

WAY Inheritor Bond

Secrecy Abeyance Agreement

The Duchy of Luxembourg has extremely strict secrecy laws in place which can be relied upon to stop any third parties obtaining any information about you or your investments held via any Luxembourg insurance company.

To permit WAY Investment Services to communicate with you, your IFA and your Trustees with meaningful details about your Inheritor Plan and future reversions, it is necessary for you to authorise a waiver of these rules in these specific circumstances. Such an authorisation has to take the form of a two way agreement between the applicant and the insurance company, signed by both parties.

Please complete and sign both of the attached copies of the agreement. One copy will be returned to you once it has been countersigned by La Mondiale Europartner.

AS BETWEEN the Policy Grantees, including subsequent trustees or corporate trustees if relevant:-

Name _____

Address _____

Original Grantee _____ Date of Birth _____

Place of Birth _____

Hereinafter known as the 'Grantee' being the first party

AND La Mondiale Europartner SA, of L 1637, 22 rue Goethe, Luxembourg, registered number B 32145

Hereinafter known as the 'Insurer' being the other party

WHEREAS The Grantee, original or otherwise, has acquired a policy of assurance from the Insurer hereunder referred to as the 'Policy' or 'Policies'

Policy/Policies issue date _____ Policy Number/s _____

The parties HEREBY agree this abeyance instruction as follows:

1. The Grantee authorises the Insurer to communicate with the below named intermediaries, who have introduced the business to the Insurer on behalf of the Grantee and may thereafter deal with the administration of the above detailed Policy/Policies.

Name of Independent Financial Advisor _____

Address _____

_____ Registration Number _____

AND WAY Investment Services Limited, Cedar House, 3 Cedar Park, Cobham Road, Wimborne, Dorset BH21 7SB Registered Number 3181187 Hereinafter together known as the 'Intermediaries'

2. The Insurer undertakes to communicate any required information and documentation to the Intermediaries in relation to the above numbered policies on behalf of the Grantee entirely at the Grantee's liability.

3. This Abeyance Instruction may be terminated at any time by the Grantee upon a written notice being provided by the Grantee to the Insurer duly delivered to the Insurer by way of recorded or registered post at the Insurer's proper address.

4. This Abeyance Instruction shall be controlled and subject to the laws of Luxembourg.

5. This Abeyance Instruction shall be effective from the dates appended to this instrument by both parties hereundergiven:-

Grantee's full name _____ Insurer's full name _____

Signature _____ Authorised Signature _____

Dated _____ Dated _____

AS BETWEEN the Policy Grantees, including subsequent trustees or corporate trustees if relevant:-

Name _____

Address _____

Original Grantee _____ Date of Birth _____

Place of Birth _____

Hereinafter known as the 'Grantee' being the first party

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