



- 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)

### Applicant

1. Name	2. Business ID/Identity number
3. Contact person (for corporate applicants)	4. Town and Country of birth
5. 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:	
5(b) Name of Firm _____	5(a) Occupation/Position _____
	5(c) Nature of Industry _____
6. Address	7. Post code and city
8. Country of Tax Residence (please use a separate sheet if more than one)	9. Tax Identification Number (if tax residence is different than Finland) (please give reason if none; use a separate sheet if more than one)
10. Politically Exposed Person (PEP) Status:	
<input type="checkbox"/> Yes, I am a PEP <input type="checkbox"/> Yes, I am related to/associated with a PEP <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)	
10(a) Relationship to PEP _____	10(b) PEP Function (e.g. diplomat) _____
11. For *Corporate and Personal Applicants:	
Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US resident for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If the answer to either of these questions is Yes, please provide the <b>US Tax Identification Number (TIN)</b> _____	
12. Email Address (In order to register for our online valuation services)	13. Telephone No
14. Please select the address for <b>all</b> Policy correspondence (only <b>one</b> box may be ticked)	
<input type="checkbox"/> All correspondence to be sent direct to Applicant 1 Residential Address above	
<input type="checkbox"/> All correspondence to be sent direct to the address below (if different to Applicant 1 Residential address)	

**Note:**

- Anti Money Laundering (AML) Requirements**  
SEB Life International requires AML documents in respect of all applicants. Please refer to the relevant Anti Money Laundering Guidelines (for Legal Entities or individuals) for details.

**\*Corporate Applicants must complete the 'Additional Information for Legal Entity Applicants' form.**

## B. Premium Details

1. Total Premium Amount \_\_\_\_\_

**Method of Payment**

**AND**

**Amount**

Bank Transfer

Security Transfer Premium

(Please complete the Security Transfer Request Form)

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

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

Premium payments to be paid directly to SEB Life International.

Payments must be from bank accounts 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

### 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

- Notes:**
- 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.

## D. Asset Management and Custody

Asset Manager

Contact person for Asset Manager

Custodian (if not Asset Manager)

Custody and account number (to be completed by SEB Life International)

## E. 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

## E. Personal Risk Profile and Insurance Product Suitability Assessment (cont'd)

### 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 happy to take on 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 represent \_\_\_\_\_% 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

## F. Applicant's 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.

Signature <b>X</b>		Signature <b>X</b>	
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

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

### I/we confirm that I/we

1. am/are the Applicant in respect of which this declaration is being made;
2. am/are not resident or ordinarily resident in the Republic of Ireland;
3. hereby undertake to inform the insurance company of any change in our country of domicile/residence during the life of the Policy;
4. have received and read the Product Information Notice and Policy Conditions and understand the features and operation of the Policy, and also the Privacy Policy (which has been provided to other persons in respect of whom I have provided information and personal data);
5. have received and read all relevant material (e.g. Fund Priips KID document) 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;
6. 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 strategy selected are suited to my investment objectives, investment risk profile and risk tolerance levels;
7. 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;
8. have received advice in relation to the asset selection from my insurance intermediary;
9. understand that SEB Life International has not and will not provide investment advice and that we are solely responsible for the selection of an asset manager amongst the asset managers SEB Life International appoints at the time and the selection of the investment strategy;
10. understand and accept all the risks, which fall on this Policy and the investments in the Policy at a given time;
11. understand that the invested amounts may decrease in value and they may be entirely lost;
12. understand that the signing of the Application form does not, by itself, give effect to the contract;
13. understand that SEB Life International is not liable for any tax consequences that may arise from the Policy;
14. undertake to advise my insurance intermediary of any material changes to my financial needs, objectives and investment risk profile and circumstances;
15. 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;
16. 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.
17. 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.

## F. Applicant's declarations (cont'd)

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 confirm I have received KID ID  for this product.

Signature <b>X</b>	Signature <b>X</b>		
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

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

## G. Intermediary Details

**THIS SECTION MUST BE COMPLETED BY ALL INTERMEDIARIES**

Intermediary Stamp / Details

Intermediary Company Name	Intermediary Code
<ul style="list-style-type: none"><li>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</li><li>I also confirm that I hold the necessary authorisation to advise the Applicant(s) in their country of residence.</li></ul>	
Intermediary Signature <b>X</b>	Position
Intermediary Print Name	Date dd/mm/yy

## H. Agreed Insurance Fees

**Fixed fee of 250 € per annum and a variable tiered fee:**

\_\_\_\_\_ % 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 3 years on premiums.

## I. Special Instructions / Other Information

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**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

Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland.  
Phone: +358 (0)800 9 0805, E-mail: life.finland@seb.fi, Switchboard: +353 1 487 0700

SEB Life International Assurance Company Designated Activity Company trading as SEB Life International is regulated by the Central Bank of Ireland. Registered in the Republic of Ireland. Registered office: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland. Registration number 218391. Past performance is not a reliable guide to future performance. The value of investments may go down as well as up. All information is correct as at January 2023 but is subject to change.

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