

**i** The following documents need to be attached to this application and sent to EuropeWP@seb.ie:  
 - Copy of ID  
 - Proof of address (e.g. copy of utility bill, not older than 6 months)

## A. Policy Structure

Policy Currency Required  € EUR  SEK

## B. Policyholder Details (Please complete ALL fields)

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

## C. Life to be Assured (if different from the Policyholder)

1. Surname	2. Forename	3. Date of Birth dd/mm/yy-nnnnn
4. Address (Residential)		
5. Country of Residence		

## D. Premium Details

Total expected premium during the lifetime of the policy \_\_\_\_\_ (incl. currency)

Regular payments from Occupational Pension?  Yes  No

Total annual expected premium amount: \_\_\_\_\_

Number of years: \_\_\_\_\_

- Note:**
- Regulatory minimum premium is €100k. Note that recommended premium is €250k.
  - If an additional premium comes from a different source other than the occupational pension, or exceeds the amount stated above, SEB Life International will require an Additional Premium application form.
  - If premium exceeds 500 MSEK, form "TL314500\_int Enkel hälsodeklaration" (simple health declaration) needs to accompany this Application.

## E. Premium payments to be paid directly to SEB Life International:

Bank: SEB Stockholm SEK - IBAN: SE1150000000058151003235

Kontohavare: SEB Life International

BIC: ESSESESS EUR- IBAN: SE4750000000055658212294

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

## F. 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  
 Inheritance  Pension savings  Other \_\_\_\_\_

### 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/Swift Code
Bank Account Number	Country of bank account

- Notes:**
- 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.

## G. Request to open a Custody Account

In completing this application form you are authorising your asset manager to act on your behalf for the purpose of managing the investments linked to your policy in a custody account.

Please select the management service you require by ticking the appropriate box;

- Discretionary Investment Management Service  
 Advisory Investment Management Service

## H. Registration for Internet Banking Access

- Yes, I request internet banking access from my asset manager to view the account connected to the policy. T&Cs for my asset manager internet banking services apply.

## I. Nomination of Beneficiaries

### Nomination of beneficiary upon death of the relevant life assured.

In the event of the death of the relevant life assured, I hereby request that my policy becomes payable to my Nominated Beneficiary listed below:

Only **whole** percentages are acceptable (*must total to 100%*)

	Name	% Share	Relationship to policyholder	Country of Residence	Tax Identification/ Identity card	Citizen card Number
<b>BENEFICIARY 1</b>						
<b>Address</b>						
<b>BENEFICIARY 2</b>						
<b>Address</b>						
<b>BENEFICIARY 3</b>						
<b>Address</b>						
<b>BENEFICIARY 4</b>						
<b>Address</b>						

Please tick the box if the above beneficiaries are to be made irrevocable

### Beneficiary's marital rights to death benefits

Present or future spouses of beneficiaries have no marital rights, in case of divorce or death, to the death benefit paid out under this Policy, to any assets that have substituted the death benefit, or to returns on the aforementioned benefit or assets.

- Note:**
- SEB Life International will require documentation from an official registry providing evidence of family relations before releasing Policy death benefits.
  - Where the beneficiary is nominated as irrevocable, the Policyholder may not revoke or change the designation, even if the beneficiary has not accepted the nomination. The irrevocable beneficiary shall have no further rights, including in relation to placing a pledge or encumbrance on the Policy, its assignment or encashment. The irrevocable beneficiary has the rights to receive the death benefit as set out in the terms and conditions.
  - In legal disputes the law of Portugal will apply.

## J. Policy Fee

I have read and understood the price list for Wealth Portfolio Portugal

## K. 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		Life Assured's Signature ( <i>If different from the policyholder</i> )	
<b>X</b>		<b>X</b>	
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

**L. Policyholder's Declarations**

**I confirm that I:**

1. am the Policyholder in respect of which this declaration is being made; I am not resident or ordinarily resident in the Republic of Ireland; and I hereby undertake to inform SEB Life International of any change in my country of domicile/residence during the life of the Policy;
2. have received and read the Product Information Notice, Wealth Portfolio Pricing and Policy Conditions and understand the features, operation and fee structure 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);
3. have received and read all relevant material (e.g. Permitted Assets and Exchanges Portugal, management rules, prospectus, fund factsheets etc.) relating to the assets selected for the custody account, including details of the risks associated with the assets and I fully understand these materials and accept these risks;
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. authorise SEB Life International to enter into an investment management agreement at the investment manager's fees as stated in the attached fee schedule, and open the account indicated in Section F with my asset manager and I agree that SEB Life International shall not be liable for any poor performance or mismanagement of this account, or any action or failure to take action on the part of my asset manager 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 5 above, and all costs and expenses regardless of how they arise in respect of the activities and performance of my asset manager;
7. understand that the signing of the Application form does not, by itself, give effect to the contract;
8. understand and accept that the SEB insurance product recommendation is based on the above agreed financial needs, objectives and investment risk profile and would like to proceed with the recommendation;
9. undertake to advise SEB Life International of any material changes to my financial needs, objectives and investment risk profile.

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 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.  Yes  No

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 the investment options selected.

Policyholder Signature

**X**

Print Name	Date dd/mm/yy

**M. Life Assured Declaration (if different from the Policyholder)**

I confirm I understand that (a) I am being proposed as a life to be insured in the Application (b) a Death Benefit may be payable from the contract in the event of my death (c) SEB Life International and others will hold, process and use the information in Section C in the manner described in the Privacy Policy, which I have read and understood.

Signature

**X**

Print Name	Date dd/mm/yy

## N. 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**

Date dd/mm/yy

Print Name

Other notes

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

Switchboard: +353 1 487 07 00, E-mail us at: sales@seb.ie

SEB Life International Assurance Company Designated Activity Company trading as SEB Life International is regulated by the Central Bank of Ireland. Registered in the Republic of Ireland. Registration number 218391. Registered office: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland. SEB Life International Assurance Company DAC is duly registered for the pursuit of the life insurance business within the Portuguese territory on a freedom to provide services basis, and is duly registered for such purposes with the Portuguese Insurance Supervisory Authority (Autoridade de Supervisão de Seguros e Fundos de Pensões or "ASF") under number 4862 (ASF - Detalhe da seguradora). SEB Life International Assurance Company DAC carries out its activities in accordance with the principles of legality which are applicable to it in respect of marketing and information to consumers. Holders of policies issued by SEB Life International Assurance Company Designated Activity Company should note that the regulatory system may be different to that of Portugal. Past performance is not a reliable guide to future performance. The value of investments may go down as well as up. All information is correct as at March 2022 but is subject to change.

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