

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			
Legal entity code			
Registration address		Postal code	
Business address		Postal code	
Telephone			
E-mail			
Website			

**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:  less than 1 year  1-3 years  more than 3 years

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** (please specify all countries and tax identification numbers):

Estonia  \_\_\_\_\_ Country Tax identification number (TIN)

**INFORMATION ON THE MANAGER**

Name and surname				Personal code															
Date of birth				Citizenship(s)															
Country of permanent residence													Personal identification document:						
<input type="checkbox"/> Passport <input type="checkbox"/> Identity card <input type="checkbox"/> Other (please specify) _____																			
_____ issued _____										valid until _____									
Personal identification document No.										Date					Date				
E-mail													Mobile						

**IF THE CUSTOMER IS REPRESENTED NOT BY THE MANAGER, DETAILS OF THE REPRESENTATIVE**

Name and surname				Personal code															
Date of birth				Citizenship(s)															
Country of permanent residence													Personal identification document:						
<input type="checkbox"/> Passport <input type="checkbox"/> Identity card <input type="checkbox"/> Other (please specify) _____																			
_____ issued _____										valid until _____									
Personal identification document No.										Date					Date				
E-mail													Mobile						

**Representative acts for the Customer on the following grounds:**

holds another position in the Customer's company which confers the right of representation (please specify) \_\_\_\_\_

under a power of attorney/proxy issued by the Customer (please provide a document or copy of a document confirming this)

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

## OWNERSHIP AND CONTROL STRUCTURE OF THE CUSTOMER

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	_____ % <input type="checkbox"/> directly <input type="checkbox"/> indirectly <input type="checkbox"/> Manager	_____ % <input type="checkbox"/> directly <input type="checkbox"/> indirectly	_____ % <input type="checkbox"/> directly <input type="checkbox"/> indirectly	_____ % <input type="checkbox"/> directly <input type="checkbox"/> indirectly

There are no beneficial owners because:

- No persons holding more than 25% of shares / voting rights;
- 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) \_\_\_\_\_



## 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.

**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)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

**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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date