

know your client

for the international investor

This form is needed to provide additional information for relevant business. Please read the notes carefully and sign the declaration in section D. Your professional financial adviser should also sign and date section D.

If policies are to be settled into trust after issue please complete the relevant trust details in section C1 of this form. If this form is being completed in respect of a top-up to Royal Skandia Trust Company business the form should be signed by the Settlor and professional financial adviser.

Please note that when this form is completed in respect of a top-up, assignment, or where information/documentation has previously been provided in accordance with the current Isle of Man Anti-Money Laundering Standards, only the relevant sections of the form need to be completed. Any sections which are not relevant may be reflected as 'Not Applicable' (N/A).

If guidance is required you should contact your professional financial adviser or your Skandia regional office. Plan type/number Name of client(s) Verification of customer identity - completed by professional financial adviser This form must be completed for all clients, including trustee and corporate clients. All supporting information listed in the following sections should accompany the application and be certified by the Suitable Certifier, as a true copy of the original where the original document is not provided. Occasionally, additional information other than that listed below may be requested. A1. Verification of each individual's identity (in respect of a natural person) Please provide one of either of the following (tick which document has been attached): Signed copy Passport Signed copy National Identity Card If a passport or national identity card is not available please provide two formal documents carrying appropriate personal details, verifiable reference numbers: eg driving licence with photographic evidence, bank statement, pension book, council tax bill. If one of these documents contains the residential address no further documents are required in this respect. (For all documents provided please complete the details in the box below.) A2. Verification of each individual's address (in respect of a natural person) A recent document verifying the residential address, eg utility bill, mortgage statement, an account statement from a bank.

Name of all Person(s) identified, including all parties where policies are to be settled into trust	Capacity, eg applicant, beneficiary, protector, settlor	Relationship to Settlor	Identification documentation reference number

The document should be the latest available, but not more than 12 months old.

A Verification of customer ident	tity - completed by professional financial adviser (continued)
provide documents as required to For Trustee business, where polidetails in this section and refer to Other Applicants (eg Partnership: Other Connected Parties - Verif Guardian) should be provided. Equivalence of their authority and sections of the connected Parties - Verif Guardian of the connected Parties - Verif Guardian of their authority and sections of the connected Parties - Verif Guardian of the c	any party to the application (eg directors, beneficial owners, trustees, etc) is required, you should for individuals, section A1 and A2, and complete the details in the box on the previous page. cies are to be settled into trust after issue and Corporate business, please complete the relevant to section C1 and C2 of this form. Is, Nominees, Occupational Pension Schemes) - You should contact your Royal Skandia regional office ication of the identity of any other person or entity connected with the application (eg Attorney, Details of any other person(s) from whom we may take instructions should be provided with specimen signatures. Details should be provided in the box in section A2.
Tune of confected party and the fe	ason for the connection to the application.
Please note the application may not p	ividual, you should provide appropriate requirements as stated above (eg corporate requirements) proceed if any of the parties associated with the application are not identified. The provided Royal Skandia may need to verify the identity of the appointee. SKANDIA PLANS
	val Skandia plans the applicant has made, or is making payments to:
Plan type/number:	Name of client:
POLITICALLY EXPOSED PERSONS f any party to the contract could be Standards, eg head of state or a senio	considered a Politically Exposed Person, as described in the Isle of Man Anti-Money Laundering
B Origin of wealth information -	completed by client and professional financial adviser
Additional information is required on	
•	nents, including top-ups and increments.
3. Funds being withdrawn from pla	

Please read through the following sections carefully and discuss with your professional financial adviser which sections affect your investment. The additional questions should be answered in conjunction with the 'Royal Skandia Origin of Wealth Guidelines'. Your professional financial adviser will have a copy of these.

ALL clients must complete the questions relevant to the application.

If details previously provided in respect of this Policy apply to the current increase/top-up please tick the box to indicate. Further details may not be required.

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Corporate Trustee - All corporate requirements appropriate to the type of Trust Company (Public or Private) listed above should also be satisfied. Information provided should be on letterhead.

Confidentiality

Any information given by the client/s or their professional financial adviser will be used solely by members of the Skandia group of companies.

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www.royalskandia.com Calls may be monitored and recorded for training purposes and to avoid misunderstandings.

This form is unacceptable if not dated by the signatories.

Royal Skandia Life Assurance Limited (an incorporated company limited by shares) Registered number: 24916
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Authorised by the Isle of Man Government Insurance & Pensions Authority Authorised and regulated by the Financial Services Authority for business conducted in the UK.
Some of the FSA's rules do not apply to non-UK based insurers. FSA Register number 142309
SK2798/26-0352