



INDEPENDENT FINANCIAL ADVISORS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL

IMPORTANT NOTICE TO THE PROPOSER

To apply for Professional Indemnity Insurance coverage, please fully complete the following Proposal Form. If there is insufficient space to provide answers, additional information should be provided on the Proposer's letter headed paper.

If the Proposer is aware of any material facts that may affect the Insurer's decision in providing this insurance, please disclose them to your broker. If you are in any doubt as to what to tell Insurers, tell them anyway. Not doing so, may affect how they settle claims under the policy, or may render any policy issued invalid.

Upon receipt of your completed Proposal Form your broker will submit the details to the Insurer for approval. Once approved, and upon receipt of the premium, taxes and fees, a Policy will be issued to your broker. Insurance coverage will not commence until your proposal has been accepted by the Insurer.

Similar to other professional insurances the Professional Indemnity Insurance Policy, is underwritten on what is known as a 'claims made basis'. This means that the policy will only provide cover for claims or circumstances discovered and notified to the Insurer during the period of insurance.

The nature and type of insurance cover offered can vary from policy to policy and insurer to insurer therefore, it is important to ensure that you have the cover that is right for you.

If you have any questions about this type of insurance, would like to see a specimen of the full policy terms and conditions, or would like further advice about completing the Proposal or any other related matter, please contact your broker.

INDEPENDENT FINANCIAL ADVISORS PROFESSIONAL INDEMNITY INSURANCE PROPOSAL FORM



SECTION 1 – GENERAL DETAILS

1. Name of Proposer(s) to be covered: Date Established:

| | |
|--|--|
| | |
|--|--|

2. Main address of the Proposer and any overseas addresses:
(specifying the name and position of the individual responsible at each location including web and email addresses)

| | |
|--|---|
| | Email Address: _____ Web Address: _____ Telephone No: _____ |
|--|---|

3. Individual, partner, principal, director, consultants under a contract of service details:

| Name | Age | Qualifications | Date(s) Qualified |
|------|-----|----------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Attach CV where the Proposer has been established less than 5 years and/or where any individual has no relevant qualifications

4. Indicate the professional associations of which the Proposer is a member:

PIA/FSA AIFA GISC IIB BIBA IBRC Other

If Other, please provide details.

5. Number of employees split between the following:

| Qualified | Administrative | Self Employed Consultants | Other (Specify) |
|-----------|----------------|---------------------------|-----------------|
| | | | |

6. Is the Proposer connected or associated (financially or otherwise) with any other entity?

Yes No

If Yes, please provide full details including nature of the work undertaken and income derived.

7. During the past 10 years has the Proposer's name been changed, has any other business been purchased and/or has any merger or consolidation taken place?

Yes No

If Yes, please provide details.

SECTION 2 – THE BUSINESS: WORK UNDERTAKEN

1. Please provide the Proposer’s fees/income in each of the financial periods derived from clients based in:

| | Last Financial Year Ended ____/____/____ | Current Financial Year Ending ____/____/____ | Coming Financial Year Ending ____/____/____ |
|-----------|---|---|--|
| UK | | | |
| Elsewhere | | | |
| Total | | | |

If fees/income are/is declared as derived from clients based “Elsewhere” please provide details including territories involved and income derived.

2. Please allocate below, as a percentage to a total of 100%, the split in fees/income between activities for the last complete financial year:

| | UK | Elsewhere | Total |
|---|----|-----------|-------------|
| Pensions | | | |
| Endowments | | | |
| Other Life | | | |
| Mortgages | | | |
| Building Society Agencies | | | |
| Pension Fund Management, Trustees or Administrators | | | |
| Private Client Portfolio Management - discretionary | | | |
| Private Client Portfolio Management – non discretionary | | | |
| Investment in Unit Trusts or Insurance Bonds | | | |
| Dealing in Listed, Unlisted UK or Foreign Securities | | | |
| Dealing in Bonds (eg Eurodollar) or Commodities | | | |
| Investment in Tangibles (eg coins, gems) | | | |
| Accountancy/Taxation | | | |
| Management Consultancy | | | |
| Mergers/Acquisitions/Corporate Finance | | | |
| Estate Agency | | | |
| Other (specify) | | | |
| | | | 100% |

If fees/income have/has ever been derived from Pension Transfers, Opt Outs and/or Non Joiners, Free Standing Additional Voluntary Contributions, Endowment Mortgages and/or Income Draw Down Shares please complete the relevant supplementary questionnaire.

Pension Transfers, Pension Opt Outs and/or Pension Non Joiners Supplementary Questionnaire.

Free Standing Additional Voluntary Contributions Supplementary Questionnaire.

Endowment Mortgages Supplementary Questionnaire.

Income Draw Down Supplementary Questionnaire.

3. Has the Proposer ever received fees/income from Split Capital Investment Trusts/Zero Dividend Preference Shares? Yes No
 If Yes, please provide details.

4. Please advise for each of the activities in (2) above and where an investment product is available how many investment providers the Proposer has access to?

5. Is cover required for any other activity, now ceased, which is different to those declared in (2) above? Yes No
 If Yes, please provide details.

6. Is the Proposer aware of any change in activity/structure that will occur in the coming financial year? Yes No
 If Yes, please provide details.

SECTION 3 – CLAIMS INFORMATION

- | | | |
|---|---|--|
| <p>1. After full enquiry has the Proposer sustained any loss through the fraud or dishonesty of any person? If Yes, please provide details.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| | | |
| <p>2. After full enquiry is the Proposer aware of any fraud, dishonesty, bankruptcy or administration order applicable to any past or present principal, partner, director or employee? If Yes, please provide details.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| | | |
| <p>3. After full enquiry has any claim been made against the Proposer's business or any principal, partner, director or employee whilst in this or any other business? If Yes, please provide details.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| | | |
| <p>4. After full enquiry is the Proposer aware of any circumstance or incident which has or could result in any claim being made against the Proposer's business, or any principal, partner, director or employee of this or any other business? If Yes, please provide details.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| | | |
| <p>5. Have present or previous Insurers been notified of and accepted all claims, notifications and circumstances? If Yes, please provide details.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

SECTION 4 – THE BUSINESS: RISK MANAGEMENT

- | | | |
|--|---|--|
| <p>1. Is the Proposer admitted to any Association or accredited to any quality systems such as the ISO series? If Yes, please provide details.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |
| | | |
| <p>2. What is the Proposer's procedure to ensure supervision of qualified staff and self employed consultants?</p> | | |
| | | |
| <p>3. What records are kept by the Proposer of telephone conversations and attendance at meetings?</p> | | |
| | | |
| <p>4. Please advise for any transaction where an investment product is available.</p> | | |
| <p>4.1 Was it the Proposer's practice to obtain sufficient information recorded in writing to show that the transaction recommended was suitable for the clients needs (eg Client Financial Planning Analysis and/or Know Your Client questionnaires)? If No, please provide details.</p> | <p>Yes <input type="checkbox"/></p> | <p>No <input type="checkbox"/></p> |

4.2 Was it the Proposer's practice to provide clients with a written explanation as to why the transaction recommended is suitable for their needs (e.g. providing a written comparison between their existing arrangements and any recommended replacement product or a Reason Why letter)? Yes No
 If No, please provide details.

5. Does the Proposer always obtain satisfactory written references when engaging staff? Yes No
 If No, please provide details.

6. Does the Proposer have authority to handle client monies? Yes No
 If Yes, please provide details of the procedures.

7. What is the Proposer's percentage of execution only business in the last 12 months? _____ %

8. What is the Proposer's percentage of limited advice business in the last 12 months? _____ %

| | Yr ____ | Yr ____ | Yr ____ |
|---|---------|---------|---------|
| 9. What is the Proposer's percentage of cancelled business in each of the last 3 years? | | | |
| 10. What is the Proposer's percentage of "switched" business in each of the last 3 years? | | | |

11. Please provide the following details for each of the last three years?

| | Yr ____ | Yr ____ | Yr ____ |
|--|---------|---------|---------|
| Number of staff who have left employment with the Proposer | | | |
| Number of staff who have joined employment with the Proposer | | | |

12. After enquiry does any current partner and/or employee have any County Court Judgement, debt issues, past complaints (either from an association and/or client) and/or criminal convictions? Yes No
 If Yes, please provide details.

13. Is the Proposer operating solely one business? Yes No
 If No, please provide details.

14. Does the Proposer always use the Proposer's letter headed paper in any correspondence and meetings? Yes No
 If No, please provide details as to why.

15. Please provide a copy of the last report from the PIA/FSA Monitoring Unit.

SECTION 5 – INSURANCE COVERAGE

1. Does the Proposer currently have Professional Indemnity Insurance in force? Yes No
 If Yes, please provide the following details.

Insurer: _____
 Limit: _____
 Excess: _____
 Renewal Date: _____
 Number of years cover has been continuously in force: _____

2. Please select the Limit of Indemnity and Excess you require?

| Limit of Indemnity | | Excess | |
|--------------------|--------------------------|---------|--------------------------|
| £100,000 | <input type="checkbox"/> | £250 | <input type="checkbox"/> |
| £250,000 | <input type="checkbox"/> | £500 | <input type="checkbox"/> |
| £500,000 | <input type="checkbox"/> | £1,000 | <input type="checkbox"/> |
| £1,000,000 | <input type="checkbox"/> | £2,500 | <input type="checkbox"/> |
| £2,000,000 | <input type="checkbox"/> | £5,000 | <input type="checkbox"/> |
| £3,000,000 | <input type="checkbox"/> | £7,500 | <input type="checkbox"/> |
| £5,000,000 | <input type="checkbox"/> | £10,000 | <input type="checkbox"/> |

If you require an alternative Limit or Excess please specify below:

Limit of Indemnity required: £ _____ Excess required: £ _____

3. Has any Proposal for similar insurance made on behalf of the Proposer's business, any predecessor of the business, or any principal, partner or director ever been declined or has such insurance ever been cancelled, renewal refused or any special terms imposed (other than general market increases)? Yes No
 If Yes, please provide details.

SECTION 6 – DECLARATION

I/We declare that the statements and particulars contained in the proposal are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this proposal together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the proposal form and throughout any period of insurance (and any extension thereto), upon which this proposal form was used as the basis of the contract of insurance.

Signing this proposal does not bind the Proposer to complete this insurance.

Signature of authorised individual/partner/principal/director Date



**PENSION TRANSFERS, PENSION OPT OUTS
AND/OR PENSION NON JOINERS
SUPPLEMENTARY QUESTIONNAIRE**

**PENSION TRANSFERS, PENSION OPT OUTS
AND/OR PENSION NON JOINERS
SUPPLEMENTARY QUESTIONNAIRE**



1. Name of Proposer(s) to be covered:

2. Did the Proposer give advice between April 1998 and June 1994 to persons who transferred their accrued rights out of, did not join, or opted out of, their employers Occupational Pension Scheme and who commenced an individual Personal Pension Plan? Yes No

If Yes, please state the number of pension cases (not execution only) effected by the Proposer in the following categories for each of the years, (please complete the table below).

- 2.1 Persons opting put of current Occupational Pension Scheme in favour of Personal Pension Plan.
- 2.2 Persons who to the Proposer's knowledge could have joined an Occupational Pension Scheme but who chose to take an individual Personal Pension Plan (the Proposer should consult file records before answering this question).
- 2.3 Persons within 2.1 above, transferring rights from any Occupational Pension Scheme to a Personal Pension Plan.
- 2.4 Transfer of rights in any Occupational Pension scheme to a Personal Pension Plan where the person has already opted out from or left service, or where their scheme was closed.
- 2.5 Persons taking a section 32 buy-out of their rights under any Occupational Pension Scheme.

| | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| 2.1 | | | | | | | | | | | | | | | | | | | | |
| 2.2 | | | | | | | | | | | | | | | | | | | | |
| 2.3 | | | | | | | | | | | | | | | | | | | | |
| 2.4 | | | | | | | | | | | | | | | | | | | | |
| 2.5 | | | | | | | | | | | | | | | | | | | | |

3. With regard to all the transactions falling within question (2) please advise the following:

3.1 Was it the Proposer's practice to obtain sufficient information recorded in writing to show that the transaction recommended was suitable for the clients needs (eg Client Financial Planning Analysis and/or Know Your Client questionnaires)? Yes No

If No, please provide details.

3.2 Was it the Proposer's practice to provide personal pension clients with a written explanation as to why the transaction recommended is suitable for their needs (eg providing a written comparison between their existing pension arrangements and any recommended replacement product or a Reason Why letter)? Yes No

If No, please provide details.

4. In relation to any recommended pension transfers from Occupational Pension Schemes as from 1st July 1994 to the current date, does the Proposer prepare or obtain in every case a transfer value analysis which in turn is provided to the client no later than the making of the recommendation? Yes No

If No, please provide details.

5. Provide the gross fees/income received from all pension work in each of the years

| | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 |
|--------|------|------|------|------|------|------|------|------|------|------|
| Income | | | | | | | | | | |
| | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
| Income | | | | | | | | | | |

6. Has the Proposer competed both Phase I and Phase II strictly in accordance with the regulators requirements and timetable?

Yes No

If No, please provide details.

7. Please complete the following table in respect of your regulators Pension Transfer Review including opt-outs, non joiners and transfers.

| | Phase I | Phase II |
|--|---------|----------|
| 7.1 Total number of cases where the Proposer was required by regulators to send out invitation letters in respect of the pensions review | | |
| 7.2 Total number of cases where the Proposer has sent out invitation letters in respect of the pension review | | |
| 7.3 Number of cases where clients requested a review of or complained about advice provided | | |
| 7.4 Number of exclusion cases within 3 above which require no further action | | |
| 7.5 Number of cases within 3 above requiring compliance and/or loss test under the regulators Guidelines | | |
| 7.6 Number of cases within 5 above fully reviewed and not requiring redress | | |
| 7.7 Number of cases within 5 above still requiring compliance and/or loss tests | | |
| 7.8 Number of cases within 5 above which failed either the compliance and/or loss tests | | |

8. What was the average transfer value in Phase II? _____

9. What is the maximum transfer value in Phase II? _____

10. Advise below the details of each case with a transfer value over GBP25,000.

| Name | Date of Transfer | Transfer Value | Ceding Scheme | Current Value | Status Under Review |
|------|------------------|----------------|---------------|---------------|---------------------|
| | | | | | |
| | | | | | |
| | | | | | |

11. Are any Phase II cases transfers from Statutory Occupational Schemes?

Yes No

If Yes, please provide details.

12. Please provide details of all Pension Review cases notified as claims and/or circumstances including names of investors, status under review, transfer values and amount of redress required if applicable.

13. Has the Proposer ever had or is the Proposer on notice of a PIA Pension Review monitoring visit/FSA monitoring visit?

Yes No

If Yes, when is/was this? _____

14. Has the Proposer had or does the Proposer intend to procure a PASS health check or similar review visit?

Yes No

If Yes, when is/was this? _____

15. Please advise the result of any PIA Pension Review monitoring visit/FSA monitoring visit or PASS health check which has taken place together with a copy of the full report and details of any corrective action taken.

16. Has the Proposer ever arranged a regular personal pension where the investor is in a Waiting Period before becoming eligible to join an Occupational Pension Scheme? Yes No

If Yes, please advise below the numbers effected for each of the years.

| | | | | | | | | | | |
|--------------|------|------|------|------|------|------|------|------|------|------|
| | 1988 | 1989 | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 |
| No. of cases | | | | | | | | | | |
| | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
| No. of cases | | | | | | | | | | |

17. What procedures does the Proposer operate to ensure that waiting period cases are reviewed when the investor becomes eligible to join the occupational pension scheme?

DECLARATION

I/We declare that the statements and particulars contained in the questionnaire are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this questionnaire together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the questionnaire and throughout any period of insurance (and any extension thereto), upon which this questionnaire was used as the basis of the contract of insurance.

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Signature of authorised individual/partner/principal/director Date



**FREE STANDING ADDITIONAL VOLUNTARY
CONTRIBUTIONS SUPPLEMENTARY
QUESTIONNAIRE**

FREE STANDING ADDITIONAL VOLUNTARY CONTRIBUTIONS SUPPLEMENTARY QUESTIONNAIRE



1. Name of Proposer(s) to be covered:

2. Has the Proposer ever been involved in arranging (including giving advice) free standing additional voluntary contributions (FSAVC's)? Yes No

If Yes, please advise the numbers for each of the years

| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|--------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| No. of Cases | | | | | | | | | | | | | | | | |

3. Please advise, in the table below, the numbers of FSAVC's effected for:

3.1 Persons entitled to join a matched AVC scheme where their employer will contribute to an in house AVC alongside the employee contribution but excluding execution only clients.

3.2 Persons entitled to join other subsidised schemes with the employer meeting the cost of an enhancement in benefits, (eg the additional accrual of benefits or the provision of added years but excluding execution only clients).

| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|-----|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| 3.1 | | | | | | | | | | | | | | | | |
| 3.2 | | | | | | | | | | | | | | | | |

4. Referring back to the answers given in (2) above was it the Proposers practice to obtain sufficient information recorded in writing to show that the transaction recommended was suitable for the clients needs (eg Client Financial Planning Analysis and/or Know Your Client questionnaires)? Yes No

If No, please provide details.

5. Referring back to the answers provided in (2) above was it the Proposers practice to provide intending FSAVC clients with a written explanation as to why the transaction recommended is suitable for their needs such as providing a written comparison between their in house AVC option and any recommended FSAVC or a Reason Why letter? Yes No

If No, please provide details.

6. Does the Proposer keep records to comply with Table 5 to the PIA rules chapter 5 in respect of every transaction falling within (2) above? Yes No

6.1 If No referring to records relating to a pension transfer transaction (bearing in mind the Adopted Rules of FIMBRA that all such records should be retained indefinitely), please state which records have been destroyed, and why, the transfer value, the name and age of the client concerned, whether they had already left the employers employment, and the name of the Occupational Pension Scheme.

6.2 If No, in relation to other cases, please state when and in what circumstances the records were destroyed.

DECLARATION

I/We declare that the statements and particulars contained in the questionnaire are true and that I/we have not mis-stated or suppressed any material facts.

I/We agree that this questionnaire together with any other information supplied by me/us shall form the basis of any contract of insurance effected thereon.

I/We undertake to inform Insurers of any material alteration to these facts occurring before completion of the contract of insurance. However, the duty to disclose material facts continues after the completion of the questionnaire and throughout any period of insurance (and any extension thereto), upon which this questionnaire was used as the basis of the contract of insurance.

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Signature of authorised individual/partner/principal/director Date



**ENDOWMENT MORTGAGES
SUPPLEMENTARY QUESTIONNAIRE**

ENDOWMENT MORTGAGES SUPPLEMENTARY QUESTIONNAIRE



1. Name of Proposer(s) to be covered:

2. Has the Proposer ever been involved in arranging (including giving advice) low cost or low start endowment policies in connection with mortgages? Yes No

2.1. If Yes, please advise the numbers for each of the years.

| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|--------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| No. of Cases | | | | | | | | | | | | | | | | |

2.2 In each year please provide the percentage of cases taking full commission.

| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|----------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|
| %age. of Cases | | | | | | | | | | | | | | | | |

3. Referring back to the answers given in (2) has it been the Proposer's practice to advise intending investors (and to document on file) that:

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 3.1 An endowment cannot be guaranteed to pay off any mortgage loan at maturity? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 Other forms of mortgage repayment are available which could meet that clients needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.3 That an endowment policy involves an investment risk? | <input type="checkbox"/> | <input type="checkbox"/> |

If No to any of the above please provide details.

DECLARATION

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Signature of authorised individual/partner/principal/director Date



**INCOME DRAWDOWN
SUPPLEMENTARY QUESTIONNAIRE**

INCOME DRAWDOWN SUPPLEMENTARY QUESTIONNAIRE



1. Name of Proposer(s) to be covered:

| |
|--|
| |
|--|

2. Please complete the following:

| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---|------|------|------|------|------|------|------|------|------|
| Total number of draw downs transacted | | | | | | | | | |
| Number of cases under £100,000 value | | | | | | | | | |
| Number of cases where original fund value between £100,001 and £300,000 | | | | | | | | | |
| Fund value of largest case | | | | | | | | | |

3. In each year please provide the percentage of cases taking maximum draw down.

| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|-----------------|------|------|------|------|------|------|------|------|------|
| Number of Cases | | | | | | | | | |

4. In each year please provide the percentage of cases taking full commission

| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|---------------------|------|------|------|------|------|------|------|------|------|
| Percentage of Cases | | | | | | | | | |

5. Does the Proposer maintain on file "Know Your Client Questionnaires" for all income drawdown cases? Yes No

6. On what basis does the Proposer recommend income drawdown? Please confirm if for loan basis, investment decision or other.

7. Does the Proposer have a strategy with regard to cases where the original fund value is less than £100,000? Yes No

If Yes, please provide full details.

8. In each year what average commission levels does the Proposer charge and were they made known on customer questionnaires?

| | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 |
|------------------|------|------|------|------|------|------|------|------|------|
| Commission Level | | | | | | | | | |

DECLARATION

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Signing this questionnaire does not bind the Proposer to complete this insurance.

Signature of authorised individual/partner/principal/director Date