

JULY 2024

Optional Life Protection Form

PUMA HERITAGE
ESTATE PLANNING
SERVICE



**PUMA
INVESTMENTS**

SECTION 1 – APPLICANT’S PERSONAL DETAILS

Applicant 1

Title (Mr/Mrs/Miss/Ms/Other)	
First name(s)	
Middle name(s)	
Last name	
Date of birth	

Applicant 2 (if applicable)

Title (Mr/Mrs/Miss/Ms/Other)	
First name(s)	
Middle name(s)	
Last name	
Date of birth	

Is there a registered Power of Attorney (POA) in place for this application?

Yes No (please proceed to Section 2 (A))

If you are acting as Attorney, please include either the original, a wet-ink certified copy or a scanned certified copy of the full POA document. Certification must include a statement that this is a true copy of the original, the certifier’s details (such as name, address, occupation and professional body membership number), the certifier’s signature, and the signature date. In all cases the Manager will need to verify the identity of all Attorneys and will run electronic searches to do so.

Attorney title (Mr/Mrs/Miss/Ms/Other)	
First name(s)	
Last name	
Date of birth	

For Joint Applicants, do you wish for the benefit of the Joint Life Second Death Cover to form part of the Service? Tick as appropriate. (Please read the Investor Agreement for guidance on eligibility and restrictions.)

Yes No

SECTION 2 (A) – OPTIONAL LIFE PROTECTION

Applicant 1

Please carefully read the Investment Overview and Investor Agreement (in particular the definitions of the Health Conditions in Part F of the Investor Agreement) before completing the following declarations.

All tick boxes in this section must be ticked by you for the Form to be accepted. If you are unsure whether you meet the eligibility criteria of this health declaration, please refer to underwriters prior to proceeding further.

If you are completing this declaration as an Attorney, please ensure you are fully apprised of the health of the donor you are representing prior to completing this declaration. If you are unsure if the donor has been diagnosed with one of the conditions below, please seek clarification from the donor’s general practitioner prior to completing.

For individuals aged up to 84 years and 10 months

I confirm that as at the date this Form is completed, signed and dated, I am an individual aged between and including 18 years and 84 years and 10 months.

I warrant that I have completed this Form to the best of my knowledge and belief, and accept any incorrect disclosure would affect my insurability under the cover provided.

During the last five years up to the date of this declaration, I have not been diagnosed with, or received active treatment¹ for, any of the following Health Conditions, as defined in Part F of the Investor Agreement:

- Cancer
- Heart Disease
- Stroke
- Dementia and/or Alzheimer’s
- Chronic Lung Condition.

I have not been diagnosed with a terminal illness where a UK registered doctor deems such illness cannot be cured or has progressed beyond further medical treatment, and is expected to result in death within 24 months from the date of diagnosis.

For individuals aged 84 years and 11 months to 87 years

I confirm that as at the date this Form is completed, signed and dated, I am an individual aged between and including 84 years and 11 months and 87 years.

I warrant that I have completed this Form to the best of my knowledge and belief, and accept any incorrect disclosure would affect my insurability under the cover provided.

During the last five years up to the date of this declaration, I have not been diagnosed with, or received active treatment¹ for, any of the following Health Conditions, as defined in Part F of the Investor Agreement:

- Cancer
- Heart Disease
- Stroke
- Dementia and/or Alzheimer’s
- Chronic Lung Condition.

I have not been diagnosed with a terminal illness where a UK registered doctor deems such illness cannot be cured or has progressed beyond further medical treatment, and is expected to result in death within 24 months from the date of diagnosis.

I do not require assistance with any activities of daily living (ADL), where ADL is defined as bathing/showering, personal hygiene/grooming, dressing, toilet hygiene, functional mobility and self-feeding.

¹Treatment directed immediately to the cure, or ongoing management, of the disease or injury.

SECTION 2 (B) – CORONAVIRUS CONFIRMATION

By signing this Form I acknowledge that the Life Protection policy for the Puma Heritage Estate Planning Service does not cover, in addition to anything set out in the Investor Agreement that I have read and signed, any claim in any way caused by or resulting from:

- a) Coronavirus disease (Covid-19);
 - b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
 - c) Any mutation or variation of SARS-CoV-2;
 - d) Any fear or threat of a), b) or c) above.
-

SECTION 2 (C) – TRUST OF LIFE PROTECTION

By signing this Form I acknowledge that the benefit of the Life Protection and all sums payable thereunder are held by the Manager as trustee on the terms of a declaration of trust (the “Life Protection Trust”) which is flexible in form and which will permit the Manager to distribute any sums received in accordance with the Life Protection at its discretion.

I acknowledge that this is a trust for the benefit of members of my family, my dependants and those who stand to inherit my estate and that I personally may not benefit under the Life Protection Trust in any way. I understand that if necessary I may nominate further persons to be Beneficiaries under the Life Protection Trust by making a written nomination to the Manager during my lifetime.

I would like to make known to the Manager my wishes in respect of the distribution of any proceeds payable in the event of my death.

I understand that this expression of wishes is not binding on the Manager and the Manager will have the freedom to decide who among the class of beneficiaries is to receive the proceeds in accordance with the terms of the Life Protection Trust.

Please provide details of those Beneficiaries whom you would like the Manager to consider as potential recipients of the payments under the Life Protection only. If you hold investments through the Puma Heritage Estate Planning Service at the time of your death they will form part of your estate (albeit they are intended to qualify for IHT relief if held for two years) and will pass in accordance with your Will (if you have one) or the rules relating to intestate estates (if you do not).

The Manager will contact those individuals to whom it decides to make a distribution to arrange payment if and when applicable and those individuals will need to provide proof of identity at that time.

If you wish to name more than two individuals, please add the details of each additional individual, in the format set out, in the “Additional information” section towards the end of this Form.

SECTION 2 (D) - EXPRESSION OF WISHES

It is my primary wish that any sums payable in accordance with the Life Protection should be used to ensure that any inheritance tax which might be due as a result of my death within two years of my investment in the Puma Heritage Estate Planning Service can be paid without recourse to my estate.

To that end it is my wish that you distribute the proceeds to those individuals set out below.

Should my wishes change at any time, I recognise that it is my responsibility to notify you of those changes in writing.

However, I should like you to make contact with my personal representatives following my death and, if it becomes clear to you that a distribution of the proceeds to those named below would be inconsistent with my primary wish as a result of changes made by me to my Will or my testamentary arrangements after the date of this Form, it is my wish that you distribute the sums payable under the Life Protection in such manner as is required to give effect to my primary wish.

Beneficiary 1

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

Beneficiary 2

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

SECTION 2 (A) – OPTIONAL LIFE PROTECTION

Applicant 2

Please carefully read the Investment Overview and Investor Agreement (in particular the definitions of the Health Conditions in Part F of the Investor Agreement) before completing the following declarations.

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Beneficiary 1

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

Beneficiary 2

Title	
First name(s)	
Middle name(s)	
Last name	
Date of birth	
Address	
	Postcode
Share % (if applicable)	

SECTION 3 – APPLICANT’S DECLARATION

**To be completed by the Applicant(s) named in Section 1.
Representative(s) (if applicable) should sign on behalf of the Applicant.**

By signing this Form, I **HEREBY CONFIRM THAT:**

I have read and understood the Life Protection terms and have taken note of the eligibility criteria and restrictions. By signing this Form, I hereby irrevocably assign the benefit of the Life Protection to the Manager as trustee pursuant to the terms of the Form of Assignment and Settlement set out in Part D of the Investor Agreement and acknowledge that the Manager agrees to act as trustee on the basis of those terms.

Signed by Applicant 1/Representative

Date

Name

Signed by Applicant 2/Representative

Date

(if applicable)

Name

Get in touch

We're here to help

INVESTORS

We recommend you speak to a Financial Adviser in the first instance, as we cannot offer investment or tax advice.

If you have any other questions about completing this Form, please contact us on **020 7408 4077** or email us at **clintonboarding@pumainvestments.co.uk**

ADVISERS

Our expert national Business Development Team is here to help, and would be happy to discuss any of our Services or offers in more detail with you either by phone or by visiting your offices.

Contact us on **020 7408 4070** or email us at **businessdevelopment@pumainvestments.co.uk**

For further information, please visit **www.pumainvestments.co.uk**

The information contained in this form is correct as at July 2024, and is to be read in conjunction with the Investment Overview and Investor Agreement.

Cassini House
57 St James's Street
London SW1A 1LD

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