investment Adviser is a company, please attach a Certified Copy of the Company’s Authorised Signatories.	
Please provide details of your bank to receive your fees	

Account Name		
Bank/Building Society Name		
Bank/Building Society Address		
	Postcode	Country
Account Number	<input type="text"/>	<input type="text"/>
Sort Code (where applicable)	<input type="text"/>	<input type="text"/>
IBAN/SWIFT Code	<input type="text"/>	<input type="text"/>

## SUMMARY OF CHARGES

(to be completed by the Intermediary)

I hereby confirm that I have discussed all of the charges set out below for the STM Life International Self Directed Bond with the Applicant(s) detailed in section 1.

Signed	
Name	
Date (DD/MM/YYYY)	
Company Name	
STM Life Establishment Charge (taken from the initial premium)	
STM Life Annual Management Charge p.a. (taken quarterly based on the value of the policy)	
Intermediary Initial Commission (taken from the initial premium)	
Intermediary Renewal Commission p.a. (taken quarterly based on the value of the policy)	
Investment Adviser Initial Fee (taken from the initial premium)	
Investment Adviser Renewal Fee p.a. (taken quarterly based on the value of the policy)	







STM Life may be contacted via telephone between the hours of 9.00am to 5.30pm, Central European Time, during normal working days in Gibraltar or via post, email or facsimile as per the details below.

**Postal Address:** STM Life Assurance PCC Plc  
Montagu Pavilion,  
8–10 Queensway,  
Gibraltar.

**Email Address:** [info@stmlife.com](mailto:info@stmlife.com)

**Telephone:** + 350 200 70713

**Facsimile:** + 350 200 74081