

**i** • SEB Life International is obliged under Anti Money Laundering (AML) regulations to collect and update customer information  
• PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

Policy Number

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**Customer Details**

<b>Customer 1</b>	
1. Surname	
2. Name	
3. Personal identification number	
4. Date of Birth dd/mm/yy 	5. Town and Country of Birth
6. Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other, please specify: _____ If Employed or Self-Employed, please state: 6(a) Occupation/Position _____ 6(b) Name of Firm _____ 6(c) Nature of Industry _____	
7. Address (Residential)	
8. Country of Residence	
9. Country of Tax Residence (please use a separate sheet if more than one)	
10. Tax Identification Number (please give reason if none and please use a separate sheet if more than one)	
11. Politically Exposed Person (PEP) Status: <input type="checkbox"/> Yes, I am a PEP 11(a) PEP Function (e.g. diplomat) _____ <input type="checkbox"/> Yes, I am related to/associated with a PEP 11(b) Relationship to PEP (e.g. Self, Husband, Wife etc.) _____  <input type="checkbox"/> 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)	
12. For Personal Applicants: Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a US resident for tax purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If the answer to either of these questions is Yes, please provide the <b>US Tax Identification Number (TIN)</b> _____	

<b>Customer 2</b>	
1. Surname	
2. Name	
3. Personal identification number	
4. Date of Birth dd/mm/yy 	5. Town and Country of Birth
6. Employment status: <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other, please specify: _____ If Employed or Self-Employed, please state: 6(a) Occupation/Position _____ 6(b) Name of Firm _____ 6(c) Nature of Industry _____	
7. Address (Residential)	
8. Country of Residence	
9. Country of Tax Residence (please use a separate sheet if more than one)	
10. Tax Identification Number (please give reason if none and please use a separate sheet if more than one)	
11. Politically Exposed Person (PEP) Status: <input type="checkbox"/> Yes, I am a PEP 11(a) PEP Function (e.g. diplomat) _____ <input type="checkbox"/> Yes, I am related to/associated with a PEP 11(b) Relationship to PEP (e.g. Self, Husband, Wife etc.) _____  <input type="checkbox"/> 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)	
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## Customer Details (cont'd)

13. Email Address	13. Email Address
14. Telephone No	14. Telephone No

15. Please select the address for **all** Policy correspondence (*only one box may be ticked*)

- All correspondence to be sent direct to Customer 1 Residential Address above  
 All correspondence to be sent direct to the address below (*if different to Customer 1 Residential address*)

16. What is the source of wealth of premiums paid to date? (*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 additional information for all options selected above (we may request supporting documentation):**

17. What is the purpose and nature of the business relationship (why did you buy this policy)?

- Estate planning     Income     Medium to long-term capital gain     Retirement planning  
 Other (please give additional information) \_\_\_\_\_

## Customer'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.

I hereby declare that all details given on this Customer Information form are true and complete, and I undertake to notify SEB Life International in writing of any changes in the information provided.

Customer 1 Signature <b>X</b>		Customer 2 Signature <b>X</b>	
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

**Note:** Please visit our website [seb.ie](http://seb.ie) to review the Privacy Policy.