

Application Form for Premium Top-up

Police No.	
	1. Policyholder <input type="checkbox"/> Legal entity
Name (last and first name) or company name	
Address/postcode/town/city	
Date of birth/foundation	
Phone number	
Email <input type="checkbox"/> none	
Legal representative	
	2. Policyholder <input type="checkbox"/> Legal entity
Name (last and first name) or company name	
Address/postcode/town/city	
Date of birth or foundation	
Phone number	
Email <input type="checkbox"/> none	
Legal representative	

Any tax consequences must be assessed by the policyholder himself. The policyholder is obliged to comply with the tax laws in his country of residence. He must consult his own tax advisor in the matter at hand. Any notifications to the relevant tax authorities are the responsibility of the policyholder or the beneficiary.

Amount				
Currency	<input type="checkbox"/> EUR	<input type="checkbox"/> CHF	<input type="checkbox"/> USD	<input type="checkbox"/> GBP
By	<input type="checkbox"/> bank transfer (_____ %)	<input type="checkbox"/> transfer of securities (%) (specify percentage and attach a list with names of respective securities)		
To the following policy / custody account				

Transaction Details

Payment of premium (bank or security transfer) from the following bank or custody account:

Bank or custodian	
Owner of bank account/name of custodian	
IBAN (account no..)	
BIC (sort code/bank code)	

Reason for concluding the insurance policy / top-up:

Beneficial Owner of Funds

Confirmation of the identity of the beneficial owner of fund

The policyholder confirms

- that he is the beneficial owner of the funds transferred to Youplus
- that the person mentioned below is the beneficial owner of the funds:

Name (last name and first name) or company name	
Address	
Date of birth	
Nationality	

Confirmation of the funds transferred

For sums of EUR 300,000 or more or the equivalent in CHF or USD, please always answer our questionnaire which lists additional questions and enclose the respective requested supporting documents. However, we reserve the right to request additional information and documents even for sums below this limit.

Personal background of the beneficial owner

Have you already taken out an insurance policy with Youplus? yes no

Do you intend to make further supplementary payments within the next 5 years? yes no

If so, at what intervals and which amount?

Family composition (number of children, etc.)

Do you hold a public office? (e.g. political or diplomatic)

Professional background of the beneficial owner

Occupation	
Since when/for how many years	
Name of employer/ company name	
(E.g.: working with Fashion Ltd Vaduz for 20 years, a company in the textile industry.)	
If retired, please specify former occupation	
Policyholder's/s' annual income	<input type="checkbox"/> below EUR 300'000 <input type="checkbox"/> between EUR 300'000 and 600'000 <input type="checkbox"/> above EUR 600'000

Origin and source of funds

from professional activity: (please specify):

from divorce

Former spouse's last name, first name, date of birth

Former spouse's specific occupation

inheritance

Testator's last name, first name, date of birth

Testator's specific occupation

Degree of relationship

donation

Donor's last name, first name, date of birth

Donor's specific occupation

Degree of relationship

from the sale or redemption of:

buildings (please specify)	
others (please specify)	

sale of shares (please specify)

insurance benefits (please specify)

other sources (please specify)

Cost Rates

Policy costs identical to previous investment
 EUR _____

Acquisition costs identical to previous investment
 EUR _____
 _____% of single premium

The broker's signature is essential if this percentage has changed compared to the previous premium.

Signatures (personal and handwritten)

Place, date	1. and 2. policyholder/ legal representative
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Broker's signature (personal and handwritten)

The broker/agent confirms that he has met with the various parties involved (policyholder, insured person and beneficial owner). He has made all enquiries with due diligence and in accordance with the legal provisions. He has made all photocopies from original documents. He confirms the accuracy of the information and the authenticity of the signatures. He also certifies that he is not aware of any other circumstances that could cause Youplus to reject the contract.

Broker	Broker's name (in block letters)	Agent's name (if different) (in block letters)
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Application Form for the deposit of Supplementary Premium
- Additional Questions –

Health Questions/ Information about the Insured Person				
	1. Insured person		2. Insured person	
Are you in excellent health and fit for work?	<input type="checkbox"/> yes	<input type="checkbox"/> no*	<input type="checkbox"/> yes	<input type="checkbox"/> no*
Have there been any health issues, illnesses and/or chronic conditions in the last 5 years?	<input type="checkbox"/> yes**	<input type="checkbox"/> no	<input type="checkbox"/> yes**	<input type="checkbox"/> no
Height/ weight	cm	kg	cm	kg

*) Please specify

**) Name and address of physician or hospital where you were treated (see declaration below)

The policyholder undertakes to inform Youplus immediately in writing of any changes in the insured person's state of health that occur up to the commencement of insurance. The insured person further agrees that doctors, hospitals, insurance carriers, authorities, etc. may provide Youplus with information and, by this mandate to provide information, releases them from their professional confidentiality. Depending on age, state of health and selected risk protection, additional health questions or further medical examinations may be required. Youplus will approach the policyholder or the insured person if these should be necessary.

Signature of insured person (personal and handwritten)

Place, date

1. and 2. insured person/ legal representative

The following documentation is mandatory. Please enclose as is appropriate. Youplus reserves the right to request additional documents if necessary*:

- If the policyholder is a natural person, please submit a utility bill as proof of residence, not older than 12 months (e.g. gas, electricity, water bill, TV licence fee) or confirmation of registration.
- Identity documents for each policyholder/beneficiary/account holder (if different)
 - natural persons: certified valid passport or ID copy (if not already submitted)
 - legal persons: trade register excerpt (not older than 12 months), articles of association (or equivalent document), signature card, certified valid passport or ID copies for each authorised signatory and corresponding W-8 or W-9 form.
- "Self-declaration of Tax Status"- forms completed by the policyholder and by each account holder (if different)
- "Tax Confirmation"- form from the policyholder and from each account holder
- If the policy is an Irish policy: "Self-Declaration of Non-Irish Residence"- form
- For natural or legal person with US-status
 - W-9- form
 - FinCEN Report 114 (FBAR for the most recent taxable year relating to the policy) and
 - Form 8938 (for the most recent taxable year relating to the policy) or
 - CPA letter (confirmation for the last taxable year with relating to the policy)

* The legal representative has to submit the same documents and information as the account holder.