

Asset Management Bond

Own-Initiative Additional Premium Application Form

For Residents of the Republic of Malta

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. Name of Company or Trust _____

2. Address (Registered) _____

3. Country of Residence *(please use a separate sheet if more than one)* _____

4. Tax ID No *(please give reason if none and please use a separate sheet if more than one)* _____

5. 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 Additional Premium Amount _____

Method of Payment	AND	Amount
<input type="checkbox"/> Bank Transfer		
<input type="checkbox"/> Security Transfer Premium		<i>(Please complete the Security Transfer Request Form)</i>

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/Swift Code
Bank Account Number	Sort Code
Country of bank account	

C. Source of Funds and Wealth (cont'd)

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

Purpose and Nature of the Business Relationship

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

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.
- Issuing of an Additional Premium will be delayed while awaiting the completion of the transfer of securities.

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.

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.

Signed by for and on behalf of the corporate entity		Signed by for and on behalf of the corporate entity	
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 our instructions must be complete and accurate and precise and that SEB Life International may delay execution of our instructions without incurring any liability therefore pending receipt of any clarification required by SEB Life International in relation thereto;
8. 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);

E. Declarations(cont'd)

9. being a trustee (if applicable), have been appointed and act as trustee for an underlying client who has been made aware by me/us, as trustee, (a) that I/we shall, as trustee, enter into one or more life assurance policies with SEB Life International Assurance Company Designated Activity Company, (b) of all policy-related charges arising, and (c) that an illustration of all applicable policy-related charges is available on request.
10. 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);
11. 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.

Signed by for and on behalf of the corporate entity		Signed by for and on behalf of the corporate entity	
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.
- 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
EUR Payment	Account Name: SEB Life International Account Number: 07073255 Bank: Citibank Dublin SWIFT: CITIIE2X IBAN: IE25CITI99005107073255	
GBP Payment	Account Name: SEB Life International Account Number: 11248006 Bank: Citibank London SWIFT: CITIGB2L IBAN: GB29CITI18500811248006	
GBP Payment	Account Name: SEB Life International Account Number: 18316021 Bank: Citibank Dublin SWIFT: CITIIE2X IBAN: IE53CITI99005118316021	Citibank London SWIFT CITIGB2L
USD Payment*	Account Name: SEB Life International Account Number: 07073186 Bank: Citibank Dublin SWIFT: CITIIE2X IBAN: 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

Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland.

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All information is correct as at October 2018 but is subject to change.

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