

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/re	To personal ID number/registration number		Insurance policy number		
The insurance is assigned via Purchase	Gift	Assignment date	Assignment date			
In conjunction with the assignment, the notified design responsibility for the undertaking shall be assumed by						
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 im	portant information fo	or the administration of	the insurc	nce		
E-mail						
Designation of beneficiaries – Only applie:	s to privately owned ir	nsurance				
Primarily: spouse/cohabitee. F10 Primarily: children. F11 Secondly: children. Secondly: spouse/cohabitee. Thirdly: heirs.		Primarily: grandchildren. Secondly: heirs.	F12 Primarily: children. F13 Heirs. F21 Secondly: heirs.			
Other designation	'		'	F04		
No state of the sales (the base of the sales)						
No right of disposition (the beneficiary shall	not exercise any right of	aisposition in respect of th	ie irisurance	=1		
Individual property						
Amount, insurance and return shall beca						
Amount, insurance and return shall beco	ome the beneficiary's pe	rsonal property <i>however w</i>	vith the right	to designate otherwise		
Amount, insurance and return shall not b	pecome the beneficiary's	s personal property – <i>Defa</i>	ault, if no sei	ection is made		
Applies if no selection is made. Entity-owned insurance	policies always lacks benefic	ciaries in such event the insure	ance value ve	sts in the entity if the insured dies		

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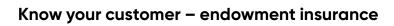


New policyholde	er					
Name			Personal ID number/registration number		Insurance policy number	
Power of Attorn	ey, personal data and teri	ms and conditions		'		
this insurance agree Any documents whi	ement. The power of attorney also	confers the right to procure in e deemed to have been sent	en the right to represent the policyhn nformation as well to receive docum to the grantor. This power of attorne ney.	ents as a re	esult of this agreement.	
processing of perso		information concerning proce	th what is set forth in the General Inf essing of personal data regarding er In inquiry to Futur.			
Terms and Conditio	ns, and in conjunction with portfol	io bond insurance – the relev	n, Fact Sheet, Product Terms and Co ant custodian institution's regulatory Ilue in the securities in which I have n	y framework	c. I am aware and acknowledge	
Signature of pre	evious policyholder					
City	Date	Signature	Nam	ne in print		
Signature of nev	w policyholder		'			
City	Date	Signature	Nam	ne in print		
		•				
Advisor/broker						
Code	Telephone number		E-mail			

Name in print

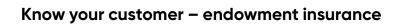
Date

Signature





Policyholder				
Name				Personal ID number/Registration number
Check of policyholder – T	he party which en	iters into the busines	ss relationship	
				ald at Fatan
☐ ID copy appended. Forei			☐ ID copy is already h	eia at Futur
Has the broker/advisor ever		t some point?		
Yes (e.g. physical meeting or	r video meeting)		☐ No (e.g. conference fall). Default if no selection is made.
Main purpose of the insurar	nce. Select only one	option.	_	
Pension savings	Target savings	Investment	Other:	
What is the planned deposi	it in connection with	subscription for the in	surance?	
SEK 0-100 000	SEK 100 001-500 000	SEK 500 001-1 000	0000 SEK 1 000 001-5	000 000 SEK 5 000 001-10 000 000
Exceeding SEK 10 000 001' S	Specify estimate:			
Not applicable (for example	in conjunction with upd	lating of know your custom	ner)	
What is the planned deposi	it nor voar?			
SEK 0-100 000	sek 100 001–500 000	SEK 500 001-1 000	0000 SEK 1 000 001-5	000 000 SEK 5 000 001-10 000 000
Exceeding SEK 10 000 001' S	Specify estimate:			
Only one-off deposit in con			4:b:-b -b 4bi-i	
	een acquired (thus not, f	or example, a bank stater	ment). Exception for information	ne money. The supporting documentation should regarding the origin of the money where such may be
deemed public knowledge, for	example, armuarmeen	те, аппааттерот от втоац	gri media search.	
Check of private individu	als/patural porsor	os actina as nolicyb	oldore	
Where did the payments wi				
Salary/Pension Other, specify where from:	Savings/Investme	ent Sale of c	ompany 🗀 innem	tance/Gift
Other, specify where from:				
Is the policyholder a person		-	Yes (Append the PEP form)	Dublic function in the management of an international
				information, see the form Definition: PEP.
Is the policyholder a U.S. pe			Yes. Specify TIN:	□ No
U.S. person: Tax resident in the UI For more information, see the fo			TIN: Taxpayer Identification Nun	nber.
Does the policyholder have	its tax residence in	a country other	Ves (Annend form Salf-corti	fication, tax residence: Natural person) No
than Sweden?				No
Signature by policyholde		0.		[n
City	Date	Signature		Name in print
City	Date	Signature		Name in print





Policyholder							
Name				F	Personal ID number/F	Registration number	
				· · · · · · · · · · · · · · · · · · ·			
Check of company/legal	entity as policyho	lder					
Where did the payments in				cornativos			
The company's day-to-day					П с-	le of real estate	
Other, specify from where:	operations 🗀 sale	вог сотграну 🗀 кетит	TOTTIIVESTITIETT DIV	idends from the o	company 🗀 sa	ie or rear estate	
Other, specify from where:							
Does the company have its t	ax residence in a cou	intry other than Sweden?	Yes (Append form S	Self-certification,	tax residence: Entit	y) No	
Type of company? For more i	nformation concerning	company classifications, see	the form Definition: Type of c	ompany			
Conducts active business o	perations Finan	cial institution Liste	d company Newly st	arted company	Charitable	organization	
Other company (Append fo	rm Self-certification, tax	x residence: Entity)					
Is the company owned or c	ontrolled to more the	an 25 %, directly or indired	ctly, by another company	(legal entity)?	Yes	□ No	
Check of beneficial owner (in conjunction with P	EP' the supplementary fo	rm must be appended)				
Futur controls that the informati				mpanies Registro	ation Office).		
Therefore, it is important that be Beneficial owner: Any natural pe		-	•	ntrols the legal er	ntity, for example.		
through directly or indirectly ow For more information, see the fo	ning or controlling more	than 25 %. A beneficial owne				5.	
ls there a beneficial owner?	? Yes – Spe	ecify below No - If ther	fy chairman of the board of d e is no chairman of the board	lirectors below. of the directors, s	pecify CEO or corre	sponding below.	
Name			Personal ID number"	ls	s the person a PEP'?	Yes No	
Citizenship (if other than Swedish)			Tax residence (if other than Sweden)				
Name			Personal ID number"	15	s the person a PEP'?		
						☐ Yes ☐ No	
Citizenship (if other than Swedish)		Tax residence (if other than Sweden)					
Name			Personal ID number"	15	s the person a PEP"?		
						☐ Yes ☐ No	
Citizenship (if other than Swedish)		Tax residence (if other than Sweden)					
Name			Personal ID number"	Is	s the person a PEP'?		
						☐ Yes ☐ No	
Citizenship (if other than Swedish)			Tax residence (if other than Sweden)				
* PEP: Person in a political expose							
nal organization or is an immed " In the absence of a Swedish p						OH. PEP.	
Section "Check of beneficial	owner" is not comple	eted if one of the reasons	below is crossed. For more in	nformation, see th	ne form Definition: Be	eneficial owner	
The company is listed	The com	pany is a subsidiary and is m	ajority owned by a listed com	npany			
If the legal entity is not registered appended. If the insurance has be							
document shall be appended.	22. 3. to 53 into 53 virtue		portor or accorneys, copies				
	r						
ignature by policyholde	•	Signature		Name in print			
ignature by policyholde ^{City}	Date	Signature		Name in print			
		Signature Signature		Name in print Name in print			