

Should you wish to add to your investment, please complete and return this form to the Company.

Prior to accepting the additional premium the Company reserves the right to request appropriate verification documentation to ensure it complies with its internal controls and procedures, as well as all applicable money laundering laws and guidelines.

Please indicate your required investment fund by completing the appropriate boxes below.

A. PLAN DETAILS

Plan number: _____	Group number: _____	Commencement date: (dd/mm/yy) _____
Grantee: _____		Life assured/member: _____

B. FUND SELECTION

Total additional investment EUR Amount: _____								
The minimum additional premium is EUR 10,000 (there is no minimum amount per fund)								
Any currency exchange required will be carried out prior to application of the additional premium at the prevailing rate of exchange								
EQUITY FUNDS	Fund Currency	% Contribution	EQUITY FUNDS	Fund Currency	% Contribution	CASH & BOND FUNDS	Fund Currency	% Contribution
Sampo Compass Equity Fund	EUR		Danske Fund Russia G	EUR		Sampo Compass Liquidity Fund G	EUR	
Danske Fund Baltic Equity G	EUR		Danske Fund Latin America G	EUR		HEDGE FUNDS	Fund Currency	% Contribution
Danske Fund China G	EUR		Danske Fund Black Sea G	EUR		Elixir Fund of Hedge Funds (non-UCITS) G	EUR	
Danske Fund Emerging Asia G	EUR		MANAGED FUNDS	Fund Currency	% Contribution	PROPERTY FUNDS	Fund Currency	% Contribution
Danske Fund India G	EUR		Sampo 2020 Fund G	EUR		Danske Fund Real Estate G	EUR	
Danske Fund Russia Small Cap G	EUR		Sampo 2030 Fund G	EUR				
			Sampo 2040 Fund G	EUR				
			Sampo Compass 50 Fund G	EUR				
Have you received any medical treatment since the date of your last application? Yes <input type="checkbox"/> No <input type="checkbox"/>								
If "Yes", please supply full details: _____ _____								

HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details to allocate additional premiums to the policy. For this purposes this document will be disclosed to relevant Nordben staff and to any third party administrator. By signing this form 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 will be held on file and will be disposed of in accordance with the terms of the contract.

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 available on our website www.nordben.com/data-protection.

C. HOW TO MAKE PAYMENT

Nordben Life and Pension Insurance will supply you with the appropriate bank details once your application has been accepted.

Signature of life assured/member:

Signature of grantee

Daytime telephone number (to be used in the event of an administrative query)

Email address:

D. NORDBEN USE ONLY

Authorised by:

Date: (dd/mm/yyyy)

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Date: (dd/mm/yyyy)

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