

- i** • Please note that the information requested below is required to support your application. If it is not provided or is incomplete or inaccurate you will delay the processing of your application.
- PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

**A. Applicant details** *(Please complete all fields)*

1. Name

2. National ID number / Business ID

**Note: Anti Money Laundering (AML) Requirements**

- SEB Life International must be provided with the following information for individuals: (1) full name; (2) date of birth; (3) signature; (4) current residential address.
- This information must be verified using one photo identification document (ID) and also one non-photo ID. Please refer to our Anti Money Laundering Guidelines for details.
- For legal entities, please request a copy of the Anti Money Laundering Guidelines for legal entities and complete the 'Additional Information for Legal Entity Applicants' Form.

**B. Life Assured** *(only for corporate applicants)*

Name	National ID number
Address	
Postcode and city	Country of residence
Email	Phone number

**C. Premium details**

Total Premium Amount

Method of Payment **AND** Amount

<input type="checkbox"/> Bank Transfer	
<input type="checkbox"/> Security Transfer Premium	

**D. Source of funds and wealth**What is the source of funds and wealth to be invested? *(more than one box may be ticked)*

- |  |   |   |   |   |
|--|---|---|---|---|
| <input type="checkbox"/> Savings from income | <input type="checkbox"/> Savings from investments | <input type="checkbox"/> Sale of investment | <input type="checkbox"/> Sale of property                           | <input type="checkbox"/> Sale of business |
| <input type="checkbox"/> Inheritance         | <input type="checkbox"/> Gift                     | <input type="checkbox"/> Loan               | <input type="checkbox"/> Other <i>(e.g. court settlement/award)</i> |   |

Please provide further information on Source of Funds/Wealth.

**Income**

Enter the amount of your annual income, pension or in case of corporate client, corporate profit:

**Return / sale of investment**

Describe how the capital was earned:

**Sale of property / business**

Enter organisation number and sales proceeds:

**Gift / Inheritance**

Please provide details below:

**Please provide details of the bank account from which this cash premium is being paid**

Payments must be from a bank account(s) in the Applicant(s)' name(s)

Bank Name

Name of Bank Account Holder

IBAN

BIC/Swift Code

Country of bank account

**Security Transfers and country of Custody Account**

Please provide the name of the transferring Custodian and country of custody account

Please provide relevant custody account number and certified true copies of the original sighted account statements

**Note:**

- Policy issue will be delayed while awaiting the completion of the transfer of securities.
- If the Premium payment is coming from more than one source, a source of funds and wealth section for each payment source needs to be completed and signed by the applicant and should accompany this Application Form.

**E. Asset Management and Custody**

Asset Manager

Custodian (*if not Asset Manager*)

**F. Nomination of beneficiaries (*for personal applicants*)**

**Nomination of beneficiary upon death of the Relevant Life Assured.**

In the event of the death of the life assured, I hereby request that the death benefit is paid to the beneficiaries listed below:

☐ Next of Kin    ☐ Spouse    ☐ Children    ☐ Spouse & Children    ☐ Other (*see separate form*)

**If no beneficiary is chosen, death benefits will be paid to the Life Assured's estate.** If you wish death benefits to be payable to other beneficiaries, please complete the Nomination of Beneficiary Form. If the policyholder is a company the death benefit is always paid to the company.

**Beneficiary's marital rights for death benefit**

☐ Present or future spouses of beneficiaries have no marital rights to death benefit paid out under this insurance Policy.

## G. Personal Risk Profile and Insurance Product Suitability Assessment

Further to the meeting(s) on \_\_\_\_\_ (dd/mm/yy) with your insurance intermediary, this section confirms your agreed financial needs and objectives as summarised below, and the reasons the insurance product has been recommended based on the information you have provided in your Know Your Customer (Fact Find) Assessment.

### Agreed financial needs and objectives

*I am aware that SEB insurance products are intended to be medium to long-term and my main objective is:*

- ☐ Income
- ☐ Medium to long-term capital gain
- ☐ Retirement planning
- ☐ Estate planning
- ☐ Other, please specify \_\_\_\_\_

### Investment horizon

- ☐ Short Term <5 years – please note this insurance product may not be suitable.
- ☐ Medium Term 5 <10 years.
- ☐ Long Term > 10 years.

### Knowledge and investment experience

- ☐ None I have never held an investment\* before.
- ☐ Some I have held an investment\* before.
- ☐ Experienced I have held an investment\* before and feel comfortable with investments.

\* Including investment-based insurance products

### Overall investor risk profile\*

- ☐ Cautious investor I am looking for low risk investments and attach great importance to capital security. I am able to accept a minor risk of loss.
- ☐ Moderate investor I understand that there is some potential for swings in financial markets and returns. I am able to accept moderate level of risk of loss.
- ☐ Aggressive investor I am willing to accept a very high level of risk by investing in extremely volatile assets in order to achieve potentially high returns. I understand that substantial losses may occur.

\*You should understand that for each investment risk profile, losses may arise over the course of your investment.

This recommended insurance product represents \_\_\_\_\_% of my investible assets

This insurance product is recommended for you based on the information you provided as stated in your Know Your Customer (Fact Find) Assessment and this document. Our recommendation is based on the following considerations:

- Insurance product's consistency with customer's attitude and tolerance to risk
- Insurance product's ability to meet customer's agreed financial needs and investment objectives
- Customer's financial situation and ability to bear losses attaching to the insurance product including the linked assets
- Customer's knowledge and investment experience relevant to the specific type of product

*Please detail your recommendation here*

## H. Applicant's declaration

### I confirm that,

1. All information declared above is correct and I know that this information provides the basis for the insurance contract.
2. I have received and read all the relevant material (Product Information Notice, PRIIPs KID, Illustration and Policy Conditions), including the Privacy Policy (which can be found at [www.seb.ie](http://www.seb.ie) and which has been provided to other persons in respect of whom I have provided information and personal data) and understand the features and operation of the Policy.
3. I have received and read all relevant material (e.g. fund PRIIPs KID document, Permitted Assets and Exchanges etc.) relating to the Assets to be deposited in the custody account, including details of the risks associated with the assets, and I fully understand these materials and accept these risks.
4. I have had a suitability assessment performed by my insurance intermediary, which was based on analysis of my knowledge, experience and financial situation, and the Assets and Investment Strategy selected are suited to my investment objectives, investment risk profile and risk tolerance levels.
5. I understand that SEB Life International has not and will not make any assessment of the suitability (other than as required by Irish Insurance legislation in respect of the admissibility of assets) of the individual Assets held or to be held by the Policy.
6. I have received advice in relation to the Asset selection from my insurance intermediary.
7. I understand that SEB Life International has not and will not provide investment advice or advice on tax consequences that may arise from the selected Assets, and that I am solely responsible for the selection of an Asset Manager from the list of Asset Managers provided by SEB Life International, and the selection of the Investment Strategy.
8. I understand that SEB Life International is not liable for the performance of the underlying Assets nor for the performance of the Asset Manager or any other party connected with the operation of the Investment Account.
9. I understand that SEB Life International makes no representations as to the suitability and integrity of the Asset Manager or Custodian.
10. I understand that SEB Life International does not accept responsibility for the custody arrangements that are required in relation to the Investment Account.
11. I understand that SEB Life International will complete the Asset Management Agreement including any relevant mandates with the Asset Manager. SEB Life International is not responsible for the investment performance, the suitability of the Investment Strategy or the achievement of investment objectives of the selected Investment Strategy. However, SEB Life International reserves the right to restrict the mandate given to the Asset Manager to only include Assets that are admissible under Irish Insurance regulations and acceptable to SEB Life International.
12. I understand that the Investment Account will be opened and held in the name of, or for the account of, SEB Life International, and all proceeds from the Investment Account will be paid to SEB Life International.
13. I understand that the Asset Manager will not be permitted to create a liability within the Investment Account other than in accordance with the explicit approval of SEB Life International. The Investment Account shall not at any time be more than 100% invested i.e. no overdrafts may be created nor any other commitments made beyond the extent of investible cash available within the Investment Account without the prior approval of SEB Life International.
14. I understand and accept all the risks in relation to this Policy. I confirm that I know that there is no investor protection under the Finnish legislation on the Assets linked to the Policy.
15. I undertake to advise my insurance intermediary of any material changes to my financial needs, objectives, investment risk profile and circumstances.
16. The Personal Risk Profile and Insurance Product Suitability Assessment has been explained to me and I acknowledge that it is an accurate assessment of the information I have disclosed in the course of the Know Your Customer (Fact Find) Assessment.
17. I understand and accept the product recommendation based on the agreed financial needs and objectives, risk tolerance, financial situation, ability to bear losses, my knowledge and experience in the investment field relevant to the specific type of product.
18. I understand my electronic signature of this documentation has the same legal effect as an original hand-written signature and is evidence of my consent and intent to be legally bound by the Policy terms and conditions.

I confirm that my insurance intermediary, following consultation and agreement with me, has selected and provided information on a limited number of investment options for consideration and that such information was provided to me in good time. I understand that SEB Life International will enter into formal agreements with the selected Asset Manager and Custodian in section E and accept the above conditions concerning the investment by SEB Life International.

I confirm I have received KID ID           for this product.

Applicant's Signature

**x**

Print Name

Date dd/mm/yy

## I. Data protection

I/we hereby consent to: (a) SEB Life International holding, processing and using information and Personal Data in the manner outlined in the Privacy Policy; and (b) the processing and use of such information and Personal Data by those persons to whom it is disclosed. If I/we have provided to SEB Life International any information or personal data concerning any party other than me/us, I/we hereby confirm that I/we (i) have provided a copy of the Privacy Policy to them; and (ii) am/are in compliance with all data protection requirements applicable to me/us. If the undersigned is a corporate entity the person(s) signing for same is (are) hereby deemed to represent, warrant and undertake that such person(s) is or are duly authorised to do so.

Applicant's Signature

**x**

Print Name

Date dd/mm/yy

**Note:** • In the event of a corporate applicant, appropriate authorised signatories must sign.

## H. Intermediary details

**This section must be completed by all Intermediaries**

Intermediary Stamp / Details

Intermediary Company Name	Intermediary Company Code
Sales Person Name	Sales Person Code

- I confirm that the information contained in this form is consistent with the information recorded in the 'Know Your Customer' (Fact Find) assessment.
- I confirm that the advice concerning this application was given by me to the Applicant in \_\_\_\_\_ (Country) and the Application Form was subsequently completed in \_\_\_\_\_ (Country) on \_\_\_\_\_ dd/mm/yy
- I also confirm that I hold the necessary authorisation to advise the Applicant(s) in their country of residence.

Signature <b>X</b>	Position
Print name	Date dd/mm/yy

## K. Agreed insurance fees

Policy Fee of 250 € per annum and Administration Fee according to the tiers below:

\_\_\_\_\_ % of the Policy Value 0 – 500.000 EUR  
\_\_\_\_\_ % of the Policy Value 500.000 – 5.000.000 EUR  
\_\_\_\_\_ % of the Policy Value > 5.000.000 EUR

Investment Fee: \_\_\_\_\_ % per annum for paid Premium for the first 3 years.

## L. Other instructions


**Premium payments to be paid directly to SEB Life International:**

Bank: SEB Finland

Account name: SEB Life International

IBAN: FI35 3301 0001 3079 58

BIC: ESSEFIHX

## M. Beneficiary definitions

### Next of Kin

- Death Benefits are paid to the Life Assured's spouse and heirs so that the spouse gets half of the amount and the children share the other half of the Death Benefits.
- If the Life Assured is not married at the time of death, Death Benefits in full are paid to the heirs. If the child is deceased, Death Benefits are paid to his/her descendants.
- If the Life Assured does not have children at the time of death, or their descendants alive, Death Benefits are paid in full to the Life Assured's spouse.
- If the Life Assured at the time of death has neither spouse, children nor their descendants alive, Death Benefits are paid to the Life Assured's parents.
- If neither parents nor any of the siblings, or their descendants are alive at the time of death of the Life Assured, the Death Benefits are paid to the Life Assured's grandparents. If one of the grandparents is deceased, the Death Benefit will be paid to his/her children, alias to Life Assured's uncles and aunties. Life Assured's cousins are not entitled to the Death Benefits under the "next of kin" nomination. If cousins are the closest relatives the Death Benefits are paid to the Life Assured's estate.

### Spouse

- Death Benefits are paid to the person with whom the Life Assured was married to at the time of death.
- Death Benefits are not paid to the spouse, if the spouse's divorce was pending before the court at the time of death. Death Benefits are not paid to cohabitant. If you wish cohabitant as beneficiary, the cohabitant should be mentioned with name and national Id number.
- If the Life Assured is not married at the time of death, Death Benefits are paid to the Life Assured's estate.

### Children

- Death Benefits are paid to the Life Assured's heirs as inheritance under the Inheritance code. Payments are made equally between the Life Assured's children. If the child is deceased, Death Benefits are paid to his/her descendants.
- If the Life Assured at his/her death does not have children, or their descendants alive, Death Benefits are paid to the Life Assured's estate.

### Spouse and Children

- Death Benefits are paid to the Life Assured's spouse and heirs so that the spouse gets half of the amount and the children share the other half of the Death Benefits.
- If the Life Assured is not married at the time of death, Death Benefits in full are paid to the heirs.
- If the Life Assured does not have children at the time of death, or their descendants alive, Death Benefits are paid in full to the Life Assured's spouse.
- If the Life Assured at the time of death have neither spouse, children or their descendants alive, Death Benefits are paid to the Life Assured's estate.

### Named person

- If none of the named beneficiaries is alive at the death of the life assured, death benefits are paid to the life assured's estate.

### Important

The nomination is only valid after it has been registered by SEB Life International. If a nomination exists, the death benefit payable in the event of the life assured's death will not be included in the life assured's estate.