

The purpose of filling the customer information questionnaire is to update the information and implement the Know Your Customer requirements. In addition, Mandatum Life is performing its responsibility under the OECD Common Reporting Standard (CSR) and the USA's FATCA Agreement for identifying and reporting on tax residence information of any customers whose country of taxation is located outside of Estonia.

Insurance application Reg. No(s) / Insurance policy No(s) _____

INSURER: "INVL Life", UADB Eesti filiaal Keemia 4, 10616 Tallinn Registrikood 16456570 681 2300 kindlustus@invl.ee
www.invl.ee

INFORMATION ABOUT THE CUSTOMER

Full name of legal person	Company registration or business ID number
Legal address	
Actual business place address (if it differs from the provided legal address)	
Contact information: Phone number	E-mail
Website	

Country of Residence for Tax Purposes

Estonia

Other Taxpayer ID number (if outside Estonia) _____

I confirm, that The company, besides listed above, does not have any other tax residence country.

Is your entity a financial institution*?

Yes, please fill in Global intermediary identification number (GIIN) _____

No, please provide your entity status in accordance with FATCA and/or CRS regulations:

Active Non-Financial Entity (entity whose income more than 50 % comes from activities other than investments e.g. production of goods and/or services)

Passive Non-Financial Entity (entity whose income mainly comes from investment activities (e.g. entities that do not have significant active production of goods and/or services)

Other, specify _____

*Detailed definitions of a financial subject, active/passive non financial subject are provided in FACTA and CRS documents

Main areas of customer's business activities (please specify)

Number of years in these business areas:	less than 1 year	1-3 years	more than 3 years
Main Business activity code(s) (EMTAK code) _____			
Annual turnover: Last year _____	eur. This year _____	eur for _____	months
Amount of employees currently _____ persons.			

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Main business regions (country/countries)

Estonia

EU, specify _____

USA

other, specify _____

Main business partners (please specify)

Full name of legal person	Registration or business ID number	Country	Main business area

INFORMATION ABOUT THE COMPANY REPRESENTATIVE WHO SIGNS THE CONTRACT**Representative 1**

Name _____

Surname _____

Date of birth _____

Personal code (or ID number) _____

Identification document

Identity card passport other _____

Identity document number _____

Date of issue of the identity document _____

Identity document valid until _____

Citizenship(s) _____

Declared address _____

Country of permanent residency _____

Place of residence _____

Representative contact information

Phone number _____

E-mail address _____

Position of Customer Representative (specify) _____

Customer representative acts on

Statute (Valid until) _____

Other (please specify type and end date) _____

Information about the Customer's CEO (if the Client's CEO does not already conclude / amend insurance contract)

Name _____

Personal ID _____

Country of permanent residency _____

Please sign this page, if it is printed separately _____

Representative 2

Name _____

Surname _____

Date of birth _____

Personal code (or ID number) _____

Identification document

Identity card passport other _____

Identity document number _____

Date of issue of the identity document _____

Identity document valid until _____

Citizenship(s) _____

Declared address _____

Country of permanent residency _____

Place of residence _____

Representative contact information

Phone number _____

E-mail address _____

Position of Customer Representative (specify) _____

Customer representative acts on

Statute (Valid until) _____

Other (please specify type and end date) _____

Surname _____

Date of birth _____

Citizenship _____

INFORMATION ABOUT THE CUSTOMER'S MANAGEMENT STRUCTURE AND BENEFICIAL OWNERS

Information about customer's shareholders which are legal entities and owns 25% or more capital shares of the customer

No.	Legal person's name	Legal person's registration country	Legal person's registration code	Shareholding in percent	Name of the stock exchange*	Country of the stock exchange*	Company's securities No – ISIN No.*
1							
2							
3							
4							

* Only for companies, which shares are traded on an EU member state (or EU-equivalent third country) stock exchange.

In case at least one of the Customer's shareholders is a legal entity, please provide below or as the annex to this questionnaire the full ownership and control structure of the Customer, i.e. consistent information about all layers in the Customer's ownership and control structure, as well as all legal entities and natural persons consisting Customer's ownership and control structure up to the beneficial owner(s), including the percentage of ownership at each level of ownership.

Information about the customer's beneficial owners

Are there any natural persons who as a natural person directly or indirectly own or control at least 25% of the customer's share capital or voting rights of the customer (company) or exercise other control over the customer's (company) operations or for whose benefit or in whose interest the business relationship is established?

There are no such persons (none of them own or control 25% or more). In this case in the table below specify natural persons who hold the position of customer's senior managing officer (Managing director/ CEO, Member of the board or Chairman of the board). In Estonia if members of one family owns more than 25% of the company shares, then all of those persons have to list as beneficial owners.

Customer is an association or an establishment (non-profit organization).

Customer's / its controlling company's shares are traded on an EU member state (or EU-equivalent third country) stock exchange.

Customer / its controlling company is the Republic of Estonia, a derived public person, an institution of the Republic of Estonia or of an indirect administration or a capital company controlled by the central or a local government

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The beneficial owners¹ are the below listed persons

Nr	Name and surname	Personal code or date of birth, place of birth	Citizenship ²	Tax residence country ² and taxpayer's ID number (if outside of Estonia)	Address	Ownership type and the share amount (%) or position in the company	
1						directly indirectly ³ position:	(%)
2						directly indirectly ³ position:	(%)
3						directly indirectly ³ position:	(%)
4						directly indirectly ³ position:	(%)

¹ In case the Customer is a trust or there is a trust in the Customer's ownership structure, please provide above data about the (i) settlor; (ii) trustee; (iii) protector (if any); (iv) natural person benefiting from the legal entity or legal arrangement, or, if such person is not yet known, the group of persons in whose interests the legal entity or legal arrangement is established or operates; (v) any other natural person practically exercising control over the trust by means of direct or indirect ownership or by other means.

² If there are other beneficial owners' tax residence countries and citizenships please specify the data in the part of this Declaration "COMMENTS OF THE CUSTOMER".

³ Indirectly – through another legal entity which is a shareholder of the company. Please specify in the part of this Declaration "COMMENTS OF THE CUSTOMER" if the ownership type "indirectly" applies.

INFORMATION ABOUT RELATIONS BETWEEN DIFFERENT PERSONS IN INSURANCE AGREEMENTS

Please describe relations between different persons in all of your insurance agreements (between the policyholder and the insured person; between the policyholder and the beneficiary; between the insured person and the beneficiary)

INFORMATION ABOUT THE CUSTOMER'S RELATIONSHIP WITH POLITICALLY EXPOSED PERSONS

Are CEO, Management Board Member, beneficial owners their close family members or close associate entrusted or was entrusted during the past 12 months with prominent public functions in Estonia, in the European Union, in international or foreign state institutions? To read more visit our website <https://www.invl.ee/>

No

Yes, indicate: CEO Beneficial owner CEO/beneficial owners close family member
 CEO/beneficial owners close associate

Name and surname of person(s) _____

Country in which a politically significant position is or has been held _____

Politically exposed person's position (list of positions) _____

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COMMENTS OF THE CUSTOMER AND ATTACHEMENT(S)
(For example, Scheme of the share holders and beneficial owners structure)

CUSTOMER'S CONFIRMATIONS AND SIGNATURES

1. I confirm, that the origin of funds used (and to be used) for insurance premiums are legal. I undertake, upon request of the insurer to submit documents concerning the origin of funds.
2. I am aware (in case customer's or it's beneficial owner's tax residence is in foreign country) that all or part of information submitted in this questionnaire and other documents of insurance contract, as well as information about paid insurance premiums, accumulated capital and paid out money are collected and can be transferred to tax administrator in accordance to international treaties and agreements and legislation of European Union as well as the Republic of Estonia regarding automatic exchange of information on financial accounts. In case of change in tax residence country. I undertake to immediately to inform the Insurer and to submit new correct information.
3. I confirm that the information presented in the declaration is true and correct. I do undertake to forthwith notify in writing of any changes in the information provided.

Customer's representative's name, surname and signature

Date

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