

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. Policy Structure

Personalised Portfolio <input checked="" type="checkbox"/>	Charging Structure Required	<input type="checkbox"/> 5 Year Annual Management Charge	<input type="checkbox"/> 8 Year Annual Management Charge
Policy Currency Required <input type="checkbox"/> € EUR <input type="checkbox"/> £ GBP <input type="checkbox"/> \$ USD <input type="checkbox"/> SEK			

B. Applicant Details *(Please complete ALL fields)*

Applicant

1. Surname (or name of Company)	2. Forenames
3. National ID No / Business ID	

- Note:**
- Your Policy Schedule (and Additional Premium Endorsements where applicable) will be sent to your Intermediary for distribution. All other correspondence will be sent to your correspondence address.
 - **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). 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.
 - Private Customers should complete KYC for private customers form

C. Life to be Assured *(for Corporate clients)*

Life 1	Life 2
1. Surname	1. Surname
2. Forenames	2. Forenames
3. National ID no	3. National ID no
4. Address <i>(Residential)</i>	4. Address <i>(Residential)</i>
5. Country of Residence	5. Country of Residence

Note: • The Death Benefit will be paid on a last death basis

D. 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.

E. 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

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.

F. Asset Selection

Please insert initial asset choices in the tables below.

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 Section J 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	Cash Value	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.

G. Nomination of Beneficiaries

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.

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 aunts. 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.

H. Personal Risk Profile and Insurance Product Suitability Assessment

Further to the meeting(s) on _____ (dd/mm/yy) with your 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 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 for 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

I. 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.

Applicant Signature

X

Print Name	Date dd / mm / yy
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Note: • In the event of a Corporate Applicant, 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 This Policy does replace an existing Policy

Note: 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

Applicants 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 Applicant 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 the Brochure, Product Information Notice, PRIIPs KID, Illustration and Policy Conditions and understand the features and operation of the Policy, and also the Privacy Policy (which can be found at www.seb.ie and which has been provided to other persons in respect of whom I have provided information and personal data);
2. have received and read all relevant material (e.g. Fund Priips KID document.) relating to the assets selected in Section F; 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);
3. 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;
4. 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;
5. 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;
6. have received advice in relation to the asset selection from my Intermediary;
7. understand that SEB Life International is not responsible for the returns on the underlying assets held by the Policy Fund or for the performance of the Policy Fund;
8. understand that my or my Intermediary's instructions must be complete, 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;
9. understand that my Policy Schedule (and any Additional Premium Endorsement(s), where applicable) will be sent to my Intermediary for distribution. All other correspondence will be sent to my correspondence address;
10. 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);
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. undertake to advise my Intermediary of any material changes to my financial needs, objectives and investment risk profile and circumstances;
14. 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;
15. 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.
16. 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 Application Form are true and complete and I understand that this Application will form the basis of the contract with SEB Life International.

I confirm that my 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.

Applicant's Signature

X

Print Name

Date dd/mm/yy

- Note:**
- In the event of a Corporate Applicant, appropriate authorised signatories must sign.
 - If the applicant is a minor, the application must be signed by both parents or guardians
 - Normal underwriting criteria apply. The application may be accepted or rejected.

J. Investment Accounts

Request to open an Investment Account

It is possible to authorise a financial institution to act on your behalf for the purpose of managing investments in the funds, which are linked to your Policy. This can be done through the establishment of an Investment Account.

Investment Account ("Account") means an account maintained with an EU authorised (or equivalent, in the opinion of SEB Life International Assurance Company Designated Activity Company ("SEB Life International")) Financial Institution (Custodian) whereby the asset manager ("Asset Manager") has the authority under the investment management agreement to enter into transactions on behalf of the Account. The Account may be opened directly by SEB Life International or alternatively under an authority given to the Asset Manager by SEB Life International. Policyholder's consent is given by the signature below.

This section confirms the agreement of the Policyholder to conditions applied by SEB Life International for acceptance of Accounts within a Policy Fund ("Fund"). Acceptance of Accounts is at the sole discretion of SEB Life International.

This section must be completed and submitted with each request to hold an Account within a Fund.

The following additional conditions apply for an Account to be held within the Fund.

1. No investment advice has been or will be provided to the Policyholder by SEB Life International. The Policyholder is responsible for the selection of the Asset Manager from the Pre-appointed Asset Managers and Custodians List issued by SEB Life International.
2. SEB Life International makes no representations as to the suitability and bona fides of the Asset Manager or Custodian.
3. SEB Life International does not accept responsibility for the returns on the underlying assets nor for the performance of the Asset Manager or any other party connected with the operation of the Account.
4. SEB Life International does not accept responsibility for the custody arrangements that are required in relation to the Account.
5. The Policyholder authorises SEB Life International to enter into any necessary agreements with the Asset Manager and Custodian to open an Account and agrees, that where appropriate, the Asset Manager shall have the authority to appoint a Custodian for the Account.
6. SEB Life International will complete the investment management agreement including any relevant mandates with the Asset Manager. SEB Life International is not responsible for the investment performance or the achievement of investment objectives of the selected 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.
7. SEB Life International does not accept responsibility for any adverse tax consequences due to the choice of assets held in the Account.
8. All fees charged in respect of an Account (together with any applicable taxes e.g. VAT) will be deducted from the Fund.
9. The Account will be held in the name of, or for the account of, SEB Life International, and all proceeds from the Account will be paid to SEB Life International.
10. The value of the Account may be included on the Fund valuation prepared by SEB Life International as a single asset with such valuation being the latest available valuation from the Asset Manager or Custodian.
11. Withdrawals from the Fund will be contingent on liquidity being available within the Fund. This may mean that payment of withdrawals to the Policyholder will be deferred until proceeds are received by SEB Life International from the Account maintained with the Custodian.
12. The Asset Manager will not be permitted to create a liability within the Account other than in accordance with the explicit approval of SEB Life International. The 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 Account without the prior approval of SEB Life International.
13. The Account may be terminated forthwith by Custodian, the Asset Manager (where appropriate) or SEB Life International, at any time by giving written notice to all other parties. In such cases the Account will be closed.
14. SEB Life International is not obliged to find a buyer for the assets of the Account and if difficulties arise in selling the assets, SEB Life International may choose instead to transfer the assets of the Account to the Policyholder after deducting all relevant charges and expenses.
15. SEB Life International will, where necessary, instruct the Asset Manager to sell sufficient assets of the Account to enable the charges to be paid.
16. The Policyholder authorises SEB Life International to release Policy valuations to the appointed Asset Manager at the request of the Asset Manager.
17. The Policyholder authorises SEB Life International to enter into any necessary agreements with the appointed Asset Manager and Custodian to enable the Asset Manager online access to the Account held with the Custodian including, where available online, trading access. The Policyholder understands and accepts any risks associated with the provision of online access to the appointed Asset Manager.

Declaration

I have read, understood and accept the above conditions concerning the investment by SEB Life International in the following Account:

Asset Manager	Custodian
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I understand that SEB Life International will enter into formal agreements requested by the Asset Manager and/or Custodian and I agree that SEB Life International shall not be liable for any loss or liability to the Fund arising from this Account or for reliance on services rendered by the Asset Manager and/or Custodian or for any action or failure to take action on the part of the Asset Manager and/or Custodian giving rise to any loss in the value of the Account.

I for myself, fully indemnify SEB Life International against all claims, demands and actions against SEB Life International in respect of such loss as outlined above and all costs and expenses regardless of how they arise in respect of the activities and performance of the Asset Manager or Custodian (*including, but without limitation, the cost of defending in any court of law any such claim demand or action against SEB Life International*).

Applicant's Signature

X

Print Name	Date dd/mm/yy
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K. 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 Applicant name on all Bank Transfers.

L. 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