

# LIFE INSURANCE APPLICATION FORM

## The Life Benefit Master Trust Ownership

### IMPORTANT INFORMATION

Transamerica Life (Bermuda) Ltd. may be referred to as "TLB" or "the Company" in this application, whereas the The Life Benefit Master Trust shall be referred to as "the Trust".

Please complete in ENGLISH and BLOCK CAPITALS.

If you make a mistake completing this application form, simply cross out the error, note the correct details and initial each correction.

Capitalised terms in this form have the same meaning as defined in the policy.

Help us to process your application by answering all questions fully and accurately to the best of your knowledge.

If the Proposed Insured has an existing policy with us, please provide the policy number (if known): \_\_\_\_\_

This form must be accompanied by a completed "Trust Application for The Life Benefit Master Trust" form.

### FOR INTERNAL USE

Policy Number	
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**Section 1 Insurance Intermediary's Details**

Producer Name	Given Name(s)	Surname
Producer ID		Office ID
Distributor Name		

**Section 2 Proposed Insured Details**  Select the box that applies

Full Name (As shown on ID Card/ Passport)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other	
	Given Name(s)	Surname
Alias Name (if any)	(1)	(2)
Date of Birth	(dd/mm/yyyy)	

**Section 3 Proposed Policy Owner Details**  Select the box that applies

Full Name	<b>Ocorian Services (Bermuda) Limited as Trustee of Sub-Trust</b>	
Alias Name (if any)	(1)	(2)
Registered Office Address	<b>Victoria Place, 5<sup>th</sup> Floor, 31 Victoria Street</b>	
	City	<b>Hamilton</b>
	Country	<b>Bermuda</b>
	Postal Code	<b>HM10</b>
Situs of Trust - the Trust is subject to the laws of Bermuda		

**Correspondence and Billing Address**

All correspondence, including but not limited to, notices of premium due and lapse notices will be sent to the Trustee at the address as indicated above, unless an alternative address is provided below.

TLB is not responsible for any loss or damages arising from these instructions concerning correspondence and communications (whether by regular mail, courier or electronic transmission). Notwithstanding the alternative address provided below, TLB reserves the right to send correspondence directly to the Trustee.

Yes, please send all communication to the following alternative address:

Number, Street, Building			
City	State/Province		
Country/Region	Postal Code		
To the attention of/ In care of	Relationship to Trustee		

**Section 4 Beneficiary Information**

**IMPORTANT NOTES**  
The Trustee of the Sub-Trust to be established (using supplementary 'Trust Application for The Life Benefit Master Trust' form) will be the beneficiary of this policy.

Name	<b>Ocorian Services (Bermuda) Limited as Trustee of Sub-Trust</b>		
Relationship to the Proposed Insured	Trustee	Percentage	100%

Sum Assured Applied For	USD _____
Payment Mode	Premium Payment: Telegraphic Transfer only
Source of Funds (origin of the funds used to pay premiums - you may tick more than one box)	You may select more than one <input type="checkbox"/> Employment/ Trade Income <input type="checkbox"/> Sales of Property <input type="checkbox"/> Savings <input type="checkbox"/> Investment/Rental Income <input type="checkbox"/> Maturity of Surrender of Policy or Sales of Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Other (please specify: _____)
Source of Wealth (where your wealth is derived from - you may tick more than one box)	You may select more than one <input type="checkbox"/> Employment/ Trade Income <input type="checkbox"/> Sales of Property <input type="checkbox"/> Savings <input type="checkbox"/> Investment/Rental Income <input type="checkbox"/> Maturity of Surrender of Policy or Sales of Investments <input type="checkbox"/> Inheritance <input type="checkbox"/> Other (please specify: _____)
Will there be any premium financing for the policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please confirm which bank is providing the premium financing: _____
Total Net Worth	Total Net Worth: USD _____
Product Type	Trendsetter Ultra Term Life -> complete section 5.1 Universal Life Alpha Pro -> complete section 5.2a Genesis+ Indexed Universal Life 2 -> complete section 5.2b

**5.1 Trendsetter Ultra Term Life product**

Plan Type	<input type="checkbox"/> Trendsetter Ultra
	Policy Term <input type="checkbox"/> Terms up to age 80 (Number of protection years (minimum 5 ears): _____) <input type="checkbox"/> Term to age 90 (only for issue age 40-65) <input type="checkbox"/> Term to age 100 (only for issue age 40-65)
	Additional Rider Benefits <input type="checkbox"/> Accidental Death Benefit <input type="checkbox"/> Total and Permanent Disability Benefit: USD _____ <input type="checkbox"/> Waiver of Premium Benefit
Premium Frequency	<input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly

**5.2a Universal Life products**

Plan Type	<input type="checkbox"/> Universal Life Alpha Pro <input type="checkbox"/> Other: _____
Premium Frequency	<b>Single Premium:</b> USD _____ OR <input type="checkbox"/> <b>Planned Premiums:</b> _____ <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly Planned Premium Payment (per year) USD _____ for _____ year(s) Planned Initial Lump Sum                      USD _____

**5.2b Genesis+ Indexed Universal Life 2**

Plan Type	<input type="checkbox"/> Genesis+ Indexed Universal Life 2																					
Cash Value Enhancement (CVE)	<input type="checkbox"/> Cash Value Enhancement (CVE)																					
Future Insurability Option	<input type="checkbox"/> Future Insurability Option (only for full medical applications and subject to pre-approval by underwriting)																					
Premium Frequency	<p><b>Single Premium:</b> USD _____</p> <p>OR</p> <p><input type="checkbox"/> <b>Planned Premiums:</b> _____</p> <p><input type="checkbox"/> Annual                      <input type="checkbox"/> Semi-Annual                      <input type="checkbox"/> Quarterly</p> <p>Planned Premium Payment (per year) USD _____ for _____ year(s)</p> <p>Planned Initial Lump Sum                      USD _____</p>																					
Premium Allocation	<p>I wish to allocate net premium(s) as per the following: (please complete in whole percentage)</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:25%;">Genesis+ Indexed Universal Life 2</th> <th style="width:30%;">Apply DCA as per the option below -&gt; complete Dollar Cost Averaging (DCA) if selected</th> </tr> </thead> <tbody> <tr> <td>Fixed Account</td> <td style="text-align: center;">%</td> <td style="text-align: center;">N/A</td> </tr> <tr> <td>Global Index Account</td> <td style="text-align: center;">%</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>S&amp;P 500 Index Account</td> <td style="text-align: center;">%</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>S&amp;P 500 Shariah Index Account</td> <td style="text-align: center;">%</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>VC Uncapped Index Account</td> <td style="text-align: center;">%</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td><b>Total</b></td> <td style="text-align: center;"><b>100%</b></td> <td></td> </tr> </tbody> </table> <p style="font-size: small; margin-top: 10px;">This premium allocation instruction will only apply to future premium payments (and not funds already allocated to any accounts of the policy) until a written request on new allocation instruction is approved by us. Please note a Lock-in Date applies in respect of the funds allocated to the Index Account.</p>		Genesis+ Indexed Universal Life 2	Apply DCA as per the option below -> complete Dollar Cost Averaging (DCA) if selected	Fixed Account	%	N/A	Global Index Account	%	<input type="checkbox"/>	S&P 500 Index Account	%	<input type="checkbox"/>	S&P 500 Shariah Index Account	%	<input type="checkbox"/>	VC Uncapped Index Account	%	<input type="checkbox"/>	<b>Total</b>	<b>100%</b>	
	Genesis+ Indexed Universal Life 2	Apply DCA as per the option below -> complete Dollar Cost Averaging (DCA) if selected																				
Fixed Account	%	N/A																				
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VC Uncapped Index Account	%	<input type="checkbox"/>																				
<b>Total</b>	<b>100%</b>																					
Dollar Cost Averaging (DCA)	<p>I wish to transfer funds to Index Account via DCA.</p> <p><input type="checkbox"/> Option 1. Specific amount to be transferred to the selected sub-account(s) of Index Account</p> <p>Monthly Amount: \$ _____ (in whole dollar amount)</p> <p>Number of transfers (optional): _____ (minimum 2 months)</p> <ul style="list-style-type: none"> <li>• If the number of transfers is not specified, the DCA will continue until we receive further notice from you.</li> <li>• By stating the number of transfers in the above, I/we acknowledge that my/our DCA option instruction will be deemed completed after the number of transfers indicated above have been made, and no DCA option will be applied to any future funds until I/we have provided written instructions for a new DCA option to be set up.</li> </ul> <p><input type="checkbox"/> Option 2. Spread the Net Premium and/or any other amounts designated by you to the Index Account monthly over 12 instalments, the DCA will continue until we receive further written notice from you.</p> <p>Please note the following regarding the DCA option offered by TLB for this product:</p> <ol style="list-style-type: none"> <li>1. DCA option allows you to transfer funds to the Index Account at monthly instalments, minimum 2 monthly instalments and until your further notice. DCA does not assure a profit nor protect against a loss in a declining market.</li> <li>2. Segments created from transfers under DCA will be created on the 15<sup>th</sup> of each calendar month, provided that your instruction in this request form is approved prior to the Lock-in Date of the relevant Segment. Otherwise, it will be created on the Segment Start Date of the following calendar month.</li> <li>3. The specified amount (Net Premium) in Option 1 above is the whole dollar amount to be transferred from the Fixed Account to the Index Account for each scheduled DCA monthly transfer.</li> <li>4. For Option 1, if the remaining balance for DCA is less than the scheduled monthly amount, the remaining balance will still be transferred for that instalment.</li> <li>5. For Option 2, the monthly DCA transfer amount is the total of each fund transfer by DCA on the transfer date divided by remaining number of instalments.</li> <li>6. Selection or change of the DCA option will not affect premium allocation of your policy and change in premium allocation will not affect the DCA option.</li> <li>7. You may change or cancel your DCA instructions by sending us a written request. Your instructions will take effect from the next Segment Date following approval of your written request.</li> <li>8. Your DCA instructions will only take effect during the period specified by you. If you wish to apply for DCA upon completion of your current instructions, you must submit another written request.</li> </ol>																					

## 5.2b Genesis+ Indexed Universal Life 2 (continued)

Matured Segment Proceeds Handling	<input type="checkbox"/> Reinvest to a new Segment
	<input type="checkbox"/> Reallocate Segment proceeds upon maturity as follows:
	Genesis+ Indexed Universal Life 2
Fixed Account (DCA Portion)	%
Fixed Account (Non-DCA Portion)	%
Global Index Account	%
S&P 500 Index Account	%
S&P 500 Shariah Index Account	%
VC Uncapped Index Account	%
Total	100%
If this section is not completed, the matured Segment proceeds associated with each of the sub-accounts of the Index Account will be automatically reinvested 100% into a new Segment under each of the sub-accounts of the Index Account respectively. These allocations may be updated over time as required. Please refer to the Product Summary materials.	
Death Benefit Payment Option	In lump sum (for policies held under The Life Benefit Master Trust, all Death Benefit due will be paid in a lump sum)

**Note:** After assessment of the application, the company may offer alternative terms, which may result in an increase or decrease in premium or decrease in sum assured.

- Payment of different amounts and/or different periodic premiums will affect the values and benefits of the policy;
- The values that appear in the benefit illustration signed as part of this application may change;
- A final benefit illustration that reflects the terms and conditions of the policy will be provided with the policy contract.
- Any premium amount not shown above will be subject to certain limitations as described in the policy contract and will be subject to TLB's approval.

**PLEASE DO NOT PAY ANY PREMIUM WITH THIS APPLICATION.**

You may request your policy to have a different policy effective date in order to 'save age'. Please tick the box at the end of this section if you wish to do so. Please note that any such request is subject to our approval at TLB's sole discretion and may not be approved or processed in the event your first premium payment was made prior to the proposed insured's next birthday.

Changing the policy effective date to "save age" means that each of the regular premium payments you make on the policy will be lower in dollar amounts than if you did not change the policy effective date to "save age". It also means that part of your first premium payment will be for a period of time during which insurance coverage will not be in effect. The period during which insurance coverage will not be in effect will depend on a number of factors, such as:

- the length of time the policy needs to be backdated in order to qualify for the younger insurance age;
- the time it takes TLB to process your application, which includes how quickly you respond to any requests for information from TLB; and
- how quickly you are able to make the first premium payment and obtain delivery of the policy, which in most cases is when coverage commences.

Do you request to have a different policy effective date to save age? If so, please tick the box.

The governing law of this application and the policy is the laws of Bermuda.

You have the right to cancel and obtain a refund of any premium(s) paid by giving written notice. Such notice must be signed by you and received directly by Transamerica Life (Bermuda) Ltd., at Mintflower Place, 5th floor West, 8, Par-la-Ville Road, Hamilton, HM 08, Bermuda within 14 days from the date on which you receive the policy. The policy will be cancelled, voided from the beginning and any premium paid will be refunded. No refund shall be made if a claim has been paid on the policy.

Transamerica Life (Bermuda) Ltd. ("TLB") is committed to complying with the Personal Information Protection Act ("PIPA") and the mandatory data protection laws of any applicable jurisdictions in relation to the collection, use, transfer, retention and storage of your personal data.

### Collection

From time to time, it will be necessary for customers or other persons to supply TLB with personal data in connection with the establishment or continuation of a business relationship, or the provision of products or services. Failure to supply such data may result in TLB being unable to establish or continue the business relationship, or provide you with our products and services.

### Purpose

The personal data collected by TLB on this form, any supplementary forms or documents received, as part of this insurance application, any claims documentation or any other personal data collected during the course of other dealings with TLB may be used or disclosed from time to time for the following purposes:

- a) processing, evaluating and underwriting this insurance application, any subsequent insurance applications or forms and any alterations, variations, cancellations, surrenders, assignments, reinstatement or renewals of this insurance policy;
- b) administering this insurance policy, providing services, communicating with you and managing your account including access to and maintenance of any online platform in relation to this insurance policy by your financial representative and its related entities;
- c) conducting credit checks and ensuring ongoing credit worthiness;
- d) conducting medical or health reference checks;
- e) investigating, defending, analyzing, processing and paying any claims under this insurance policy or an insurance policy under which any moneys may be payable to you or other persons entitled under such insurance policy;
- f) invoicing and collecting premiums and outstanding amounts from you;
- g) performing any functions and activities related to insurance products and/or services, market research, customer surveys and analysis or obtaining legal and professional advice;
- h) resolving complaints, conducting internal training and customer service quality assessment;
- i) arranging reinsurance;
- j) conducting and compiling statistics to study and evaluate behaviour, preferences and interests, develop new products and improve our services, identify trends, plan and execute business transactions;
- k) exercising any rights TLB may have in connection with the provision to you of products or services from time to time;
- l) marketing and promoting products and services to you via corporate events, telephone calls, SMS, digital communications or messaging, fax, mail and electronic mail, where specifically or deemed consented to or where it is permissible under applicable laws or regulations;
- m) processing and handling requests for data access or correction;
- n) verifying your identity and confirming any information you provide in relation to this insurance policy;
- o) conducting compliance, monitoring and audit reviews;
- p) other ancillary purposes which are directly related to and serve to fulfill the above purposes; and
- q) complying with the requirements under any laws and regulations, codes, guidelines, court order and requests from any local or foreign regulators, governmental bodies, or industry recognised bodies (whether within or outside Bermuda) that is assumed by or imposed on TLB or any related companies of TLB including TLB's ultimate parent company, and any companies which are directly or indirectly held or controlled by such ultimate parent company (the "related companies") by reason of its financial, commercial, business or other interests or activities in or related to the jurisdiction of the relevant local or foreign regulators, governmental bodies, or industry recognised bodies.

It is TLB's policy not to keep personal data for longer than is necessary for the fulfillment of the purpose for which that data is or is to be used.

### Transferees

The personal data collected by TLB will be kept confidential but subject to any applicable laws, TLB may disclose your personal data for the above purposes to the following classes of transferees (whether in Bermuda or elsewhere) ("transferees"):

- a) third party agents, contractors, assignees and advisors who provide administrative, communications, computer, payment, risk intelligence services, security or other services which assist us to carry out the above purposes (including medical service providers, emergency assistance service providers, telemarketers, mailing houses, storage facility providers, IT service providers and data processors);
- b) any service provider that TLB collaborate with to provide its insurance products and services;
- c) in the event of a claim, loss adjudicators, claims investigators and medical advisors;
- d) in the event of default, debt collectors and recovery agents;
- e) insurance reference bureaus or credit reference bureaus;
- f) reinsurers and reinsurance brokers;
- g) any insurance intermediary which services this insurance policy (including your financial representative (if you have one), and its successors or assigns);
- h) the insured and beneficiary(ies) of any policy;
- i) TLB's legal and professional advisors;
- j) TLB's related companies;
- k) any actual or proposed assignee, transferee, participant or sub-participant of our rights or business;
- l) local insurance associations;
- m) government agencies and authorities as required or permitted by law; and
- n) local regulators, governmental bodies or industry recognized bodies (including, but not limited to, any tax authorities).

## Personal Information Collection Statement (continued)

In connection with the purposes outlined above, TLB may transfer your personal data outside Bermuda to any of the classes of transferees set out above. Such transferees may be situated in jurisdictions including but not limited to Singapore, Hong Kong, United States, Netherlands, Switzerland and/ or the United Kingdom where there may or may not be in place data protection laws which are substantially similar to, or serve the same purposes as PIPA. That means your personal data may or may not be protected to the same standard as is required in Bermuda.

TLB may also use and disclose your personal data otherwise with your consent to the relevant use or disclosure as permitted under applicable law.

**Please indicate your consent to the transfer of your data outside Bermuda by ticking the box below. Failure to provide your consent will result in TLB being unable to establish or continue the business relationship, or provide you with our products and services.**

**We consent to the transfer of our personal data outside Bermuda.**

### Financial and insurance products and services

With your consent, TLB may use or provide your name and contact details (address, email and telephone number), details on the insurance products purchased (including policy details), your transaction pattern and behaviour, financial background and demographic information to its related companies and/or other third party financial institutions and insurance providers within or outside of Bermuda ("financial institutions and insurance providers") to send you communications regarding financial and insurance products that may be offered by TLB, its related companies and/or financial institutions and insurance providers from time to time by mail, email, telephone, SMS, digital communications or messaging, or other forms of communications.

**We do not consent to receiving communications relating to financial and insurance products and services as described above.**

**If at any time you wish to withdraw your consent to receiving communications related to the financial and insurance products and services, please notify us by sending a written request to our Data Protection Officer (refer to the section headed "Access to and correction of personal data" below for contact details). TLB will, without charge to you, ensure that you are not included in any such future communications that may be offered by TLB, its related companies, program providers and/or financial institutions and insurance providers from time to time.**

### Acknowledgement and Consent

The Proposed Policy Owner acknowledges and agrees that, by signing this form, they are consenting to the collection, use and disclosure of their personal data by TLB as set out above in this Personal Information Collection Statement.

### Access to and correction of personal data

It is mandatory to provide all of the personal data requested in this application form. Failure to provide all the personal data requested in this application form may mean that TLB is unable to process your application. You may seek access to and request correction of any personal data TLB holds about you by sending a written request to: The Data Protection Officer, Transamerica Life (Bermuda) Ltd., Mintflower Place, 5th floor West, 8 Par-la-Ville Road, Hamilton, HM 08, Bermuda.

A reasonable fee may be charged to offset any administrative and actual costs incurred by us in complying with your data access requests.

## Declaration, Consent and Authorisation

WE, THE PROPOSED POLICY OWNER, HEREBY ACKNOWLEDGE, AGREE AND DECLARE AS FOLLOWS:

1. that the proposed insured is not a resident or citizen of the United States of America, nor a resident of Bermuda or Singapore. We understand and agree that, if the proposed insured's tax status changes and become a U.S. resident of citizen, we agree to notify the above-mentioned authorised representative within thirty (30) calendar days;
2. that the statements, answers and requests given in this form and any supplementary forms relating to our application (including but not limited to the Information Disclosure and Authorisation form and Medical Questionnaire in relation to the Proposed Insured) are complete, true and correct to the best of our knowledge and belief and that the undersigned have the authority to sign this form and all related documents on behalf of us as the Proposed Policy Owner;
3. that any omissions or misstatements in this form and any supplementary forms relating to our application (including but not limited to the Information Disclosure and Authorisation form and Medical Questionnaire in relation to the Proposed Insured) and the medical examinations, medical reports and tests that form the basis of our application could cause an otherwise valid claim to be denied under any policy issued from our application. If a material fact is not disclosed in this application, any policy issued may not be valid. We understand that if we are in any doubt as to whether a fact is material, such fact should be disclosed. This includes any information which we may have provided to the insurance representative but was not included in this application. We are fully satisfied with the information declared in all documents relating to our application;
4. this form, any supplementary forms (including but not limited to the Information Disclosure and Authorisation form and Medical Questionnaire in relation to the Proposed Insured), the medical examinations, medical reports and tests shall be the basis of our application and for any policy issued from our application;
5. that any information provided to TLB about us, or otherwise obtained by TLB about us, may be transferred to, and/or stored, at any location whether inside or outside Bermuda by TLB as necessary to conduct business;

**Declaration, Consent and Authorisation (continued)**

6. that life insurance coverage shall not take effect until all the following conditions have been met:
- a) the application form, any supplementary forms (including but not limited to the Information Disclosure and Authorisation form and Medical Questionnaire in relation to the Proposed Insured), medical examinations, tests, screenings, questionnaires and any other documents required by TLB are completed and received by TLB in good order;
  - b) TLB has communicated to the Proposed Policy Owner that the policy has been approved for issue, and has received the Proposed Policy Owner's and Proposed Insured's written consent at its Bermuda office;
  - c) TLB has received the full initial premium set out in the application at its Bermuda office during the lifetime of and while the Proposed Insured is in good health; and
  - d) all the statements and answers given in the application are true, complete and have not changed as of the date of TLB's receipt at its Bermuda office of the premiums set out in the application;
7. We understand and agree that TLB is entitled (i) not to accept or process this application; (ii) to withhold payments to us (or any successor owner, assignee or payee), and/or freeze the assets under any policy issued on this application; (iii) to suspend or terminate any such policy; and/or (iv) to take any action necessary for it or any of its affiliates to meet its compliance obligations in any jurisdiction, where:
- a) any person connected, or deemed by TLB to be connected, with this application or any policy issued on this application is found to be a Prohibited Person;
  - b) we fail to promptly respond to any reasonable request from TLB for information relating to any Prohibited Person; or
  - c) we fail to promptly inform TLB of any changes to the information previously provided to TLB relating to any Prohibited Person.
- For the purposes of this paragraph, "Prohibited Person" shall mean a person or entity who is subject to any law, regulation, sanction, restriction or decision administered by any regulatory authority in any jurisdiction, which have the effect of prohibiting TLB or any of its affiliates from providing insurance coverage, transacting business or otherwise offering any economic benefits under the relevant policy.
8. that no premium shall be paid or accepted before TLB requests it in writing;
9. that TLB will pay the authorised insurance distributor a commission for arranging, and providing ongoing services related to this policy;
10. that the personal information provided by us whether relating to us or other persons named herein and held by TLB (whether obtained herein or otherwise obtained) may be held, used, disclosed, released and transferred by TLB to parties and for the purpose mentioned in the Personal Information Collection Statement Section and/or in relation to the U.S. Foreign Account Tax Compliance Act ("FATCA") or any other law or regulation. In relation to the usage of the personal information stated in the Personal Information Collection Statement above or FATCA or any other law or regulation, we confirm that the Declaration, Consent and Authorisation herein shall be treated as the prescribed consent obtained separately for each and every single use of personal information covered by the Personal Information Collection Statement or required to be disclosed under FATCA or any other law or regulation by producing a copy of this Declaration, Consent and Authorisation to obtain information;
11. that the laws relating to life insurance products, including tax and estate laws, vary by jurisdiction and that TLB does not provide financial, tax or legal advice and applicants are encouraged to consult with their own tax and/or legal counsel regarding the purchase of life insurance products;
12. We may obtain a copy of this Declaration, Consent and Authorisation; and
13. a photocopy of this Declaration, Consent and Authorisation shall be as valid as an original.
14. We understand and agree that any policy issued will be issued in, and governed by the laws of Bermuda, and that the policy may not be offered or sold to any person who is a citizen or resident of Bermuda.
15. If applying for Genesis+ Indexed Universal Life 2, we acknowledge that we are applying for an indexed universal life insurance product. Even though values of the policy may be determined, in part, by reference to external indices, the policy does not directly participate in any stock or equity investments. Except otherwise specified in the policy contract, any values shown are not guarantees, promises or warranties.

We, the Proposed Policy Owner, also certify that:

- 1. To the best of our knowledge, any funds remitted for any payment of premium are not the proceeds of crime and are not intended to facilitate terrorist activities.
- 2. The Proposed Insured has acknowledged and consented to the life insurance policy being placed on his/her life.

We, the Proposed Policy Owner, declare and agree this Declaration, Consent and Authorisation shall bind our successors and assigns.

**Signatures**

Signature of Ocorian Services (Bermuda) Limited as Trustee of the Sub-Trust							
<b>X</b>				<b>X</b>			
Name				Name			
Date	(dd/mm/yyyy)	Place	City, Country/Region	Date	(dd/mm/yyyy)	Place	City, Country/Region