

Policy Number _____

i Please note that if there are any changes to your previously submitted AML information (i.e. PEP, FATCA, Tax residency etc) it is the policyholders responsibility to send an updated KYC form to SEB Life International.

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

Please note the charging structure for all additional premiums will default to the original charging option selected on the initial policy application.

Policyholder 1	Policyholder 2
1. Surname <i>(or name of Company)</i>	1. Surname
2. Forenames	2. Forenames
3. Employment status <i>(for Personal policyholders)</i> : <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: 3(a) Position/Occupation _____ 3(b) Name of Firm _____ 3(c) Nature of Industry _____	3. Employment status <i>(for Personal policyholders)</i> : <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: 3(a) Position/Occupation _____ 3(b) Name of Firm _____ 3(c) Nature of Industry _____
4. Address	4. Address
5. Identity number/Business ID <i>(Henkilö- tai Y-tunnus)</i>	5. Identity number/Business ID <i>(Henkilö- tai Y-tunnus)</i>

6. 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 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. As per AML guidelines, additional information may be requested.

B. Additional Premium Details

1. Total Premium Amount

Method of Payment	AND	Amount
<input type="checkbox"/> Bank Transfer		
<input type="checkbox"/> 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

Premium Details and 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 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:

Other

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 Policyholder'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

- Notes:**
- 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

This section may only be used for an Additional Premium.

A full list of all SEB Life International unit-linked funds is available on request from SEB Life International, your appointed Intermediary or on our website www.seb.ie.

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

Policy Cash Account

SEB Life International recommends that a small amount of your premium (approximately 5%) should be placed in the Policy Cash Account to allow for ongoing liquidity to cover transaction and ongoing charges. Note that this may need to be reviewed from time to time. The suggested 5% may not suffice to cover all the charges.

Policy Cash Account (Amount or %) _____

External Assets

Full name of Asset (where appropriate include share class)	ISIN code	Risk Rating (1Low-7High)*	Asset Currency	Cash value (defaults to asset currency unless otherwise stated)	or %

SEB Life International Unit-Linked Funds (*Internal and Select List*)

Fund Name	Fund Number	Currency	Amount	or %

Please choose one of the above assets from which units will be sold to cover negative cash balances

*As per PRIIPs KID or UCITS rating. Not applicable to equities, where the risk rating is automatically assigned as 'high'.

- Note:**
- Full details of a new asset must be provided to SEB Life International prior to any deal instruction being accepted. Dealing will be delayed until the asset has been reviewed for admissibility and all information has been obtained to facilitate the trade.
 - Structured notes and purchases of Non-Standard Assets, i.e. any asset that is not an EU retail asset will not be placed until a **Statement of Understanding** signed by an authorised signatory has been received.
 - Acceptance of all asset selections is at the sole discretion of SEB Life International. Please refer to the 'Permitted Assets and Exchanges' documentation for full details of permitted assets.
 - Any fees, duties or commissions associated with the purchase of the selected assets will be charged to the Policy Fund.
 - Where the currency of an asset selected is different to that of the Policy Currency, a currency exchange risk may arise prior to purchasing the asset.
 - Further details are available in the Dealing Guidelines & Request Form.

E. Personal Risk Profile and Insurance Product Suitability Assessment

Further to the meeting(s) on _____ (dd/mm/yy) with Alexandria Pankkiiriliike, 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 a 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 insurance product represents _____% of my investible assets.

This insurance product is recommended to you based on the information you provided to your Intermediary 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. 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 X		Policyholder 2 Signature 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.
If the applicant is a minor, the application must be signed by both parents or guardians

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 take out 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. have received and read all relevant material (e.g. fund factsheet etc.) relating to the assets selected in Section D; the material was adequate to assess asset suitability, including details of the risks associated with the asset and I fully understand these materials, accept these risks, and confirm that I meet the criteria necessary for investment in each asset (including the minimum holding and minimum investment levels);
2. have had a suitability assessment performed by my 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;
3. 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 Fund;
4. understand that SEB Life International has not and will not provide me with any investment advice, or any advice as to the tax consequences of holding the asset(s) selected, and that I am solely responsible for the selection of the assets to be held by the Policy Fund;
5. have received advice in relation to the asset selection from my Intermediary;
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 my or my Intermediary's instructions must be complete and accurate and precise and that SEB Life International may delay execution of my 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 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);
9. understand that the invested amounts may decrease in value and they may be entirely lost;
10. understand that the signing of the Additional Premium Application Form does not, by itself, give effect to the contract;
11. undertake to advise my Intermediary of any material changes to my financial needs, objectives and investment risk profile and circumstances;
12. 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;
13. 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.
14. 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 hereby declare that all details given on this Additional Premium Application Form are true and complete and I understand that this Application will form the basis of the contract with SEB Life International.

Policyholder 1 Signature X		Policyholder 2 Signature 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.

G. Payment Details

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

Currency	Payment to	Correspondent bank
EUR	Account Name: SEB Life International Account Number: 33010001307958 Bank: SEB (<i>Finland Only</i>) BIC/SWIFT: ESSEFIHX IBAN: FI3533010001307958	
SEK*	Account Name: SEB Life International Account Number: 07073194 Bank: Citibank Dublin BIC/SWIFT: CITIIE2X IBAN: IE23CITI99005107073194	Svenska Handelsbanken Stockholm SWIFT HANDSESS
*This account can only accept SEK payments.		
GBP	Account Name: SEB Life International Account Number: 18316021 Bank: Citibank Dublin BIC/SWIFT: CITIIE2X IBAN: IE53CITI99005118316021	Citibank London SWIFT CITIGB2L
USD*	Account Name: SEB Life International Account Number: 07073186 Bank: Citibank Dublin BIC/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.

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.

Intermediary/Sales Person Signature X	Position
Intermediary/Sales Person Print Name	Date dd/mm/yy

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