

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.

Tallitit, 10010.								
CUSTOMER								
Legal entity's name and legal form								
Legal entity code								
Registration address					Posta	al code		
Business address					Posta	al code		
Telephone								
E-mail								
Website								
INFORMATION ON THE CUSTOM	ER'S ACTIVITIES							
Main activities (please be specific, e manufacturing, what products; if cor	.g. if trading, please Isultancy, what serv	specify retail and ices):	or wholes	ale and wh	nat goods and	d/or raw m	aterials	;; if
Engaged in business activities:	☐ less than 1 year	☐ 1-3 years	□ me	ore than 3	years			
Annual turnover: last year	EUR	this year		EUR,	for	_ months		
Number of employees as of the com	pletion date:							
Main business regions:								
☐ Estonia ☐ EU, please specify	/	🗆 us	A 🗆 O	ther, please	e specify			
Customer's country of tax residence	ce (please specify a	ll countries and ta	ax identifica	ition numbe	ers):			
☐ Estonia ☐								
	Со	untry		Та	ax identification	number (TIN	1)	
INFORMATION ON THE MANAGE	R							
Name and surname			Personal	code				
Date of birth		Citizenship(s)					-	
Country of permanent residence					Personal ic	dentification	docum	nent:
☐ Passport ☐ Identity card ☐	Other (please spec	cify)						
	τ, τ	issued			alid until			
Personal identification docur	ment No.		Date			Date	<del></del>	
E-mail				Mobile				
IF THE CUSTOMER IS REPRESEN	TED NOT BY THE	MANAGER, DET	AILS OF T	HE REPRE	SENTATIVE			
Name and surname			Personal					
Date of birth		Citizenship(s)						
Country of permanent residence		-	<u> </u>		Personal ic	dentification	docum	nent:
☐ Passport ☐ Identity card ☐	Other (please spec	eify)			·			
	- ()- caree alooe	issued		V	alid until			
Personal identification docur	nent No.		Date			Date	 e	
E-mail				Mobile				
Representative acts for the Custor	nor on the following	a aroundo:						
		_	dulas C		( -1 - ·	··c .)		
holds another position in the Cus			-					
under a power of attorney/proxy	issued by the Custo	omer (please prov	vide a docui	ment or co	py of a docur	ment confir	ming th	nis)
	( )							
Signature of the Customer's representative	$\prime$ e (please sign if the do	ocument is printed o	on separate sl	neets)				



OWNERSHIP AND CON	TROL STRUCTURE OF 1	THE CUSTOMER		
Please draw an ownershi each person), down to the and ending with the bene	e beneficial owners, natu	ral persons. Please draw	the structure starting at	e percentage controlled by the top with the Customer
A drawing of the Custo separate document.	omer's ownership structur	e, signed by the Custome	er's manager/authorised re	epresentative, attached as a
·				
INFORMATION ON BENI	EFICIAL OWNERS			
				of bearer shares, more than
25% of the shares or votir table below.	ng rights. If there are no su	uch persons, please provid	de the details of the manag	ger of the legal entity in the
D (: 1.1)	T			
Beneficiary details / Item No.	1	2	3	4
Name and surname				
Name and surname				
Personal code (if no				
personal code is available, date of birth)				
Place of birth (country)				
r lace of birtif (country)				
Citizenship(s)				
Ortizeriariip(a)				
Country of foreign tax				
residence and TIN				
Country of permanent				
residence				
Percentage of shares and	%	%	%	%
direct/indirect ownership	directly	directly	directly	directly
	indirectly	indirectly	indirectly	indirectly
	☐ Manager			
There are no beneficial ow	ners because:			
☐ No persons holding mo	ore than 25% of shares /	voting rights:		
_			atta.	
☐ Customer is controlled	by the state / municipali	ty / international organis	ation;	
☐ Shares of the Custome	er or its controlling compa	ny are traded on a stock	exchange	, ISIN No
			eparate sheets)	



## INFORMATION ON RELATIONSHIPS BETWEEN ALL PARTIES TO THE INSURANCE CONTRACT Please describe the relationship between all the different parties to the insurance contract (between the policyholder and the insured; between the policyholder and the beneficiary) in all your insurance contracts, indicating the first names and surnames of the parties (in the case of a legal person, the name) and the relationship between them (e.g., employer-employee, etc.) INFORMATION ON POLITICALLT EXPOSED PERSONS<sup>1</sup> Does the Customer's manager, beneficial owners, their close family members<sup>2</sup> or persons known to be close associates<sup>3</sup> hold, or have held in the last 18 months or less, any of the important public positions listed below in Estonia, the European Union, international or foreign institutions? □ NO YES, please indicate the politically exposed person: First name and surname of the politically exposed person: \_ Relationship of the politically exposed person with the Customer: ☐ 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 Ambassador, chargé d'affaire, commander of the Estonian Armed Forces, commander of the forces and formations assistant minister, secretary of state, chancellor of a parliament, government or ministry of the armed forces, Chief of the Defence Staff or highranking officer of a foreign armed force ☐ Member of parliament ☐ Member of the administrative, management or supervisory body of state-owned or municipal enterprise, public limited ☐ Member of supreme courts, of constitutional courts or of other high-level judicial bodies, the decisions of which are liability company or private limited liability company not subject to further appeal Director, deputy director and member of the board or equivalent function of an international organisation ☐ Mayor of a municipality, director of municipal administration politinės partijos vadovas, jo pavaduotojas, valdymo organo ☐ Member of the governing body of the supreme audit and narys control authority of the State or the chairman, deputy chairman or member of the board of director of a central bank Other, please specify the country where the position is held, the institution and the position 1 Politically exposed persons means natural persons who are or who have been entrusted within prominent public functions in the last 18 months in the Republic of Estonia, the European Union, international or foreign institutions and their close family members or persons known to be close associates. <sup>2</sup> Close family members means the spouse, or the person with whom the partnership has been registered (hereinafter - the cohabitant), parents, siblings, children and children's spouses and children's cohabitants <sup>3</sup> Person known to be a close associate means: 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 is printed on separate sheets)



#### **CONFIRMATION**

- 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.

Jame and surname of the Customer's representative, seal if required by the by laws)	Signature	Date
required by the by laws)		
The identity of the Customer's representative has been established and	the request has been accep	ted: