

Please complete and sign, then return to operations@seb.ie

Name

Policy No

Date of Birth dd/mm/yy

Email Address *(please complete in CAPITAL LETTERS)*

Telephone No

Date of Commencement of Policy dd/mm/yy

Intl Code - Area/City Code - Number

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.

Policyholder 1 Signature

Policyholder 2 Signature

X

X

Print Name

Date dd/mm/yy

Print Name

Date dd/mm/yy

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