



Veritaslife
Investment Platform

VERITAS OFFSHORE LIFE BOND

Appointing A Fund Adviser/ Discretionary Fund Manager



You can use this form to appoint a Fund Adviser/Discretionary Fund Manager for the Veritas Offshore Life Bond below. The form must be completed by the Policy holder(s), and your Fund Adviser/Discretionary Fund Manager.

All references to Veritas Life in this form mean Veritas Cell.

Bond means the policy or group of policies issued to the Policy holder(s) following their application for a Veritas Offshore Life Bond.

SECTION 1 – Agreement – for completion by the Policy Holder(s)

Policy number(s): ☐

If there are any further policy holders, please photocopy this page, attach the details with this form, and tick here. ☐

FIRST OR SOLE POLICYHOLDER

First name(s):

Last name(s):

SECOND POLICYHOLDER (If any)

Fund Adviser/Discretionary Fund Manager details

Name of firm:

Address:

Postcode: Country:

Telephone number: Email address:

SECTION 2 – Appointment of Fund Adviser/Discretionary Fund Manager

The Policy allows investment into various types of assets and some of these assets are only suitable for Professional Investors. If you choose to invest in this Policy, you should ensure that you accept the level of risk associated with non-retail assets including; the risk that the investment into such an asset:

- could provide a lesser degree of investor protection; and
- could result in the loss of a significant proportion of some or all of the sum(s) invested; and
- may have a minimum duration, impose significant redemption penalties or are illiquid.

If you do not accept the level of risk associated with these assets, you should inform your Fund Adviser/Discretionary Fund Manager not to invest in assets which are only suitable for Professional Investors.

I/We/The Company hereby appoint the Fund Adviser/Discretionary Fund Manager detailed above to act on my/our/its behalf for the purpose of making investment decisions in respect of my/our/its Policy. I/We/The Company understand that the Fund Adviser/Discretionary Fund Manager is acting as my/our/ its agent and not as an agent for Veritas Cell.

Basis on which this authority is given tick one option only

☐ Option 1 – Fund Adviser/Discretionary Fund Manager – advisory basis

I/We/The Company have agreed with the Fund Adviser/Discretionary Fund Manager that they will discuss any proposed alterations to the investment composition of the Policy with me/us/the Company and that they must have my/our/its prior written agreement before any changes are made. I/We/The Company authorise the Fund Adviser/Discretionary Fund Manager to submit written instructions to Veritas Cell on my/our/its behalf.

☐ Option 2 – Fund Adviser/Discretionary Fund Manager – discretionary basis

I/We/The Company have delegated all investment decision-making to the Fund Adviser/Discretionary Fund Manager. This means that the Fund Adviser/Discretionary Fund Manager has complete discretionary authority, without consulting me/us/the Company, to make all investment decisions, to buy or sell assets, hold cash or other investments. I/We/The Company authorise Quilter International to act upon the investment instructions of the Fund Adviser/Discretionary Fund Manager.

I/We/The Company understand that Veritas Cell may need to:

- verify the identity of the Fund Adviser/Discretionary Fund Manager;
- confirm that the Fund Adviser/Discretionary Fund Manager is regulated by any appropriate regulatory authority; and
- check that the Fund Adviser/Discretionary Fund Manager has any qualifications required by law or by regulation for the activity to be carried out.

I/We/The Company acknowledge and agree that such confirmation is to enable Veritas Cell to comply with its regulatory duties as an authorised insurer in the Guernsey. I/We/The Company understand that this is not, and should not be construed as, any endorsement of a Fund Adviser/Discretionary Fund Manager by Veritas Cell and that Veritas Cell does not warrant the Fund Adviser/Discretionary Fund Manager's suitability or regulatory credentials.

I/We/The Company agree that Veritas Cell is not responsible for any loss or liability to my/our/its Policy arising from this appointment.

I/We/The Company confirm that I/we/the Company take full responsibility for the acts or omissions of the Fund Adviser/Discretionary Fund Manager, including any loss in the Policy as a result of their acts or omissions (including, but without limitation, failure on the part of the Fund Adviser/Discretionary Fund Manager to produce a reasonable investment return in relation to the Policy).

Further, I/we/the Company for myself/ourselves/itself and my/our/its estate(s) indemnify Veritas Cell against all claims, demands and actions against Veritas Cell relating to any such loss suffered. This includes all costs and expenses arising from or in respect of the activities and performance of the Fund Adviser/Discretionary Fund Manager (including, but without limitation, the cost of defending in any court of law any such claim demand or action against Veritas Cell).

I/We/The Company confirm that the Policy holder(s) is/are legally entitled to effect any of the policy options contained in the Policy Terms and Conditions applicable to the Policy.

I/We/The Company authorise the Fund Adviser/Discretionary Fund Manager to exercise on behalf of the Policy holder(s) any of the options available under the Policy Terms and Conditions applicable to the Policy relating to the investment allocations and/or buying and selling of assets.

Where I/we/the Company have chosen option 1, I/we/the Company undertake to approve any changes effected by the Fund Adviser/Discretionary Fund Manager.

I/We/The Company accept that this authority shall not take effect until such time as written notice is received by Veritas Cell at its Head Office.

SECTION 2 – Appointment of Fund Adviser/Discretionary Fund Manager *(Continued)*

I/We/The Company agree to notify Veritas Cell in writing of any changes which affect the appointment or authority of the Fund Adviser/Discretionary Fund Manager and understand that Veritas Cell will continue to accept instructions from the Fund Adviser/Discretionary Fund Manager unless and until I/we/the Company advise Veritas Cell of a change in the Fund Adviser/Discretionary Fund Manager's appointment or authority.

I/We/The Company understand that I/we/the Company can terminate the appointment of the Fund Adviser/Discretionary Fund Manager by giving notice in writing to both the Fund Adviser/Discretionary Fund Manager and Veritas Cell.

I/We/The Company agree that if I/we/the Company submit instructions directly to Veritas Cell, then I/we/the Company will provide explicit confirmation at the time of submission whether these should supersede/replace instructions previously given by the Fund Adviser/Discretionary Fund Manager.

Fund Adviser/Discretionary Fund Manager's fee

I/We/The Company agree to pay the Fund Adviser/Discretionary Fund Manager's fees at the current rates specified here: Payment will be based on the value of the Policy at the end of the previous quarter.

% per annum

I/We/The Company agree that such fees shall be payable directly to the Fund Adviser/Discretionary Fund Manager by Veritas Cell on receipt by Veritas Cell of this authority, which hereby authorises Veritas Cell to debit my/our/its Policy with an equivalent amount which will be paid quarterly at each valuation date. Such fees will be treated as partial surrenders of the policy/policies.

It is agreed that all assets are held in the name of Veritas Cell and all trades must be placed in the name of Veritas Cell.

Signature of Policy holder(s) (If more than one Policy holder, all must sign. If the Policy holder is a corporate applicant, a corporate trustee or an individual acting as a trustee applicant, then the minimum number of required authorised signatories must sign.)

Signature of First Applicant

Signature of Second Applicant (if applicable)

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"/>
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Date (dd/mm/yyyy):

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Signature of Authorised Signatory or Financial Adviser

Full name of Adviser/Authorised Signatory:

Capacity of the Authorised Signatory:

For and on behalf of:

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"/>
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- Please provide us with an authorised signatory list for your company showing all individuals authorised to place instructions with us on behalf of your company. In the absence of a signatory list we will assume the only authorised individual is the signatory on this form.

SECTION 3 – Basis on which this authority is given tick one option only

☐ **Fund Adviser/Discretionary Fund Manager – advisory basis (Policy holder has selected option 1).**

I confirm that I hold appropriate authorisation to provide ongoing investment advice to the Policy holder(s) in accordance with the regulations which apply in the jurisdiction in which I am giving the advice. I understand that I must obtain a written agreement of the Policy holder(s) to any investment advice given and that I may be asked to provide evidence of such to Veritas Cell if requested.

☐ **Fund Adviser/Discretionary Fund Manager – discretionary basis (Policy holder has selected option 2).**

I confirm that I hold appropriate authorisation for the jurisdiction in which I offer this service. **This authority enables me to provide investment instructions to Veritas Cell and I confirm that I have the agreement of the Policy holder(s) to issue investment instructions on his/her/their behalf.**

I understand that this Policy allows investment into assets which are only suitable for Professional Investors. If the Policy owner informs me that they do not want me to invest into assets which are only suitable for Professional Investors then I will not choose these assets to link to their Policy.

I have read the conditions listed in this form and agree to act in accordance with them. I confirm I will notify you of any changes to my authority.

Signature of First Applicant

Signature of Second Applicant (if applicable)

Date (dd/mm/yyyy):

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Date (dd/mm/yyyy):

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SECTION 4 – Acceptance of Appointment – for completion by the Fund Adviser/ Discretionary Fund Manager

Payment details for Fund Adviser/Discretionary Fund Manager fees

The following section is only applicable to Fund Adviser/Discretionary Fund Managers who have not set up Terms of Business with Veritas Cell.

Full name

or Base currency of the Policy

Payment method

1. Bank charges will be applicable for electronic bank transfers, e.g., telegraphic transfer payments.

Bank account holder

(name as stated on bank account)

Bank account number/IBAN*

Sort code*

(if applicable)

Bank name

Bank address

Postcode

Note: payment of Fund Adviser/Discretionary Fund Manager fees will be approximately 6-8 weeks after the quarter end.

* 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 in conjunction with a bank account number. A BIC code is used in conjunction with an IBAN.

SECTION 4 – Acceptance of Appointment – for completion by the Fund Adviser/ Discretionary Fund Manager *(Continued)*

(If more than one Policy holder, all must sign. If the Policy holder is a corporate applicant, a corporate trustee or a trustee applicant, then the minimum number of required authorised signatories must sign).

I/We/The Company confirm that the individual named above is the Fund Adviser/Discretionary Fund Manager that I/we/the Company wish to appoint as per this appointment request.

*Signature of Authorised Signatory or Fund Adviser/
Discretionary Fund Manager*

Full name of Adviser/Fund Adviser/Discretionary Fund Manager:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

*Signature of Authorised Signatory or Fund Adviser/
Discretionary Fund Manager*

Full name of Adviser/Fund Adviser/Discretionary Fund Manager:

Capacity of the Authorised Signatory:

For and on behalf of:

Date (dd/mm/yyyy):

How to contact us

Your financial adviser will normally be your first point of contact. If you have any questions you can phone, email or write to us:

Call us at: +44 (0) 208 044 5705

Email us at: advisersupport@veritas-life.com

Or write to us at:

Veritas Cell Guernsey
c/o Artex Axcell (Guernsey) Limited
Heritage Hall
Le Marchant Street
St Peter Port
Guernsey
GY14JH

Veritas Cell is established in Guernsey as a "cell" in Artex Insurance (Guernsey) PCC Limited ("core") a company incorporated under the Companies (Guernsey) Law 2008 (the "Companies Law"). A PCC captive structure is an entity consisting of a core and an indefinite number of cell entities which are kept legally separate from each other. Each cell has dedicated assets and liabilities ascribed to it, and the assets of an individual cell cannot be used to meet the liabilities of any other cell. The Board of Directors approved the operation and business written through each cell. Artex PCC and the Cell are both regulated by the Guernsey Financial Services Commission. ("GFSC").