



For customers

POLICYHOLDER DETAILS FORM

Please read these notes before completing this instruction.

About this form

You should use this form if:

- ownership of an Athora policy is being assigned to you, or
- if you're being appointed as a trustee, or
- if you're an existing policyholder and have not previously completed this form or our Self-Certification Declaration form.

Please sign and complete all relevant sections of this form in BLOCK CAPITALS using ballpoint pen.

When completed, please post this form by airmail to:

Athora Ireland plc
 2nd Floor
 IFSC House
 Custom House Quay
 Dublin
 D01 R2P9
 Ireland

Data protection and your privacy rights

The information you provide on this form will be held by us in accordance with all applicable data protection laws including the Irish Data Protection Act 2018 and the General Data Protection Regulation 'GDPR' (and all laws implementing or supplementing the GDPR). We need to collect personal details such as names and addresses in order to service your plan or bond. This means that we are acting as a data controller. It is important that you understand how your information will be used, stored, what rights you have and for you to understand when we are bound by law to share information with third parties. We have a data protection management system in place to oversee the effective and secure processing of personal data. Our **Protecting your personal information** leaflet can be found on our website www.athora.com/ie. It

explains our data protection management system and provides the contact details of our Data Protection Officer should you have any queries or concerns.

Connected person's privacy

If you provide information relating to any individuals or entities connected with your plan or bond, you must take all steps necessary to legitimize your processing of their personal information. You can meet this requirement by:

- obtaining their consent to processing the information before you share it with us;
- provide our contact details to the individual or entity connected with your plan or bond;
- provide them with a copy of our **Protecting your personal information** leaflet;
- tell them the details of your disclosure of their information to us, the purposes for which it has been disclosed, our possible further disclosure of information as necessary, and that they have rights of access to and correction of their personal information.

By providing us with any information originating from a third party, you confirm that you have taken and completed these steps.


Policy number

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Check details already filled in

You should check that all details provided in this form are correct before you sign the 'Declaration' in section 3.

Additional information

Whenever you see this icon , we're asking you to send us additional material with this form.

1. POLICYHOLDER DETAILS

Please complete all details below. If details aren't provided, this may result in a delay in processing your request.

If the policy is being assigned to or placed in a trust, the details of **all** trustees must be provided. We'll send all correspondence relating to this policy to the principal trustee. This will be the first person/entity named on the trust deed.

1.1 For individual policyholder(s)/trustees please provide:

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

1. POLICYHOLDER DETAILS – CONTINUED

1.2 For corporate trustees/entities, please provide:

Company name

Company registered number

Company registered address

Postcode

Principal business address
(if different from company registered
address)

Postcode

If you need to provide details of additional policyholder(s), give full details on a separate sheet and attach to this form. This should be initialled and dated by all policyholders.

2. ANTI-MONEY LAUNDERING DOCUMENTATION

Verifying your details

We are required to verify the identity and address of all policyholders and parties linked to a plan or bond. For this, we'll need you to send us the documents as outlined on the following page. We reserve the right to request further documentation at any time in order to comply with anti-money laundering requirements. Please note that if we hold proof of identity on file for an individual that's out of date, we may need up to date proof.

Politically Exposed Persons (PEPs)

Please let us know if any party named on this form is classed as a Politically Exposed Person, or if any party named on this form is classed as a close relative or business associate of a Politically Exposed Person. If the answer is yes, we reserve the right to request further information or documentation. We may need to do this to meet our obligations under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, as amended, which implements the Third Anti-Money Laundering Directive in Ireland.

If you're not sure what documentation please contact us on 0845 6000 173 for details of our requirements.

2. ANTI-MONEY LAUNDERING – CONTINUED

Anti-money laundering documentation

We'll need different documents for individual policyholders and for corporate policyholders. Please see the relevant sections for these below.

Documents you send us must either be an original or a copy certified as outlined below. We suggest sending certified copies to avoid original bills/statements from getting lost in the post but can accept either. Documents must be dated within the last **6 months** and if not an original **must**:

- be certified by any of the below registered professionals
- be company-stamped by the certifier in confirmation it is a true copy of the original
- be signed and dated
- contain the certifier's wet signature, printed name and position.

Copy documents must be certified by one of the following:

- Authorised Independent Financial Adviser (please include FCA approval number in the certification)
- Solicitor (please include SRA regulation number)
- Bank Manager or Director of a regulated financial or credit institution
- Member of the Judiciary
- Chartered Accountant & Certified Public Accountants (please include regulatory body registered number)
- Police Officer (please include warrant card number)

Please post all anti-money laundering documents by **airmail/international post only**.

For Individual Policyholders:

We'll need an **original certified and dated*** copy of one document from section **A** and one from section **B**.

Section A – Evidence of identity (photographic evidence – currently valid)

- Full signed passport
- Full photographic driving licence

Section B – Evidence of address

- Utility bill**
- Mortgage statement**
- Bank/building society statement**
- Full driving licence – currently valid

Dated within the past **6 months

A driving licence can only be used for either **A** or **B**. We can't accept it for both.

For Care Home Residents:

If you live in a care home or similar facility and don't have the above documents, we'll need an **original** letter from your care home manager on the home's letterhead paper confirming:

- your first and last names, date of birth, and that you reside at the care home.
- the manager's name in block capitals, their position, and their **original** signature (that is, it cannot be a photocopied or electronic signature or stamp).

2. ANTI-MONEY LAUNDERING DOCUMENTATION – CONTINUED

For Trusts:

We'll need **original certified and dated*** copies of the following ☒:

- 1 Extract from the trust deed showing the appointment of trustees and the execution page.
- 2 If one or more of the original trustees named in the trust deed/declaration have subsequently changed, we'll need to see a copy of the appropriate deed of appointment, removal or retirement.
- 3 Provide details (name, address, date of birth) of:
 - I. each trustee;
 - II. any beneficiary with an interest in possession in the trust or who's to receive direct payment from the policy; and
 - III. any surviving settlor of the trust.

To verify identification for 3, please refer to the 'Individual policyholder(s)' section for details.

If any trustee is a corporate entity, please provide the information set out in the 'Corporate trustee/entity' section.

For Corporate trustees/entities:

We'll need to see **originally certified and dated*** copies of the following ☒:

- 1 Certificate of incorporation.
- 2 Memorandum and Articles of Association.
- 3 Evidence of registered address and principal business address. For example, company headed paper.
- 4 List of directors - this must be provided on company headed paper.
- 5 List of authorised company signatories with specimen signatures. This should be provided on company headed paper and must advise who can sign on behalf of the company.
- 6 Shareholder/member register of the company.
- 7 Provide details (name, address, date of birth) of beneficial owners who hold or control 25% of the shares or voting rights in the company, or who otherwise exercises ultimate effective control over the management of the company.
- 8 Provide details (name, address, date of birth) of those who have signed the declaration in section **3**.
- 9 Latest set of audited accounts for the company (if applicable).

To verify identification for 7 and 8, please refer to the 'For Individual policyholders' section on page **4** for details.

*These can be certified by an authorised financial adviser, solicitor or bank manager. The copy must include the original signature of the certifier.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS

Please complete the relevant sections below so we can fulfil our reporting obligations to Irish Revenue.

For individual policyholders/trustees: please complete **3.1, 3.2, 3.3, and 3.4** if appropriate and sign the declaration at **3.6**.

For corporate trustees/entities: please complete section **3.5** and sign the declaration at **3.6**.

*Taxpayer identification number – this is the number that your tax authority uses to identify you. For example, in the UK this is your National Insurance or company tax number.

**Please give details of all of tax jurisdictions you're resident in.

3.1 For individual policyholders/trustees

Name	Date of birth	Taxpayer identification number(s)*	Jurisdiction(s) of tax residence**

If this is a trust policy, please give details of the jurisdiction in which the trust is resident.

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3.2 For settlors (if not also an individual trustee)

Only complete this section if this is an assignment into trust. Complete details of all living settlors and make sure they sign the declaration.

If more than two settlors are involved, please copy all of this section of the form and complete. This separate sheet must be initialled by all policyholders .

	Settlor one	Settlor two
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

3.3 Protectors details

Only complete this section if this is a trust policy and if a protector has been appointed to the trust.

	Protector one	Protector two
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3.4 Beneficiaries details

Only complete this section if this is a trust policy.

The following must be completed for all beneficiaries of bare trusts, beneficiaries who are to receive direct payments from discretionary trusts and for beneficiaries with an interest in possession of other trust types. Please speak to your financial adviser if you're unsure.

If more than four beneficiaries are involved, please copy all of this section of the form and complete. This separate sheet must be initialled by all policyholders .

	Beneficiary one	Beneficiary two
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

	Beneficiary three	Beneficiary four
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3.5 For a corporate trustee/entity only

Jurisdiction of tax residence of the company

Company tax number

Is this company currently trading?

Yes

No

3.5.1 Beneficial owners

Please complete the table below for beneficial owners who hold or control 25% or more of shares or voting rights in a company or who otherwise exercises ultimate effective control over the management of the company.

If more than four beneficial owners are involved, please copy all of this section of the form and complete. This separate sheet must be initialled by all policyholders ☒.

	Beneficial owner one	Beneficial owner two
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

	Beneficial owner three	Beneficial owner four
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

3.6 Tax and data processing declarations

I/We declare that the information completed in this section is true to the best of my/our knowledge and belief.

I/We declare that:

- a. I/We have read the explanation of the terms detailed in section **3.7**, 'Irish residence definitions';
- b. I am/We are/The company is the policyholder (for the purposes of the Irish tax rules) in respect of whom this declaration is being made; and
- c. I am/We are/The company is not resident or ordinarily resident in Ireland.

I/We hereby undertake to inform you of any change in my/our/the company's country of residence and/or jurisdiction of tax residence during the life of the policies.

I/We shall cooperate with you and provide such assistance as you may require from time to time to ensure compliance with any legal and regulatory obligations, including FATCA and CRS.

For trusts only:

I/We declare that the settlor, protectors, beneficiaries and trustees of the trust, are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

I/We declare that a court within the US would not have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust.

I/We declare that I am/we are not acting on behalf of an estate of a decedent that is a citizen or resident of the US.

For companies only:

I/We declare that the company named in this form is not a partnership or corporation organised in the US or under the laws of the US or any State thereof.

I/We declare that the beneficial owners of the company are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

Date (dd/mm/yyyy)

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

This form may be inspected by the Irish Revenue Commissioners. Under Irish law, it's an offence to make a false declaration.

This declaration must be signed by individuals who are neither resident nor ordinarily resident in Ireland. Where a policyholder is a company, the declaration must be signed by the company secretary or such other authorised officer.

It can be signed by someone who holds power of attorney from the policyholder. If this is the case, please include a certified copy of the power of attorney with this declaration .

*If a power of attorney applies, the identity of that person must also be verified as per anti-money laundering requirements. Please see section 2 for further information.

If we don't have a copy of the relevant Power of Attorney document on file, we'll need a copy of this certified by a solicitor. This must confirm their name, position and SRA regulation number, and bear their company stamp, individual signature, and the date they certified it which must be within the previous 6 months.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

3.7 Irish residence definitions

Residence – individual

An individual will be regarded as being resident in Ireland (the State) for a tax year if s/he:

- spends 183 days or more in the State in that tax year; or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual at any time during that day.

Ordinary residence – individual

The term ‘ordinary residence’, as distinct from ‘residence’, relates to a person’s normal pattern of life and denotes residence in a place with some degree of continuity.

An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2004 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2007.

Residence – company

A company which has its central management and control in Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where:

- the company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU member states or countries with which the Republic of Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised stock exchange in the EU or in a tax treaty country; or
- the company is regarded as not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company’s residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in section 23A of the Taxes Consolidation Act, 1997.