

Wealth Portfolio Application Form (SEB) for residents of Portugal

The following documents need to be attached to this application and s - Copy of ID - Proof of address (e.g. copy of utility bill, not older than 6 months)	ent to EuropeWP@seb.ie:
A. Policy Structure	
Policy Currency Required SEK EUR	
B. Policyholder Details (Please complete ALL fields)	
Policyholder 1. Surname	2. Forename
3. Date of Birth dd/mm/yy-nnnnn	4. Town and Country of Birth
5. Employment status	
Employed Self-Employed Retired Studer If Employed or Self-Employed, please state:	t Unemployed Other
5(a) Occupation/Position	5(b) Name of Firm
5(c) Nature of Industry	_
6. Address (Residential)	
7. Country of Residence	
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:	
Yes, I am a PEP 10(a) PEP Function (e.g. diplomat)	
Yes, I am related to/associated with a PEP 10 (b) Relationship to PEP (e.g. Self, Husband, Wife etc.)	
No PEP status	
A politically exposed person is a person who holds, or during the a known associate of such a person.	past 18 months has held, prominent public functions, or a family member or
If 'Yes' please provide the reasons: (please refer to the Anti Money Laundering Guidelines for examples)	
11. Are you a US citizen? Yes No	
Are you a US resident for tax purposes? Yes No	
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	

Ref8012

D. Premium Details	
Total expected premium during the lifetime of the policy	(incl. currency)
Total expected premium during the metime of the policy	(mot. currency)
Regular payments from Occupational Pension? Yes N	0
Total annual expected premium amount:	<u> </u>
Number of years:	
International will require an Additional Premium application fo	than the occupational pension, or exceeds the amount stated above, SEB Life
E. Premium payments to Custody in Sweden	Premium payment to Custody in Luxembourg:
Bank: SEB Account holder:	Bank: SEB Account holder:
BIC: ESSESESS SEB Life International	BIC: ESSELULL SEB Life International
SEK - Bankgiro: 5035-8423	SEK - IBAN: LU870643057825A02752
SEK - IBAN: SE1150000000058151003235	EUR - IBAN: LU330643057825A01978
EUR - IBAN: SE4750000000055658212294	
Note: Please quote "WP" and the Policy number or custody num	ber on all premium payments.
F. Source of Funds and Wealth	
What is the source of funds and wealth to be invested? (more than of Savings from income Savings/sale from investments	one box may be ticked) Sale of property Sale of business
Inheritance Pension savings Other	
Please provide details of the bank account from which this cash p	
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 so needs to be completed and signed by the Applicant, and	ource, a Source of Funds and Wealth section for each payment source should accompany this Application.
G. Asset Managment details	
Please select the management service you require by ticking the a	ppropriate box;
Discretionary Investment Management Service	
Advisory Investment Management Service	
	ance with the agreement, including the discretionary mande/investment the operating costs of the insurance and be charged to the insurance
H. Registration for Internet Banking for Private clients	
instruments within the custody connected to my Porfolio Bond posigned agreement with SEB to get access to the Internet bankin	king for Private Clients, on behalf of SEB Life, to view and trade financial policy. To be able to use this service I need to have a digipass as well as a g services. SEB Life has the right to revoke my access rights for the until further notice and can be canceled by me with 30 days notice.

I. Nomination of Beneficiaries

$\label{lem:lem:nonlinear} \textbf{Nomination of beneficiary upon death of the relevant life assured.}$

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 ID / Social Se	ecurity Number
BENEFICIARY 1						
Address					1	
BENEFICIARY 2						
Address		I				
BENEFICIARY 3						
Address			I			·
BENEFICIARY 4						
Address						
Please tick the box	x if the above beneficiaries	are to be mad	de irrevocable			
Present or fut	rital rights to death benef cure spouses of beneficiari that have substituted the o	es have no ma				d out under this Policy,
accepted t Policy, its a	beneficiary is nominated as he nomination. The irrevocal ssignment or encashment. T outes the law of Portugal wil	ole beneficiary he irrevocable	shall have no further ri	ghts, including in relation	on to placing a pledge	or encumbrance on the
J. Policy fee						
I have read a	nd understood the price lis	t for Wealth P	ortfolio Portugal			
Privacy Policy; an provided to SEB Li have provided a coll If the undersigned person(s) is or are	ent to: (a) SEB Life Interna d (b) the processing and u fe International any inform opy of the Privacy Policy to I is a corporate entity the p e duly authorised to do so.	se of such info nation or pers o them; and (i	ormation and Persona onal data concerning i) am/are in complian	l Data by those perso any party other than ce with all data prote	ns to whom it is diso me/us, I/we hereby ction requirements	closed. If I/we have confirm that I/we (i) applicable to me/us.
Policyholder Sign	ature					
Print Name						Date dd/mm/yy
Life Assured (if di	ifferent from Policyholder) S	Signature				
Print Name						Date dd/mm/yy

L. Policyholder's Declarations

I confirm that I:

Print Name

- 1. am the Applicant in respect of which this declaration is being made; I am not resident or ordinarily resident in the Republic of Ireland; and 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.
- 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 SEB Life International provide, any investment advice or make any assessment of the suitability of the individual assets linked to the Policy, nor is SEB Life International responsible for the returns on or performance of the Policy or the assets linked to the Policy;
- 5. authorise SEB Life International to enter into an investment management agreement subject to the investment manager's fees as stated in the attached fee schedule, and open the account indicated in Section G, 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 the Asset Manager giving rise to any loss in the value of the account;
- 6. for myself and my beneficiaries, fully indemnify and reimburse on demand and keep indemnified, 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 the 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 Life International insurance product is based on -my stated financial needs, objectives and investment risk profile and would like to proceed with the product chosen;
- 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. 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 Date dd/mm/yy Print Name 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. Life Assured Signature X

Date dd/mm/yy

gency ID (K	(URRE)	Sale-ID (s-number)				
		(6 //4///2017)	Name (sales person)			
hone numb	per		E-mail			
while local Phone E-mai In per I also con I confirm * NOTE! It	ated at my place of be e* il* rson, in: firm that I hold the r that the information Directive for Distance visor Signature	(coun necessary authorisation to advise the contained in this form is consisten to Marketing has to be followed when	ntry) ne Applicant(s) in their country t with the information recorder advice is given from a distance	y of residence. d in the Suitability assessment.		
PPB/EB	Account informa B Disk (Discretionary a B/RF (Advisory asset m					
ustody 1	dy 1 Custody number: Cash account number:		AM fee:	Ficticious ID number		
ustody 2	Custody number:	Cash account number:	AM fee:	Ficticious ID number		
 gency ID <i>(K</i>	(URRE)	Asset manager for custody (Name & S-ID)	Advisor ID for the custody	/ Clearing nr		
-mail			Phone number			
Policyholder name			Policyholder Social security number			
olicyholder				, , – , , , , , , ,		

Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland. Switchboard: +3531487 07 00, E-mail us at: sales@seb.ie

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. but is subject to change.