

Information Disclosure and Authorization

Please PRINT clearly.

SECTION I. INFORMATION DISCLOSURE

A. Personal Information

Please PRINT name exactly as you wish it to appear in future documents.

1. Mr. Mrs. Ms. Mdm. Other Title

<input type="text"/> Family Name/Last Name	<input type="text"/> Given Name/First Name	<input type="text"/> Suffix
Are you/have you been known under any Former Name, Maiden Name, Western Name or Alias? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," please provide the other names below		
<input type="text"/> Date of Birth (dd/mm/yyyy)		<input type="text"/> Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

2. City of Birth Country of Birth

3. a. Country(ies) of Citizenship

b. Permanent Resident Address

4. a. City State/Province Country Postal Code

Email address Country Code and Phone Number

- b. How long have you lived at the present address? _____ (years)
- c. If less than 10 years, did you live in a different country? Yes No
If "Yes," please name the previous country of residence:

- d. Do you own additional residential properties (vacation home, second home, time share, etc.)? Yes No
If "Yes," please give full address of each and amount of time spent there each year:

Property Purpose	Full Address	Amount of Time Spent There Each Year

SECTION I. INFORMATION DISCLOSURE (continued)

5. Do you hold a current passport, visa, or have permanent resident status in any country other than listed above? Yes No

Country	Passport, Visa or Permanent Resident Status	Amount of Time Spent There Each Year

6. Have you or any close relative ever held a senior position in a government, political party, military, tribunal, or government owned corporation? Yes No

If "Yes," please provide title/rank, details of duties, time period position was held, and nature of relationship with the PEP:
Refer to Field Underwriting Guide for further information.

Title/Rank	Details of Duties	Time Period Position Was Held (mm/yyyy to mm/yyyy)	Nature of Relationship to the PEP

7. Do you participate in hazardous avocations such as scuba diving, hang gliding, mountain climbing, automobile racing or other hazardous activity? Yes No

8. Do you participate in aviation activities other than as a passenger on scheduled commercial airlines? Yes No

If you answered "Yes" to questions 7 and/or 8, please complete the appropriate questionnaire(s).

9. Have you ever used tobacco or nicotine products in any form (including but not limited to cigarettes, cigars, cigarillos, pipe, chewing tobacco, vapour products, marijuana, nicotine patches, nicotine gum, hookah, e-cigarettes or shisha)? Yes No
If "Yes," please provide details:

Product(s)	Amount(s)	Frequency of Use	Date(s) last used (mm/yyyy)

SECTION I. INFORMATION DISCLOSURE (continued)

- 10. a.** In the past 10 years, have you been convicted of reckless driving, driving while intoxicated, or had a driving license suspended or revoked? Yes No
- b.** Have you ever been convicted due to an automobile accident? Yes No
- 11.** Do you have any pending charges, or have you ever been charged with or convicted of any criminal offense, or are you currently on probation, parole or statutory release? Yes No

If you answered "Yes" to any of the questions 10a through 11, please provide details and dates:

SECTION I. INFORMATION DISCLOSURE (continued)

12. Have you travelled over the past 12 months? Yes No
If "Yes," please provide details:

Past 12 months

City/Cities	
Country	
Length of Visit	Frequency of Visits

City/Cities	
Country	
Length of Visit	Frequency of Visits

City/Cities	
Country	
Length of Visit	Frequency of Visits

13. Do you plan to travel in the next 12 months? Yes No
If "Yes," please provide details:

Next 12 months

City/Cities	
Country	
Length of Visit	Frequency of Visits

City/Cities	
Country	
Length of Visit	Frequency of Visits

City/Cities	
Country	
Length of Visit	Frequency of Visits

SECTION I. INFORMATION DISCLOSURE (continued)

14. Do you plan to live outside your current country of residence within the next two years? Yes No
 If "Yes," please complete questions 14a - d.

a. Name the city and country in which you plan to reside:

City	Country
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b. Reason for your change in residence:

c. How long will you be at this new residence? _____

d. Do you plan to return to your current country of residence? Yes No
Complete the appropriate questionnaire if applicable.

B. Life Insurance In Force

1. Do you have Life Insurance In Force? Yes No
 If "Yes," please complete question 2.

2.

Name of Insurance Company	Amount of Coverage In Force	Year of Issue

3. Do you plan to:

- Replace Yes No
- Change Yes No
- Use values from any existing insurance coverage as a source of premium payment for coverage being applied for Yes No

If "Yes," please provide details:

SECTION I. INFORMATION DISCLOSURE (continued)

C. Insurance History

Have you ever had any applications for life, disability, critical illness, health or long term care insurance declined, rated, postponed, cancelled or modified in any way? Yes No
 If "Yes," indicate when, which company and why:

Year of Application	Insurance Company	Product Applied For	Decision and Reason

D. Life Insurance Currently Applied For

1. Do you have any applications for life insurance currently pending or contemplated? Yes No
 If "Yes," please provide details:

Name of Insurance Company	Amount of Coverage	Date of Application

2. Ultimate Total Line

What is the ultimate total amount to be placed in all companies (including existing in force life insurance coverage)?

SECTION II. CONFIDENTIAL FINANCIAL STATEMENT

A.1. Business/Employer Information

Name of Business/Employer		Nature of Business (manufacturing, hospitality etc.)	
Business Street Address			
City	State/Province	Country	Postal Code
Business Website Address			
Job Titles and Duties			

A.2. Income Statement (in U.S. dollars)

- Joint, shared with _____ (indicate relationship). Portion earned by Client _____%.
- Individual

Earned Annual Income	US\$	Unearned Annual Income	US\$
Salary		Investments (Bonds, Dividends, Interest, etc.)	
Bonus		Real Estate (Profit from sales of properties, Rental income, etc.)	
Others		Business (Directorship, LLP, Partnership, Sole-proprietorship, etc.)	
Others		Others (Gift, Inheritance, etc.)	
Total Annual Income (Earned + Unearned)			

A.3. Assets/Liabilities

- Joint, shared with _____ (indicate relationship). Portion earned by Client _____%.
- Individual

Assets	US\$	Liabilities	US\$
Cash and Savings		Personal Loans	
Stocks and Bonds		Margin Account	
Value of Business Interest (please provide details in A4)		Loan Guarantees	

SECTION II. CONFIDENTIAL FINANCIAL STATEMENT (continued)

A.4.

Assets	US\$	Liabilities	US\$
Real Estate (please provide details below)		Mortgages	
Others		Others	
Total Assets		Total Liabilities	
Net Worth (Total Assets – Total Liabilities)			

Real Estate: City and Country	Purpose	
1	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Rental	\$
2	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Rental	
3	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Rental	
4	<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> Rental	

Net Business Interests: Company Name	City and Country	Percentage Owned	Website	
1				\$
2				
3				
Other (please specify)				

A.5. In the last 5 years, have you declared or been petitioned into personal or corporate bankruptcy? Yes No
 If "Yes," please provide dates and details:

A.6. Is the purpose of insurance related to business? Yes No
 If "Yes," please complete the Business Financial Statement on Page 9.

B. Financial References

Name of Bank/Financial Institution	Country	Name of Contact

SECTION III. BUSINESS FINANCIAL STATEMENT

A. If the purpose of insurance is related to business, please complete this questionnaire.

Name of Business		
Permanent Business Address		
Current Mailing Address, If Different		
City	State/Province	Country
Business Website Address		

Purpose of Insurance

Key person Credit coverage Deferred compensation Buy/Sell Other _____

Type of Business

Sole proprietorship Corporation General Partnership Limited Partnership Limited liability company Other _____

Nature of the Business

General Data

Client's Position in the Company	Salary \$ (U.S.)
Length of Service	Bonus \$ (U.S.)
Client's Ownership Share of the Business	

1. Are other key employees to be insured? Yes No
2. Have you ever declared bankruptcy? Yes No

If "Yes" to question 1 or 2, please give further details:

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Balance Sheet (in U.S. dollars)

Attach a copy of current audited financial statement.

Assets	\$
Net Worth	\$
Gross Income	\$

Liabilities	\$
Market Value	\$
Net Income	\$

SECTION III. BUSINESS FINANCIAL STATEMENT (continued)

I authorize

Name of Contact at Financial Institution

of

Financial Institution

to discuss and/or release information regarding the assets held in my account by the above mentioned financial institution.

SECTION IV. MEDICAL INFORMATION

For Non-Medical underwriting submissions, please complete the Health History Questionnaire.

A. Medical Advisor/Clinic/Hospital Information

Refer to Confidential Medical Questionnaire

Do you have a personal care physician? Yes No

If "Yes," provide details below:

Name of personal physician, medical clinic, health care advisor or hospital last consulted			
Street Address			
City	State/Province	Country	Postal Code
Name on file (if different than legal name)			Date last visited
Reason for last medical consultation			
Treatment or medication prescribed and results of any tests completed			

If information is to be released by a person or facility located in the U.S., the Authorization for Release and Disclosure of Health Related Information form must be attached.

I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility to release any and all information contained in my records to any life insurance company. The life insurance company may disclose this information to (1) insurers, (2) reinsurers, or (3) any financial representative, broker, or agent to determine my insurability for life insurance.

SECTION V. CONSENT AND AUTHORIZATION

This is PART I of the Consent and Authorization and requires signatures as set out.

Attention Authorized Representative: Did you act as a translator or did you require a third party translator to question the Client? Yes No
If "Yes," complete and attach an Interpreter Services Declaration form.

The undersigned hereby acknowledges and agrees that personal information about the proposed insured obtained by the Company, including via this questionnaire, may be relied upon by the Company and used by:

Authorized Representative Name (Please PRINT clearly.)	
Authorized Representative Signature	Date (dd/mm/yyyy)
X	

as my representative and agent, as the basis for making application for life insurance coverage on my life. This questionnaire does not constitute an offer of life insurance coverage, nor is it intended to be a solicitation on behalf of any life insurance company. My answers to the questions on this form and any ancillary forms will be used to assess my insurability, and I represent and warrant that my answers are complete, correct and true to the best of my knowledge and belief. I have given all information which is relevant and which could influence a company's underwriting decision (if unsure whether a particular fact is relevant, it should be disclosed here in writing), and I understand and agree that the failure to provide all relevant information in complete detail may result in benefits being contested by any company which provides me with life insurance coverage, including that the policy may be cancelled or terminated. In addition to my answers to this questionnaire, information about me from other sources may be considered. This information may include personal information, such as results of a physical examination, information from my health care providers, from third parties, existing databases, and additional questionnaires which I may be asked to complete and sign.

Also, by this form, I hereby authorize and appoint the above named Authorized Representative, as my attorney in fact, and as my representative and agent to submit this questionnaire (or a copy) and to complete such other ancillary forms as may be required in connection with placing insurance coverage for up to, but not exceeding \$ _____ (U.S. dollars) in face benefits, or \$ _____ (U.S. dollars) of initial premium. I understand and agree that any life insurance coverage requested based on the information contained herein will not become effective until and unless (a) the Policy issued during the lifetime of the Insured (b) the annual premium is received in good order by the life insurance company, and (c) the statements made in this Information Disclosure and Authorization, the Confidential Medical Questionnaire, the Health History Questionnaire and any ancillary forms/questionnaires remain complete and true as of the date the policy is delivered. No premium or other consideration has been paid with this questionnaire, and no premium will be payable until and unless such coverage has been placed, as communicated in writing, to the financial representative or owner, by the life insurance company providing such coverage.

I understand and agree that:

1. All information that the Company collects about me (including personal information), which includes the information provided via this questionnaire and all ancillary forms (and together with the information I provide at the time of my medical examination) will, and may be used by the Company in connection with, and to form the basis of, and will also become part of, any life insurance issued as a result thereof.
2. The Company has fundamentally relied upon all such information to issue such life insurance policy.
3. No Financial Representative, broker, agent or medical examiner has the authority to make or modify any life insurance policy, to decide whether I am an acceptable risk or to waive any rights or requirements of any insurance company.
4. In accepting any policy that may be issued, I authorize the Authorized Representative to accept any corrections and amendments made by the life insurance company. No change in plan, amount, benefits, age at issue or classification can be made without the Authorized Representative's written consent.
5. The Authorized Representative is acting on my behalf and not as the soliciting agent for any life insurance company, and no solicitation for life insurance has been made in my country of residence in connection herewith.
6. Any life insurance company, bank or trust company may rely on the information contained herein as if this questionnaire was prepared directly for use by any of them. A copy shall be deemed to be the same as the original questionnaire by any such company.
7. I understand that any illustration which may be presented to me is intended only to demonstrate how life insurance may perform. Cash values, life insurance benefits and net annual outlays may be greater or less than those shown in the illustration, depending on future interest rates, future cost of insurance charges and the timing and amount of future premium payments and policy loans. I acknowledge that any illustration presented to me does not form any part of any certificate/policy of life insurance coverage which may be issued on my life.
8. The limited power of attorney granted to the Authorized Representative in connection with the life insurance coverage described herein shall terminate automatically without any rights or duties surviving such termination upon acceptance by the Authorized Representative of any policy issued pursuant hereto and thereupon shall no longer be of any force and effect.
9. To the extent required or permitted by laws or regulations applicable to the life insurance company or its corporate parent(s), subsidiaries, or affiliates, the policy [certificate] and any person's interest therein may be reported to tax and regulatory authorities in Bermuda or other applicable jurisdictions.

This authorization and/or copies of it will be used for purposes of assessing all eligibility for life insurance coverage and for the administration of said life insurance coverage that may be issued by the company on the life of the Client.

continued on next page

SECTION V. CONSENT AND AUTHORIZATION (continued)

This is PART II of the Consent and Authorization and requires signatures as set out.

I hereby represent to any life insurance company which is provided this Information Disclosure and Authorization (“IDA”) booklet that the information I have provided in this IDA booklet including my answers to the above questions contained in this IDA booklet are complete, correct, and true to the best of my knowledge and belief. I agree that my answers, as listed in this IDA booklet, together with all ancillary forms (and information provided by any medical examination) will be fundamentally relied upon by such life insurance company and, as such, shall form the basis for life insurance coverage and that all such documents shall be incorporated as part of any Policy or Certificate issued which provides life insurance coverage on my life. I confirm I am not acting on behalf of or at the direction of an undisclosed third party or identification information as prescribed by the insurance company is submitted herewith.

Without limiting any other provision of this Consent and Authorization, by signing below, the undersigned agrees, consents to and acknowledges that the Company will collect, use and may disclose personal information to others for the following purposes:

(a) in any connection with any life insurance coverage the undersigned may apply for or secure; (b) undertaking any evaluations, analytics, assessments and determinations related to actuarial, pricing and policy terms and conditions that may be required; (c) to process and evaluate an application, transaction, or request related to life insurance, annuity, investment account, or other product or service we may offer (any of which referred to here for convenience as “your policy”), (d) to underwrite an application for your policy, (e) to administer claims and determine or fulfill responsibility for coverage and provision of benefits, (f) to administer coverage, benefits, and other features provided by your policy, (g) to obtain reinsurance, or (h) for any other legally permissible purpose related to your policy provided by the Company; and, as set out and described in the Privacy Notice concerning the Company’s use of the undersigned’s personal information by, which the undersigned hereby confirms and represents to the described herein the undersigned has accessed, reviewed and understands. You may obtain a copy of the Company’s Privacy Notice by visiting the Company’s website or by requesting a copy from your Financial Representative.

I further authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility to release any and all information contained in my records to any life insurance company.

The undersigned agrees that the life insurance company may disclose your personal information, including medical information, to any third parties who may reasonably require such information in any connection with the insurance policy and coverage, including to: (1) reinsurers, (2) affiliates, (3) third party service providers, (4) professional advisers, and (5) any financial representative, broker or agent, to carry out the described with administration of your policy, and otherwise as permitted by applicable law and as set out in the Company’s Privacy Notice. You may also obtain a copy of the Company’s Privacy Notice from your Financial Representative.

With respect to financial records, I authorize the following financial institution to discuss and/or release to the life insurance company for the purposes detailed herein any information regarding the assets held in my account at the financial institution:

Name of Contact at Financial Institution

of

Financial Institution

Identification

Please attach an authenticated copy of your passport or government-issued identity document. **The identification number, your photograph and your signature must be legible.**

Government ID Number	Country of Issue
Passport Number	Country of Issue
Date of Expiration (dd/mm/yyyy)	

NOTE: If the proposed insured is under age 18 then the signature of a parent or legal guardian is required in the space provided below.

Proposed Insured Name (Please PRINT clearly.)	
Signature of Proposed Insured X	Date (dd/mm/yyyy)
Signature of Parent/Legal Guardian (please circle which applies) X	Date (dd/mm/yyyy)