LEGAL ENTITY QUESTIONNAIRE

The questionnaire has been prepared in accordance with the legislation on the prevention of money laundering and terrorist financing, international financial sanctions and tax administration and with a view to ensure the implementation of the "Know your customer" principle. Failure to provide the information requested in the questionnaire or provision of incomplete							•
information will prevent us from entering into a business relationship with you, or entitle us to discontinue it. INSURER: Life assurance undertaking UAB SB draudimas, company code 110081788, Gynėjų g. 14, 01109 Vilnius, which operates in Estonia through Gyvybės draudimo UAB "SB draudimas" Estonian Branch, registry code: 16836083, Keemia 4, Tallinn, 10616.							
CUSTOMER							
Legal entity's name and legal form							-
Registration address					Postal code		-
Business address					Postal code		-
Telephone					FOSTALCOUE		-
E-mail							-
Website							-
INFORMATION ON THE CUSTOMER'S							
INFORMATION ON THE CUSTOMER'S	ACTIVITIES						
Main activities (please be specific, e.g. if trading, please specify retail and/or wholesale and what goods and/or raw materials; if manufacturing, what products; if consultancy, what services):							-
Engaged in business activities:	ess than 1 year	□ 1-3 years	☐ more that	an 3 ye	ars		
Annual turnover: last year EUR this year EUR, for months							
Number of employees as of the completion date:							
Main business regions:							
Estonia EU, please specify USA Other, please specify							
Customer's country of tax residence (p	lease specify al	l countries and ta	x identification n	umbers	s):		
Estonia Cour		untry Tax		(identification number (TIN)			
INFORMATION ON THE MANAGER							
Name and surname			Personal code				Г
Date of birth		Citizenship(s)					]
Country of permanent residence		0.112011011p(0)			Personal identific	ation document.	-
							-
Passport Identity card Oth	ier (please spec	ify)					-
		issued		valio	d until		-
Personal identification document	No.		Date			Date	_
E-mail			Mo	bile			
IF THE CUSTOMER IS REPRESENTED	NOT BY THE M	MANAGER, DET	AILS OF THE RE	EPRESI	ENTATIVE		
Name and surname			Personal code				
Date of birth		Citizenship(s)					-
Country of permanent residence					Personal identific	ation document:	
Passport I Identity card I Other (please specify)							
	iei (piease spec	issued		valio	d until		
Personal identification document No.		Date			Date		
E-mail			Mo	bile			
Representative acts for the Customer on the following grounds:							
holds another position in the Custom	-	-	ight of representa	ation (p	lease specify)		_
under a power of attorney/proxy issued by the Customer (please provide a document or copy of a document confirming this)							
				ci copy			

Gyvybės draudimo UAB "SB draudimas" Estonian Branch | Registry code 16836083

Keemia Str. 4, 10616 Tallinn, Estonia | Tel: 6 812 300 | info@sbinsurance.ee | www.sbinsurance.ee

Signature of the Customer's representative (please sign if the document is printed on separate sheets)

LEGAL ENTITY QUESTIONNAIRE

## OWNERSHIP AND CONTROL STRUCTURE OF THE CUSTOMER

**SB DRAUDIMAS** 

INL

20231201-V9

Please draw an ownership and control structure by marking all persons involved (by indicating the percentage controlled by each person), down to the beneficial owners, natural persons. Please draw the structure starting at the top with the Customer and ending with the beneficial owners, natural persons, listed in the table below.

A drawing of the Customer's ownership structure, signed by the Customer's manager/authorised representative, attached as a separate document.

INFORMATION ON BENEFICIAL OWNERS

Beneficiaries are natural persons who directly or indirectly own or control, including through the holding of bearer shares, more than 25% of the shares or voting rights. If there are no such persons, please provide the details of the manager of the legal entity in the table below.

Beneficiary details / Item No.	1	2	3	4			
Name and surname							
Personal code (if no personal code is available, date of birth)							
Place of birth (country)							
Citizenship(s)							
Country of foreign tax residence and TIN							
Country of permanent residence							
Percentage of shares and direct / indirect ownership	//// % /// directly // indirectly // Manager	│ directly │ indirectly	% □ directly □ indirectly	│ directly │ indirectly			
There are no beneficial owners because:							
$\Box$ No persons holding more than 25% of shares / voting rights;							
$\Box$ Customer is controlled by the state / municipality / international organisation;							
Shares of the Customer or its controlling company are traded on a stock exchange, ISIN No							
Signature of the Customer's representative (please sign if the document is printed on separate sheets)							

Gyvybės draudimo UAB "SB draudimas" Estonian Branch | Registry code 16836083

	LEGAL ENTITY QUESTIONNAIRE						
INFORMATION ON RELATIONSHIPS BETWEEN ALL PARTIE	S TO THE INSURANCE CONTRACT						
	ties to the insurance contract (between the policyholder and the insurance contracts, indicating the first names and surnames of elationship between them (e.g., employer-employee, etc.)						
INFORMATION ON POLITICALLT EXPOSED PERSONS <sup>1</sup>							
	ily members <sup>2</sup> or persons known to be close associates <sup>3</sup> hold, or have sitions listed below in Estonia, the European Union, international or						
<b>NO YES</b> , please indicate the politically expose	ed person:						
First name and surname of the politically exposed person:							
Relationship of the politically exposed person with the Custor	ner:						
Manager Beneficiary							
□ Family member of the manager/beneficiary □ Person	known to be close associate of the Manager/beneficiary						
Functions of the politically exposed person (please select as appropriate):							
Head of State, head of government, minister, deputy or assistant minister, secretary of state, chancellor of a parliament, government or ministry	Ambassador, chargé d'affaire, commander of the Estonian Armed Forces, commander of the forces and formations of the armed forces, Chief of the Defence Staff or high- ranking officer of a foreign armed force						
Member of parliament	Member of the administrative, management or supervisory						
Member of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are not subject to further appeal	body of state-owned or municipal enterprise, public limite liability company or private limited liability company						
☐ Mayor of a municipality, director of municipal administration	Director, deputy director and member of the board or equivalent function of an international organisation						
Member of the governing body of the supreme audit and control authority of the State or the chairman, deputy chairman or member of the board of director of a central bank	politinės partijos vadovas, jo pavaduotojas, valdymo organo narys						
□ Other, please specify the country where the position is held, the institution and the position							
Republic of Estonia, the European Union, international or foreign institution	been entrusted within prominent public functions in the last 18 months in the ns and their close family members or persons known to be close associates. the partnership has been registered (hereinafter – the cohabitant), parents,						
a) a natural person who participates in the same legal entity or an organisation not having legal personality, or maintains any other business relationship, with the politically exposed person;							
b) a natural person who has sole beneficial ownership of the legal person or an organisation not having legal personality which has been set up or is operating for the de facto financial or any other private benefit of the politically exposed person.							
Signature of the Customer's representative (please sign if the document i	s printed on separate sheets)						

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## CONFIRMATION

INI

- 1. I hereby confirm that the sums of money paid (and payable) under the insurance contract are of legitimate origin. I undertake to provide, at the request of the Insurer, documents confirming the origin of the funds used for the payment of insurance premiums.
- 2. I have been informed (in case the Customer is a resident of a foreign country for tax purposes) that my data provided in this and other documents of the insurance contract, as well as the information on insurance premiums paid, accumulated capital and amounts paid out, are collected and will be transferred to the Tax and Customs Board in accordance with the procedure and to the extent prescribed by the procedure and scope set forth in the Republic of Estonia and in the international legal acts. I undertake to inform the Insurer immediately in the event of a change in my country of residence or in circumstances affecting the status of my country of residence and to provide new and correct data.
- 3. I hereby confirm that the information provided in this document is correct and complete. I undertake to inform the Insurer immediately in writing of any changes to the information provided.
- 4. I have been informed that full details of the processing of my personal data and my rights are contained in the Privacy Policy available on the Insurer's website at https://sbinsurance.ee/en/invl-life-privacy-policy/ and I have read and understood it. I have been also informed that the Privacy Policy is also available to me by visiting the Insurer's customer service.

I hereby confirm that the information provided in the application is accurate, true, complete and up to date.

Name and surname of the Customer's representative, seal (if required by the by laws)

SB DRAUDIMAS

The identity of the Customer's representative has been established and the request has been accepted:

Name and surname of the Insurer's representative, name and legal form of the legal entity

## LEGAL ENTITY QUESTIONNAIRE

Signature

Signature

Date

Date