

# PRODUCER CERTIFICATION

## IMPORTANT INFORMATION

Please complete in ENGLISH and BLOCK CAPITALS.  
If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.  
This form is required for all applications for life insurance.

Section 1 Insurance Intermediary Details	
Distributor Name	
Distributor ID	
Producer Name	
Producer ID	

Section 2 Proposed Insured's Details		
Name of Proposed Insured	Given Name(s)	Surname
Alias Name (if any)	(1)	(2)
Country of Residence		

Section 3 Certification	
I hereby certify that:	
<ol style="list-style-type: none"> <li>To the best of my knowledge and belief, the proposed insured is not a resident or citizen of the United States of America, nor a resident of Bermuda or Singapore. I understand and agree that, if the proposed insured's tax status changes and he/she become a U.S. resident or citizen, I agree to notify Transamerica Life (Bermuda) Ltd "(TLB)" within thirty (30) calendar days.</li> <li>The completion, submission and signature of all forms as well as the submission of this business has been done in compliance with all local laws concerning permissible activities in the proposed insured's country of residence.</li> <li>All activities connected with arranging, negotiation and solicitation, and presentation of TLB as a company, its products, forms, illustrations, offers, and materials has been done in compliance with all procedures issued by TLB (including but not limited to):               <ol style="list-style-type: none"> <li>procedures used to verify the identity of applicants and related individuals;</li> <li>the Rules for Generic Case Submissions and Associated Applications to TLB's Bermuda office;</li> <li>the Generic Submission Rules;</li> <li>TLB's market conduct principles; and</li> <li>applicable country rules.</li> </ol> </li> <li>All personal data collected as part of this submission (including, but not limited to, all financial, medical and other personal information) has been collected and processed on the basis of informed consent or other lawful basis in all relevant jurisdictions and in compliance with all applicable data privacy laws and regulations in all relevant jurisdictions.</li> <li>No activities conducted by me in any jurisdiction in connection with this submission give rise to any requirement for TLB to maintain any type of regulatory registration in that jurisdiction in respect of my activities.</li> <li>To the best of my knowledge and belief, the information in all materials for this submission are true, accurate and complete, and the questions contained in such materials were asked of the proposed insured and the answers recorded correctly. I have not withheld any information which may influence acceptance and undertake to provide TLB with any such information that may subsequently come to light. I have acted in the best interest of the proposed policy owner/insured when providing financial advice.</li> <li>The policy applied for has not been marketed to the proposed insured, the proposed policy owner or any related persons for the purpose of avoiding any tax obligations under the laws applicable to such persons.</li> <li>I viewed an original, unexpired identity document of the proposed insured and the required identification information of the proposed policy owner and submitted information on source of funds/wealth as required, and that upon reasonable enquiry, the proposed policy owner is not acting on behalf of or at the direction of an undisclosed third party.</li> </ol>	

## Verification of Identity

### Instructions to person verifying the information below:

1. Each individual must be physically present with you when you examined his/her information as required below.
2. You must examine a unique, government-issued identity document, such as a passport, driver's license or permanent residency card.
3. The document presented must be original, valid (i.e. not expired or a temporary document), in good condition (undamaged and legible) and without apparent alteration and in the same name as the individual.
4. You must compare the information collected from the individual such as name and address against the information on the document to ensure they match.
5. You must compare the signature to ensure it is substantially similar.
6. Record the required information as indicated below for each individual.
7. You must complete the Certification and Signature section at the end of this form.

### Identification Information

Please attach a certified copy of the proposed insured's passport or national identity document. The identification number, photograph and signature must be legible.

Please also attach the proposed insured's proof of residential address.

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

### Certification and Signature

By signing this form, I confirm that I am the above-named producer, and acknowledge that I have verified the identity of the individual listed on this form and attest that I have complied with the instructions set out above. I have no reason to believe that the person presenting him/herself to me is not such an individual. I have referred to the original documents listed above and I certify the information recorded was correctly copied from such documents. I have made reasonable efforts to determine whether the individual whose identity I am verifying is a politically exposed person or acting on behalf of a third party. If I have reason to doubt the truthfulness of the information provided by the individual being identified, I agree to provide details.

Name of Producer (Please PRINT Clearly)			
Relationship to individual whose identity is being verified			
Title			
Company			
Telephone Number			
Signature	<b>X</b>	Date	(dd/mm/yyyy)