

# Verification of Identity



## For financial adviser use only

### GUIDANCE NOTES

This form is for use by FSA regulated firms, when introducing Guaranteed Pension Annuity business to Hodge Lifetime.

Please complete a separate form for each customer if the application includes a Dependant.

### CUSTOMER DETAILS

This form is for	<input type="checkbox"/> Applicant	<input type="checkbox"/> Named dependant
Full name of customer		
Date of birth		
Current address		
Previous address <i>only if the customer has changed address in the last 3 months</i>		

### ADVISER CONFIRMATION

I/We confirm that the:

- Information above was obtained by me/us in relation to the customer, and
- Evidence I/we have obtained to verify the identity of the customer

- Meets the standard evidence set out within the guidance for the UK financial sector issued by JMLSG
- Exceeds the standard evidence - written details of further verification evidence are attached to this form

Sign here

Date

Name	
Position	
Full name of regulated firm/sole trader	
FSA reference number	

**PLEASE RETURN THIS FORM WITH YOUR CLIENT'S APPLICATION.  
NAMED DEPENDANTS WILL REQUIRE A SEPARATE FORM.**

