



# ACCESS PLAN APPLICATION FORM

## Policy Holder's Information

Name		Title	First Name(s)	Last Name
Telephone		Area Code / Home No.		Area Code / Mobile No.
(at least one required)				
Address				
Email				
Nationality			Passport/I.D. No.	
Gender	Male	Female	Date of Birth	
dd / mm / yyyy				

## Joint Member Details (if different to Policy Holder)

### Member 1:

First Name(s)	Last Name	Nationality	Passport / I.D. No.
Relationship to Policy Holder	Area Code / Phone No.	Gender	DOB

### Member 2:

First Name(s)	Last Name	Nationality	Passport / I.D. No.
Relationship to Policy Holder	Area Code / Phone No.	Gender	DOB

### Member 3:

First Name(s)	Last Name	Nationality	Passport / I.D. No.
Relationship to Policy Holder	Area Code / Phone No.	Gender	DOB

### Member 4:

First Name(s)	Last Name	Nationality	Passport / I.D. No.
Relationship to Policy Holder	Area Code / Phone No.	Gender	DOB

## Access Investment Options:

Fixed Interest	Currency	Amount		
Investment Terms	5 Years	10 Years	15 Years	20 Years
Interest Payments By	Bank Transfer	LIVE <b>LIFE</b> Direct Card		
Required Documents (Policy Holder only)		Proof of Address dated within 3 months of this application		Photo Identification
Payment	Bank Transfer		Other	

## Use of Personal Data Policy

Regency Financial Services only collects personal data that it believes is relevant in connection with your Regency Financial Services. Failure to supply personal data requested on this form may result in Regency Financial Services being unable to provide or continue to provide client management services and/or related services or products which Regency Financial Services may from time to time offer or provide, or to comply with applicable laws or guidelines by applicable regulatory authorities.

For the purposes of administering your Regency Financial Services Plan and our business relationship with you, Regency Financial Services shares your personal data with its employees, auditors, contractors and consultants and other parties, including its parent and affiliated companies who requires such information for those purposes. These include third parties that provide services to us or on our behalf the third parties that collaborate with Regency Financial Services in the provision of services to you.

If you wish to update, access or correct your personal data collected by Regency Financial Services, or otherwise have questions about Regency Financial Services' data protection policies and procedures, you may make such a request at any time, with your name and contract number to our Chief Compliance Officer. You must update Regency with any material changes or updates relating to your data. Regency will not be liable for any loss, delay in performance or any other detriment caused by a failure to notify of any such data updates

## Declaration

I/We declare that all information provided in this application form, including this declaration and any supporting documentation are complete and true to the best of my/our knowledge and belief.

I/We understand that I/We have the right to cancel and obtain a refund of any investment by giving written notice within 14 working days of the start date of the investment period/term.

I/We understand that in the event of any doubt about the content of any documents provided by Regency Financial Services or the terms of any investments relating to Regency Financial Services I/We should obtain independent professional advice prior to the completion of this application form.

I understand it is My/Our responsibility to clarify, confirm and/or ensure My/Our full understanding of the Terms and Conditions.

I/We confirm that I/We have read and understood all documentation relating to my selected investment product and agree to be bound by these terms and conditions. I/We confirm that I/We have read Regency Financial Services' explanation of the risks and consequences involved in any investment product and accept these risks as a professional investor.

I/We accept that Regency Financial Services as a licensed insurance provider are not responsible for the performance of any investment product. I/We accept that Regency Financial Services are acting upon My/Our instructions as professional investors and are not liable for any reduction in value of My/Our investment.

Name

First Name(s)

Last Name

Signature

Date

dd / mm / yyyy