



**C. Premium payments to Custody in Sweden**

**Bank: SEB**                      **Account holder:**  
**BIC: ESSESESS**              **SEB Life International**  
 SEK - Bankgiro: 5035-8423  
 SEK - IBAN: SE1150000000058151003235  
 EUR - IBAN: SE4750000000055658212294

**Premium payment to Custody in Luxembourg:**

**Bank: SEB**                      **Account holder:**  
**BIC: ESSELULL**              **SEB Life International**  
 SEK - IBAN: LU870643057825A02752  
 EUR - IBAN: LU330643057825A01978

**Note: Please quote "WP" and the Policy number or custody number on all premium payments.**

**D. Source of Funds and Wealth**

What is the source of funds and wealth to be invested? (*more than one box may be ticked*)

- Savings from income     Savings/sale from investments     Sale of property  
 Sale of business     Pension savings     Inheritance     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 Policyholder's name.

Bank Name	Name of Bank Account Holder
Country of bank account	IBAN
Bank Account Number	BIC Code

**Purpose and Nature of the Business Relationship**

- Estate planning     Income     Medium to long-term capital gain     Retirement planning  
 Other \_\_\_\_\_

**Note:** If the Additional 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 Policyholder, and should accompany this Application.

**E. Personal Risk Profile and Insurance Product Suitability Assessment**

Further to the meeting(s) on \_\_\_\_\_ (dd/mm/yy) with your adviser, 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                      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 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.

Total premiums in this recommended insurance product represents \_\_\_\_\_% of my investible assets

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

This insurance product is recommended to 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. 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 Signature

X

Print Name

Date dd/mm/yy

## H. Policyholder's Declarations

I confirm that I:

1. have received and read all relevant material (e.g. Permitted Assets and Exchanges Portugal, management rules, prospectus, fund factsheets etc.) relating to any new assets selected for the custody account; the material was adequate to assess asset suitability, including details of the risks associated with the assets and I fully understand these materials and accept these risks;
2. 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, risk profile and risk tolerance levels.
3. have received advice in relation to the asset selection from my Asset Manager.
4. understand that SEB Life International has not nor will provide any investment advice or make any assessment of the suitability of the individual assets linked to the Policy, nor is responsible for the returns or performance of the Policy;
5. agree that SEB Life International shall not be liable for any poor performance or mismanagement of the custody account with or any action or failure to take action on the part of my Intermediary giving rise to any loss in the value of the account;
6. for myself and my beneficiaries, fully indemnify SEB Life International against all claims, demands and actions against SEB Life International in respect of such damages as outlined in declaration 2 above, and all costs and expenses regardless of how they arise in respect of the activities and performance of my Intermediary;
7. understand that the signing of the Additional Premium Application form does not, by itself, give effect to the contract;
8. have had the Personal Risk Profile and Insurance Product Suitability Assessment (Section D above) explained to me and I acknowledge that it is an accurate assessment of the information I have recently disclosed in the course of the Know Your Customer (Fact Find) Assessment;
9. undertake to advise SEB Life International of any material changes to my financial needs, objectives and this investment risk profile;
10. agree that the Additional Premium will be invested in the same custody account as the initial premium, under the same terms and conditions;

I hereby declare that all details given on this Additional Premium Application form are true and complete and I understand that this Application will form the basis of any contract with SEB Life International.

I have authorised my Intermediary to provide SEB Life International with any future information required regarding the Policy contemplated by or referred to in this document and SEB Life International may rely on any such information so provided.

Policyholder Signature

X

Print Name

Date dd/mm/yy

## I. Adviser Details

### Adviser Name & ID

- I confirm that I provided the Applicant with advice regarding this application on or around: \_\_\_\_\_ (dd/mm/yy), while located at my place of business, by:

Phone\*

E-mail\*

In person, in: \_\_\_\_\_ (country)

- I also confirm that I hold the necessary authorisation to advise the Applicant(s) in their country of residence.
- I confirm that the information contained in this form is consistent with the information recorded in the Suitability assessment.

**NOTE!** Directive for Distance Marketing has to be followed when advice is given from a distance.

### Adviser Signature

X

Print Name

Date dd/mm/yy

Other notes

Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland.

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