

INTRODUCTION

Nordben is required under Guernsey Anti-Money Laundering legislation to gather and keep records of information which confirms the identity of a person with whom we have a business relationship and which also confirms the source of the funds being paid to Nordben.

The questions set out in this document are designed to make it easy for you to supply us with the necessary details to comply with current legislation.

The additional information you are required to supply is indicated throughout the various sections. All supporting documentation listed should be certified by a Suitable Certifier. (Details of persons who are qualified to act as a Suitable Certifier are shown after section D of this document).

Occasionally, further information may be requested during the validation process (i.e. questions arising from the information supplied).

GUIDELINES FOR COMPLETION OF THIS DOCUMENT

There are various circumstances under which this document needs to be completed. As a guide, the following are examples of such circumstances and the sections of the document which need to be completed for the given circumstances:

- | | |
|--|--|
| • Applying to establish a new plan: | Complete ALL sections |
| • Applying to become the Grantee on an existing plan and to continue paying premiums: | Complete ALL sections |
| • Applying to become the Grantee on an existing plan where no further premiums are to be paid: | Complete sections A, B, C, D, E and J |
| • Applying to make an additional single premium payment to an existing plan: | Complete sections A, E, F, G, H and J |
| • Applying to commence voluntary contributions to an employer sponsored pension plan: | Complete sections A, C, E, F, G, H and J |
| • When a third party is proposing to make a payment(s) to an existing plan: | Complete sections A, F, G, H and J |

Section K should be signed by your Advisor (if applicable)

Please write clearly in English using block capitals.

This document should be stapled, together with any accompanying documents, and should be sent by post to Nordben at the address given on the last page. Facsimile copies or photocopies cannot be accepted.

If further guidance is required, you should contact either Nordben or the person advising you.

A. YOUR NAME

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Surname: _____ Full forenames: _____

Please state any former names, such as maiden name and any other names used:

B. VERIFICATION OF YOUR IDENTITY

Nordben is required to verify the identity of a person with whom we have a business relationship. We would be grateful if you would supply the following information:

Professional background: (qualifications, career, etc)

Political activities: (Please include details of any significant association, in the last five years, with a politically connected person, e.g. head of state or senior politician.)

Passport or National Identity Card number (attach an independently certified copy): _____ Nationality: _____

Name of current employer: _____

Address of current employer:

Post code: _____

Nature of current employer's business activities: _____

Job title: _____ Length of service: _____

If length of service is less than two years, state name and address of previous employer:

Previous employer's name: _____

Previous employer's address:

Post code: _____

C. ADDRESS VERIFICATION

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It is necessary that Nordben receives verification of your residential address. Please attach a recent document verifying your residential address, e.g. utility bill, bank account statement. The document should be the latest available, but not more than 12 months old. An original document must be supplied. It will be returned to you once it has been processed.

D. VERIFICATION OF DESIGNATED BENEFICIARY IDENTITY

Nordben is required to verify the identity of persons named as a Designated Beneficiary. For each Designated Beneficiary named on the application form please supply a certified copy of their passport or national identity card.

WHO CAN ACT AS A SUITABLE CERTIFIER?

Where copies of original documents are provided as part of the original information, such copies must be certified as a true copy. Persons qualified to act as a suitable certifier are as follows:

- Your advisor (as stated in section F)
- Your employer
- An embassy, consulate or high commission of the country of issue for the documentary evidence of identity
- A lawyer or notary public
- A member of the judiciary or senior civil servant
- A serving police or customs officer
- A bank manager or officer (of the bank stated in section H)

E. BUSINESS RELATIONSHIP

Nordben is required to understand the business relationship it is entering into and so we would be grateful if you would answer the following questions:

Are you applying to establish a new plan? / or 1. A

are you applying to amend/add a premium to an existing plan? 2. B

1. If you ticked box A:

What is your reason for applying for this type of insurance?

Please state the expected size and frequency of the future regular premiums:

When do you expect the regular premiums to cease?

Please provide details of the size and expected payment dates of any additional irregular premiums:

2. If you ticked box B:

Please state existing Nordben plan number which you are applying to amend or make an additional premium payment to:

E. BUSINESS RELATIONSHIP (continued)

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State type of amendment:	
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Change of Grantee with further premiums being paid:	<input type="checkbox"/>
Size of premium: _____	Frequency of premium: _____
Addition of a voluntary contribution(s) to a company sponsored plan:	<input type="checkbox"/>
Size of premium(s): _____	Expected date(s) of payment: _____
Other type of amendment:	<input type="checkbox"/>
Give details:	
<hr/>	
<hr/>	

F. ADVISOR'S DETAILS

Are you using an advisor in respect of your relationship with Nordben?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you ticked 'Yes', please complete the following:	
Who is your advisor?	
Company name: _____	Contact person: _____
Company address: _____	
_____	Telephone no: _____
_____	Facsimile no: _____
Post code: _____	

G. SOURCE OF FUNDS

Nordben is required to verify the source of funds being paid by a person with whom we have a business relationship. Please give details of the source of the funds you are investing. (You may be asked to provide documentary evidence of the source of funds.)	
Tick one of the following to indicate the source of the funds; then complete the appropriate section below:	
1. Income	<input type="checkbox"/>
2. Payment from your current employer	<input type="checkbox"/>
3. Liquidation of an existing investment portfolio	<input type="checkbox"/>
4. Disposal of property	<input type="checkbox"/>
5. Inheritance	<input type="checkbox"/>
6. Gift from third party	<input type="checkbox"/>
7. Other	<input type="checkbox"/>

G. SOURCE OF FUNDS (continued)

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<p>1. Where the source of funds is from income, please confirm the following:</p> <p>Currency: _____</p> <p>Annual earned income: (current year) _____</p> <p>Annual earned income (previous year) _____</p> <p>Annual earned income (year before previous) _____</p> <p>Annual unearned income: (e.g. dividends, interest) _____</p>
<p>2. Where the source of funds is a payment from your current employer to Nordben, please attach a letter from your current employer, confirming that they are going to make payment.</p>
<p>3. Where the funds are from the liquidation of an existing investment portfolio, please confirm details and dates of the transactions involved. Please also confirm that you have evidence (e.g. contract notes) of these transactions.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>4. Where the source of funds is from the disposal of property, please confirm the address of the property:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Post code: _____</p> <p>Date of sale (dd/mm/yyyy) _____ Sale price: _____</p>
<p>5. Where the source of funds is from an inheritance, please confirm:</p> <p>Name of the deceased: _____</p> <p>Date that the inheritance was received (dd/mm/yyyy) _____ Amount: _____ Currency: _____</p> <p>State name and address of legal advisor:</p> <p>Company name: _____ Contact person: _____</p> <p>Company address: _____ Telephone no: _____</p> <p>_____ Facsimile no: _____</p> <p>_____</p> <p>Post code: _____</p>

H. PREMIUM PAYMENT DETAILS (continued)

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Third party payments:

Nordben expects premium payments to come from an account in your own name. If the intention is for the premium payments to be sent from a third party's bank account, please explain the reason for this:

You should also supply Nordben with the full name, independently certified passport or identity card copy (if applicable) and the residential/registered office address of the third party.

In order to consider the acceptance of a payment from a third party, Nordben will require additional documentation, including a third party declaration, in respect of the third party.

Nordben may undertake checks to verify where premium payments have been remitted from if the source of funds is unclear.

I. HOW WILL THIS INFORMATION BE USED?

Nordben Life and Pension Insurance Co. Limited will use the information supplied by you and your advisor in order to determine whether it can meet its obligations under current Guernsey Anti-Money Laundering Legislation.

For these purposes, this document, together with copies of the requested supporting documents, will be disclosed to relevant Nordben staff. By signing the declaration overleaf, you will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document, together with copies of the requesting supporting documents, will be held on file and will be disposed of in accordance with Guernsey legislation.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is on our website www.nordben.com/data-protection.

J. YOUR DECLARATION (This section must be completed in all circumstances)

I, the undersigned, declare that the answers given on this document are true to the best of my knowledge and belief and that I, or my advisor, will provide further information, if required.

I agree that I will advise Nordben of any change of address or citizenship in a timely manner.

I agree that my personal data may be used to process my application.

I understand and agree that Nordben may provide my personal data, by electronic or other means to:

- my advisor;
- relevant Nordben staff in order to process my application;
- a third party in order to verify my identity in line with Guernsey Anti-Money Laundering Legislation

Your signature: _____ Date: (dd/mm/yyyy) _____

K. ADVISOR'S DECLARATION (This section must be completed if it is stated in section F that an advisor is being used)

I, the undersigned, can/cannot* declare that the answers given on this document are true to the best of my knowledge and belief and that I will provide further information if required.

I can/cannot* confirm that I have taken reasonable steps to ensure that the funding is legitimate and in line with the client's circumstances.

I can/cannot* confirm that I have verified the contents of the original documents where copies have been enclosed and that they are true copies of the original.

* delete as appropriate

Advisor's signature: _____ Date: (dd/mm/yyyy) _____

L. CHECKLIST OF ADDITIONAL DOCUMENTS SUPPLIED

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Please ensure that all relevant sections of this form have been completed and use this checklist to confirm which additional documents have been supplied.

- Certified copy of passport or national identity card (section B)
- Original utility bill or bank statement to verify address (section C)
- Certified copy of passport or national identity card of each Designated Beneficiary (section D)
- Supporting documents for source of funds (section G) state which:

- Other documents which you feel will help Nordben in processing your application: state which:

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Approver section

1st Reviewer: _____ Date: (dd/mm/yyyy) _____

2nd Reviewer: _____ Date: (dd/mm/yyyy) _____

Comments for CO: _____

CO section

Due diligence complete: Yes <input type="checkbox"/> No <input type="checkbox"/>	RR: _____	Client number: _____
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CO comments: _____

CO signature: _____ Date: (dd/mm/yyyy) _____