

This questionnaire has been compiled in accordance with the Money Laundering and Terrorist Financing Prevention Act, laws and legal acts regulating tax administration as well as in order to implement "Know Your Customer" principle. Under OECD Common Reporting Standard (CRS), US Foreign Account Tax Compliance Act (FATCA) and national legislation regarding tax administration life insurance company as well is obliged to identify customers whose country of taxation is other than Estonia.

INFORMATION ABOUT THE CUSTOMER

Name (s):	Personal ID code:
Surname (s):	Date of birth:
Place of birth (country):	Citizenship(s):
Personal E-mail address:	Mobile phone:
Address of permanent place of residence:	
Correspondence address (if it is different from the residence address):	
Presented personal identity document:	
Personal identity card	Passport
Temporary passport	Foreign passport
Document No.:	Issued (when):
Valid until:	
Issuing country:	
Name of countries in which you have another ID document(s):	

COUNTRY OF TAX RESIDENCE (PLEASE INDICATE ALL)

Estonia	
Other:	Taxpayer ID number TIN (or its equivalent):
	Residence address in that foreign country:
Other:	Taxpayer ID number TIN (or its equivalent):
	Residence address in that foreign country:
I confirm that I, besides listed above, do not have any other tax residence country and ID documents issued in other countries.	

INFORMATION ABOUT THE CUSTOMER'S ALL OCCUPATIONS AND INVOLVEMENT IN BUSINESS. YOU ARE

Employed	Position(s) held:	
	Employer's name(s):	
	Address(es):	
Registered as self-employed (based on business certificate, business license, a sole proprietor etc.)	trade in food products and household goods	
	trade in means of transport	
	trade in / rent in real estate	
	agriculture, forestry and fishing (hunting)	
	professional, scientific, and technical activities (including consultation, education, legal aid, information technology, auditing, marketing, translation services, etc.)	
	artistic, entertainment, sports, recreation activities (photographers, event organizers, etc.)	
	activity related to ferrous, nonferrous, or precious metals, precious stones, pieces of art	
other (indicate):		
Student	Retired / Pensioner	Unemployed
Company owner, shareholder. Name(s) and address of the company and short description of the business activity:		
Other occupation (indicate):		

SOURCE OF INCOME(S)

Salary and bonuses	
Income from self-employed business activities	
Dividends	Name of Payer:
Investment activity	Type of financial instrument and/or Investment Company name:
Loan (except mortgage loan or car leasing)	Name of lender (name of company or name and surname of private person) and type of the loan:
Inheritance	Type of inheritance, for example, money and/or property:
Rental income	Address of rented property:
Real estate	Type and address(es) of real estate:
Transfers from relatives and/or family members	Relationship with the person and the person's name, surname and source of income:
Other	Name of origin of funds (pension funds, savings, scholarship(s) etc.):

MONTHLY INCOME

Provide your monthly average net income level (after taxes) from all incomes during last 12 months, which you have provided in the previous table "SOURCE OF INCOME":

Up to 600 EUR	From 601 to 1200 EUR	From 1201 to 3000 EUR	From 3001 to 6000 EUR	More than 6000 EUR
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PREMIUMS WILL BE PAID FROM FOLLOWING BANK ACCOUNTS

Policyholder:	
Account No:	Bank name:
Account No:	Bank name:
Another payer, Name and Surname of the account holder:	
Account No:	Bank name:
Relation to the policyholder:	

INFORMATION ABOUT RELATIONS BETWEEN DIFFERENT PERSONS IN INSURANCE AGREEMENTS

Please describe the relationship between all the different participants in the insurance contract (between the policyholder and the insured person; between the policyholder and the beneficiary) **in all your insurance contracts concluded with SB draudimas, indicating the names and surnames of the participants** (in the case of a legal entity - the name) **and the relationship between them** (e.g., spouses; mother/father-daughter/son; employer-employee, etc.)

INFORMATION ABOUT CUSTOMER'S INVOLVEMENT IN POLITICS (POLITICALLY EXPOSED PERSONS¹)

Are you or your close family members² or close associate³ entrusted or was entrusted during the past 18 months with prominent public functions in Lithuania / Latvia/ Estonia, in the European Union, in international or foreign state institutions?

NO **YES** (please answer the following questions)

Indicate politically exposed person: I myself Close family member Close associate

Name and surname of politically exposed person, date of birth or ID code, citizenship; relation to client who fills application, country in which the position is/has been held, institution, position

Politically exposed person's positions at the Estonian, the European Union, international or foreign countries' institutions:

- Head of the State, Head of the Government, Minister, Vice Minister or Deputy Minister,
- Member of the Parliament
- Member of a governing body of a political party;
- Judge of the highest court of a country;
- Auditor general or a member of the supervisory board or executive board of a central bank;
- the Chancellor of Justice;
- ambassador, envoy or chargé d'affaires;
- high-ranking officer in the armed forces;
- member of an administrative, management or supervisory body of a state-owned enterprise;
- director, deputy director and member of a management body of an international organisation.

Middle-ranking or more junior officials are not considered politically exposed persons.

A person who, as per list published by the European Commission, is considered a performer of prominent public functions by a Member State of the European Union, the European Commission or an international organisation accredited on the territory of the European Union is deemed a politically exposed person.

A list of Estonian positions whose holders are considered politically exposed persons can be found here:

<https://www.riigiteataja.ee/akt/114102022002?leiaKehtiv>.

¹ **Politically exposed person** – a natural person who is or was during the past 18 months, entrusted with prominent public functions in the Republic of Estonia, the European Union, international or foreign state institutions as well as close family members or close assistants of such person.

² **Close family members** – the spouse, the person with whom partnership has been registered (hereinafter referred to as the 'cohabiting partner'), parents, children and children's spouses, children's cohabitant partners.

³ **Close associate:**

A) a natural person who, together with the person who is/was entrusted with the above mentioned prominent public functions, participates in the same legal entity or maintains other business relations;

B) a natural person who is the only owner of the legal entity set up or operating de facto with the aim of acquiring property or another personal benefit for the person who is/was entrusted with the above mentioned prominent public functions.

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 and explanations concerning the origin of funds.
2. I am aware (in case customer'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 or circumstances which might influence it 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 complete. I do undertake to forthwith notify in writing of any changes in the information provided.
4. I am informed that the insurer has the right to process the personal data provided in this questionnaire for the purposes of fulfilling its legal obligations as imposed on the insurer. More detailed information on data processing and my obligation to inform the persons mentioned in the questionnaire about it can be found in the Insurer's Privacy Policy, which can be found on www.artea.ee.

Customer's name, surname:	Signature:	Date:
The questionnaire was accepted by		
Consultant's name, surname and employer:	Signature:	Date:
The customer was identified by		
Consultant's name, surname and employer:	Signature:	Date: