



- 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
Is this an additional premium to an existing Policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please quote existing Policy number _____		

B. Applicant Details (Please complete ALL fields)

APPLICANT 1

1. Name of Company or Trust	
2. Address (Registered)	3. Country of Residence
4. Tax Identification Number (TIN)	5. Telephone No
6. Email Address (In order to register for our online valuation services)	
7. Bank Account Details	Name of Bank Account Holder
Bank Name	
IBAN* (International Bank Account Number) *Mandatory (for Europe)	Swift Code* *Mandatory (for Europe)
Bank Account Number	Sort Code
8. Please select the address for all Policy correspondence (only one box may be ticked)	
<input type="checkbox"/> All correspondence to be sent direct to Applicant 1 Residential Address above	
<input type="checkbox"/> All correspondence to be sent direct to the address below (if different to Applicant 1 Residential address)	
<input type="checkbox"/> All correspondence to be sent via my Intermediary at the address below	

Note: • 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.
- The bank account details provided above will be used by SEB Life International in making any payment from your Policy to you. All payments will be made in your Policy currency.

C. Life to be Assured

LIFE 1

1. Surname

2. Forename

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

4. Sex

Male

Female

5. Date of Birth dd/mm/yy

6. Occupation

7. Address (Residential)

8. Country of Residence

9. 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/Miss etc)

4. Sex

Male

Female

5. Date of Birth dd/mm/yy

6. Occupation

7. Address (Residential)

8. Country of Residence

9. 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

Telegraphic Transfer

Cheque

Security Transfer Premium

(Please complete the Security Transfer Request Form)

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

Note:

- Policy issue will be delayed while awaiting clearance of a cheque or the completion of the transfer of securities.
- 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 (if different from the bank details in Section B.7).

Bank Name

Name of Bank Account Holder

IBAN* (International Bank Account Number)

*Mandatory (for Europe)

Swift Code*

*Mandatory (for Europe)

Bank Account Number

Sort Code

Security Transfers

Please provide the name of the transferring Custodian

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

Note:

- 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. Asset Selection

This section may only be used as part of a new Policy application (or for an additional premium). 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. The Dealing Guidelines & Request Form must be marked clearly as an amendment / replacement.

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

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.

F. Asset Selection (cont'd)

Please insert initial asset choices in the tables below.

External Assets

Fund/Asset Name	Asset Currency	ISIN/SEDOL	Share Class	Inc. / Accum.	Amount or %	

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

SEB Life International Unit-Linked Funds

Fund Name	Fund Number	Currency	Amount or %	

Please indicate from which of the above assets should 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.
 - 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.
 - 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.

G. 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 our Policy becomes payable to our Nominated Beneficiary listed below:

Only **whole** percentages are acceptable

BENEFICIARY 1				BENEFICIARY 2			
1. Name and Title				1. Name and Title			
2. Address				2. Address			
3. Date of Birth dd/mm/yy		4. % Share		3. Date of Birth dd/mm/yy		4. % Share	
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5. Relationship to Policyholder				5. Relationship to Policyholder			
BENEFICIARY 3				BENEFICIARY 4			
1. Name and Title				1. Name and Title			
2. Address				2. Address			
3. Date of Birth dd/mm/yy		4. % Share		3. Date of Birth dd/mm/yy		4. % Share	
_ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _		_ _ _ _ _ _ _ _ _ _ _ _ _ _	
5. Relationship to Policyholder				5. 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.

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 Limited ('**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		Signed by for and on behalf of the corporate entity X	
Print Name	Date dd/mm/yy	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

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.

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 F, 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. (A) understand that 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);
9. 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 Limited, (b) of all policy-related charges arising, and (c) that an illustration of all applicable policy-related charges is available on request;
10. 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 Yes No 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.

Applicant 1 Signature X		Applicant 2 Signature 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 Cheque or Telegraphic Transfer.

CURRENCY	PAYMENT TO	CORRESPONDENT BANK
EUR Payment	Account Name: SEB Life International Account Number: 1-007073-255 Bank: Citibank Dublin SWIFT: CITIE2X 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: 1-007073-026 Bank: Citibank Dublin SWIFT: CITIE2X IBAN: IE97CITI99005107073026	Citibank London SWIFT CITIGB2L
USD Payment	Account Name: SEB Life International Account Number: 1-007073-018 Bank: Citibank Dublin SWIFT: CITIE2X IBAN: IE22CITI99005107073018	Citibank New York SWIFT CITIUS33

Instructions for Receipt of Telegraphic Transfers

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

Instructions for Receipt of Cheques

- Only cheques from Corporate Accounts (*Corporate Applicants*) are accepted and should be made payable to SEB Life International and should be forwarded to SEB Life International, Bloodstone Building, Sir John Rogerson's Quay, Dublin 2, Ireland.

J. Intermediary Details

THIS SECTION MUST BE COMPLETED BY ALL INTERMEDIARIES

Intermediary Stamp / Details

Intermediary Company Name

Intermediary Code

- 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 Signature

Position

X

Intermediary Print Name

Date dd/mm/yy

Where to send

- Send Applications, any supplementary forms and supporting documentation together with payment details and certified Anti Money Laundering documents to SEB Life International, Bloodstone Building, Sir John Rogerson's Quay, Dublin 2, Ireland.

SEB Life International, Bloodstone Building, Sir John Rogerson's Quay, Dublin 2, Ireland.

Telephone: +353 1 487 07 00 | *Fax:* +353 1 487 07 04 | *E-mail us at:* sales@seb.ie | *Visit our website:* www.seb.ie

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