

<b>Policy related information</b>	
Policyholder	Policy number -
Policyholder's personal identification code or business ID	
Insured (deceased person)	Insured's personal identification code
Cause of death	Date of death
<b>Contact person's information</b>	
Contact person's name	Contact person's phone number
Contact person's email address	
<b>Beneficiaries' information</b>	
<b>1. Beneficiary's name</b>	<b>Personal identification code</b>
Beneficiary's country of birth	Citizenship/citizenships
Street address	Post code and town/city
Email address	
Telephone number	Beneficiary's relationship to the deceased
Account holder's name and bank account number (IBAN)	BIC code of the bank if the bank account is held in a foreign bank
<b>Background information</b>	
<p>Mandatum Life is required to identify its clients and to be sufficiently familiar with their clients' background. Mandatum Life uses the requested information to prevent money laundering and the funding of terrorism and to meet the statutory obligations concerning the exchanging of tax information. Read more about client identification at <a href="http://www.mandatumlife.fi/knowyourcustomer">www.mandatumlife.fi/knowyourcustomer</a> and on the processing of personal data at <a href="http://www.mandatumlife.fi/information-for-the-policyholders">www.mandatumlife.fi/information-for-the-policyholders</a>. In order for us to meet our obligation, we kindly ask you to carefully fill in this form.</p>	
<p>In which countries are you tax resident?*</p> <p><input type="checkbox"/> Finland</p> <p><input type="checkbox"/> U.S.A.**</p> <p><input type="checkbox"/> Other country***</p> <p>Taxation country: _____ Taxpayer Identification Nr: _____</p> <p>Taxation country: _____ Taxpayer Identification Nr: _____</p>	
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Are you or is a member of your family or your business partner a politically exposed person? (a high-standing official or holding an important political position, read more at <a href="http://www.english.mandatumlife.fi/knowyourcustomer">www.english.mandatumlife.fi/knowyour customer</a> ) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Additional information	
I certify that the information I have given is true and I hereby undertake to inform without delay if the information changes.	Beneficiary's signature /Guardians' signatures if the beneficiary is a minor

<b>2. Beneficiary's name</b>		<b>Personal identification code</b>
Beneficiary's country of birth		Citizenship/citizenships
Street address		Post code and town/city
Email address		
Telephone number		Beneficiary's relationship to the deceased
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Additional information		
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<b>3. Beneficiary's name</b>		<b>Personal identification code</b>
Beneficiary's country of birth		Citizenship/citizenships
Street address		Post code and town/city
Email address		
Telephone number		Beneficiary's relationship to the deceased
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<b>4. Beneficiary's name</b>		<b>Personal identification code</b>
Beneficiary's country of birth		Citizenship/citizenships
Street address		Post code and town/city
Email address		
Telephone number		Beneficiary's relationship to the deceased
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<b>Returning the form</b>	
<b>Returning by post</b>	<p>Attach a copy of a document proving the identity of the beneficiary/beneficiaries, such as a passport, identification card or driving licence.</p> <p>Mandatum Life Insurance Company Limited, Asiakasposti / 2011, Kalevantie 3, 20520 Turku</p>
<b>Return via Mandatum Life's Web Service</b>	<p>You can also submit the form, scanned and signed (attach copy of a document proving the identity of the beneficiary/beneficiaries), via Mandatum Life's Web Service, if you already are a customer of Mandatum Life. Log in to the Web Service at the address <a href="http://www.mandatumlife.fi">www.mandatumlife.fi</a> and send a scanned version of the form with attachments as an attachment in the Messages section.</p>
<b>Mandatum Life Customer Service</b>	<p>Tel. +358 (0)200 31100 (local call charge/mobile phone charge)</p>

**INSTRUCTIONS**

Carefully fill in each section of the application. Payment of the compensation is conditional on the application being filled out fully and on all of the necessary documents having been delivered to the Insurance Company.

**Making a claim**

The same application can be used to claim compensation on several policies if all of them have the same beneficiary clause. Fill in all the policy numbers that the claim application concerns, under the heading Policy related information.

Each beneficiary must fill in their own details (including bank account and background information) and sign the application for compensation themselves. All pages of the application must be returned to the insurance company all at once. A beneficiary that is subject to taxation outside of Finland, is required to report the Foreign Taxpayer Identification Number to receive compensation. If the beneficiary is subject to taxation in the U.S.A., the IRS's Form W-9 must also be filled and returned. Each beneficiary must sign the application personally. A single person may be entered as the contact person to deal with the insurance company concerning the compensation matter, in which case the Insurance Company shall address any additional queries to them. The contact person does not need to be a beneficiary in the claim for compensation. If he or she is also a beneficiary, he/she must also fill in the beneficiary details on an application form.

**Appendices to the claim for compensation**

The following documents must be attached to the application:

- Attach a copy of a document proving the identity (such as a passport, identification card or driving licence) of the every beneficiary/beneficiaries and/or the legal guardians of the minor/underage beneficiary.
- Extracts from the population register on the beneficiaries
- **When the beneficiaries are the next of kin or children:**
  - Copy of an official certificate showing family relationships (the same as in the estate inventory) must always be included. An extract from the population register is required for the certificate showing family relationships from all of the parishes that the insured has belonged to since turning 15. If the insured is not registered with a parish, the certificate showing family relationships must be requested from the local register office. The certificate showing family relationships is not required if the estate inventory deed's shareholder information has been confirmed by the local register office.
  - The estate inventory must also be provided if one has already been drawn up.

The Insurance Company will accept copies of the above-mentioned documents.

**Contents of the beneficiary clause**

If the next-of-kin has been specified as the beneficiary, half of the compensation shall be paid to the spouse and half to the children. If the spouse is deceased the entire compensation shall be paid to the children. If one of the children is deceased, the deceased child's share of the compensation shall be paid to his/her children. If the insured does not have a spouse or children, the compensation shall be paid to the heirs based on the Code of Inheritance.

If the spouse and children have been specified as the beneficiaries, half of the compensation shall be paid to the spouse and half to the children. The deceased child's share shall be paid to his/her children. If the spouse is deceased the entire compensation shall be paid to the children.

If people without shares have been designated as beneficiaries, the compensation shall be paid to the designated people in equal shares. If one of these has died the compensation shall be paid to the designated people who are still living.

If the policyholder has defined specific shares, the compensation shall be paid based on these. If one of the designated recipients of a share has died, his or her share shall be paid to the insured's estate.