AGENT'S CONFIDENTIAL REPORT



Please print clearly and completely blacken the circle. If possible, use black ink. INFORMATION ON THE PROPOSED INSURED/APPLICANT OWNER 1. Are you aware of any factor (health or otherwise) which is not evident from the application and which could affect the evaluation of this application? (If yes, please provide details) 2. What is the purpose of this insurance? \(\begin{array}{c}\) Income Continuation \(\begin{array}{c}\) Estate Creation \(\begin{array}{c}\) Mortgage 3. What is the annual household income during the past year of the Applicant Owner and Proposed Insured? Applicant Owner Proposed Insured Household Income 4. In the past 5 years, has the Proposed Insured: a) Been a member of the military or police or any militant or paramilitary organization? (If yes, please indicate rank and position) b) Been active in politics as a candidate or leader? (If yes, please indicate rank and position) REMINDER: If the answer to any of the questions above is "Yes", please provide details at the back page. HIGH RISK CLIENTS Is the Proposed Insured, Applicant Owner Or Beneficiary a) a Politically Exposed Person (PEP) or an immediate family member or a close associate of politically) No Yes exposed person? b) a remittance agent, money changer or foreign exchange dealer? Νo c) a Non-Governmental Organization (NGO), Non-Profit Organization (NPO) or Foundation? Yes O No d) connected with a casino and related gaming entities? Yes Nο e) a Customs broker? No Yes f) a jewel/gem/precious metal dealer? Yes Nο g) a gun/ammunition/military equipment dealer? No If the answer to any of the High Risk Clients questions is "Yes", conduct the Enhanced Due Diligence REMINDER: (EDD) process. Fill out the corresponding EDD Form. INTERMEDIARY'S CERTIFICATION / SIGNATURE I certify that I have truly and accurately recorded all information, have seen the original proofs of identification and affirm that the photocopies attached to the application are faithful reproductions of the originals, and have issued and given Applicant Owner a Provisional Receipt for the amount of payment that accompanies the application. I have personally presented and explained the product and its benefits, have verified the identity of the Proposed Insured and/or Applicant Owner against the identification documents presented and have interviewed them before the application is submitted. Intermediary NAME (last name, first name, middle name) Signature Date (mm/dd/yyyy) REFERROR & BRANCH DETAILS Referror (last name, first name, middle name) Referror's ID No. **Branch Name**

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