

The questionnaire has been prepared in accordance with the legislation on the prevention of money laundering and terrorist financing, international financial sanctions and tax administration and with a view to ensure the implementation of the "Know your customer" principle. Failure to provide the information requested in the questionnaire or provision of incomplete information will prevent us from entering into a business relationship with you, or entitle us to discontinue it.

**INSURER:** Life insurance undertaking UAB Artea Life Insurance, company code 110081788, Gynėjų g. 14, 01109 Vilnius, which operates in Estonia through UAB Artea Life Insurance Estonian Branch, registry code: 16836083, Keemia 4, Tallinn, 10616

**CUSTOMER**

Legal entity 's name and legal form	
Legal entity code	
Registration address	Postal code
Business address	Postal code
Telephone	
E-mail	
Website	

**INFORMATION ON THE CUSTOMER'S ACTIVITIES**

Main activities (please be specific, e.g. if trading, please specify retail and/or wholesale and what goods and/or raw materials; if manufacturing, what products; if consultancy, what services):

Engaged in business activities:      Less than 1 year                      1-3 years                      More than 3 years

Annual turnover:                      Last year \_\_\_\_\_ EUR                      This year \_\_\_\_\_ EUR, for \_\_\_\_\_ months

Number of employees as of the completion date \_\_\_\_\_

**Main business regions**

Estonia                      EU, please specify \_\_\_\_\_                      USA                      Other, please specify \_\_\_\_\_

**Customer's country of tax residence** (please specify all countries and tax identification numbers):

Estonia                      \_\_\_\_\_                      \_\_\_\_\_

Country                      Tax identification number (TIN)

**INFORMATION ON THE MANAGER**

Name and surname		Personal code	
Date of birth		Citizenship(s)	
Country of permanent residence			
Personal identification document	Passport	ID-card	Other (please specify)
		issued	Valid until
Personal identification document No.		Date	Date
E-mail address		Mobile	

**IF THE CUSTOMER IS REPRESENTED NOT BY THE MANAGER, DETAILS OF THE REPRESENTATIVE**

Name and surname		Personal code	
Date of birth		Citizenship(s)	
Country of permanent residence			
Personal identification document	Passport	ID-card	Other (please specify)
		issued	Valid until
Personal identification document No.		Date	Date
E-mail address		Mobile	

**Representative acts for the Customer on the following grounds:**

holds another position in the Customer 's company which confers the right of representation (please specify) \_\_\_\_\_

under a power of attorney/proxy issued by the Customer (please provide a document or copy of a document confirming this). \_\_\_\_\_

Signature of the Customer 's representative (please sign if the document is printed on separate sheets) \_\_\_\_\_

**OWNERSHIP AND CONTROL STRUCTURE OF THE CUSTOMER**

Please describe an ownership and control structure by marking all persons involved (by indicating the percentage controlled by each person), down to the beneficial owners, natural persons. Please describe the structure starting at the top with the Customer and ending with the beneficial owners, natural persons, listed in the table below.

A drawing of the Customer's ownership structure, signed by the Customer's manager/authorized representative, attached as a separate document.

**INFORMATION ON BENEFICIAL OWNERS**

Beneficiaries are natural persons who directly or indirectly own or control, including through the holding of bearer shares, more than 25% of the shares or voting rights. If there are no such persons, please provide the details of the manager of the legal entity in the table below.

Beneficiary details / Item No.	1	2	3	4
Name and surname				
Personal code (if no personal code is available, date of birth)				
Place of birth (country)				
Citizenship(s)				
Country of foreign tax residence and TIN				
Country of permanent residence				
Percentage of shares and direct/indirect ownership	_____ %	_____ %	_____ %	_____ %
	directly	directly	directly	directly
	indirectly	indirectly	indirectly	indirectly
	manager			

**There are no beneficial owners because:**

No persons holding more than 25% of shares / voting rights;

Customer is controlled by the state / municipality / international organisation;

Shares of the Customer or its controlling company are traded on a stock exchange \_\_\_\_\_, ISIN no. \_\_\_\_\_

Signature of the Customer 's representative (please sign if the document is printed on separate sheets) \_\_\_\_\_

## INFORMATION ON RELATIONSHIPS BETWEEN ALL PARTIES TO THE INSURANCE CONTRACT

Please describe the relationship between all the different parties to the insurance contract (between the policyholder and the insured; between the policyholder and the beneficiary) in all your insurance contracts, indicating the first names and surnames of the parties (in the case of a legal person, the name) and the relationship between them (e.g., employer-employee, etc.)

## INFORMATION ON POLITICALLY EXPOSED PERSONS<sup>1</sup>

Does the Customer's manager, beneficial owners, their close family members<sup>2</sup> or persons known to be close associates<sup>3</sup> hold, or have held in the last 18 months or less, any of the important public positions listed below in Estonia, the European Union, international or foreign institutions?

NO

YES, please indicate the politically exposed person:

First name and surname of the politically exposed person: \_\_\_\_\_

Relationship of the politically exposed person with the Customer:

Manager

Beneficiary

Family member of the manager/beneficiary

Person known to be close associate of the Manager/beneficiary

Functions of the politically exposed person (please select as appropriate):

Head of State, head of government, minister, deputy or assistant minister, secretary of state, chancellor of a parliament, government or ministry

Ambassador, *chargé d'affaire*, commander of the Estonian Armed Forces, commander of the forces and formations of the Armed Forces, Chief of the Defense Staff or high ranking officer of a foreign armed force.

Member of parliament

Member of the administrative, management or supervisory Member body of state-owned or municipal enterprise, public limited other liability company or private limited liability company.

of supreme courts, of constitutional courts or of high-level judicial bodies, the decisions of which are not subject to further appeal

Director, deputy director and member of the board or Mayor equivalent function of an international organization.

of a municipality, director of municipal administration

the head of a political party, his deputy, the head of a governing body member

Member of the governing body of the supreme audit and authority of the State or the chairman, deputy chairman or member of the board of directors of a central bank

Other, please specify the country where the position is held, the institution and the position:

<sup>1</sup> **Politically exposed persons** means natural persons who are or who have been entrusted within prominent public functions in the last 18 months in the Republic of Estonia, the European Union, international or foreign institutions and their close family members or persons known to be close associates.

- a) a natural person who participates in the same legal entity or unincorporated organization or has any other business relationship with a politically exposed person.
- b) a natural person who is the sole proprietor of a legal person or an unincorporated organization which is established or operates for the purpose of obtaining, in return for the benefit of a politically exposed person, an actual financial or other private benefit.

<sup>2</sup> **Close family members** means the spouse, or the person with whom the partnership has been registered (hereinafter – the cohabitant), parents, siblings, children and children's spouses and children's cohabitants.

<sup>3</sup> **Person known to be a close associate means:**

- a) a natural person who participates in the same legal entity or an organization not having legal personality, or maintains any other business relationship, with the politically exposed person.
- b) a natural person who has sole beneficial ownership of the legal person or an organization not having legal personality which has been set up or is operating for the de facto financial or any other private benefit of the politically exposed person.

Signature of the Customer 's representative (please sign if the document is printed on separate sheets) \_\_\_\_\_

**CONFIRMATION**

1. I hereby confirm that the sums of money paid (and payable) under the insurance contract are of legitimate origin. I undertake to provide, at the request of the Insurer, documents confirming the origin of the funds used for the payment of insurance premiums.
2. I have been informed (in case the Customer is a resident of a foreign country for tax purposes) that my data provided in this and other documents of the insurance contract, as well as the information on insurance premiums paid, accumulated capital and amounts paid out, are collected and will be transferred to the Tax and Customs Board in accordance with the procedure and to the extent prescribed by the procedure and scope set forth in the Republic of Estonia and in the international legal acts. I undertake to inform the Insurer immediately in the event of a change in my country of residence or in circumstances affecting the status of my country of residence and to provide new and correct data.
3. I hereby confirm that the information provided in this document is correct and complete. I undertake to inform the Insurer immediately in writing of any changes to the information provided.
4. I have been informed that full details of the processing of my personal data and my rights are contained in the Privacy Policy available on the Insurer's website at <https://artea.ee/en/privacy-policy/> and I have read and understood it. I have been also informed that the Privacy Policy is also available to me by visiting the Insurer's customer service.

**I hereby confirm that the information provided in the application is accurate, true, complete and up to date.**

\_\_\_\_\_  
Name and surname of the Customer's representative,  
seal (if required by the by laws)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**The identity of the Customer's representative has been established and the request has been accepted:**

\_\_\_\_\_  
Name and surname of the Insurer's representative, name and legal form of  
the legal entity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date