

Custodian

SECTION 1 MEMBER'S INFORMATION Please PRINT throughout.

- 1. Last Name _____ First Name _____ Middle Name(s) _____
- 2. Previous Names _____
- 3. Acting as Individual Client Authorized Signatory Beneficial Owner Director Officer Other _____
- 4. Gender Male Female
- 5. Residential Address (Not PO Box. Attach a certified copy of proof of residency address) _____

- 6. Mailing Address (same as above) _____
- 7. Contact Nos. (Home) _____ (Work) _____ (Cellular) _____
- 8. E-mail Address _____ 9. Fax. No. _____
- 10. Are you now, or have you ever been, a client of a Coralisle Group Ltd. affiliated Company? Yes No
If Yes, specify product(s): _____

SECTION 2 KYC REQUIREMENTS

- 11. Date of Birth MM/DD/YYYY 12. Country of Birth _____ 13. Nationality _____
- 14. Dual Nationality? Yes No If Yes, please specify _____
- 15. Photo ID (attach a certified colour copy) Passport or Driving Licence Number _____ Exp. Date MM/DD/YY
- 16. National Insurance Number (NIB) if applicable (attach a certified colour copy) _____
- 17. Occupation (current) _____
- 18. Employer (current) _____ 19. Years employed _____
- 20. Employer Address _____
- 21. The term "Politically Exposed Person" (PEP) applies to persons who have, or have had, positions of public trust such as government officials, senior executives of government corporations, important political party officials, military officers, judges, etc. and their families and close associates.
 - a) Do you currently hold any public position? Yes No
 - b) Did you hold any public position in the last 12 months? Yes No
 - c) Do you have any immediate family members who hold/have held a public position in the past 12 months? Yes No
Immediate family members include: i) a spouse or a partner (including a person who is considered by national law as equivalent to a spouse); ii) children and their spouses or partners; and iii) parents.
 - d) Are you a close associate of a person who held public position in the past 12 months? Yes No
Close associates include: i) any individual who is known to have joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with a person who is a PEP; and ii) any individual who has sole beneficial ownership of a legal entity or legal arrangement which is known to have been set up for the benefit of a person who is a PEP.If you have answered Yes to a-d above, please give details: _____

- 22. Please explain the source(s) of the funds that will be directed to your account(s): Salary/Bonus Inheritance
 Maturity/Surrender of Life Insurance Policy Sale of Property Other (specify): _____
- 23. Please explain the source(s) of your wealth/net worth (beneficial owners, PEPs): Savings from Salary Inheritance
 Sale of Investment Dividends or Profits from Company Sales of Property Other (specify): _____

Custodian

SECTION 3 DECLARATION

I confirm that the information provided above is accurate and complete. I agree to advise the Company of any changes whatsoever to my status that could affect the operation of my plan and subsequently, our relationship.

Client Name _____ Signature _____ Date MM/DD/YYYY

SECTION 4 NOTES FOR COMPLETING THIS FORM

The Individual should provide the information as described below, ensuring the Individual Information Form is completed legibly and fully and that all required additional documentation is provided.

MEMBER'S INFORMATION

1. Provide your full name as it appears on the photo ID collected by the CPS Representative.
2. Advise any previous names, if you have changed your name through marriage, religion, deed poll, etc.
3. Advise the capacity in which you are completing this form - whether as an individual or as part of the requirements of an entity.
4. Indicate your gender.
5. Advise the street address of your primary residential abode. Note, this cannot be a P.O. Box. You will need to attach a certified copy of proof of this address such as a utility bill or bank statement (or bring in your proof and allow us to photocopy and certify it).
6. Advise your mailing address if different from your primary residential address. If it is the same, indicate as such by checking the box.
7. Provide your contact telephone numbers including your home number, a telephone number where you can be contacted at your place of employment and your cell phone number where applicable.
8. Provide your E-mail address, preferably a personal one.
9. Provide your fax number if applicable.
10. Indicate whether you are, or have ever been, a customer of Coralisle Group Ltd. or an affiliated company. If so, state which products you hold/held.

KYC REQUIREMENTS

11. Advise your date of Birth in the format MM/DD/YYYY.
12. Advise in which country you were born.
13. Advise your current Nationality.
14. Advise if you currently hold another Nationality and, if so, what it is.
15. Provide your current passport and/or driving licence number and its expiry date. Tick the relevant box to indicate which form of ID you are providing and include a certified copy (or bring in your ID and allow us to photocopy and certify it). While a passport or driving licence is the preferred form of photo ID, we understand some customers may not have these. In which case the CPS representative will use some flexibility, but without compromising CG's Anti-Money Laundering/Counter Terrorist Financing procedures. Alternative identification documents will require at least two different sources of evidence for verification.
16. Provide your National Insurance Number including a certified copy (or bring it in and allow us to photocopy and certify it).
17. State your current occupation/job title.
18. Advise the name of your current employer.
19. State how many years you have worked for this employer.
20. Provide your current employer's address.
21. Read the statement and disclose whether you are a PEP or not by checking the appropriate boxes. If you tick Yes, explain the nature of your public exposure/association with a PEP, and the extent of your/the PEP's public duties.
22. Provide details of the origin of the funds that will be deposited into the account.
23. Provide details on the origin of your total net assets/total net worth.

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.