

General Investment Account in an Offshore Bond Application Form

Thank you for your interest in holding a General Investment Account (GIA) in an Offshore Bond. Before you fill out this form, please make sure you've read and understood your Offshore Bond Key Features Document. Once you've decided it's the right product for you, please complete all sections.

If you are sending this form by post, please complete in CAPITAL LETTERS using black ink and return to: Wealthtime Classic, PO Box 2468, SALISBURY, SP2 2UH

Personal details

Applicant one		Applicant two (optional)	
Forename(s) in full		Forename(s) in full	
Surname		Surname	
Date of birth (dd/mm/yyyy)		Date of birth (dd/mm/yyyy)	
Client number (if known)		Client number (if known)	
General Investment Account in an Offshore Bond application Before you fill out this section, please make sure you've read and understood the Offshore Bond provider's Key Features and Terms and Conditions. Once you've decided it's the right Product for you, please complete all sections. I wish to apply to hold a General Investment Account in an			
Offshore Bond on the Wealthtime Classic platform.			
Please note that you need to have set up an account with your chosen Offshore Bond provider initially. Is this Offshore Bond set up in joint names? No If yes, please ask the other bond holder to complete a General Investment Account in an Offshore Bond application form.			
Please indicate which provider's Offshore Bond you would like to hold in your Wrap.			
Canada Life International (Isle of Man) Utmost International (formerly Quilter International) Utmost Wealth			
Policy number			
Declaration I/We acknowledge and accept the Wealthtime Classic GIA in an Offshore Bond Key Features and Wealthtime Classic Terms			
and Conditions (in addition to the Offshore Bond provider's Key Features and Terms and Conditions). I/We understand that the services provided don't constitute financial advice under the terms of the Financial Services and Markets Act 2000.			
Your signature (applicant one)		Your signature (applicant two)	
Full name		Full name	
Date (dd/mm/yyyy)		Date (dd/mm/yyyy)	

If you require this document in an alternative format please contact us.