

## NATURAL PERSON INTERMEDIARY VERSION CYPRUS

### PRIVACY NOTICE

#### INTRODUCTION

Utmost Luxembourg S.A. ("we", "us", "Insurer"), a Luxembourg life assurance company established as a public limited liability company (société anonyme), registered office at 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg, and registered with the Luxembourg Trade and Companies Register under number B37604 is acting as data controller in accordance with Regulation 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (the "General Data Protection Regulation" or "GDPR").

This Privacy Notice provides information about how we collect and use personal data and explains your statutory rights.

#### WHAT PERSONAL DATA DO WE COLLECT?

In order to provide you with our products and services, we collect information relating to you and related parties. This may include:

- › Authentication data such as online identifier, username, login ID, password
- › Contact data such as correspondence address, email and phone numbers
- › Financial data such as source and details of wealth, transactions data, insurance premiums
- › Identification data issued by public authorities such as social security number, ID or passport and tax identification number
- › Identification data such as name, surname, residential address, date and place of birth, nationality, (electronic) signature specimen and unique identifiers
- › Images and sound recording data in case of digital onboarding
- › Personal characteristics such as age, gender, marital status, language, relationship with the Policyholder
- › Personal data relevant to the assessment of risk such as past criminal offences and convictions
- › Physical data such as weight and data related to health and lifestyle in case of a potential death cover
- › Professional data related to past and current activity and occupation
- › Your sustainability preferences

#### HOW DO WE COLLECT PERSONAL DATA?

We will collect information from you directly when you apply for a product or service.

Information about you may also be provided to us by a third party, such as an agent or broker or any other third person who may be applying for a product or service which names or benefits you.

We may collect information about you from other sources where we believe this is necessary to manage your Policy and the risk associated with it and/or to help fight financial crime. These other sources may include public registers, databases managed by reputable organisations as well as the press and the Internet.

When you provide personal data to Utmost Luxembourg S.A. relating to a third party, for example details of family members, you confirm that you have the authority to disclose the personal data and that the data disclosed is complete, accurate and up to date.

Provision of personal data is a contractual requirement and a requirement necessary to enter into the Policy. Any change to the personal data must be notified to us promptly. Refusal to provide information, providing inaccurate information or not providing updated information may affect the performance of our obligations.

FOR WHICH PURPOSES DO WE PROCESS YOUR PERSONAL DATA?

We use your personal data for the following purposes:

PURPOSE OF PROCESSING	PERSONAL DATA TYPE	LEGAL BASIS FOR PROCESSING
<p>Entering and performance of the policy:</p> <ul style="list-style-type: none"> <li>› Preparing, setting up, administering, issuing, concluding and performing the policy, including in relation to the investments, and settling sums due under the terms of the policy</li> <li>› General management of customers</li> <li>› Intermediation and reinsurance</li> </ul>	<ul style="list-style-type: none"> <li>› Contact data</li> <li>› Financial data</li> <li>› Identification data</li> <li>› Images and sound recordings</li> <li>› Personal characteristics</li> <li>› Personal data relevant to the assessment of risk</li> <li>› Physical, health and lifestyle related data</li> <li>› Professional data</li> <li>› Sustainability preferences</li> </ul>	<ul style="list-style-type: none"> <li>› Performance of a contract (Art. 6 para.1 b GDPR)</li> <li>› Consent (Art. 6 para.1 a GDPR)</li> </ul>
<p>Compliance with legal and regulatory obligations:</p> <ul style="list-style-type: none"> <li>› Cooperating with local and foreign tax authorities</li> <li>› Preventing fraud, money laundering and terrorist financing</li> </ul>	<ul style="list-style-type: none"> <li>› Contact data</li> <li>› Financial data</li> <li>› Identification data</li> <li>› Images and sound recordings</li> <li>› Personal characteristics</li> <li>› Personal data relevant to the assessment of risk</li> <li>› Professional data</li> </ul>	<p>Legal obligation (Art. 6 para 1 c GDPR)</p>
<p>Corporate restructuring, including mergers and acquisitions involving the Insurer</p>	<ul style="list-style-type: none"> <li>› Contact data</li> <li>› Financial data</li> <li>› Identification data</li> <li>› Images and sound recordings</li> <li>› Personal characteristics</li> <li>› Personal data relevant to the assessment of risk</li> <li>› Physical, health and lifestyle related data</li> <li>› Professional data</li> </ul>	<p>Legitimate interest (Art. 6 para.1 f GDPR), provided it is conducted at all times in a way that is proportionate and that respects your privacy rights</p>
<p>Management of complaints and litigation</p>	<ul style="list-style-type: none"> <li>› Contact data</li> <li>› Financial data</li> <li>› Identification data</li> <li>› Images and sound recordings</li> <li>› Personal characteristics</li> <li>› Personal data relevant to the assessment of risk</li> <li>› Physical, health and lifestyle related data</li> <li>› Professional data</li> </ul>	<p>Legitimate interest (Art. 6 para.1 f GDPR), Controller's right of defence</p>
<p>Operational effectiveness:</p> <ul style="list-style-type: none"> <li>› Electronic signatures</li> <li>› Distance selling</li> <li>› Connect platform</li> <li>› Delivery of electronic mail</li> </ul>	<ul style="list-style-type: none"> <li>› Authentication data</li> <li>› Contact data</li> <li>› Financial data</li> <li>› Identification data</li> <li>› Images and sound recordings</li> </ul>	<ul style="list-style-type: none"> <li>› Consent (Art.6 para.1 a GDPR)</li> <li>› Legitimate interest (Art. 6 para.1 f GDPR), provided it is conducted at all times in a way that is proportionate and that respects your privacy rights</li> </ul>

PURPOSE OF PROCESSING	PERSONAL DATA TYPE	LEGAL BASIS FOR PROCESSING
<p>Risk management:</p> <ul style="list-style-type: none"> <li>› Determination of risk profile</li> <li>› Detection of fraudulent activity on policies</li> <li>› Identification and monitoring of risk exposures</li> </ul>	<ul style="list-style-type: none"> <li>› Contact data</li> <li>› Financial data</li> <li>› Identification data</li> <li>› Images and sound recordings</li> <li>› Personal characteristics</li> <li>› Personal data relevant to the assessment of risk</li> <li>› Professional data</li> </ul>	<ul style="list-style-type: none"> <li>› Legal obligation (Art. 6 para 1 c GDPR)</li> <li>› Legitimate interest (Art. 6 para.1 f GDPR), provided it is conducted at all times in a way that is proportionate and that respects your privacy rights</li> </ul>

We may ask for your written consent before processing personal data for a purpose other than those listed above or to offer you real choice and control over your personal data. If you have given your consent for the processing of your personal data for a specific purpose, you have the right to withdraw this consent at any time, without affecting the lawfulness of the processing based on consent before withdrawal.

We will not use your personal data for direct marketing purposes.

#### WHO HAS ACCESS TO YOUR PERSONAL DATA?

Your personal data is available on a need to know basis within Utmost Luxembourg S.A., and can only be accessed by the employees of the relevant internal departments to the extent necessary to fulfil their respective tasks and responsibilities. Our employees process your personal data in accordance with our policies and procedures to ensure an adequate level of security.

We may make your personal data available by any means to third parties that may require access to them, including the Intermediary, the Investment manager and the Custodian bank appointed on your Policy, service providers, legal advisers, auditors, delegates, any other subsidiary or affiliated company that is part of the group of companies of each of the Insurer and the other recipients of the personal data, public administrations and local or foreign public and judicial authorities, including any competent regulator.

We use service providers, notably located in the United Kingdom and the United States of America, to comply with anti-money laundering and KYC obligations and may provide certain information and personal data of the Policyholder, the Life Assured and/or the Beneficiary to them.

#### DO WE TRANSFER YOUR PERSONAL DATA OUTSIDE THE EUROPEAN ECONOMIC AREA "EEA"?

Processing of personal data may include transfers outside the EEA, to countries that may not have data protection requirements deemed equivalent to those prevailing in the EEA. In such cases, we will strictly comply with article 46 of the GDPR and provide appropriate safeguards through contractual clauses between the Insurer and the recipient located in the third country or ask for your consent. You may contact our Data Protection Officer ("DPO") for more information about the applied safeguards.

#### HOW CAN YOU EXERCISE YOUR DATA PROTECTION RIGHTS?

You have a number of rights in relation to your personal data.

**Your right of access:** You have the right to ask us for copies of your personal data.

**Your right to rectification:** You have the right to ask us to rectify personal information you think is inaccurate. You also have the right to ask us to complete information you think is incomplete. We may seek to verify the accuracy of the data before rectifying it.

**Your right to erasure:** You have the right to ask us to erase your personal information in certain circumstances.

**Your right to restriction of processing:** You have the right to ask us to restrict the processing of your personal information in certain circumstances.

**Your right to object to processing:** You have the right to object to the processing of your personal information in certain circumstances.

**Your right to data portability:** You have the right to ask that we transfer the personal information you gave us to another organisation, or to you, in certain circumstances.

You also have a right to request information in relation to any automated decision making and profiling or the basis for international transfers.

You can submit your written request to our Data Protection Officer "DPO" via the following email address: [data.privacy@utmostgroup.lu](mailto:data.privacy@utmostgroup.lu) and/or by post mail at Utmost Luxembourg S.A., 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg.

We will respond without delay and within one month of receipt of your request.

We will not ask for a fee to exercise any of your rights in relation to your personal data, unless your request for access to information is unfounded, repetitive or excessive, in which case we may charge a reasonable amount in the circumstances. We will let you know of any charges before completing your request.

Finally, you have a right to lodge a complaint with Luxembourg's National Commission for Data Protection (CNPD) by completing the online form available on the CNPD's website <https://cnpd.public.lu/en/particuliers/faire-valoir.html> or with the respective supervisory authority in your country of habitual residence, place of work or with the competent supervisory authority of the country in which an alleged data protection infringement occurred.

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#### HOW DO WE SECURE YOUR PERSONAL DATA?

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Protecting your privacy is very important to us.

Utmost Luxembourg S.A. has taken adequate safeguards to ensure the confidentiality and security of your personal data by implementing appropriate technical, physical and organisational measures to protect personal data against accidental or unlawful destruction or accidental loss, damage, alteration, unauthorised disclosure or access, and against all other forms of unlawful processing or further processing.

Utmost Luxembourg S.A. is ISO 27001 and ISO 27701 certified.

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#### HOW LONG WILL WE KEEP YOUR PERSONAL DATA?

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We will process your personal data during the life of the Policy to achieve the purposes described above and after its termination to comply with legal obligations applicable to insurance undertakings.

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#### DO WE USE AUTOMATED DECISION MAKING?

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The personal data collected may be processed partially through automated means but only when the decision is necessary to enter into or for the performance of the Policy, and notably for the performance of the legal duties of the Insurer (such as, but not limited to, anti-money laundering obligations).

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#### WHO CAN YOU CONTACT?

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If you have any questions related to your personal data or have concerns regarding the way in which we process your personal data, please contact our Data protection Officer at [data.privacy@utmostgroup.lu](mailto:data.privacy@utmostgroup.lu) and/or by post at Utmost Luxembourg S.A., 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg.

Last updated on 01/11/2025

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

Policy/Contract Number

This document comprises:

- › the Insurer's Privacy Notice which provides information on the processing of personal data and rights to such personal data;
- › the "Know your client" questionnaire;
- › the investment profile.

This information is gathered to identify the Policyholder and define the investment profile of the Policyholder. As such, it is important that the information provided is complete, correct and accurate.

**1** KNOW YOUR CLIENT QUESTIONNAIRE "KYC"

SECTION 1 IDENTIFICATION

1.1 POLICYHOLDER (PH)

**Individual Policyholder 1**

Mr

Mrs

Other

Surname(s)

First name(s)

Maiden name

Date of birth

d	d	m	m	y	y	y	y
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Country of birth

City of birth

Marital status

Nationalities  
(please list all)

Profession (position/employer name/industry sector/  
country)\*

Residential address

Street/N°

City/County

Postcode

Country

Mobile number

Telephone

E-mail

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Identity document

Type	<input type="text"/>	Number	<input type="text"/>
Date of issue	<input type="text"/>	Place of issue	<input type="text"/>
Issued by	<input type="text"/>	Expiry date	<input type="text"/>

Individual Policyholder 2

Mr
  Mrs
  Other

Surname(s) 
 First name(s)

Maiden name

Date of birth 
 Country of birth

City of birth 
 Marital status

Nationalities (please list all)

Profession (position/employer name/industry sector/country)\*

Residential address

Street/N°

City/County 
 Postcode

Country

Mobile number 
 Telephone

E-mail

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Identity document

Type	<input type="text"/>	Number	<input type="text"/>
Date of issue	<input type="text"/>	Place of issue	<input type="text"/>
Issued by	<input type="text"/>	Expiry date	<input type="text"/>

Individual Policyholder 3

Mr
  Mrs
  Other

Surname(s)  First name(s)

Maiden name

Date of birth  Country of birth

City of birth  Marital status

Nationalities (please list all)

Profession (position/employer name/industry sector/country)\*

Residential address

Street/N°

City/County  Postcode

Country

Mobile number  Telephone

E-mail

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Identity document

Type	<input type="text"/>	Number	<input type="text"/>
Date of issue	<input type="text"/>	Place of issue	<input type="text"/>
Issued by	<input type="text"/>	Expiry date	<input type="text"/>

Individual Policyholder 4

Mr
  Mrs
  Other

Surname(s) 
 First name(s)

Maiden name

Date of birth 
 Country of birth

City of birth 
 Marital status

Nationalities (please list all)

Profession (position/employer name/industry sector/country)\*

Residential address

Street/N°

City/County 
 Postcode

Country

Mobile number 
 Telephone

E-mail

I certify that I am resident for tax purposes only in the following countries:

COUNTRIES OF TAX RESIDENCE	TAX IDENTIFICATION NUMBERS ("TIN") (IF ANY)	THIS COUNTRY DOES NOT ISSUE A TIN OR EQUIVALENT
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Identity document

Type	<input type="text"/>	Number	<input type="text"/>
Date of issue	<input type="text"/>	Place of issue	<input type="text"/>
Issued by	<input type="text"/>	Expiry date	<input type="text"/>

\* To be completed if PH is different from the economic beneficial owner (the "Economic Beneficial Owner").

## 1.2 ECONOMIC BENEFICIAL OWNER (EBO)

In the case of multiple EBOs, please complete a separate Know Your Client questionnaire for each EBO.

### 1.2.1 Who is the EBO? (EBO is defined as any natural person who ultimately owns or controls the Policyholder or any natural person on whose behalf, or for who's benefit, the Policy is being subscribed or a transaction is being conducted.)

Mr
  Mrs
  Other

Surname(s)	<input type="text"/>	First name(s)	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Country of birth	<input type="text"/>
Nationalities (please list all)	<input type="text"/>		
Residential address	<input type="text"/>		
Street/N°	<input type="text"/>		
City/County	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>		
Mobile number	<input type="text"/>	Telephone	<input type="text"/>
E-mail	<input type="text"/>		
Passport/ID card no.	<input type="text"/>		

If the Policyholder is not the EBO, please reply to the below two questions:

1. What is the relation of the EBO to the Policyholder if these are not the same person?

2. Explain the reason for the Policyholder to act on behalf of the EBO if these are not the same person.

**Personal background of EBO**

Please describe what you know about the EBO's personal background (should contain information about marital status, matrimonial regime, children and any material information about other relatives):

Does the Policyholder/EBO have a golden passport\*?

No

Yes

\* A golden passport is defined as an investor citizenship scheme where an individual can gain citizenship in a country in exchange for making a large investment, donation or by purchasing a house in the respective country.

**1.2.2 Professional details of the EBO**

Active

Retired (please confirm last activity)

Profession and position

Employer name and country

Industry sector

Annual income before tax (from salary, rentals, investments, etc.)

Other (please detail):

### 1.3 IDENTIFICATION OF POLITICALLY EXPOSED PERSONS (PEPs)

› Does or has the PH/EBO, or any other party to the Policy, hold or held a prominent public function\* at national or international level?  Yes  No

If **yes**, please detail the function and country concerned.

If no longer entrusted with a prominent public function, please provide the date of termination.

› Does a family member\*\*, associate, business partner of the PH/EBO hold or has that person held a prominent public function\*?  Yes  No

If **yes**, first name and surname of the person.

If no longer entrusted with a prominent public function, please provide the date of termination.

Link with the PH/EBO

Please detail the function and country concerned

\* Heads of State, heads of government, ministers and deputy or assistant ministers; Members of parliament or of similar legislative bodies; Members of supreme courts, of constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal except in exceptional circumstances; Members of courts of auditors or of the boards or directorates of central banks; Ambassadors, chargés d'affaires and high-ranking officers in the armed forces; Members of the administrative, management or supervisory bodies of State-owned enterprises; important officials and members of the governing bodies of political parties; Directors, Deputy Directors and Board members of equivalent functions of an international organisation and non-governmental organisations; senior local or public officials with the ability to influence the awarding of public contracts, as well as those known to influence the government and senior decision-makers (senior officials); members of ruling royal families.

\*\* Family member means the spouse, any partner considered by national law as equivalent to the spouse, the children and their spouses, or partners considered by national law as equivalent to a spouse and the parents.

## SECTION 2 SOURCE OF WEALTH OF THE PH/EBO

2.1 Please give your best estimate of the total net wealth of the PH/EBO (this figure should be consistent with sections 2.2 and 2.3 below).

Currency  Amount

2.2 Please describe the main sources of wealth of the PH/EBO:

**Professional activity/savings**

Company names

Industry sector/country

Period of activity

Amount (or % of the total net wealth)

Are the funds to be invested in the Policy generated from this source?

 Yes

 No

 Yes

 No

If yes, reliable and independent documentation to corroborate the source of the funds shall be provided.

Additional information

**Investment gains**

Transaction dates

Nature of transactions

Name and country of the financial institution

Amount (or % of the total net wealth)

Are the funds to be invested in the Policy generated from this source?

 Yes

 No

 Yes

 No

If yes, reliable and independent documentation to corroborate the source of the funds shall be provided.

Additional information

**Sale of company**

Company details (name, industry sector, country)

Transaction date

Identity of purchaser (details)

Amount (or % of the total net wealth)

Are the funds to be invested in the Policy generated from this source?

 Yes

 No

 Yes

 No

If yes, reliable and independent documentation to corroborate the source of the funds shall be provided.

Additional information

**Inheritance**

Inheritance date

Inheritance description

Name of deceased person

Profession of deceased person  
(position, company name, country, industry sector)

Provide details on the source of wealth of the deceased person

Link with the deceased person

Amount (or % of the total net wealth)

Are the funds to be invested in the Policy generated from this source?

 Yes

 No

 Yes

 No

If yes, reliable and independent documentation to corroborate the source of the funds shall be provided.

Additional information

**Donation**

Transaction date

Name of the donor

Profession of the donor  
(position, company name, country, industry sector)

Provide details on the source of funds donated by the donor to the donee

Link with the donor

Amount (or % of the total net wealth)

Are the funds to be invested in the Policy generated from this source?  Yes  No  Yes  No

If yes, reliable and independent documentation to corroborate the source of the funds shall be provided.

Additional information

**Divorce settlement**

Settlement date

Name of husband/spouse

Profession of husband/spouse (position, company name, country, industry sector)

Provide details on the source of wealth of the husband/spouse

Amount (or % of the total net wealth)

Are the funds to be invested in the Policy generated from this source?  Yes  No  Yes  No

If yes, reliable and independent documentation to corroborate the source of the funds shall be provided.

Additional information

**Other**

Provide details (among the details, provide the amount or % of the total wealth and the country where the wealth was generated)



Are the funds to be invested in the Policy generated from this source?

Yes

No

Yes

No

If yes, reliable and independent documentation to corroborate the source of the funds shall be provided.

2.3 Please describe the main type of assets\* the wealth of the PH/EBO is currently invested in\*\* (e.g. investments, real estate, bank accounts, art, companies, etc.):

**Financial investments/ Bank accounts**

Names of Companies



City and country



Date of investment



Amount (or % of the total net wealth)



Additional information



**Real Estate**

Type of Real Estate



City and country



Date of investment



Amount (or % of the total net wealth)

Additional information

**Company shareholding**

Names of Companies

City and country

Activity/ies carried out by the companies

Date of investment

Amount (or % of the total net wealth)

Additional information

**Other**

Type of asset

Names of Companies

City and country

Date of investment

Amount (or % of the total net wealth)

Additional information

Other information to be added:

\* The premium to be invested should be reflected in this section.

\*\* The total amount should be consistent with the total wealth mentioned under point 2.1.

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SECTION 3      ORIGIN OF PREMIUM TO BE INVESTED

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Please provide details of the bank accounts from which Premium payment is to be made in respect of the Policy:

Originating bank	<input style="width: 100%;" type="text"/>
City and country	<input style="width: 100%;" type="text"/>
Account number	<input style="width: 100%;" type="text"/>
Date when the bank account was opened	<input style="width: 100%;" type="text"/>
Accountholder's name	<input style="width: 100%;" type="text"/>
Cash/Assets	<input style="width: 100%;" type="text"/>
Amount	<input style="width: 100%;" type="text"/>

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Originating bank	<input style="width: 100%;" type="text"/>
City and country	<input style="width: 100%;" type="text"/>
Account number	<input style="width: 100%;" type="text"/>
Date when the bank account was opened	<input style="width: 100%;" type="text"/>
Accountholder's name	<input style="width: 100%;" type="text"/>
Cash/Assets	<input style="width: 100%;" type="text"/>
Amount	<input style="width: 100%;" type="text"/>

The Insurer reserves the right to request additional documentary evidence on the tax conformity of the assets.

Amount of unquoted assets to be transferred	<input style="width: 100%;" type="text"/>
Unquoted asset's name	<input style="width: 100%;" type="text"/>
Unquoted asset's incorporation country	<input style="width: 100%;" type="text"/>
Unquoted asset's main place of business	<input style="width: 100%;" type="text"/>

Shareholding percentage in voting rights and capital ownership (please specify if voting rights are different from capital ownership)

Has the PH/EBO a close link with, or influence or decision-making power over the unquoted asset to be transferred (i.e. managing controlling position)?

Is the PH/EBO an insider\* in relation to any quoted assets to be invested in the Policy?  Yes  No

If yes, please provide details (the function, company concerned etc.)

\* Insider refers to a person who possesses inside information as a result of being a member of administrative, management or supervisory body of the quoted company, having a holding in the capital of the quoted company, having access to information through the exercise of employment, profession or duties at a quoted company such as Director, legal or financial adviser or employee; a person who possesses inside information as a result of other circumstances where that person knows or ought to know that it is inside information (e.g. friend, family member, etc.).

SECTION 4 INTRODUCER/DISTRIBUTOR DECLARATION

Date when the PH/EBO became your or your firm's client:

How was the PH/EBO introduced to you or your firm?

How did you meet the PH/EBO for the sale of this Policy?  In face-to-face  Via a distance selling procedure

How well do you know the PH/EBO?  Excellent knowledge  Good knowledge  
 Moderate knowledge  Poor knowledge

Is the proposed investment in line with the occupation, life-style and apparent financial means of the PH/EBO(s)?

Are you aware of the PH/EBO being refused for business by another life assurance company or any other financial service provider, for any reason? (If so, please give details, including reasons)

Purpose of the PH/EBO in making an investment in an Utmost Luxembourg S.A. Policy: (Please provide details)

Is the PH planning to make additions or withdrawals to/from the Policy? (Please briefly comment with regard to potential time frames and amounts)

Name of Introducer/ Distributor			
Street/N°			
City/County		Postcode	
Country			

I confirm that

- › I comply with the regulations on the prevention of money-laundering and the financing of terrorism applicable to financial sector professions in my country of residence.
- › I have accordingly carried out my own due diligence on the Policyholder/EBO and have never had any cause for suspicion about him.
- › the Policyholder/EBO is known to me as the signatory of this Know Your Client questionnaire.
- › to the best of my knowledge and belief, the information given in this Know Your Client questionnaire is true and accurate. The Policyholder/EBO is acting in good faith, is/are the beneficial owner of the invested funds and the Premiums for this Policy are not of criminal origin or in any way likely to be used for money laundering or for the financing of terrorism.
- › I will provide the insurer with reliable and independent documentation to corroborate the source of funds (origin of the premium)/source of wealth as well as when required by the Insurer to corroborate the tax conformity of the premium (funds) to be invested.

**Introducer/Distributor**

**SIGNATURE**

Date

d	d	m	m	y	y	y	y
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Place

**Policyholder 1**

**SIGNATURE**

Date

d	d	m	m	y	y	y	y
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Place

**Policyholder 2**

**SIGNATURE**

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Place

**Policyholder 3**

**SIGNATURE**

Date

d	d	m	m	y	y	y	y
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Place

**Policyholder 4**

**SIGNATURE**

Date

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Place

**2 INVESTMENT PROFILE**

The aim of this Questionnaire is to analyse the requirements of the Policyholder, his financial position, his investment horizon, his investment objective and his knowledge and experience of financial investments. This information is compiled in the interests of the Policyholder in order to draw up his Investment Profile. As such, it is vital that the information provided is complete, correct, accurate, up to date, and honest. This Questionnaire must be completed by the Policyholder\* before subscribing the Policy or in other situations such as a change in his situation which might have an influence on his Investment Profile.

\* In the case of multiple Policyholders/Directors, they opt for a common Investment Profile which reflects the potential impact of investment decisions on their individual financial situations and the investment objectives of each investor.

**I. INVESTMENT QUESTIONNAIRE**

Please select the tick box best reflecting your answer to the questions.

A. KNOWLEDGE AND EXPERIENCE	POINTS				
	1	2	3	4	5
1. Which of the following options best describes your experience of the financial markets?					
None	<input type="checkbox"/>				
Less than 5 years		<input type="checkbox"/>			
5 to 10 years			<input type="checkbox"/>		
More than 10 years				<input type="checkbox"/>	

2. What is your experience in life assurance investments?	1	2	3	4	5
None	<input type="checkbox"/>				
I have already invested in life assurance products with capital guarantee.		<input type="checkbox"/>			
I have already invested in life assurance products without capital guarantee.			<input type="checkbox"/>		
3. How many of the following statements do you know about unit-linked life assurance products?	1	2	3	4	5
a) There is no guarantee on return nor on capital.					
b) The financial risk related to the investment is fully supported by the Policyholder.					
c) The life insurance product is invested in one or several investment funds.					
d) The insurance product includes fees and sometimes exit fees in case of early withdrawal.					
e) The investment funds are subject to their own costs and applicable taxes on its underlying financial instruments.					
I know only 1 statement.	<input type="checkbox"/>				
I know 2 statements.		<input type="checkbox"/>			
I know 3 statements.			<input type="checkbox"/>		
I know 4 statements.				<input type="checkbox"/>	
I know the 5 statements.					<input type="checkbox"/>
4. Which products do you know? (for this question the highest score must be ticked)	1	2	3	4	5
Cash deposits	<input type="checkbox"/>				
Bonds		<input type="checkbox"/>			
Equities			<input type="checkbox"/>		
Other higher risk investments (eg.: hedge funds, private equity, derivatives, structured products)				<input type="checkbox"/>	

5. How many unit-linked life assurance products have you taken out during the last five years?	1	2	3	4	5
None	<input type="checkbox"/>				
One			<input type="checkbox"/>		
More than one				<input type="checkbox"/>	
6. Do you have relevant education and/or (former) professional experience related to the financial markets (e.g. asset manager, certified auditor)?	1	2	3	4	5
No	<input type="checkbox"/>				
Yes - relevant education		<input type="checkbox"/>			
Yes - relevant profession			<input type="checkbox"/>		
Yes - relevant education and profession					<input type="checkbox"/>
7. How do you inform yourself on economic and financial matters?	1	2	3	4	5
I don't seek information.	<input type="checkbox"/>				
I read the financial press and actively seek relevant financial information.		<input type="checkbox"/>			
I consult experts on a regular basis (e.g. banker).			<input type="checkbox"/>		
I read the financial press and actively seek relevant financial information and I consult experts on a regular basis (e.g. banker).					<input type="checkbox"/>
<b>Result A:</b> (total points for the questions under A)					

B. INVESTMENT OBJECTIVES	POINTS				
1. What are your main investment objectives?	1	2	3	4	5
To manage my short term liquidity needs.	<input type="checkbox"/>				
To maintain the real value of my assets.		<input type="checkbox"/>			
To have a constant stream of income.			<input type="checkbox"/>		
To obtain moderate growth of my capital.				<input type="checkbox"/>	
To maximise the growth of my capital.					<input type="checkbox"/>
2. What is the investment horizon of your financial investments?	1	2	3	4	5
Less than 1 year	<input type="checkbox"/>				
Between 1 and 3 years		<input type="checkbox"/>			
Between 3 and 5 years			<input type="checkbox"/>		
Between 5 and 10 years				<input type="checkbox"/>	
More than 10 years					<input type="checkbox"/>
3. Which statement best reflects your understanding of risk and returns?	1	2	3	4	5
I am risk-averse. I want to avoid market fluctuations even if it means lower long-term returns.	<input type="checkbox"/>				
I prefer to invest in lower risk assets although I understand that some risk must be taken to achieve higher long-term returns.		<input type="checkbox"/>			
I am comfortable with moderate market fluctuations in order to generate higher long-term returns.			<input type="checkbox"/>		
I accept short term volatility in order to generate higher long-term returns.				<input type="checkbox"/>	
I want to maximise my long-term return and I accept significant fluctuations.					<input type="checkbox"/>

4. What is your risk tolerance relating to negative performance?	1	2	3	4	5
I will accept a loss of less than 5%.	<input type="checkbox"/>				
I will accept a loss between 5% and 10%.		<input type="checkbox"/>			
I will accept a loss between 10% and 15%.			<input type="checkbox"/>		
I will accept a loss between 15% and 20%.				<input type="checkbox"/>	
I will accept a loss of more than 20%.					<input type="checkbox"/>
<b>Result B:</b> (total points for the questions under B)					

C. FINANCIAL SITUATION	POINTS				
1. What is your total wealth?	1	2	3	4	5
Less than EUR 500,000	<input type="checkbox"/>				
Between EUR 500,000 and EUR 1,000,000		<input type="checkbox"/>			
Between EUR 1,000,000 and EUR 5,000,000			<input type="checkbox"/>		
Between EUR 5,000,000 and EUR 10,000,000				<input type="checkbox"/>	
Above EUR 10,000,000					<input type="checkbox"/>
2. What is your annual income (salary, interest, rental income)?	1	2	3	4	5
Less than EUR 60,000	<input type="checkbox"/>				
Between EUR 60,000 and EUR 120,000		<input type="checkbox"/>			
Between EUR 120,000 and EUR 500,000			<input type="checkbox"/>		
Between EUR 500,000 and EUR 1,000,000				<input type="checkbox"/>	
Above EUR 1,000,000					<input type="checkbox"/>

3. What is your annual expenditure?	1	2	3	4	5
Above EUR 1,000,000	<input type="checkbox"/>				
Between EUR 500,000 and EUR 1,000,000		<input type="checkbox"/>			
Between EUR 120,000 and EUR 500,000			<input type="checkbox"/>		
Between EUR 60,000 and EUR 120,000				<input type="checkbox"/>	
Less than EUR 60,000					<input type="checkbox"/>

4. Do you expect to require access to your capital and/or income generated by your investment?	1	2	3	4	5
Yes - to both capital and income	<input type="checkbox"/>				
Yes - to capital		<input type="checkbox"/>			
Yes - to income			<input type="checkbox"/>		
No					<input type="checkbox"/>

**Result C:** (total points for the questions under C)

**RESULT / TOTAL**

TOTAL POINTS				
BETWEEN 15 AND 25 POINTS	BETWEEN 26 AND 37 POINTS	BETWEEN 38 AND 50 POINTS	BETWEEN 51 AND 60 POINTS	BETWEEN 61 AND 70 POINTS
Cautious or defensive investor	Moderate investor	Balanced investor	Active investor	Aggressive investor

Profile

## II. YOUR INVESTMENT PROFILE

INVESTMENT PROFILE	DESCRIPTION
Cautious or defensive investor	The investor seeks a conservative return taking a limited risk. The objective of the investor is to achieve progressive capital growth while undertaking limited risk in normal economic and market conditions. The investor accepts that risk hedging strategies will be applied to reduce the volatility of the portfolio and an investment horizon of at least 3 years.

Moderate investor	The investor seeks a moderate increase in capital in the medium term while undertaking limited risk under normal economic and market conditions. The investor accepts relatively weak portfolio volatility and an investment horizon of at least 5 years. The investor is ready occasionally to give up certain measures of investment security and invest in more volatile financial instruments such as shares. The investor accepts that risk hedging strategies can reduce the volatility of the portfolio. The investor accepts that part of the investment may be invested in alternative investments.
Balanced investor	The investor seeks a moderate growth in capital in the medium/long term through a balance between security and performance. The level of risk is average. The investor accepts that risk hedging strategies can reduce the volatility of the portfolio and an investment horizon of at least 7 years. The investor accepts that part of the investment may be invested in alternative investments.
Active investor	The investor seeks a capital appreciation over the years. The investor accepts that the capital invested can rise or fall and that portfolio volatility includes the risk of considerable losses. The risk level of the investor is high. The investor accepts that risk hedging strategies can reduce the volatility of the portfolio and an investment horizon of at least 9 years. The investor accepts that part of the investment may be invested in alternative investments.
Aggressive investor	The investor seeks a high performance in the long term and is ready to undertake substantial capital risk in exchange for this. The investor accepts that the volatility of his/her portfolio is elevated. The investment horizon of the investor is more than 10 years. The risk level of the investor is very high. The investor accepts that risk hedging strategies can reduce the volatility of the portfolio. The investor accepts that part of the investment may be invested in alternative investments.

**What % of your total wealth does the investment into this product represent?**

%
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### III. ALIGNMENT WITH THE INVESTMENT STRATEGY

The Investment Profile identified above is necessary to ensure that it matches the Policyholder's Investment Strategy (which term includes the selected Fund allocation, investment strategy of an Internal Dedicated Fund and/or asset allocation of a Specialised Assurance Fund).

The Policyholder understands that his/her personal situation may change and thus the answers provided in the Questionnaire may also change. The Policyholder undertakes to inform the Insurer immediately about such change(s), which might affect the Investment Profile.

The Policyholder declares that the information was obtained using clear, precise and fully comprehensible questions and that the Insurer has provided him with all the information needed to give informed answers to the questions asked.

The Policyholder acknowledges the content of the Investment Profile defined by the Distributor or by the Insurer. The Insurer advises him to select an Investment Strategy corresponding to his Investment Profile.

The Policyholder may choose an Investment Strategy entailing exposure to a different level of risk than that described in his Investment Profile. An Investment Strategy with a higher risk level than that described in the Investment Profile could entail a greater risk of investment loss. An investment strategy with a lower risk level than that described in the Investment Profile remains capable of generating loss for the Policyholder. Such loss could take the form of investment loss but could equally consist of a failure to achieve desired investment gains or other objectives.

Should the Policyholder choose an Investment Strategy with a risk level that deviates from that described in his Investment Profile then he does so at his own risk and will bear any and all loss of any nature resulting therefrom.

Should the risk level of the chosen Investment Strategy be higher than the risk level of the Investment Profile, the Policyholder must complete the following section, giving the reasons for this choice.

**Reason why** for deviation from the Investment Profile (if applicable):

- The Policyholder acknowledges and understands that the selected Strategy is not in line with his Investment Profile. He agrees to select a more aggressive Strategy because this insurance policy only represents part of his overall invested wealth.
- The Policyholder acknowledges and expressly agrees that the selected Strategy will be more aggressive than his Investment Profile. He seeks higher returns and assumes risks of capital loss in pursuit of this return objective.
- Other reason, please explain:

The Policyholder acknowledges the potential risks relating to the chosen Investment Strategy.

The Policyholder has taken this decision on his own initiative, based on personal reasons and specific circumstances, at his own risk. He has had the opportunity to consult all relevant documentation prior to making this decision.

Consequently, the Policyholder asks the Insurer to execute his request.

The Insurer reserves the right not to carry out any transaction until the Policyholder has opted for an Investment Strategy corresponding to his Investment Profile or until the Policyholder has provided the Insurer with a completed and signed deviation request.

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#### IV. CLASSIFICATION OF THE POLICYHOLDER

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In accordance with CAA Circular Letter 15/3, the Policyholder will be assigned a category based on the invested Premium and the Policyholder's transferable wealth.

This classification determines which types of Fund the Policy can invest in and, for Internal Funds, the types of asset the Fund can invest in.

The Policyholder confirms that his Policy shall be subject to the investment rules as defined under CAA Circular Letter 15/3, if not already the case.

Transferable wealth is wealth in the form of transferable securities, equal to the total value of financial instruments held by the Policyholder, plus bank deposits and the value of life insurance and capitalisation contracts, less debts of any nature.

Premium to be invested:

Transferable wealth:

POLICYHOLDER CATEGORY	MINIMUM PREMIUM	TRANSFERABLE WEALTH
<input type="checkbox"/> Type A	EUR 125,000	EUR 250,000
<input type="checkbox"/> Type B	EUR 250,000	EUR 500,000
<input type="checkbox"/> Type C	EUR 250,000	EUR 1,250,000
<input type="checkbox"/> Type D	EUR 1,000,000	EUR 2,500,000

The Policyholder may request a change of category. The relevant forms are available from the Insurer upon request.

**3 PRIIPS KEY INFORMATION DOCUMENT**

The PRIIPs Regulation requires a person advising on, or selling, a packaged retail and insurance-based investment product (PRIIP) such as this, to provide retail investors with a key information document in good time before those retail investors are bound by any contract or offer relating to that PRIIP.

You can choose to receive PRIIPs key information documents in paper form or online via access to a website. They will be provided to you in paper form unless you choose to access them via the website. If you would like to get key information in a medium other than paper form, please tick the box below and supply a valid email address for an email account in your name.

I would like to receive key information documents and specific information documents:

online via the website. I declare that I have regular access to the internet and that such means is appropriate in the context of the business conducted with Utmost Luxembourg S.A.

My email address is:

The website at which key information documents and specific information documents can be accessed is [www.utmostinternational.com/priips](http://www.utmostinternational.com/priips).

Note that you have the right, on request, to receive key information documents in paper form and free of charge at any time.

**4 POLICYHOLDER DECLARATION**

The Policyholder confirms, by signing below, that the information provided in this form is correct.

The Policyholder declares that the information was obtained using clear, precise and understandable questions, and that the Distributor provided all of the information necessary to give an informed answer to the questions asked.

The Policyholder confirms that notification was received regarding the fact that this information is gathered in his interests, with the purpose of identifying him and establishing his investment profile.

**Policyholder 1**

**SIGNATURE**

Date

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Place

**Policyholder 2**

**SIGNATURE**

Date

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Place

**Policyholder 3**

**SIGNATURE**

Date

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Place

**Policyholder 4**

**SIGNATURE**

Date

d	d	m	m	y	y	y	y
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Place

**Distributor**

**SIGNATURE**

Date

d	d	m	m	y	y	y	y
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Place

A WEALTH *of* DIFFERENCE

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