

## Request for Change of Policyholder

<b>For policy no.</b>	
	1 <sup>st</sup> Assignor (present policyholder) <span style="float: right;"><input type="checkbox"/> Legal entity</span>
Name/First name/Company	
Address/ZIP code/Country	
Date of birth/Incorporation date	
Telephone number	
E-mail <span style="float: right;"><input type="checkbox"/> none</span>	
Legal representative	
	2 <sup>nd</sup> Assignor <span style="float: right;"><input type="checkbox"/> Legal entity</span>
Name/First name/Company	
Address/ZIP code/Country	
Date of birth/Incorporation date	
Telephone number	
E-mail <span style="float: right;"><input type="checkbox"/> none</span>	
<b>Assignee:</b> The following person shall become the new policyholder of the policy mentioned above:	
	<input type="checkbox"/> additional policyholder <input type="checkbox"/> instead of 1 <sup>st</sup> assignor <input type="checkbox"/> instead of 2 <sup>nd</sup> assignor <input type="checkbox"/> sole policyholder
Name/First name/Company	
Address/ZIP code/Country	
Telephone no.	
E-mail <span style="float: right;"><input type="checkbox"/> none</span>	
Nationality/Incorporation country	
Date of birth/Incorporation date	
Place of birth/Incorporation place	
Sector/Company/Position	
Gender	<input type="checkbox"/> male <span style="float: right;"><input type="checkbox"/> female</span>
Marital status	<input type="checkbox"/> married <span style="float: right;"><input type="checkbox"/> widowed</span>

	<input type="checkbox"/> single	<input type="checkbox"/> divorced
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**Legal representative of the assignee (if required or in case of legal entity)**

Name/First name		
Address/ZIP code/City/ Country		
Nationality		
Date/Place of birth		
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female

**Politically exposed person (PEP)<sup>1</sup>**

The assignee (new policyholder) declares:

- I am not a politically exposed person.
- I am a politically exposed person. - Please provide detailed information

**<sup>1</sup>Definition:** Politically exposed persons («PEPs») are all persons who perform important public functions for a state, in particular heads of state or government and cabinet ministers, influential functionaries in nationalized industries and government administration, military leaders, senior judges and senior party functionaries. Moreover, persons who are known to be closely connected to such PEPs - be it for family, personal or business reasons - are considered PEPs themselves

**Reason for changing the contract**

What is the reason for this change? Please describe in detail:

**Relation between assignee and assignor**

What is the relation between assignee and assignor? Please describe in detail:

**Correspondence address**

<input type="checkbox"/> unchanged	<input type="checkbox"/> insured person	<input type="checkbox"/> assignee	<input type="checkbox"/> introducer
<input type="checkbox"/> another person	Name/First name/Company:		
	Address/ZIP code/Country:		
	Relation between assignee and authorized person to receive correspondence:		

### Consent of the insured person if different from the assignee

Name/First name		
Address/ZIP code/City/ Country		
Nationality		
Date/Place of birth		
Gender	<input type="checkbox"/> male	<input type="checkbox"/> female
Tax identification number		

I, the insured person, herewith agree to establish an insurance with my life assured. (handwritten signature required)

Place, Date

Insured person/Legal representative

### Identification of the Beneficial owner

The assignee (new policyholder) herewith declares:

- that he/she is the ultimate beneficial owner of the assets.
- that the assignor is the ultimate beneficial owner of the assets.
- that the insured person is the ultimate beneficial owner of the assets.
- that the following persons are the ultimate beneficial owners of the assets (in case of irrevocable beneficiaries either in the event of survival or in the event of death, please state below the irrevocable beneficiary/-ies):

If the beneficial owner has changed, please provide the following information

<input type="checkbox"/> employee	<input type="checkbox"/> self-employed
<input type="checkbox"/> retired	<input type="checkbox"/> unoccupied
Company/Sector	
Position (if applicable before retirement)	
Annual income (Currency/Amount) - if applicable before retirement	approx.
Net wealth (Currency/Amount)	approx.

### Politically exposed person (PEP)<sup>1</sup>

- The beneficial owner is not a politically exposed person.
- The beneficial owner is a politically exposed person. - Please provide detailed information

### Beneficiary clause

Beneficiary clause in the event of survival of the insured person:

- unchanged
  - the policyholder
  - other (Please indicate: name, first name, date of birth, address and share of each beneficiary)
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Beneficiary clause in the event of death of the insured person:

- unchanged
  - the policyholder
  - other (Please indicate: name, first name, date of birth, address and share of each beneficiary)
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### Joint declaration

The assignor and the assignee declare to be aware of any detail of the insurance policy contract subject to the present change. Moreover they declare not having any reservation or objection to the contract and herewith renounce to any demand and/or claim against the Company, except for the rights and obligations of the assignee connected to the policy.

### Signature of assignor (present policyholder), (handwritten signature required)

I herewith confirm that all information and declarations are true and exact and cede the policy with its rights and obligations to the assignee.

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Place, Date

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1<sup>st</sup> and 2<sup>nd</sup> assignor/Legal representative\*

### Signature of the assignee (new policyholder), (handwritten signature required)

I herewith confirm that all information and declarations are true and exact and accept the rights and obligations resulting from the above mentioned policy.

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Place, Date

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Assignee/Legal representative\*

### Signature of the pledgee (if existent), (handwritten signature required)

Please note that if the insurance policy has been pledged as collateral, the additional consent of the pledgee to the change of policyholder is required.

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Place, Date

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Pledgee

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**Compulsory enclosures - Youplus reserves the right to request any additional document if needed:**

- Original policy** (incl. any appendix) or declaration of loss
- If the policyholder is a natural person, **Utility Bill** as proof of residence, not older than 12 months (or 6 months for Irish policies) (e.g. gas, electricity or water bill, TV license et. al.) or proof of registration
- Identification documents** for each assignor/assignee/beneficial owner (if different):
  - Natural person:** certified copy of the valid passport or identity card (if not already submitted)
  - Company/Legal entity:** trade register (not older than 12 months), statutes (or equivalent document), authorized signatory list, certified copy of the valid passport or identity card for each person authorized to sign and corresponding W-8 or W-9 form
- Form **"Self certification regarding tax status"** for each assignor and assignee. If necessary, the form will be requested for the beneficial owner as well.
- Form **"Insurance secrecy waiver"**
- In case of Irish policy: **"Form Self declaration of non-Irish residence"**
- For natural person or legal entity with **US Status:**
  - W-9 form
  - FinCEN Report 114 (FBAR for the most recent tax year concerning the Policy) **and**
  - Form 8938 (for the most recent tax year concerning the Policy)
  - or** CPA-letter (confirmation for the most recent tax year concerning the Policy)

\*The same documents and information requested for assignor and assignee will be needed for the legal representative. Please complete page 1 accordingly.

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