SEB	Uni		d Sijoitusvakuutus Additional Premium
<i>i</i> : Policy numbers can range from 9 – 12 digits, n PLEASE USE BLOCK CAPITALS THROUGHOUT A. Policy Details ( <i>Please complete ALL fields</i> )			Policy Number
1. Policyholder's Name			
<ul> <li>2. National ID No / Business ID</li> <li>4. Employment status (for Personal Policyholders):</li> </ul>	3. Town and Co	ountry of Birth	
Employed Self-Employed Retired	Student	Unemployed	Other
If Employed or Self-Employed, please state: 4(b) Name of Firm		4(a) Occupation/Pos 4(c) Nature of Indust	ition iry
5. Address (Residential / Registered)			
6. Country of Tax Residence <i>(please use a separate sheet in</i>	f more than one)		resident other than Finland) (please give reason if none eparate sheet if more than one)
<ul> <li>8. Politically Exposed Person (PEP) Status:</li> <li>Yes, I am a PEP</li> <li>8(a) PEP Function (<i>e.g. diplomat</i>)</li></ul>		1	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.
8(b) Relationship to PEP <i>(e.g. Self, Husband, Wife et</i>	tc.)		If 'Yes' please provide the reasons:
No PEP status			(please refer to the Anti Money Laundering
9. For Personal Policyholders;			Guidelines for examples)
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 (TII	N)		
10. Please select the address for <b>all</b> Policy corresponden All correspondence to be sent direct to Policyhol All correspondence to be sent direct to the addre	nce <i>(only</i> <b>one</b> bo Ider 1 Residenti	al Address above	ntial address)
Note: • Anti Money Laundering (AML) Requiremen SEB Life International is obliged under Ant updated. As per AML guidelines, additiona	ti Money Launde		ents to verify and keep customer details

B. Premium Details and Source of Funds and Wealth			
Additional Premium amount €			
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 o	f investment Sale of property Sale of business		
Inheritance Gift Doan Other	(e.g. court settlement/award)		
Please provide details of the bank account from which this cash pren	nium 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 Code		
Country of bank account			

Note: 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.

C. Fund Selection (full percentages) Please insert fund choices in the table below.		
Fund Name	Fund Number	%
		-
		-
		-
	Total	100%

## D. Personal Risk Profile and Insurance Product Suitability Assessment

Further to the meeting(s) on \_\_\_\_\_\_(dd/mm/yy) with your insurance intermediary, this section confirms <u>your agreed financial needs and</u> <u>objectives</u> 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 i	insurance products are intended to be medium to long-term and my main objective is:				
Medium to long	Medium to long-term capital gain				
Retirement plar	ning				
Estate planning					
Other, please sp	pecify				
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 p	profile*				
Cautious investo	or 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 inves	tor 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 inve	stor 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 understa	and that for each investment risk profile, losses may arise over the course of your investment.				

This recommended insurance product represents \_\_\_\_\_% of my investible assets

#### 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;
- 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;
- have received advice in relation to the asset selection from my Insurance Intermediary; 7
- 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 Lacknowledge 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 Date dd / mm / yy Х

Print Name

In the event of a Corporate Policyholder, appropriate authorised signatories must sign. Note: ٠

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	Date	dd /	mm /	/ уу		-
X		I	I	I	I	1
Print Name						

In the event of a Corporate Policyholder, appropriate authorised signatories must sign. Note: •

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 wi assessment.	th the information recorded in the 'Kn	ow Your Customer' (Fact Find)		
Intermediary/Sales Person Signature	Position			
Х				
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