

Declaration of the identity of the contractual partner and the beneficial owner

POLICYHOLDER

Contract/Policy number _____

Last name _____

First name _____

Date of birth Day/Month/Year _____

Nationality _____

Occupation/branch _____

Street _____ No. _____

Postal code _____ City _____

Country _____

The undersigned in his/her capacity as policyholder declares: *(tick the box that applies)*

that he/she is the beneficial owner of the assets transferred to the mentioned contract/policy.

that the beneficial owner of these assets is the following person.

Last name _____

First name _____

Date of birth Day/Month/Year _____

Nationality _____

Occupation/branch _____

Street _____ No. _____

Postal code _____ City _____

Country _____

Relationship to policyholder _____

ENCLOSURE

Valid form of identification (the certification of the ID/passport copy can be done by a Swiss post office, a bank or a notary)

Policyholder legal entities

Original copy from the commercial register (not older than 3 month old) or documents of an equivalent nature.

Identification documents of authorized signatories.

The undersigned hereby confirms that the information supplied is complete and truthful.

Any changes must be notified to YOUPLUS Assurance SCHWEIZ AG.

Place, Date

Signature

Please return this completed form to the address below.