

B. Life to be Assured (for corporate clients)

1. Name	2. National ID No
3. Address	

C. Premium Details and Source of Funds and Wealth

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 of investment
 Sale of property
 Sale of business
 Inheritance
 Gift
 Loan
 Other (e.g. court settlement/award) _____

Please provide details of the bank account from which this cash premium is being paid
Payments must be from bank accounts in the Applicant(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.

D. Fund Selection (full percentages)

Please insert fund choices in the table below.

Fund Name	Fund Number	%
Total		100%

E. Nomination of Beneficiaries (for private owned policies)**Nomination of beneficiary upon death of the Life Assured.**

In the event of my death, I hereby request that my Policy becomes payable to my nominated beneficiary 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 insured'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.

F. Personal Risk Profile and Insurance Product Suitability Assessment

Further to the meeting(s) on _____ (dd/mm/yy) with your insurance 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 > 10 years.
 Long Term < 10 years.

F. Personal Risk Profile and Insurance Product Suitability Assessment

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 recommended insurance product represents _____% of my investible assets

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 recommendation here

G. Applicant's Declarations

Replacement of an existing Policy (Please complete this section by ticking box if applicable)

- 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.

I confirm that I:

1. am the Applicant in respect of which this declaration is being made;
2. am not resident or ordinary resident in the Republic of Ireland;
3. hereby undertake to inform the insurance company of any change in my country of residence during the life of the Policy;
4. have received and read the Product Information Notice and Policy Conditions and understand the features and operation of the Policy, and also the Privacy Policy (which has been provided to other persons in respect of whom I have provided information and personal data);
5. have received and read all relevant material (e.g. fund PRIIPs KID document 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);
6. 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;
7. 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;
8. 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;
9. have received advice in relation to the asset selection from my Insurance Intermediary;
10. understand that SEB Life International is not responsible for the returns on the underlying assets held by the Policy or for the performance of the Policy;
11. understand that my 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;
12. understand that the invested amounts may decrease in value and they may be entirely lost;
13. understand that the signing of the Application form does not, by itself, give effect to the contract;
14. understand that SEB Life International is not liable for any tax consequences that may arise from the Policy;
15. undertake to advise my insurance intermediary of any material changes to my financial needs, objectives and investment risk profile and circumstances
16. 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.
17. 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.
18. 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.

G. Applicant's Declarations (cont'd)

This application has been signed by the applicant's legal guardian

I confirm that my insurance distributor, 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 Signature

X

Date dd / mm / yy

Print Name

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.
Guardians must attach to the application a copy of the court decision or an extract from the population register for the person.

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 Applicant, appropriate authorised signatories must sign.
• If the applicant is a minor, the application must be signed by both parents or guardians

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.

Intermediary/Sales Person Signature

Position

X

Intermediary/Sales Person Print Name

Place

Date dd/mm/yy

Special Instructions (if applicable)

Annual %

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

Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland.
Phone: +353 (0)800 9 0805, E-mail: life.finland@seb.fi, Switchboard: +353 1 487 0700

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