

# Asset Management Policy

## Own-Initiative Additional Premium Application Form

### For Residents of France

Policy Number

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**i** • Policy numbers can range from 9 – 12 digits, no hyphens  
 • PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

**A. Policy Details (Please complete ALL fields)**

Policyholder 1		Policyholder 2	
1. Surname (or name of Company)		1. Surname	
2. Forename		2. Forename	
3. Title (Mr/Mrs/Ms etc)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	3. Title (Mr/Mrs/Ms etc)	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
5. Date of Birth dd/mm/yy	6. Town and Country of Birth	5. Date of Birth dd/mm/yy	6. Town and Country of Birth
7. Employment status (for Personal Applicants): <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____ If Employed or Self-Employed, please state: 7(a) Occupation/Position _____ 7(b) Name of Firm _____ 7(c) Nature of Industry _____	7. Employment status (for Personal Applicants): <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____ If Employed or Self-Employed, please state: 7(a) Occupation/Position _____ 7(b) Name of Firm _____ 7(c) Nature of Industry _____	7. Employment status (for Personal Applicants): <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____ If Employed or Self-Employed, please state: 7(a) Occupation/Position _____ 7(b) Name of Firm _____ 7(c) Nature of Industry _____	7. Employment status (for Personal Applicants): <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other _____ If Employed or Self-Employed, please state: 7(a) Occupation/Position _____ 7(b) Name of Firm _____ 7(c) Nature of Industry _____
8. Address (Residential / Registered)		8. Address (Residential / Registered)	
9. Country of Residence/Registration		9. Country of Residence	
10. Country of Tax Residence (please use a separate sheet if more than one)		10. Country of Tax Residence (please use a separate sheet if more than one)	
11. Tax Identification Number (please give reason if none and please use a separate sheet if more than one)		11. Tax Identification Number (please give reason if none and please use a separate sheet if more than one)	
12. Politically Exposed Person (PEP) Status: <input type="checkbox"/> Yes, I am a PEP 12(a) PEP Function (e.g. diplomat) _____  <input type="checkbox"/> Yes, I am related to/associated with a PEP 12(b) Relationship to PEP (e.g. Self, Husband, Wife etc.) _____  <input type="checkbox"/> No PEP status A politically exposed person is a person who holds, or during the past 18 months has held, prominent public functions, or a family member or a known associate of such a person. If 'Yes' please provide the reasons: (please refer to the Anti Money Laundering Guidelines for examples)		12. Politically Exposed Person (PEP) Status: <input type="checkbox"/> Yes, I am a PEP 12(a) PEP Function (e.g. diplomat) _____  <input type="checkbox"/> Yes, I am related to/associated with a PEP 12(b) Relationship to PEP (e.g. Self, Husband, Wife etc.) _____  <input type="checkbox"/> No PEP status A politically exposed person is a person who holds, or during the past 18 months has held, prominent public functions, or a family member or a known associate of such a person. If 'Yes' please provide the reasons: (please refer to the Anti Money Laundering Guidelines for examples)	

**A. Policy Details (Please complete ALL fields) (cont'd)**

13. For Personal Applicants:

Are you a US citizen?  Yes  No

Are you a US resident for tax purposes?  Yes  No

If the answer to either of these questions is **Yes**, please provide the **US Tax Identification Number (TIN)**

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Are you a US citizen?  Yes  No

Are you a US resident for tax purposes?  Yes  No

If the answer to either of these questions is **Yes**, please provide the **US Tax Identification Number (TIN)**

14. Please select the address for **all** Policy correspondence (*only one box may be ticked*)

All correspondence to be sent direct to Policyholder 1 Residential Address above

All correspondence to be sent direct to the address below (if different to your Residential address)

**Note:**

- Your Additional Premium Endorsement will be sent to your Intermediary that we have on record for you for distribution.
- Anti Money Laundering (AML) Requirements:**  
SEB Life International is obliged under Anti Money Laundering (AML) requirements to verify and keep customer details updated. The Company may therefore request updated, certified AML documents (valid photo ID and proof of address) for existing policyholders. Please refer to AML requirements detailed in section G.

**B. Additional Premium Details**

1. Total Premium Amount \_\_\_\_\_ (to be paid by bank transfer)

2. Currency of Payment (*if different from the Policy Currency*) \_\_\_\_\_

- Note:**
- Payment will be converted to the Policy Currency.
  - The cost of the currency conversion will be charged to the Applicant.

**C. Source of Funds and Wealth**

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

Savings from income  Savings from investments  Sale of investment  Sale of property  Sale of business

Gift  Loan  Inheritance  Other \_\_\_\_\_  
(e.g. court settlement/award)

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

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

Bank Name	Name of Bank Account Holder
IBAN	BIC Code
Bank Account Number	Sort Code
Country of bank account	

**Purpose and Nature of the Business Relationship**

Estate planning  Income  Medium to long-term capital gain  Retirement planning

Other, please specify \_\_\_\_\_

- Note:**
- 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.

## D. Asset Selection

A full list of all SEB Life International unit-linked funds is available on request from SEB Life International, or on our website [www.seb.ie](http://www.seb.ie).

Investment Account (*Investment Management Services*)  (Please fill in the Additional Conditions for Investment Accounts)

I/we will submit a separate dealing instruction in relation to this additional premium. I/we understand that this additional premium will remain in the Policy Cash Account until a valid dealing instruction is received by the Company.

## E. Declarations

### 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.

Policyholder 1 Signature		Policyholder 2 Signature	
X		X	
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

**Note:** In the event of a Corporate Policyholder, appropriate authorised signatories must sign.

### Replacement of an existing Policy (*Please complete this section by ticking the appropriate box*)

This Policy does not replace an existing Policy  OR This Policy does replace an existing Policy

**Warning:** If you propose to top up this Policy in complete or partial replacement of an existing Policy, please take special care to satisfy yourself that this Policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing Policy. If you are in doubt about this, please contact your Intermediary.

### Declaration of Residence outside Ireland

Policyholders resident outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following declaration, in order to receive payments without the deduction of Irish tax.

I declare that:

- I am the Policyholder in respect of which this declaration is being made;
- I am not resident or ordinarily resident in the Republic of Ireland;
- I hereby undertake to inform the insurance company of any change in my country of residence during the life of the Policy.

### I confirm that I:

1. understand that SEB Life International does not provide advice on the suitability of its insurance products;
2. it is my/our decision to invest an Additional Premium in my/our existing contract without advice from SEB Life International;
3. confirm and understand that independent advice is available from independent financial advisers unconnected with SEB Life International;
4. understand that SEB Life International has not nor will 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 Fund;
5. understand that no investment advice has been or will be provided to me by SEB Life International and that I am solely responsible for the selection of the assets to be held by the Policy Fund;
6. understand that SEB Life International is not responsible for the returns on the underlying assets held by the Policy Fund nor for the performance of the Policy Fund;
7. understand that (A) SEB Life International is not responsible for (i) any loss or liability arising from its acting upon any instructions transmitted to it by my Intermediary, or (ii) for any act or omission of my Intermediary; (B) SEB Life International is entitled to act upon any of my instructions which it reasonably believes to be sent on my behalf by my Intermediary and may treat each such instruction as fully authorised by and binding upon me, regardless of the amounts involved and despite any error, misunderstanding or ambiguity in any such instructions; (C) I and my estate hereby agree to indemnify fully SEB Life International against (a) any and all claims, demands and actions against SEB Life International in respect of any such loss or liability and (b) all costs and expenses that arise for SEB Life International in relation to or pursuant to the acts or omissions of my Intermediary (including but not limited to the cost of any legal proceedings arising, whether in a court of law or otherwise);
8. understand that the Annual Management Charge in relation to this premium will not exceed 0.5% (please refer to your Policy Schedule and Policy Conditions for more information);
9. understand that the signing of the Additional Premium Application Form does not, by itself, give effect to the contract.

I hereby declare that all details given on this Additional Premium Application Form are true and complete and I understand that this Additional Premium Application will form part of the contract with SEB Life International.

Policyholder 1 Signature		Policyholder 2 Signature	
X		X	
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

**Note:**

- In the event of Joint Policyholders, all Policyholders must sign.
- In the event of a Corporate Policyholder, appropriate authorised signatories must sign.
- Normal underwriting criteria apply. The application may be accepted or rejected.

## F. Payment Details

Payments by Applicants (*to be paid directly to SEB Life International*) are accepted by bank transfer.

Currency	payment to	correspondent bank
<b>EUR Payment</b>	<b>Account Name:</b> SEB Life International <b>Account Number:</b> 07073255 <b>Bank:</b> Citibank Dublin <b>BIC/SWIFT:</b> CITIIE2X <b>IBAN:</b> IE25CITI99005107073255	
<b>GBP Payment</b>	<b>Account Name:</b> SEB Life International <b>Account Number:</b> 18316021 <b>Bank:</b> Citibank Dublin <b>BIC/SWIFT:</b> CITIIE2X <b>IBAN:</b> IE53CITI99005118316021	Citibank London SWIFT CITIGB2L
<b>USD Payment*</b>	<b>Account Name:</b> SEB Life International <b>Account Number:</b> 07073186 <b>Bank:</b> Citibank Dublin <b>BIC/SWIFT:</b> CITIIE2X <b>IBAN:</b> IE45CITI99005107073186	Citibank New York SWIFT CITIUS33

\*This account can only accept USD payments.

### Instructions for Receipt of bank transfers

- Please contact SEB Life International for administration details for any other currencies.
- Please quote the Policyholder name on all bank transfers.
- Please note that international transfers may be required.

## G. Anti Money Laundering (AML) requirements

SEB Life International must be provided with the following information:

- (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 proof of address. Please refer to our AML Guidelines for more information.

### Certification:

SEB Life International will accept certification from the following persons provided the form of certification accords with the requirements outlined in our AML Guidelines: (1) a regulated financial or credit institution in an EEA member state; (2) a practising chartered or certified accountant; (3) a practising solicitor; (4) a serving notary public; (5) the local equivalent in an EEA member state of a serving 'Commissioner for Oaths'; (6) a serving police officer; (7) your regulated insurance intermediary