

Custodian

This information must be provided to comply with the Proceeds of Crime Act 1997 and the Proceeds of Crime (Anti-Money Laundering and Anti-Terrorist Financing) Regulations 2008. Entities listed on a regulated market/appointed stock exchange that is subject to disclosure obligations, or are majority owned and consolidated subsidiaries of such an entity, are exempt from completing this form if they can provide evidence of their listing.

This Form must be accompanied by the required documentation as indicated in Section 7 upon return to Coralisle Pension Services Ltd.

SECTION 1 BASIC INFORMATION Please PRINT throughout.

- 1. Legal Name _____
- 2. Trade or DBA Name _____
- 3. Entity Type Partnership Trust Association Charity
 Other - Incorporated/Limited (please specify) _____
 Other - Unincorporated (please specify) _____
- 4. Street Address (Not a P.O. Box) _____

- 5. Mailing Address (same as above) _____
- 6. Business Tel. No. _____ 7. Business Fax No. _____
- 8. Website Address _____
- 9. Contact Person Name _____
- 10. Contact Person E-mail _____ 11. Direct Tel. No. _____
- 12. Are you now, or have you ever been, a client of a Coralisle Group Ltd. affiliated Company? Yes No
If Yes, please give details: _____

SECTION 2 KYC REQUIREMENTS - Entity

- 13. Entity Operations Local International Listed on stock exchange
- 14. Please state the location(s) of the Entity's operations _____

- 15. Place of Incorporation/Establishment _____ 16. Date of Incorporation/Establishment MM/DD/YYYY
- 17. Address of Registered Office _____

- 18. Registered Number _____
- 19. Nature of the Business/Trust _____

- 20. The term "Politically Exposed Person" applies to persons who have or have had positions of public trust such as government officials, senior executives of government corporations, politicians, important political party officials etc. and their families and close associates.
Does this description apply to any of the Entity's beneficial owners, directors, settlors, protectors/controllers and/or signatories? Yes No
If Yes, please explain: _____

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SECTION 3 KYC REQUIREMENTS - Listing of all Beneficial Owners with 10% or more ownership

- 21. Name _____ Ownership Percentage _____
- Name _____ Ownership Percentage _____
- Name _____ Ownership Percentage _____
- Name _____ Ownership Percentage _____
- Name _____ Ownership Percentage _____
- Name _____ Ownership Percentage _____
- Name _____ Ownership Percentage _____

Note: All beneficial owners owning 10% or more must complete an Individual Information Form.

Note 2: Certified copy of Register of Shareholders must be included.

- 22. If the Entity is a Charity, please provide the names/classes of beneficiaries _____
- _____
- _____

SECTION 4 KYC REQUIREMENTS - Listing of all Directors/Trustees or equivalent

- 23. Name _____ Title _____
- Name _____ Title _____
- Name _____ Title _____
- Name _____ Title _____
- Name _____ Title _____
- Name _____ Title _____
- Name _____ Title _____

- 24. If the Entity is a Trust, please provide the name of the protector/controller _____

Note: Any protector/controller of the Trust must complete an Individual Information Form.

SECTION 5 KYC REQUIREMENTS - Authorized Signatories (individuals authorized to issue instruction)

- 25. Name _____ Signature _____ Date MM/DD/YYYY
- Name _____ Signature _____ Date MM/DD/YYYY
- Name _____ Signature _____ Date MM/DD/YYYY
- Name _____ Signature _____ Date MM/DD/YYYY
- Name _____ Signature _____ Date MM/DD/YYYY
- Name _____ Signature _____ Date MM/DD/YYYY

Note: All authorized signatories must complete an Individual Information Form.

- 26. How should we accept instructions/requests? Any one signatory Any two signatories Other method of authorization (please specify)
- _____
- _____

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SECTION 6 DECLARATION

I confirm that the information that I have provided in this Entity Information Form is correct and complete. I agree to advise Coralisle Pension Services Ltd. of any changes to the Entity's status whatsoever that could affect the operation of this plan and our relationship subsequently.

Authorised Signatory Name _____ Signature _____ Date MM/DD/YYYY

SECTION 7 REQUIRED DOCUMENTATION

The following basic requirements are mandatory for all clients:

- The Entity's certificate of incorporation, trade and business license, charter, constitution or other appropriate documentation attesting to the existence of the Entity, such as a social insurance statement or payroll tax registration in the Entity's name
- Proof of physical business address such as utility bill or bank or credit card statement (not more than 90 days old) in the Entity's name
- Documentation to attest that the signatory is authorized to engage in a business relationship with Coralisle Pension Services Ltd.
- Completed Individual Information Forms for any controlling person

In addition to the basic requirements, Charities/Associations must also attach the following:

- A letter indicating the Charity/organization is registered, and the Charity Registration Number
- Constitution/Bye-Laws or equivalent governance document for the organisation

In addition to the basic requirements, Trusts must also attach the following:

- Certified copy of title & signing page of the Trust Deed

FOR INTERNAL USE ONLY BY THE COMPLIANCE OFFICER

The following basic requirements have been received from this Entity:

- The Entity's certificate of incorporation, charter, constitution or other appropriate documentation attesting to the existence of the Entity such as a social insurance statement or payroll tax registration in the Entity's name
- Documentation to attest that the signatory is authorized to engage in a business relationship with Coralisle Pension Services Ltd.

The following has been received if the Entity is a Charity/Association:

- Proof of physical business address
- A letter indicating the Charity/organization is registered, and the Charity Registration Number
- Constitution/Bye-Laws or equivalent governance document for the organisation

The following has been received if the Entity is a Trust:

- Certified copy of title and signing page of the Trust Deed
- Completed Individual Information Forms for any settlor, protector or controller of the Trust

I am/am not satisfied as to the existence and identity of this client. I am/am not satisfied that the applicant meets Coralisle Group Ltd.'s Anti-Money Laundering/Counter-Terrorist Financing requirements.

Compliance Officer: Name _____ Signature _____ Date MM/DD/YYYY

British Caymanian Insurance Agencies Limited BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands
PO Box 74, Grand Cayman KY1-1102, Cayman Islands | Tel 345 949 8699 | Fax 345 949 0538 | www.CGCoralisle.com

Pensions and Employee Benefits

INSURANCE | HEALTH | PENSIONS | LIFE

A member of Coralisle Group Ltd.

Rev. 08-20

British Caymanian Insurance Agencies Limited acts solely as an agent on behalf of Coralisle Pension Services Ltd.; it does not act as a broker on behalf of its customers. Coralisle Pension Services Ltd. is licensed to conduct Investment Business by the Bermuda Monetary Authority and holds a restricted trust licence with the Cayman Islands Monetary Authority. Please see our General Information and Disclosures page on our web site for more information.

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The Authorised Signatory, or appropriate representative(s) of the Entity, should provide the information as described below, ensuring this Form is completed legibly and fully and all required additional documentation outlined in Section 7 is provided.

SECTION 1 BASIC INFORMATION

1. Advise the Legal name of the Entity. This is the name used for official purposes.
2. Provide the Trade or “Doing Business As” (DBA) or assumed name of the Entity, if it differs from the legal name. This is the operating name of the Entity.
3. Advise the type of Entity. If the Entity does not fit into any of the categories listed, the authorized signatory can specify the type of Entity in the field provided.
4. Advise the physical location of the Entity. If the Entity has no physical street address, the authorized signatory is to provide the home address of the owner(s) of the company.
5. Provide the mailing address of the Entity if different from the physical address. If the same, check the box to indicate such.
6. Provide the primary business telephone number.
7. Provide the primary business fax number.
8. Provide the business website where possible.
9. Advise the name of a primary contact person. This person should be aware of the terms and conditions of the business relationship.
10. Provide this contact person’s telephone number.
11. Provide this contact person’s e-mail address.
12. Indicate whether the Entity has conducted business with Coralisle Group Ltd. or an affiliated company in the past/present. If so, state which Group company, the time frame and the nature of the business relationship.

SECTION 2 KYC REQUIREMENTS - Entity

13. Indicate if the Entity’s operations are local or if the Entity operates internationally.
14. List the locations in which the Entity operates and if listed on an appointed stock exchange
15. Advise the location where the Entity was incorporated/established.
16. Advise the date of incorporation/establishment in the format MM/DD/YYYY.
17. Provide the name and the address of the Entity’s registered office, if applicable.
18. Provide the Entity’s registration number if applicable.
19. Provide a description of the Entity’s line of business.
20. Disclose whether or not any of the Entity’s beneficial owners, directors, settlors and/or signatories are “Politically Exposed Persons” (PEPs) by ticking the appropriate box. If Yes, explain the nature of the PEP’s public exposure. If beneficial owners, directors, signatories or settlors of the Entity have an association with a PEP, a description of the association must be provided. Details on the extent of the PEP’s public duties must be provided.

SECTION 3 KYC REQUIREMENTS - Listing of all Beneficial Owners

21. Provide a listing of all individuals who own or control 10% or more of the shares or voting rights of the Entity. Beneficial owners controlling 10% or more must complete an Individual Information Form, which must be attached to the Entity Information Form upon submission.
22. If the Entity is a Charity, provide details of the beneficiaries.

SECTION 4 KYC REQUIREMENTS - Listing of all Directors/Trustees or equivalent

23. Provide a listing of all directors.
24. If the Entity is a Trust, provide the name of the settlor, protector/controller. This is the person that directs the trustees and is the custodian of the trust. The protector/controller must complete an Individual Information Form, which must be attached to the Entity Information Form upon submission.

SECTION 5 KYC REQUIREMENTS - Authorized Signatories

25. Provide a listing of all authorized signatories, i.e., those authorized to issue instructions to Coralisle Pension Services Ltd. or an associated company, having each of them sign and date this Form. Additionally, each authorized signatory must complete an Individual Information Form, which must be attached to the Entity Information Form upon submission.
26. Provide details on how Coralisle Pension Services Ltd. should accept instruction from those authorized signatories.

SECTION 6 DECLARATION

Both the authorized signatory and the Coralisle Pensions’ representative, as witness, must sign and date the Entity Information Form.