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SEB Portfolio Bond Application Form

- Please note that the information requested below is required to support your Application. If it is not provided or is incomplete or inaccurate you will delay the processing of your Application.
- PLEASE USE BLOCK CAPITALS THROUGHOUT THIS FORM

A. Policy Structure

Portfolio ☑

Charging Structure Required
☐ 5 Year Annual Management Charge ☐ 8 Year Annual Management Charge

Policy Currency Required
☐ € EUR ☐ £ GBP ☐ $ USD

B. Applicant Details (*Please complete ALL fields*)

APPLICANT 1	APPLICANT 2
1. Surname *(or name of Company)* Trust: The Aegean Lite Personal Pension Plan	1. Surname
2. Forename Corporate Trustee: Sovereign Pensions Limited	2. Forename
3. Title *(Mr/Mrs/Ms etc)* 4. Sex ☐ Male ☐ Female	3. Title *(Mr/Mrs/Ms etc)* 4. Sex ☐ Male ☐ Female
5. Date of Birth dd/mm/yy 6. Occupation Date of Incorp: 08 05 2009	5. Date of Birth dd/mm/yy 6. Occupation
7. Address *(Residential/Registered)* Sovereign House, 14-16 Nelson Street Douglas Isle of Man IM1 2AL	7. Address *(Residential)* Sovereign House, 14-16 Nelson Street Douglas Isle of Man IM1 2AL
8. Country of Residence/Registration Isle of Man	8. Country of Residence
9. Country of Tax Residence *(please use a separate sheet if more than one)* Isle of Man	9. Country of Tax Residence *(please use a separate sheet if more than one)*
10. Tax Identification Number *(National Insurance Number) (please give reason if none and please use a separate sheet if more than one)* C139466-78	10. Tax Identification Number *(National Insurance Number) (please give reason if none and please use a separate sheet if more than one)*
11. Town and Country of Birth	11. Town and Country of Birth
12. For Personal Applicants: Is the Applicant a US citizen or US resident for tax purposes? Applicant 1 ☐ Yes ☑ No If **Yes**, please provide US Tax Identification Number (TIN) and applicable IRS W-8/W-9 form **US Tax Identification Number (TIN)**	12. For Personal Applicants: Is the Applicant a US citizen or US resident for tax purposes? Applicant 2 ☐ Yes ☐ No If **Yes**, please provide US Tax Identification Number (TIN) and applicable IRS W-8/W-9 form **US Tax Identification Number (TIN)**
13. Email Address *(In order to register for our online valuation services)* iompensions@SovereignGroup.com	13. Email Address
14. Telephone No +44 (0) 1624 699 800	14. Telephone No
15. Have you in the last 12 months consumed tobacco or do you intend to do so? Applicant 1 ☐ Yes ☐ No	15. Have you in the last 12 months consumed tobacco or do you intend to do so? Applicant 2 ☐ Yes ☐ No

16. Please select the address for **all** Policy correspondence *(only **one** box may be ticked)*

☑ All correspondence to be sent direct to Applicant 1 Residential Address above

☐ All correspondence to be sent direct to the address below *(if different to Applicant 1 Residential address)*

Note:

- Your Policy Schedule (and Additional Premium Endorsements where applicable) will be sent to your Intermediary for distribution. All other correspondence will be sent to your correspondence address.
- **Anti Money Laundering (AML) Requirements**
  SEB Life International must be provided with the following information for individuals:
  (1) full name; (2) date of birth; (3) signature; (4) current residential address.
  This information must be verified using **one** photo identification document (ID) and also **one** non-photo ID.
  Please refer to our Anti Money Laundering Guidelines for details.
  For legal entities, please request a copy of the Anti Money Laundering Guidelines for legal entities and complete the 'Additional Information for Legal Entity Applicants' form.

*App Ref. Eng 1712092635

C. Life to be Assured *(if different from the Applicant)*

FOR PERSONAL APPLICANTS:

Is the Applicant also the Life Assured?

Applicant 1 ☐ Yes ☑ No Applicant 2 ☐ Yes ☐ No

LIFE 1		**LIFE 2**	
1. Surname		1. Surname	
2. Forename		2. Forename	
3. Title *(Mr/Mrs/Ms etc)*	4. Sex ☐ Male ☐ Female	3. Title *(Mr/Mrs/Ms etc)*	4. Sex ☐ Male ☐ Female
5. Date of Birth dd/mm/yy	6. Occupation	5. Date of Birth dd/mm/yy	6. Occupation
7. Address *(Residential)*		7. Address *(Residential)*	
8. Country of Residence		8. Country of Residence	
9. Have you in the last 12 months consumed tobacco or do you intend to do so? Life 1 ☐ Yes ☐ No		9. Have you in the last 12 months consumed tobacco or do you intend to do so? Life 2 ☐ Yes ☐ No	

Note:
- A maximum of ten lives may be insured for the Death Benefit.
- The Death Benefit will be paid on a last death basis.
- For additional Lives Assured the details requested above should be provided and signed by the Applicant, and should accompany this Application.

D. Premium Details

1. **Total Premium Amount** _____

Method of Payment	**AND** **Amount**	
☐ Telegraphic Transfer		
☐ Security Transfer Premium		*(Please complete the Security Transfer Request Form)*

Security Transfers

Please provide the name of the transferring Custodian

_____

Please provide relevant custody account number and certified true copies of the original sighted account statements

2. Currency of Payment *(if different from the Policy Currency)*

Note:
- Policy issue will be delayed while awaiting the completion of the transfer of securities.
- Payment will be converted to the Policy Currency.
- The cost of the currency conversion will be charged to the Applicant.

E. Source of Funds and Wealth

What is the source of funds and wealth to be invested? *(more than one box may be ticked)*

☐ Savings from income ☐ Savings from investments ☐ Sale of investment ☐ Sale of property ☐ Sale of business

☐ Inheritance ☐ Gift ☐ Loan ☐ Other *(e.g. court settlement/award)* _____

Please provide details of the bank account from which this cash premium is being paid

Bank Name	Name of Bank Account Holder
Royal Bank of Scotland International	Sovereign Pen Ltd ATO The Aegean Lite Per Pen Plan
IBAN	**BIC / Swift Code**
GB77RBOS16588058620170	RBOSIMDX
Bank Account Number	**Sort Code**
58620170	165880

Note:
- If the Premium payment is coming from more than one source, a Source of Funds and Wealth section for each payment source needs to be completed and signed by the Applicant, and should accompany this Application.

F. Asset Selection

Please insert initial asset choices in the tables below. Any amendment to the initial asset selection specified in this section will only be accepted on SEB Life International's separate Dealing Guidelines & Request Form.

A full list of all SEB Life International unit-linked funds is available on request from SEB Life International, your appointed Intermediary or on our website www.seb.ie.

Investment Account *(Discretionary Investment Management Services)* ☐ *(Please fill in the Additional Conditions for Investment Accounts)*

Policy Cash Account

SEB Life International recommends that a small amount of your premium *(approximately 5%)* should be placed in the Policy Cash Account to allow for payment of charges that may be applied to your Policy.

Policy Cash Account *(Amount or %)* _____

External Assets

Full name of Asset *(where appropriate include share class)*	Asset Currency	ISIN CODE	Stock Exchange *(equities)* / Strike Date *(structured notes)*	Amount	or %

SEB Life International Unit-Linked Funds (Internal and Select List)

Fund Name	Fund Number	Currency	Amount	or %

Please choose one of the above assets from which units will be sold to cover negative cash balances

_____

Note:

- Full details of a new asset must be provided to SEB Life International prior to any deal instruction being accepted. Dealing will be delayed until the asset has been reviewed for admissibility and all information has been obtained to facilitate the trade.
- Structured notes and purchases of Non-Standard Assets, i.e. any asset that is not an EU retail asset will not be placed until a **Statement of Understanding** signed by an authorised signatory has been received.
- Acceptance of all asset selections is at the sole discretion of SEB Life International. Please refer to the 'Permitted Assets and Exchanges' documentation for full details of permitted assets.
- Any fees, duties or commissions associated with the purchase of the selected assets will be charged to the Policy Fund.
- Where the currency of an asset selected is different to that of the Policy Currency, a currency exchange risk may arise prior to purchasing the asset.
- Further details are available in the Dealing Guidelines & Request Form.

G. Applicant's Declarations

Data Protection

For the purpose of Ireland's Data Protection Acts 1988 and 2003, as amended or supplemented (the **'Acts')**, the data controller regarding personal data that is provided in connection with dealings between us by you or on your behalf and concerning you ('**Personal Data'**) is SEB Life International Assurance Company Designated Activity Company **('SEB Life International'**). SEB Life International will: (1) disclose information, including your Personal Data, where legally obliged to do so; (2) share information and Personal Data with (a) persons acting on your behalf (such as your intermediary) and (b) persons acting on behalf of SEB Life International, and with other members of the SEB Group.

I/we hereby consent to: (a) SEB Life International holding, processing and using information and Personal Data in the manner outlined above; and (b) the processing and use of such information and Personal Data by those persons to whom it is disclosed. If I/we have provided to SEB Life International any information or personal data concerning any party other than me/us, I/we hereby confirm that I/we (i) have obtained the consent of such party to the provision of same and to the holding, processing and use by SEB Life International and any other persons of such personal data in the manner described above in respect of Personal Data; and (ii) am/are in compliance with all data protection requirements applicable to me/us. If the undersigned is a corporate entity the person(s) signing for same is (are) hereby deemed to represent, warrant and undertake that such person(s) is or are duly authorised to do so.

Applicant 1 Signature		Applicant 2 Signature	
X Please Print then Sign		**X** Please Print then Sign	
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

Note: In the event of a Corporate Applicant, appropriate authorised signatories must sign.

Replacement of an existing Policy

(Please complete this section by ticking the appropriate box)

This Policy does not replace an existing Policy ☑ OR This Policy does replace an existing Policy ☐

Warning: If you propose to take out this Policy in complete or partial replacement of an existing Policy, please take special care to satisfy yourself that this Policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing Policy. If you are in doubt about this, please contact your Intermediary.

Declaration of Residence outside Ireland

Applicants resident outside the Republic of Ireland are required by the Irish Revenue Commissioners to make the following declaration, in order to receive payments without the deduction of Irish tax.

I declare that:

- I am the Applicant in respect of which this declaration is being made;
- I am not resident or ordinarily resident in the Republic of Ireland;
- I hereby undertake to inform the insurance company of any change in my country of residence during the life of the Policy.

I confirm that I:

1. have received and read the Product Brochure, Technical Supplement and Policy Conditions and understand the features and operation of the Policy;
2. have received and read all relevant material (*e.g. management rules, prospectus etc.*) relating to the assets selected in Section F, including details of the risks associated with the asset and I fully understand these materials and accept these risks;
3. understand that SEB Life International has not nor will make any assessment of the suitability (*other than as required by Irish Insurance legislation in respect of the admissibility of assets*) of the individual assets held or to be held by the Policy Fund;
4. understand that no investment advice has been or will be provided to me by SEB Life International and that I am solely responsible for the selection of the assets to be held by the Policy Fund;
5. understand that SEB Life International is not responsible for the returns on the underlying assets held by the Policy Fund nor for the performance of the Policy Fund;
6. understand that my or my Investment Adviser's instructions must be complete and accurate and precise and that SEB Life International may delay execution of my instructions without incurring any liability therefore pending receipt of any clarification required by SEB Life International in relation thereto;
7. understand that my Policy Schedule (and any Additional Premium Endorsement(s), where applicable) will be sent to my Intermediary for distribution. All other correspondence will be sent to my correspondence address;
8. understand that (A) SEB Life International is not responsible for (i) any loss or liability arising from its acting upon any instructions transmitted to it by my Intermediary, or (ii) for any act or omission of my Intermediary; (B) SEB Life International is entitled to act upon any of my instructions which it reasonably believes to be sent on my behalf by my Intermediary and may treat each such instruction as fully authorised by and binding upon me, regardless of the amounts involved and despite any error, misunderstanding or ambiguity in any such instructions; (C) I and my estate hereby agree to indemnify fully SEB Life International against (a) any and all claims, demands and actions against SEB Life International in respect of any such loss or liability and (b) all costs and expenses that arise for SEB Life International in relation to or pursuant to the acts or omissions of my Intermediary (*including but not limited to the cost of any legal proceedings arising, whether in a court of law or otherwise*);
9. understand that the signing of the Application Form does not, by itself, give effect to the contract.

I hereby declare that all details given on this Application Form are true and complete and I understand that this Application will form the basis of the contract with SEB Life International.

I have authorised my Intermediary to provide SEB Life International with any future information required regarding the Policy contemplated by or referred to in this document and SEB Life International may rely on any such information so provided. ☐ Yes ☐ No

Applicant 1 Signature		Applicant 2 Signature	
X Please Print then Sign		**X** Please Print then Sign	
Print Name	Date dd/mm/yy	Print Name	Date dd/mm/yy

Note:
- In the event of Joint Applicants, all Applicants must sign.
- In the event of a Corporate Applicant, appropriate authorised signatories must sign.
- Normal underwriting criteria apply. The application may be accepted or rejected.

H. Payment Details

Payments by Applicants (*to be paid directly to SEB Life International)* are accepted by Telegraphic Transfer.

CURRENCY	PAYMENT TO		CORRESPONDENT BANK
GBP Payment	**Account Name:**	SEB Life International	
	Account Number:	11248006	
	Bank:	Citibank London	
	BIC/SWIFT:	CITIGB2L	
	IBAN:	GB29CITI18500811248006	
GBP Payment	**Account Name:**	SEB Life International	Citibank London
	Account Number:	18316021	SWIFT CITIGB2L
	Bank:	Citibank Dublin	
	BIC/SWIFT:	CITIIE2X	
	IBAN:	IE53CITI99005118316021	
EUR Payment	**Account Name:**	SEB Life International	
	Account Number:	07073255	
	Bank:	Citibank Dublin	
	BIC/SWIFT:	CITIIE2X	
	IBAN:	IE25CITI99005107073255	
USD Payment*	**Account Name:**	SEB Life International	Citibank New York
	Account Number:	07073186	SWIFT CITIUS33
	Bank:	Citibank Dublin	
	BIC/SWIFT:	CITIIE2X	
	IBAN:	IE45CITI99005107073186	

***This account can only accept USD payments.**

Instructions for Receipt of Telegraphic Transfers

- Please contact SEB Life International for administration details for any other currencies.
- Please quote the ***App Ref. and Applicant name** on all Telegraphic Transfers.
- Please note that international transfers may be required.

I. Intermediary Details

THIS SECTION MUST BE COMPLETED BY ALL INTERMEDIARIES

Intermediary Stamp / Details

Intermediary Company Name

Intermediary Code

- I confirm that the advice concerning this application was given by me to the Applicant in _____ *(Country)* and the Application Form was subsequently completed in _____ *(Country)* on _____ dd/mm/yy
- I also confirm that I hold the necessary authorisation to advise the Applicant(s) in their country of residence.

Intermediary Signature **X** Please Print then Sign	Position
Intermediary Print Name	Date dd/mm/yy

Where to send

- Send Applications, any supplementary forms and supporting documentation together with payment details and certified Anti Money Laundering documents to SEB Life International, Bloodstone Building, Sir John Rogerson's Quay, Dublin 2, Ireland.

Postal address: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland.
Switchboard: +353 1 487 07 00, *Fax:* +353 1 487 07 04, *E-mail us at:* sales@seb.ie

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