



Unit-Linked Sijoitusvakuutus Additional Premium

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)

1. Policyholder's Name

2. National ID No / Business ID	3. Town and Country of Birth
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4. Employment status (for Personal Policyholders):

Employed Self-Employed Retired Student Unemployed Other _____

If Employed or Self-Employed, please state:

4(a) Occupation/Position _____
 4(b) Name of Firm _____ 4(c) Nature of Industry _____

5. Address (Residential / Registered)

6. Country of Tax Residence (please use a separate sheet if more than one)	7. Tax ID No (if tax resident other than Finland) (please give reason if none and please use a separate sheet if more than one)
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8. Politically Exposed Person (PEP) Status:

Yes, I am a PEP
 8(a) PEP Function (e.g. diplomat) _____

Yes, I am related to/associated with a PEP
 8(b) Relationship to PEP (e.g. Self, Husband, Wife etc.) _____

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)

9. For Personal Policyholders:

Are you a US citizen? Yes No

Are you a US resident for tax purposes? Yes No

If the answer to either of these questions is 'Yes', please provide the **US Tax Identification Number (TIN)** _____

10. 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: • **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.

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

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 recommendations

E. Applicant's Declarations

I confirm that I:

1. am the Policyholder in respect of which this declaration is being made;
2. am not resident or ordinary resident in the Republic of Ireland;
3. have received and read all relevant material (e.g. fund factsheet etc.) relating to the assets selected in Section C; 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);
4. 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;
5. 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;
6. 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;
7. have received advice in relation to the asset selection from my Insurance Intermediary;
8. understand that SEB Life International is not responsible for the returns on the underlying assets held by the Policy nor for the performance of the Policy;
9. undertake to advise my insurance intermediary of any material changes to my financial needs, objectives and investment risk profile and circumstances;
10. 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;
11. 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.
12. 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.

Policyholder Signature X	Date dd / mm / yy
Print Name	

- 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

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	Date dd / mm / yy
Print Name	

- 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

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

Special Instructions (if applicable)

Allocation %

Other notes

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