



Global Investor/ Corporate Investor/ Portfolio Bond

New investment adviser questionnaire (non-UK)

This form must be completed in English.

Full name of investment adviser

Registered address

Postcode

Telephone number

Fax number

Correspondence address (if different from above)

Postcode

Telephone number

Fax number

Legal status of investment adviser, ie company, partnership, etc

Principal contact name and position

Are you regulated in a country with Financial Action Task Force (FATF) status? Yes No

If 'No', please detail below (or attach a separate sheet) a list of the company directors.

Name	Position
<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"/>

Please supply certified copies of the following for at least two of the above (one of which must be an executive director):

- Passport or a national identity card, and **one** of the following:
 - Utility bill
 - Current driving licence
 - Tax assessment document
 - Bank statement
 - Proof of ownership of residential address.

Please enclose a certified copy of (or equivalent of) your company's:

- Certificate of Incorporation
- Memorandum and Articles of Association or Objectives
- Latest audited accounts (in English if possible).

Please supply details of shareholders of the company with 20% or more of a holding:

Shareholder 1	<input type="text"/>
Shareholder 2	<input type="text"/>
Shareholder 3	<input type="text"/>
Shareholder 4	<input type="text"/>

For these shareholders, please supply certified copies of:

- Passport or a national identity card, and **one** of the following:
 - Utility bill
 - Current driving licence
 - Tax assessment document
 - Bank statement
 - Proof of ownership of residential address.

Please note:

- Where the shareholder is a corporate entity, please provide additional information in respect of that entity, as required above.
- All documents must be certified as true copies and signed and dated by a notary public, lawyer, advocate or an authorised representative of an embassy or consulate of the country who issued the identification document. The name of the person signing the documents should be clearly stated, ie in CAPITAL LETTERS, along with their position within the company or organisation. Documents referring to 'Care of' addresses are not acceptable.

Are you regulated by any government or regulatory organisation? Yes No

If 'Yes', please give the following details and provide written proof (ie copies of documentation).

Regulated by	<input type="text"/>
Registration/licence number	<input type="text"/>
Registered category/permission and date of registration	<input type="text"/>
Who is your compliance officer or individual responsible for compliance issues and when was your last compliance visit from your regulator?	<input type="text"/>

The role each party has is described below. If this is different to your understanding please let us know.

- Your organisation provides investment advice/recommendations.
- The policy owner is also able to make investment recommendations.
- We authorise such recommendations.

Please describe the structure of your operation (please attach a copy of your organisation chart if available).

Organisation structure	<input type="text"/>
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Please state your principal business activities and how long you have been established (please attach a copy of your corporate brochure if available).

Principal business activities

How many employees are engaged in these activities?

How many are responsible for dealing with us?

Please detail all employees authorised to make investment recommendations (please attach a biography if available).

Name

Position

Date of birth (DD MM YYYY)

Qualifications

Time in current role

Time with company

Sample signature

Name

Position

Date of birth (DD MM YYYY)

Qualifications

Time in current role

Time with company

Sample signature

Name

Position

Date of birth (DD MM YYYY)

Qualifications

Time in current role

Time with company

Sample signature

Name

Position

Date of birth (DD MM YYYY)

Qualifications

Time in current role

Time with company

Sample signature

Name

Position

Date of birth (DD MM YYYY)

Qualifications

Time in current role

Time with company

Sample signature

Investment advice details

In what form are your records held (eg manual or computer based)?

How do you determine what investments to recommend on behalf of the policy owners

What systems/information sources do you use?

Please supply an example of the form(s) you use when recommending purchases and sales of our assets.

How do you track the performance of the assets purchased, especially if you are appointed as investment adviser to a number of clients with varying asset portfolios?

Should key individuals be incapacitated for any reason, what measures do you have in place to provide for the continuation of ongoing investment advice to the clients?

Do you carry out any other investment advice?

Yes No

If 'Yes', please give details of any other connections, specifying business name, size of connection, performance, establishment date, objectives and strategy etc.

Please provide details of your professional indemnity insurance (please supply a copy of your insurance certificate).

Professional indemnity insurance details

Bank details

Bank name

Address of Bank

Postcode

Account name

Bank account number

Bank sort code (if UK-based)

How long have you operated accounts with them?

Are you willing for Scottish Widows to take up references with the bankers named above?

Yes No

If 'Yes', Please sign the authorisation at the end of this section.

If 'No', please give reasons:

Do you undertake any internal audit checks?

Yes No

If 'Yes', please give details.
If 'No', please explain why not.

Have any of the directors, officers or partners ever been convicted of a criminal offence?

Yes No

If 'Yes', please give details.

Have any of the directors, officers or partners ever been insolvent or bankrupt?

Yes No

If 'Yes', please give details.

Have any of the directors, officers or partners ever been served with any civil judgement or similar?

Yes No

If 'Yes', please give details.

Are there any (current or pending) legal proceedings against any of the directors, officers or partners?

Yes No

If 'Yes', please give details.

Is the company in the process of being dissolved, struck off, wound up or terminated?

Yes No

If 'Yes', please give details.

Has the company ever undertaken business with us or any other subsidiary within the Lloyds Banking Group?

Yes No

If 'Yes', please give details.

Declaration – to be signed by or on behalf of the investment adviser

I/We declare that the information given in this form is, to the best of my/our knowledge, true and complete.

Name (in CAPITAL LETTERS)	<input type="text"/>
Position	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Signature	<input type="text"/>
Date (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"/>

Authorisation for the obtaining of references

I/We hereby authorise Scottish Widows to obtain references from any bank with I/we have had previous or existing dealings.

Signature	<input type="text"/>
Date (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"/>
For and behalf of	<input type="text"/>
Name	<input type="text"/>
Position	<input type="text"/>

Please return the original of this completed form to:

Scottish Widows
 PO Box 138
 Victoria Road
 Douglas
 Isle of Man
 IM99 1LT



As part of the Lloyds Banking Group, Scottish Widows is proud to be an Official Provider of the London 2012 Olympic and Paralympic Games.

Scottish Widows is a trading name of CMI Insurance Company Limited.

Issued by CMI Insurance Company Limited, registered in Isle of Man number 33520. Registered office in the Isle of Man at Clerical Medical House, Victoria Road, Douglas, Isle of Man IM99 1LT. Authorised by the Isle of Man Insurance and Pensions Authority.

Approved by Clerical Medical Financial Services Limited, registered in England number 2114901. Registered office in the United Kingdom at 33 Old Broad Street, London EC2N 1HZ. , England. Authorised and regulated by the Financial Services Authority. Our FSA register number is 142779.

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