

# POWER ROBBINS

Independent Financial Advisers  
 Authorised and Regulated by the Financial Services Authority  
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 Partners P F Power Cert PFS J M Power  
 www.powerrobbins.com

## CUSTOMER AGREEMENT for LIFE ASSURANCE arranged through Power Robbins

I enclose my/our life insurance application. I have received a quotation, key features and flexible trust forms for the cover applied for. I understand Power Robbins are giving up part of the initial commission due to them, to achieve the premium level quoted. I understand that it is unwise to stop paying premiums on existing life cover until confirmation is received from the new insurance company that new cover is in force. I have received your Terms of Business within the last six months.

**We will have to return any applications sent to us without this form.**  
**Please enclose an ORIGINAL bank statement from the account used for paying premiums, dated within the last 3 months and showing your name and address, to prove that the monies used come from your own (or joint) personal UK bank or building society account. We need this to comply with the UK Prevention of Money Laundering Regulations, and will have to return applications sent without a bank statement.**

Type of life cover	Insurance company	Life /lives insured	Amount of cover	Term (Number of years, or expiry date, or whole of life)	Premium and frequency

Some policies are for the whole of life, rather than for a fixed term. Whole of life policies provide cover whenever death occurs provided premiums have been paid regularly until death. I understand that policies offering a potential surrender value, and policies where premiums are not guaranteed to stay the same, have an investment content. This means that the level of premiums required, or the amount of cover provided, or the amount of any surrender value, may depend on investment performance. I understand the terms and conditions of the policy that I am taking out. I do not require, and have not received, any personal advice regarding this life cover, and will not require any advice on it in the future. All the decisions regarding this policy have been made by me/us. The selection of the insurance company has been made on the basis of a competitive premium. (If your method of insurance company selection was other than competitive premium, for example if you named the insurance company required, please confirm the basis underneath.)  
 This is therefore an Execution Only instruction.

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If you are in any doubt about the cover you require, and would like help, you should seek expert advice.

**DAYTIME** phone number (if you wish us to be able to contact you in case there is a query with your application. We will not use this for sales.)

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Name 1<sup>st</sup> life ..... 2<sup>nd</sup> life (if applicable) .....

Policy owner, if policy arranged on a "Life of Another" basis .....

Address .....

..... Postcode .....

SIGNED 1<sup>st</sup> life ..... 2<sup>nd</sup> life (if applicable).....

Date ..... Date .....

Policy owner, if policy arranged on a "Life of Another" basis .....

Date .....