



SEB Life International (SEB LI) Personal Risk Profile and Periodic Suitability Assessment (Finland)

Policy Number

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Date of last assessment _____

Purpose of this meeting

- Change of intermediary Material change to circumstances, please specify below
 Periodic review *(Should be undertaken if there hasn't been a review in the last 12 months for other reasons).*
 Other, please specify _____

This form must be signed by you and the Tied Agent or Sub Agent (as applicable) and must be submitted to SEB Life International .

Important note

The purpose of this document is to update why the insurance product remains suitable or is no longer suitable for your financial needs and objectives.

A periodic assessment of continuing suitability of this product will be undertaken for you by your Agent.

Customer Name(s)	Customer Social Security No./Business ID
Tied Agent Name ¹	Tied Agent Code
Tied Agent Business ID	Sub Agent Name <i>(if applicable)</i> ²
Sub Agent Business ID	

Agreed financial needs and objectives:

This form confirms the details of our discussions based on my agreed financial needs and objectives summarised below: I am aware that SEB Life International insurance products are intended to be held for the medium to long-term and my main objective is: Please select the most appropriate option <input type="checkbox"/> Retirement planning <input type="checkbox"/> Income <input type="checkbox"/> Medium to long-term capital gain <input type="checkbox"/> Estate planning <input type="checkbox"/> Other, please specify _____	Has there been a change since your last assessment <input type="checkbox"/> Yes <input type="checkbox"/> No
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Remaining investment horizon <input type="checkbox"/> Short Term <5 years. <input type="checkbox"/> Medium Term 5<10 years. <input type="checkbox"/> Long Term >10 years.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Knowledge and investment experience <input type="checkbox"/> None I have never held an investment* before <input type="checkbox"/> Some I have held an investment* before <input type="checkbox"/> Experienced I have held an investment* before and feel comfortable with investments <small>* including insurance based investment products</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Overall investor risk profile <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Please see below important note in relation to value fluctuations and losses that may arise with any investment.

This insurance product represents _____ % of my investible assets

Ref8240

1Is a Tied Agent of SEB Life International. SEB Life International Assurance Company Designated Activity Company, trading as SEB Life International is regulated by the Central Bank of Ireland, P.O. Box 559, Dame Street, Dublin 2, Ireland.
 2If a Sub Agent is operating under the "Tied Agent" this must be stated.

SEB Life International insurance product suitability

Based on the information you provided as stated in your Know Your Customer (Fact Find) Assessment³ and this document, in particular the following considerations⁴:

- Insurance product's consistency with your attitude and tolerance to risk⁵
- Insurance product's ability to meet your agreed financial needs and investment objectives
- Your financial situation and ability to bear losses attaching to the insurance product including the linked assets
- Your knowledge and investment experience relevant to the specific type of product

This insurance product remains suitable for you This insurance product is no longer suitable for you*

*If the recommendation is that the insurance product is no longer suitable for the customer you must state the reason(s) why in the text box below.

If you have any questions or if you feel this Personal Risk Profile and Insurance Product Suitability Assessment is inaccurate and does not reflect our discussions, please contact us as soon as possible. The purpose of this document is to ensure that you understand the process we have gone through and that you understand the reasons why the agreed insurance product remains suitable for you or is no longer suitable for you.

Data protection

SEB Life International processes information and Personal Data in the manner outlined in the Privacy Policy, a copy of which has been previously provided to you. The Privacy Policy outlines to whom the information and Personal Data may be disclosed. If you have provided to SEB Life International any information or personal data concerning a party other than yourself, to ensure you are in compliance with data protection requirements applicable to you, you are required to provide a copy of the Privacy Policy to that party.

Customer's declaration(s):

Please read the information within this form carefully, and then confirm your understanding by signing below.

- I have read and understood the relevant product literature, explaining the insurance product in greater detail, in particular the features and any exclusions.
- I confirm that this Personal Risk Profile and Insurance Product Suitability Assessment has been explained to me.
- I have read the completed form and acknowledge that it is an accurate assessment of the information disclosed during this review meeting of the Know Your Customer (Fact Find).
- I understand and accept the continued 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.
- I undertake to advise my Agent of any material changes to my financial needs, objectives and investment risk profile and circumstances
- In regard to any potential fluctuation in value, it has been explained to me and I understand that 1) the value of my policy may increase or decrease. 2) Market and exchange rate fluctuations affect the capital value of investments and they may be entirely lost.
- 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.

Customer 1 Name	Customer 1 Signature X	Date dd/mm/yy _ _ _ _ _ _ _ _ _ _
Customer 2 Name	Customer 2 Signature X	Date dd/mm/yy _ _ _ _ _ _ _ _ _ _

To be completed by the Tied Agent or Sub Agent (as applicable):

Tick to confirm that the information contained in this form is consistent with the information recorded in the 'Know Your Customer' (Fact Find) Assessment:

Capacity

Tied Agent Sub Agent

Tied Agent/Sub Agent Name

Tied Agent/Sub Agent Signature X	Date dd/mm/yy _ _ _ _ _ _ _ _ _ _
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³The Know Your Customer (Fact Find) assessment as completed by the Tied Agent and the Customer.

⁴Terms and conditions apply to any insurance product recommended. The comments regarding the suitability of the recommendation within this document are not a summary of the terms and conditions and do not vary or amend them.

⁵Attitude to risk has been evaluated based on the information provided by the customer in their signed "Know Your Customer" (Fact Find) assessment.