

Asset Management Bond Application Form

For Residents of the Republic of Malta
Corporate and Corporate Trustee Applicants



- Please note that the information requested below is required to support your Application. If it is not provided or is incomplete or inaccurate you will delay the processing of your Application.
- PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

A. Policy Structure

Personalised Portfolio <input checked="" type="checkbox"/>	Charging Structure Required	
	<input type="checkbox"/> 5 Year Annual Management Charge	<input type="checkbox"/> 8 Year Annual Management Charge
Policy Currency Required	<input type="checkbox"/> € EUR	<input type="checkbox"/> £ GBP <input type="checkbox"/> \$ USD

B. Applicant Details (*Please complete ALL fields*)

Applicant 1

1. Name of Company or Trust

2. Address (Registered)

3. Country of Residence

4. Telephone No

5. Country of Tax Residence

6. Tax Identification Number (TIN) (*please give reason if none*)

7. Email Address (*In order to register for our online valuation services*)

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

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

- Note:**
- Your Policy Schedule (and Additional Premium Endorsements where applicable) will be sent to your Intermediary for distribution. All other correspondence will be sent to your correspondence address.
 - Anti Money Laundering (AML) Requirements
SEB Life International requires AML documents in respect of legal entities. Please refer to our Anti Money Laundering Guidelines for legal entities for details and complete the 'Additional Information for Legal Entity Applicants' form.

C. Life to be Assured

LIFE 1

1. Surname

2. Forename

3. Title (*Mr/Mrs/Ms etc*)

4. Sex

Male

Female

5. Date of Birth dd/mm/yy

6. Address (*Residential*)

7. Country of Residence

8. Have you in the last 12 months consumed tobacco or do you intend to do so?

Life 1

Yes

No

LIFE 2

1. Surname

2. Forename

3. Title (*Mr/Mrs/Ms etc*)

4. Sex

Male

Female

5. Date of Birth dd/mm/yy

6. Address (*Residential*)

7. Country of Residence

8. Have you in the last 12 months consumed tobacco or do you intend to do so?

Life 2

Yes

No

- Note:**
- A maximum of ten lives may be insured for the Death Benefit.
 - The Death Benefit will be paid on a last death basis.
 - For additional Lives Assured the details requested above should be provided and signed by the Applicant, and should accompany this Application.

D. Premium Details

1. Total Premium Amount _____

Method of Payment

AND

Amount

Bank Transfer

Security Transfer Premium

(Please complete the Security Transfer Request Form)

2. Currency of Payment (*if different from the Policy Currency*)

- Note:**
- Payment will be converted to the Policy Currency.
 - The cost of the currency conversion will be charged to the Applicant.

E. 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 from investments

Sale of investment

Sale of property

Sale of business

Inheritance

Gift

Loan

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 Applicant(s)' name(s)

Bank Name

Name of Bank Account Holder

IBAN

BIC/Swift Code

Bank Account Number

Sort Code

Country of bank account

Security Transfers and country of Custody Account

Please provide the name of the transferring Custodian and country of custody account

Please provide relevant custody account number and certified true copies of the original sighted account statements

Purpose and Nature of the Business Relationship

Estate planning

Income

Medium to long-term capital gain

Retirement planning

Other _____

- Notes:**
- Policy issue will be delayed while awaiting the completion of the transfer of securities.
 - 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.

F. Nomination of Beneficiaries

Nomination of beneficiary upon death of the Relevant Life Assured.

In the event of the death of the Relevant Life Assured, we hereby request that the Policy becomes payable to the Nominated Beneficiary listed below:

Only **whole** percentages are acceptable

BENEFICIARY 1		BENEFICIARY	
1. Name and Title		1. Name and Title	
2. Date of Birth dd/mm/yy	3. % Share	2. Date of Birth dd/mm/yy	3. % Share
_____	_____	_____	_____
4. Relationship to Policyholder		4. Relationship to Policyholder	
_____		_____	
BENEFICIARY 3		BENEFICIARY 4	
1. Name and Title		1. Name and Title	
2. Date of Birth dd/mm/yy	3. % Share	2. Date of Birth dd/mm/yy	3. % Share
_____	_____	_____	_____
4. Relationship to Policyholder		4. Relationship to Policyholder	
_____		_____	

Note:

- It is the responsibility of the Policyholder to ensure that the Nomination of a Beneficiary will be effective under their law of domicile and/or residence.
- SEB Life International strongly suggests that you check the position with your legal advisers before entering into this arrangement.
- SEB Life International will only accept original instructions of the Nomination of Beneficiary.
- In the event of an assignment / pledge, this nomination becomes void.

G. Asset Selection

Please insert initial asset choices in the tables below. Any amendment to the initial asset selection specified in this section will only be accepted on SEB Life International's separate Dealing Guidelines & Request Form.

A full list of all SEB Life International unit-linked funds is available on request from SEB Life International, your appointed Intermediary or on our website www.seb.ie.

Investment Account (*Discretionary Investment Management Services*) (*Please fill in the Additional Conditions for Investment Accounts*)

Policy Cash Account

SEB Life International recommends that a small amount of your premium (approximately 5%) should be placed in the Policy Cash Account to allow for payment of charges that may be applied to your Policy.

Policy Cash Account (*Amount or %*) _____

External Assets

Full name of Asset <i>(where appropriate include share class)</i>	Asset Currency	ISIN code	Stock Exchange <i>(equities)</i> / Strike Date <i>(structured notes)</i>	Amount	or %

G. Asset Selection (cont'd)

SEB Life International Unit-Linked Funds (Internal and Select List)

Fund Name	Fund Number	Currency	Amount	or %

Please choose one of the above assets from which units will be sold to cover negative cash balances

- Note:**
- Full details of a new asset must be provided to SEB Life International prior to any deal instruction being accepted. Dealing will be delayed until the asset has been reviewed for admissibility and all information has been obtained to facilitate the trade.
 - Structured notes and purchases of Non-Standard Assets, i.e. any asset that is not an EU retail asset will not be placed until a Statement of Understanding signed by an authorised signatory has been received.
 - Acceptance of all asset selections is at the sole discretion of SEB Life International. Please refer to the 'Permitted Assets and Exchanges' documentation for full details of permitted assets.
 - Any fees, duties or commissions associated with the purchase of the selected assets will be charged to the Policy Fund.
 - Where the currency of an asset selected is different to that of the Policy Currency, a currency exchange risk may arise prior to purchasing the asset.
 - Further details are available in the Dealing Guidelines & Request Form.

H. Applicant's Declarations

Data Protection

For the purpose of Ireland's Data Protection Acts 1988 and 2003, as amended or supplemented (the 'Acts'), the data controller regarding personal data that is provided in connection with dealings between us by you or on your behalf and concerning you ('Personal Data') is SEB Life International Assurance Company Designated Activity Company ('SEB Life International'). SEB Life International will: (1) disclose information, including your Personal Data, where legally obliged to do so; (2) share information and Personal Data with (a) persons acting on your behalf (such as your intermediary) and (b) persons acting on behalf of SEB Life International, and with other members of the SEB Group.

We hereby consent to: (a) SEB Life International holding, processing and using information and Personal Data in the manner outlined above; and (b) the processing and use of such information and Personal Data by those persons to whom it is disclosed. If we have provided to SEB Life International any information or personal data concerning any party other than us, we hereby confirm that we (i) have obtained the consent of such party to the provision of same and to the holding, processing and use by SEB Life International and any other persons of such personal data in the manner described above in respect of Personal Data; and (ii) are in compliance with all data protection requirements applicable to 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.

Signed by for and on behalf of the corporate entity

X

Print Name

Date dd/mm/yy

Signed by for and on behalf of the corporate entity

X

Print Name

Date dd/mm/yy

Replacement of an existing Policy

(Please complete this section by ticking the appropriate box)

This Policy does not replace an existing Policy

OR This Policy does replace an existing Policy

Warning: If you propose to take out this Policy in complete or partial replacement of an existing Policy, please take special care to satisfy yourself that this Policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing Policy. If you are in doubt about this, please contact your Intermediary.

Declaration of Residence outside Ireland

Applicants resident outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following declaration, in order to receive payments without the deduction of Irish tax.

We declare that:

- We are the Applicant in respect of which this declaration is being made;
- We are not resident or ordinarily resident in the Republic of Ireland;
- We hereby undertake to inform the insurance company of any change in my country of residence during the life of the Policy.

Tax Treatment

In the event of an encashment occurring on the Policy that results in a tax charge arising, we request that SEB Life International should deduct any final withholding tax due.

Yes

No

If "No", we confirm that we will take full responsibility for paying any tax charge that may arise and request that SEB Life International pay all such encashments to us gross of tax.

H. Applicant's Declarations (cont'd)

We confirm that we:

1. have requested the product literature in the English language;
2. have received and read the Policy Conditions, Product Information Notice and Fund Guide and understand the features and operation of the Policy;
3. have received and read all relevant material (e.g. management rules, prospectus etc.) relating to the assets selected in Section G, including details of the risks associated with the asset and we fully understand these materials and accept these risks;
4. understand that SEB Life International has not nor will make any assessment of the suitability (other than as required by Irish Insurance legislation in respect of the admissibility of assets) of the individual assets held or to be held by the Policy Fund;
5. understand that no investment advice has been or will be provided to us by SEB Life International and that we are solely responsible for the selection of the assets to be held by the Policy Fund;
6. understand that SEB Life International is not responsible for the returns on the underlying assets held by the Policy Fund nor for the performance of the Policy Fund;
7. understand that our instructions must be complete and accurate and precise and that SEB Life International may delay execution of our instructions without incurring any liability therefore pending receipt of any clarification required by SEB Life International in relation thereto;
8. understand that my Policy Schedule (and any Additional Premium Endorsement(s), where applicable) will be sent to my Intermediary for distribution. All other correspondence will be sent to my correspondence address;
9. understand that (A) SEB Life International is not responsible for (i) any loss or liability arising from its acting upon any instructions transmitted to it by our Intermediary, or (ii) for any act or omission of our Intermediary; (B) SEB Life International is entitled to act upon any of our instructions which it reasonably believes to be sent on our behalf by our Intermediary and may treat each such instruction as fully authorised by and binding upon us, regardless of the amounts involved and despite any error, misunderstanding or ambiguity in any such instructions; (C) we agree to indemnify fully SEB Life International against (a) any and all claims, demands and actions against SEB Life International in respect of any such loss or liability and (b) all costs and expenses that arise for SEB Life International in relation to or pursuant to the acts or omissions of our Intermediary (including but not limited to the cost of any legal proceedings arising, whether in a court of law or otherwise);
10. being a trustee (if applicable), have been appointed and act as trustee for an underlying client who has been made aware by us, as trustee, (a) that we shall, as trustee, enter into one or more life assurance policies with SEB Life International Assurance Company Designated Activity Company, (b) of all policy-related charges arising, and (c) that an illustration of all applicable policy-related charges is available on request;
11. understand that the signing of the Application Form does not, by itself, give effect to the contract.

We hereby declare that all details given on this Application Form are true and complete and we understand that this Application will form the basis of the contract with SEB Life International.

We have authorised our Intermediary to provide SEB Life International with any future information required regarding the Policy contemplated by or referred to in this document Yes No 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.

Signed by for and on behalf of the corporate entity		Signed by for and on behalf of the corporate entity	
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
- Normal underwriting criteria apply. The application may be accepted or rejected.

I. Payment Details

Payments by Applicants (*to be paid directly to SEB Life International*) are accepted by Bank Transfer.

Currency	payment to	correspondent bank
EUR Payment	Account Name: SEB Life International Account Number: 07073255 Bank: Citibank Dublin SWIFT: CITIIE2X IBAN: IE25CITI99005107073255	
GBP Payment	Account Name: SEB Life International Account Number: 11248006 Bank: Citibank London SWIFT: CITIGB2L IBAN: GB29CITI18500811248006	
GBP Payment	Account Name: SEB Life International Account Number: 18316021 Bank: Citibank Dublin SWIFT: CITIIE2X IBAN: IE53CITI99005118316021	Citibank London SWIFT CITIGB2L
USD Payment*	Account Name: SEB Life International Account Number: 07073186 Bank: Citibank Dublin SWIFT: CITIIE2X IBAN: IE45CITI99005107073186	Citibank New York SWIFT CITIUS33

*This account can only accept USD payments.

Instructions for Receipt of Bank Transfers

- Please contact SEB Life International for administration details for any other currencies.
- Please quote the **Applicant name** on all Bank Transfers.
- Please note that international transfers may be required.

J. Intermediary Details

This section must be completed by all Intermediaries

Intermediary Stamp / Details

Intermediary Company Name	Intermediary Company Code
Sales Person Name	Sales Person Code
<ul style="list-style-type: none"> • I confirm that the information contained in this form is consistent with the information recorded in the 'Know Your Customer' (Fact Find) assessment. • I confirm that the advice concerning this application was given by me to the Applicant in _____ (Country) and the Application Form was subsequently completed in _____ (Country) on _____ dd/mm/yy • I also confirm that I hold the necessary authorisation to advise the Applicant(s) in their country of residence. 	
Intermediary/Sales Person Signature X	Position
Intermediary/Sales Person Print Name	Date dd/mm/yy

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

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All information is correct as at August 2017 but is subject to change.