

Assignment – Endowment Insurance (for assignments from natural person to natural person, or from entity to entity)

Assignment

| | | |
|---|---|-------------------------|
| From personal ID number/registration number | To personal ID number/registration number | Insurance policy number |
| The insurance is assigned via <input type="checkbox"/> Purchase <input type="checkbox"/> Gift | | Assignment date |
| In conjunction with the assignment, the notified designation of beneficiaries no longer applies. If the insurance constitutes security for undertakings and responsibility for the undertaking shall be assumed by a new employer, a new undertaking must be provided, and a new pledge must be effected. | | |

Previous policyholder

| | | | |
|------------------|--|-------------------------------------|--------------------------------|
| Name | Personal ID number/registration number | Citizenship (if other than Swedish) | |
| Address | Post code | Town/City | Country (if other than Sweden) |
| Telephone number | | | |

New policyholder

| | | | |
|------------------|--|-------------------------------------|---------------------------------|
| Name | Personal ID number/registration number | Citizenship (if other than Swedish) | |
| Address | Post code | Town/City | Country (if other than Swedish) |
| Telephone number | | | |

New policyholder's e-mail – Particularly important information for the administration of the insurance

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|--------|
| E-mail |
|--------|

Designation of beneficiaries – Only applies to privately owned insurance

| | | | | |
|--|---|--|---|-------------------------------------|
| <input type="checkbox"/> Primarily: spouse/cohabitee. F10 Secondly: children. Thirdly: heirs. | <input type="checkbox"/> Primarily: children. F11 Secondly: spouse/cohabitee. Thirdly: heirs. | <input type="checkbox"/> Primarily: grandchildren. F12 Secondly: heirs. | <input type="checkbox"/> Primarily: children. F13 Secondly: heirs. | <input type="checkbox"/> Heirs. F21 |
| Other designation | | | | F04 |
| <input type="checkbox"/> No right of disposition (the beneficiary shall not exercise any right of disposition in respect of the insurance) | | | | |
| Individual property | | | | |
| <input type="checkbox"/> Amount, insurance and return <i>shall become</i> the beneficiary's personal property | | | | |
| <input type="checkbox"/> Amount, insurance and return <i>shall become</i> the beneficiary's personal property <i>however with the right to designate otherwise</i> | | | | |
| <input type="checkbox"/> Amount, insurance and return <i>shall not become</i> the beneficiary's personal property – <i>Default, if no selection is made</i> | | | | |

*Applies if no selection is made. Entity-owned insurance policies always lacks beneficiaries, in such event the insurance value vests in the entity if the insured dies.

Assignment – Endowment Insurance (for assignments from natural person to natural person, or from entity to entity)



New policyholder

| | | |
|------|--|-------------------------|
| Name | Personal ID number/registration number | Insurance policy number |
|------|--|-------------------------|

Power of Attorney, personal data and terms and conditions

Power of Attorney: The broker company which brokered the insurance is hereby given the right to represent the policyholder in relation to issues regarding this insurance agreement. The power of attorney also confers the right to procure information as well to receive documents as a result of this agreement. Any documents which are sent to the attorney shall be deemed to have been sent to the grantor. This power of attorney shall apply until such time as Futur has received written revocation thereof or has reviewed a new power of attorney.

Processing of personal data: Futur processes your personal data in accordance with what is set forth in the General Information concerning processing of personal data (www.futur.se/gdpr) and information concerning processing of personal data regarding endowment insurance (www.futur.se/gdpr/kapitalforsakring). Information can also be obtained following an inquiry to Futur.

Terms and conditions: I have reviewed and accept Futur's Pre-Purchase Information, Fact Sheet, Product Terms and Conditions and General Insurance Terms and Conditions, and in conjunction with portfolio bond insurance – the relevant custodian institution's regulatory framework. I am aware and acknowledge that I am personally responsible for the financial risk in respect of the changes in value in the securities in which I have my insurance.

Signature of previous policyholder

| | | | |
|------|------|-----------|---------------|
| City | Date | Signature | Name in print |
|------|------|-----------|---------------|

Signature of new policyholder

| | | | |
|------|------|-----------|---------------|
| City | Date | Signature | Name in print |
|------|------|-----------|---------------|

Advisor/broker

| | | | |
|------|------------------|---------------|--|
| Code | Telephone number | E-mail | |
| Date | Signature | Name in print | |

Know your customer – endowment insurance



Policyholder

| | |
|------|--|
| Name | Personal ID number/Registration number |
|------|--|

Check of policyholder – The party which enters into the business relationship

| | |
|--|---|
| <input type="checkbox"/> ID copy appended. Foreign ID copy must be certified | <input type="checkbox"/> ID copy is already held at Futur |
| Has the broker/advisor ever met the customer at some point? | |
| <input type="checkbox"/> Yes (e.g. physical meeting or video meeting) | <input type="checkbox"/> No (e.g. conference call), <i>Default if no selection is made.</i> |
| Main purpose of the insurance. Select only one option. | |
| <input type="checkbox"/> Pension savings | <input type="checkbox"/> Target savings |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Other: |
| What is the planned deposit in connection with subscription for the insurance? | |
| <input type="checkbox"/> SEK 0–100 000 | <input type="checkbox"/> SEK 100 001–500 000 |
| <input type="checkbox"/> SEK 500 001–1 000 000 | <input type="checkbox"/> SEK 1 000 001–5 000 000 |
| <input type="checkbox"/> SEK 5 000 001–10 000 000 | |
| <input type="checkbox"/> Exceeding SEK 10 000 001* Specify estimate: | |
| <input type="checkbox"/> Not applicable (for example in conjunction with updating of know your customer) | |
| What is the planned deposit per year? | |
| <input type="checkbox"/> SEK 0–100 000 | <input type="checkbox"/> SEK 100 001–500 000 |
| <input type="checkbox"/> SEK 500 001–1 000 000 | <input type="checkbox"/> SEK 1 000 001–5 000 000 |
| <input type="checkbox"/> SEK 5 000 001–10 000 000 | |
| <input type="checkbox"/> Exceeding SEK 10 000 001* Specify estimate: | |
| <input type="checkbox"/> Only one-off deposit in connection with subscription for the insurance | |
| * For deposits exceeding SEK 10 000 000, please specify supporting documentation which shows the origin of the money. The supporting documentation should explain how the money has been acquired (thus not, for example, a bank statement). Exception for information regarding the origin of the money where such may be deemed public knowledge, for example, annual income, annual report or through media search. | |

Check of private individuals/natural persons acting as policyholders

| | |
|--|---|
| Where did the payments which are made in respect of the insurance emanate from? It is possible to choose several alternatives | |
| <input type="checkbox"/> Salary/Pension | <input type="checkbox"/> Savings/Investment |
| <input type="checkbox"/> Sale of company | <input type="checkbox"/> Inheritance/Gift |
| <input type="checkbox"/> Other, specify where from: | |
| Is the policyholder a person in a politically exposed position (PEP)? | |
| <input type="checkbox"/> Yes (Append the PEP form) | <input type="checkbox"/> No |
| PEP: Person in a political exposed position – a natural person who is or has been entrusted with a prominent state or public function in the management of an international organization or is an immediate family member or co worker of persons in the aforementioned positions. For more information, see the form Definition: PEP. | |
| Is the policyholder a U.S. person? | |
| <input type="checkbox"/> Yes. Specify TIN: | <input type="checkbox"/> No |
| U.S. person: Tax resident in the United States. For more information, see the form Definition: U.S. citizen. | |
| Does the policyholder have its tax residence in a country other than Sweden? | |
| <input type="checkbox"/> Yes (Append form Self-certification, tax residence: Natural person) | <input type="checkbox"/> No |

Signature by policyholder

| | | | |
|------|------|-----------|---------------|
| City | Date | Signature | Name in print |
| City | Date | Signature | Name in print |

Policyholder

| | |
|------|--|
| Name | Personal ID number/Registration number |
|------|--|

Check of company/legal entity as policyholder

Where did the payments in respect of the insurance emanate from? It is possible to choose several alternatives

The company's day-to-day operations
 Sale of company
 Return on investment
 Dividends from the company
 Sale of real estate
 Other, specify from where:

Does the company have its tax residence in a country other than Sweden?
 Yes (Append form Self-certification, tax residence: Entity)
 No

Type of company? For more information concerning company classifications, see the form Definition: Type of company

Conducts active business operations
 Financial institution
 Listed company
 Newly started company
 Charitable organization
 Other company (Append form Self-certification, tax residence: Entity)

Is the company owned or controlled to more than 25 %, directly or indirectly, by another company (legal entity)?
 Yes
 No

Check of beneficial owner (in conjunction with PEP* the supplementary form must be appended)
 Futur controls that the information stated below corresponds with what is registered at Bolagsverket (Swedish Companies Registration Office). Therefore, it is important that beneficial owners listed below are also registered at Bolagsverket.
 Beneficial owner: Any natural person who, either alone or together with any affiliated party, ultimately owns or controls the legal entity, for example, through *directly* or *indirectly* owning or controlling more than 25 %. A beneficial owner shall also be a natural person on whose behalf a third party acts. For more information, see the form Definition: Beneficial owner.

Is there a beneficial owner?
 Yes – Specify below
 No – Specify chairman of the board of directors below.
 If there is no chairman of the board of the directors, specify CEO or corresponding below.

| | | |
|-------------------------------------|--------------------------------------|---|
| Name | Personal ID number** | Is the person a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Citizenship (if other than Swedish) | Tax residence (if other than Sweden) | |

| | | |
|-------------------------------------|--------------------------------------|---|
| Name | Personal ID number** | Is the person a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Citizenship (if other than Swedish) | Tax residence (if other than Sweden) | |

| | | |
|-------------------------------------|--------------------------------------|---|
| Name | Personal ID number** | Is the person a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Citizenship (if other than Swedish) | Tax residence (if other than Sweden) | |

| | | |
|-------------------------------------|--------------------------------------|---|
| Name | Personal ID number** | Is the person a PEP? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Citizenship (if other than Swedish) | Tax residence (if other than Sweden) | |

* PEP: Person in a political exposed position – a natural person who is or has been entrusted with a prominent state or public function in the management of an international organization or is an immediate family member or co worker of persons in the aforementioned positions. For more information, see the form Definition: PEP.
 ** In the absence of a Swedish personal ID number, a certified copy which shows the date of birth and citizenship must be appended.

Section "Check of beneficial owner" is not completed if one of the reasons below is crossed. For more information, see the form Definition: Beneficial owner

The company is listed
 The company is a subsidiary and is majority owned by a listed company

If the legal entity is not registered at the Swedish Companies Registration Office, documentation which shows who is entitled to act on behalf of the legal entity shall be appended. If the insurance has been entered into by virtue of a power of attorney (not a broker power of attorney), copies of the power of attorney and the policyholder's ID document shall be appended.

Signature by policyholder

| | | | |
|------|------|-----------|---------------|
| City | Date | Signature | Name in print |
| City | Date | Signature | Name in print |