

The provision of Source of Funds information is a regulatory requirement under Anti-Money Laundering legislation.

This Source of Funds Declaration Form must be completed in full for new business applications, endorsements and additional single premiums paid to Acorn Life. The Source of Funds Declaration Form applies to the following types of payments:

- Credit Transfer (CT) / Electronic Funds Transfer (EFT)
- Bank Draft / Postal Order

Please ensure **Section A** (Policy Owner Details), **Section B** (Source of Funds), and **Section C** (Declaration) are completed for each Policy Owner (where applicable).

Evidence of Source of Funds (i.e., receipt from the credit institution) is required for Bank Drafts / Postal Orders payments.

Acorn Life reserves the right, in all cases, and its discretion to request further information, documentation and/or evidence of the Source of Funds.

SECTION A – POLICY HOLDER DETAILS

Application No. _____	Policy No. _____
First Policy Owner	Second Policy Owner
Name(s) _____	Name(s) _____
Occupation _____	Occupation _____

SECTION B – SOURCE OF FUNDS *(Each person paying some or all of the premium or payment must complete this section)*

First Policy Owner	Second Policy Owner
Payment by <input type="checkbox"/> CT/EFT <input type="checkbox"/> Postal Order/Bank Draft	Payment by <input type="checkbox"/> CT/EFT <input type="checkbox"/> Postal Order/Bank Draft
Account Holder Name _____	Account Holder Name _____
Name & Address of Bank/Building Society/Credit Union/Other _____	Name & Address of Bank/Building Society/Credit Union/Other _____
IBAN _____	IBAN _____

**The details of the bank account from which the funds were withdrawn must be included*

SECTION C - DECLARATION

I confirm that the details provided to Acorn Life and its agents as part of this form are true and complete and I acknowledge that these details will form the basis of the contract with Acorn Life.

Signature of Policy Owner(s)

First Policy Owner _____	Date _____
Second Policy Owner _____	Date _____