Vision UAE
Application Booklet

GENERALI

generali-uae.com

PLEASE RETURN COMPLETED BOOKLET TO:

Intermediary Operations
Assicurazioni Generali S.p.A.
Level 6, Rolex Tower
Sheikh Zayed Road
Dubai, United Arab Emirates

INTERPRETATION

In this Application Booklet any reference to:

- words in the singular shall include words in the plural and vice versa;
- the masculine gender shall include the feminine and the neuter and vice versa;
- a statute or regulation shall be construed as a reference to such statute or regulation as amended, re-enacted or replaced from time to time; and
- a "person" shall include any individual, trust, body corporate or un-incorporated body.

Any statements that refer to "us", "we", "our" "Assicurazioni Generali" or "Generali" mean Assicurazioni Generali S.p.A.

Any statements that refer to "I", "me", "my", "you" or "your" mean the Applicant, a prospective Planholder being a person or persons applying for a Vision UAE Plan unless the context indicates otherwise.

Capitalised terms used and not defined in this Application Booklet shall have the meanings given to them in the Terms and Conditions.

Application Form – Assicurazioni Generali S.p.A. Vision UAE

Please complete all sections of this booklet in BLOCK CAPITALS or tick the boxes, where appropriate.
Please note: Generali reserves the right to seek further information or documentation prior to accepting the application.

Adviser Details

Company name: _____

Address: _____

_____

_____

Name of Adviser: _____

Agency number: _____

Contact e-mail: _____

Contact telephone: _____

Additional information/ special instructions: _____

_____

_____

Please provide any supporting documentation, if applicable.

PLEASE COMPLETE ALL SECTIONS

Failure to provide all relevant information and documentation requested in this booklet or otherwise requested by Generali may result in a delay in the application being processed. Further, non-disclosure of material facts or the inclusion of untrue, incomplete or inaccurate information could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid. Further information may be required during the validation process (i.e. questions arising from the information provided).

Generali strongly recommends that you keep a copy of this application in a safe place together with any other documents or correspondence we may exchange.

Please tick alongside all sections or supplementary forms when completed and also ensure that all necessary documentation is included.

		Completed by:
Application Form		
General	Section 1 – 3	☐ Applicant
Confirmation of Citizenship/ Nationality and Tax Residency	Section 4	☐ Applicant
Life or Lives Assured – Personal Details	Section 4	☐ Lives Assured
Plan Details	Section 6 – 12	☐ Applicant
Declarations	Section 13	☐ Applicant
Payment Instruction Forms	Section 14	☐ Account Signatories
Verification of Applicant/ Life Assured Identity – Individual	Section 15	☐ Adviser
Source of Funds Questionnaire	Section 16	☐ Adviser and Applicant
Nomination of Beneficiaries Form (Optional)	Section 17	☐ Applicant

The following supplementary forms may need to be completed and are available from us on request:

Verification of Corporate or Trust Identity (Required if the Applicant is a Company or a Trust)	☐ Adviser
Medical Questionnaire	☐ Lives Assured (including any Applicant who is also a Life Assured)

The information provided and declarations given in this Application Booklet shall be relied upon and form (together with the Terms and Conditions, Plan Schedule, any relevant written statements made or further forms completed by you and/or the Life or Lives Assured and written notice of all changes and endorsements issued by Generali the basis of your contract of life assurance with Generali.

Application Form

General

1. Type of Advice

I have sought the following type of advice from the Adviser named on page 2 of this Application Booklet:

Comprehensive planning ☐ Specific need(s) planning ☐ No needs analysis ☐

2. Life Assurance

Please indicate the life assurance option you require:

Single life ☐ Joint-life first death ☐ Joint-life second death ☐

In the case of Single life please indicate if cover is to be:

Own life (Applicant is the Life Assured) ☐ Life of another (Applicant is not the Life Assured) ☐

3. Applicant – Personal Details

First Applicant

Name: (Full Name as per Identification Document)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

_____

_____

Permanent residential address* (if at this address for less than 18 months, see section 14):

_____

_____

_____

Correspondence address (If different to above): _____

_____

_____

_____

E-mail address: _____

_____

Second Applicant (if any)

Name: (Full Name as per Identification Document)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

_____

_____

Permanent residential address* (if at this address for less than 18 months, see section 14):

_____

_____

_____

Correspondence address (If different to above): _____

_____

_____

_____

E-mail address: _____

_____

*This is the address in the jurisdiction of which you claim to be a resident for tax purposes. If not resident for tax purposes in any jurisdiction, it is the place at which the person normally resides.

3. Applicant – Personal Details (continued)

First Applicant

Telephone number:

Home: _____

Mobile: _____

City/ Town of birth: _____

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

Date of birth: D D M M Y Y

Occupation and nature of employment/ business
(if retired, please state former occupation): _____

_____

_____

Second Applicant (if any)

Telephone number:

Home: _____

Mobile: _____

City/ Town of birth: _____

Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

Date of birth: D D M M Y Y

Occupation and nature of employment/ business
(if retired, please state former occupation): _____

_____

_____

Relationship to first Applicant: _____

4. Confirmation of Citizenship/ Nationality and Tax Residency

Please tick all boxes that apply to you and complete the information requested below in relation to your citizenship/ nationality and tax residency.

First Applicant

I am a citizen/ national* of:

United States ☐

Please specify your US Federal Taxpayer Identification Number ("TIN"): _____

Other ☐

Please specify jurisdiction(s): _____

_____

_____

I am a tax resident** in:

United States ☐

Please specify your US Federal Taxpayer Identification Number ("TIN"): _____

United Kingdom ☐

Please specify your National Insurance Number ("NIN"):

_____

Second Applicant (if any)

I am a citizen/ national* of:

United States ☐

Please specify your US Federal Taxpayer Identification Number ("TIN"): _____

Other ☐

Please specify jurisdiction(s): _____

_____

_____

I am a tax resident** in:

United States ☐

Please specify your US Federal Taxpayer Identification Number ("TIN"): _____

United Kingdom ☐

Please specify your National Insurance Number ("NIN"):

_____

*If you are unsure whether you are a US citizen or citizen/ national in any other jurisdiction, you should seek legal advice.

**If you are unsure whether you are resident for tax purposes in the United States, United Kingdom or in any other jurisdiction, you should seek financial/ legal advice.

4. Confirmation of Citizenship/ Nationality and Tax Residency (continued)

Please tick all boxes that apply to you and complete the information requested below in relation to your citizenship/ nationality and tax residency.

First Applicant

Other ☐

Please specify jurisdiction(s) in which you claim to be tax resident:

_____

_____

Second Applicant (if any)

Other ☐

Please specify jurisdiction(s) in which you claim to be tax resident:

_____

_____

Please specify your tax identification number(s), if available, in that/those jurisdiction(s) you have listed above (please note that where this is not available you may be asked to provide it at a later date):

_____

_____

Please note that in certain circumstances, Generali International may need additional documentation to verify your answers in the self-certification above. Your financial adviser will inform you if any additional documentation is required.

Signature of the first Applicant*:**	**Signature of the second Applicant (if any):**
Date: D D M M Y Y	Date: D D M M Y Y

***If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

5. Life or Lives Assured – Personal Details

The Life Assured should complete this section if not an Applicant outlined in section 3. In this section "I", "me", "my" or "you" refer to the proposed Life Assured.

First Life Assured

Surname: _____ Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

_____

_____

Residential address (if at this address for less than 18 months, see section 15): _____

_____

_____

_____

Place and Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

Second Life Assured (if any)

Surname: _____ Title: _____

Forename(s): _____

Gender: Male ☐ Female ☐

Former name(s) including maiden name and/or alias:

_____

_____

Residential address (if at this address for less than 18 months, see section 15): _____

_____

_____

_____

Place and Country of birth: _____

Nationality: _____

Do you hold dual nationality? Yes ☐ No ☐

2nd Nationality: _____

Marital status: _____

5. Life or Lives Assured – Personal Details (continued)

First Life Assured

Date of birth: D D M M Y Y

Occupation and nature of employment (if retired, please state former occupation): _____

_____

_____

_____

Relationship to Applicant: _____

Second Life Assured (if any)

Date of birth: D D M M Y Y

Occupation and nature of employment (if retired, please state former occupation): _____

_____

_____

_____

Relationship to Applicant: _____

My signature is confirmation that:

- I agree to be a Life Assured:
- I understand that I am responsible for all answers given and statements made by me in section 5 or in any other communication between me and Generali;
- I declare that to the best of my knowledge and belief, the information provided in this section 5 is true and complete and that no material fact has been omitted or concealed, and I understand that non-disclosure of material facts or the inclusion of incorrect information in section 5 or otherwise given to Generali, whether before or during the life of the Plan, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid;
- If Additional Death Benefit is chosen I have completed and signed a Medical Questionnaire; and
- I agree to be bound by the declarations regarding Data Protection contained in section 13 (xvii) of this application.

Signature of First Life Assured:

Date: D D M M Y Y

Signature of Second Life Assured:

Date: D D M M Y Y

The applicant should complete sections 6 – 12 inclusive before reading and signing the declarations contained in section 13.

Plan Details

6. Other Investment Plans

Do you already hold any other life assurance plans with Assicurazioni Generali S.p.A? Yes ☐ No ☐

If Yes, please advise us of your life assurance plan number(s): _____

_____

_____

_____

Other Life Insurance Companies Yes ☐ No ☐

If Yes, please provide further details: _____

_____

_____

_____

7. Plan Currency

Please indicate the currency in which you require your Plan to be denominated.

Benefits will be calculated and charges deducted in the Plan Currency.

US dollar ☐ GB pound ☐ Euro ☐ Japanese yen ☐

8. Premium Details

Please indicate the amount you wish to invest, noting that Regular Premium and Single Premium payments should normally be made in the Plan Currency you specified in section 7.

Regular Premium [ ] Single Premium [ ]

Regular Premium payment frequency: Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐

Please refer to the Details Guide for details of the minimum premiums payable.

Please complete the Payment Instruction Forms supplied in section 14 of this Application Booklet.

9. Premium Payment Term

Please specify the Premium Payment Term required: [ ] years (in figures)

[ ] years (in words)

Note: You should maintain Regular Premium payments at the committed level throughout your chosen Premium Payment Term. If Regular Premiums are reduced and/or stopped, fees and charges will continue to be deducted as normal. A reduction in Regular Premiums or availing of a Premium Holiday will not reduce the administration fees to be deducted over the remaining Premium Payment Term. An increase in Regular Premiums will result in an increase in the administration fees as set out in the Details Guide.

10. Protection Cover

Please complete this section if you require either form of additional protection cover.

Please tick the relevant boxes:

(a) **Additional Death Benefit** Yes ☐ No ☐

Please specify the sum assured you require in the Plan Currency: ☐

Note: The maximum sum assured cannot exceed the annualised Regular Premium (after the deduction of the premium protection cover if applicable) multiplied by 40.

(b) **Premium Protection Cover** Yes ☐ No ☐

Please calculate the total premium protection cover charge due by multiplying the appropriate rate from the following table by the Regular Premium stated in section 8: ☐

Age at Plan Commencement Date	Male Rate	Female Rate
Up to 40 next birthday	1% of Regular Premium	1.5% of Regular Premium
41 to 59 next birthday	2% of Regular Premium	3% of Regular Premium

Notes:

- In the case of joint Applicants, the premium protection cover is applicable to one employed Applicant only and the benefit will be applied to the first named Applicant unless we are otherwise advised.
- Please ensure that the additional charge due for premium protection cover is included in the sum specified on the Payment Instruction Forms in section 14.

11. Premium Allocation Instructions

Please choose Investment Choices corresponding to Underlying Funds from our International Fund Selection brochure. The maximum number of Investment Choices that can be selected at outset for investment of both Regular Premium and Single Premium is 10.

Regular Premium Allocation Instructions

Please enter the percentage of your Regular Premium to be allocated to each Investment Choice below. The minimum amount to be allocated to each Investment Choice depends on the frequency of your Regular Premium payments, as follows:

Currency	Monthly	Quarterly	Half-Yearly	Annually
USD	30	90	180	360
GBP	20	60	120	240
EUR	27	81	162	324
JPY	4,000	12,000	24,000	48,000

I wish to allocate my Regular Premiums to the following Investment Choice(s):

Investment Choice	Currency	Percentage to be allocated
	Total (Please ensure your allocation instruction totals 100%)	100%

Single Premium Allocation Instructions

Please enter the percentage of your Single Premium (if applicable) to be allocated to each Investment Choice below. The minimum amount to be allocated to each Investment Choice is USD400/ GBP267/ EUR360/ JPY53,333.

I wish to allocate my Single Premium to the same Investment Choices as my Regular Premiums ☐

Or I wish to allocate my Single Premium to the following Investment Choice(s):

Investment Choice	Currency	Percentage to be allocated
	Total (Please ensure your allocation instruction totals 100%)	100%

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12. Automatic Fund Switching

Is Automatic Fund Switching ("AFS") required? Yes ☐ No ☐

If Yes, please select a commencement date D D M M Y Y

(Must be at least five years after the Plan Commencement Date)

Please select the currency in which your AFS Investment Choice is to be denominated. If possible, the currency of the AFS Investment Choice should match the Plan Currency.

US dollar ☐ GB pound ☐ Hong Kong dollar ☐ Euro ☐

13. Declarations

It is important that you read, understand and accept the following declarations:

i) I confirm that before I signed this declaration, I had received, read and understood the brochure including the Details Guide (in particular, the section entitled "Cancellation Rights"), the International Fund Selection Brochure and the Illustration document given to me by my Adviser explaining the Vision UAE product to which this Application Booklet relates. I understand that the Details Guide does not form part of the contractual documents of the Plan. I have been given an opportunity to raise any queries and have received satisfactory answers to those queries. I have had the opportunity to obtain specialist legal, accounting and tax advice, if required. I hereby apply for a Plan with the features indicated in this application which I understand will be subject to the Terms and Conditions of the Plan.

(ii) In applying for Vision UAE, I warrant to Generali that I am eligible to hold the Plan under the laws of any jurisdiction applicable to me. Furthermore, I confirm that I can legally take out a contract of life assurance in respect of the person named as Life Assured in this Application Booklet. I acknowledge that I should obtain specialist legal advice should I have any concerns about my ability to take out a contract of life assurance in respect of the person named as the Life Assured.

(iii) I understand that I am responsible for all answers given and statements made by me in the Application Booklet or in any other communication between me and Generali.

(iv) I understand that Assicurazioni Generali S.p.A. is required by law to verify the identity and permanent residential address of each Applicant, Life Assured and Beneficiary and any other party involved in the ownership or control of my Plan, together with information regarding the source of funds and wealth used to fund the Plan as may be relevant to the Application and I agree to provide (or arrange to provide) any such information and documentation as may reasonably be required by Assicurazioni Generali S.p.A. upon request and without delay both at the time of Application and at any time thereafter during the life of the Plan.

(v) I declare that to the best of my knowledge and belief, the information given and declarations made in the Application Booklet, whether in my handwriting or not, are complete, accurate and not misleading and that no material fact has been omitted or concealed. I understand that non-disclosure of material facts or the inclusion of incorrect information in this Application Booklet or otherwise given to Generali, whether before or during the life of the Plan, could result in the wrong terms being quoted, a claim being rejected, repudiated or reduced, or the Plan being rendered invalid.

(vi) I agree that the information provided and declarations given in this Application Booklet, together with the Terms and Conditions, Plan Schedule, written notice of all changes and endorsements issued by Generali and any relevant written statements made or further forms completed by the me and/or the Life or Lives Assured on application or in the future shall be relied upon and form the basis of the contract of life assurance between me and Generali, and I confirm that I have not applied for my Plan on the basis of any representations that are not expressly incorporated into these documents, endorsements or statements.

(vii) I understand that my Plan will not commence until this Application Booklet, duly completed has been received and accepted by Generali. I understand that Assicurazioni Generali S.p.A. has the right to decline this application and that this application can only be negotiated with and accepted by an authorised official of Generali. I also agree to inform Generali of any change in my circumstances between the date of this application and issue of the Plan.

13. Declarations (continued)

(viii) I take full responsibility for the selection of Investment Choices made by me including, to the extent that I consider necessary, reading and understanding the prospectus and supporting literature in respect of each Underlying Fund corresponding to Investment Choice(s) to which I choose to allocate premiums. I confirm that I understand that Generali does not provide advice in relation to the selection of Investment Choices and that I am responsible for seeking independent advice as I consider necessary.

(ix) I understand that the realisable value of my selected Investment Choices determines the value of my Plan. I acknowledge that the value of my Plan is not guaranteed and that asset values may fall as well as rise in line with fluctuations in investment markets. I understand also that Investment Choices that are denominated in a currency other than the Plan Currency may involve a currency risk and that the value of my Plan may fall as well as rise as a result of exchange rate fluctuations.

(x) I acknowledge that, where the Underlying Funds corresponding to my Investment Choices in this Plan are not easily convertible to cash, Generali reserves the right to defer the payment of benefits under my Plan, either in whole or in part, until such time as it is able to realise those investments allowing for, among other things, notice periods, dealing dates and settlement dates of the investments in question.

(xi) I understand and agree that all associated documentation relating to my Plan will be sent to my Adviser (named on page 2 of this Application Booklet) until a written request to the contrary is provided by me.

(xii) If an existing similar life assurance plan has been or is to be replaced in full or in part by this Plan, I declare that my Adviser has explained to me the financial consequences of such a replacement, including the possibility of financial loss.

(xiii) I have been informed of and understand my right to cancel my Plan as detailed in the section entitled "Cancellation Rights" in the Details Guide.

(xiv) I also agree to inform Generali of any change of name or address that may occur during the life of the Plan.

(xv) I consent to Generali seeking independent verification, if required, of any information given in this application. Further, I consent to Generali seeking information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance and I authorise giving of such information. I confirm such authorisation shall remain in force after my death.

(xvi) I understand that I am required to inform Generali within 30 days of a change in my circumstances (in particular my tax residency) or personal details which indicates that the information provided in this Application Booklet has changed.

(xvii) **Data Protection**

- I accept and consent to any information relating to me held by Generali at any time (including information that may be considered confidential or that may constitute personal data for purposes of data protection legislation) ("Personal Data") whether originating from this application or data relating to the execution of my Plan (e.g. premiums, events insured against, changes to risk or Plan), being disclosed and transferred to Assicurazioni Generali S.p.A. head office, or any of Generali's subsidiaries (the "Generali Group") as well as to, my Adviser, investment advisers, portfolio managers, investment fund providers, fiscal representatives, and re-insurers and any agent, contractor or third-party service provider who provides services to Generali in connection with its provision of insurance products and services wherever they are located in the world but only for purposes related to my Plan. Such companies and third parties may be located in countries whose data protection laws may or may not be as strong as in the United Arab Emirates. I accept that the above applies regardless of whether this Plan is concluded.
- I accept and consent to such Personal Data being disclosed and transferred by Generali:
  - to any person or entity to whom Generali or any other member of the Generali Group is under an obligation or otherwise required to make disclosure under any laws, rules, regulations, codes of practice, guidelines or guidance issued by any legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations binding on or applying to Generali or any other member of the Generali Group or with which they are expected to comply or to whom it is otherwise

13. Declarations (continued)

appropriate or desirable to make such disclosure in connection with and in satisfaction of any international requirements regarding the exchange of tax information (including without limitation if this is required to prevent the application of withholding taxes and notwithstanding any certification given by me) which may include reporting information about me and/or about the Plan to the tax authorities in any jurisdiction where Generali or any other member of the Generali Group operates (who may then disclose that information to the tax authorities in other jurisdictions) or to the tax authorities in any jurisdiction where I reside or of which I am a citizen or where I am otherwise subject to tax; or

- pursuant to any contractual or other commitment of Generali or any other member of the Generali Group with, or pursuant to any direction, request or requirement (whether or not having the force of law) of, any local or foreign legal, judicial, regulatory, governmental, central bank, tax, law enforcement or other authorities, or self-regulatory or industry bodies or associations, wherever located and which may exist currently or in the future,

and waive all rights I have, if any, to prohibit or restrict such disclosure.

– I also accept that Personal Data, however obtained, will be held, recorded and processed by Generali on computer and/or manual systems in respect of my insurance dealings with Generali both now and in the future for administrative, identification, customer care, and service and marketing (see further below) purposes only.

– I agree that with my consent (such consent being given by signing this Application Form, unless I tick the box below) the Personal Data collected or held by Generali (whether obtained in this application or otherwise obtained) including contact details, demographic information, financial background, and Plan details and details of underlying investments may be used for the purpose of providing me or having provided to me information or other direct marketing communications concerning financial and insurance products or services of Generali which Generali believes may be of interest to me.

– I hereby confirm that prior to my provision of information to Generali in respect of a third party, the said party has been informed of the use of such information and in this regard I hereby indemnify Generali against and in respect of any liability which it may incur in the event of my failure to so notify the third party.

– I understand that I have the right to obtain subject access to and request correction of any Personal Data concerning me held by Generali. Requests for such access can be made to Head of Customer Services, Assicurazioni Generali S.p.A., Level 6, Rolex Tower, Sheikh Zayed Road, Dubai, United Arab Emirates.

(xviii) I confirm that the signature on this application is my own or (if applicable) that of my authorised representative who hereby confirms that he is duly authorised to sign this application on my behalf.

(xix) **I undertake to disclose all facts material to the assessment by the Company of this application. Such facts are those which an insurer would regard as likely to influence the assessment and acceptance of a proposal (If in doubt as to the relevance of any particular information, you should disclose it as failure to do so could result in you being quoted the wrong terms, a claim being rejected or reduced, or rendering the plan invalid).**

If you do not wish us to contact you for marketing purposes, please tick this box. ☐

Declarations – Signatures

Signature of the First Applicant*: I understand and agree with all the declarations contained in section 13 (i) to (xix)	**Signature of the Second Applicant (if any):** I understand and agree with all the declarations contained in section 13 (i) to (xix)
Date: D D M M Y Y	Date: D D M M Y Y

* If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

Please state country where application was signed: _____

14. Payment Instruction Forms

The Applicant(s) should complete this section. Please ensure that account signatories sign the form.

Please note: that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

Regular Premium Payment Instructions

Please complete either section 1 or 2.

SECTION 1. ELECTRONIC BANK TRANSFERS, STANDING ORDER OR CHEQUE PAYMENTS

To the remitting bank

Please charge the amount specified and any charges/ expenses incurred from my/our account and remit to the appropriate account as per the Routing Instructions shown overleaf.

Applicant Details

Applicant(s) Name(s): _____

Plan number (if known): _____

Amount Payable:

Currency: US dollar ☐ GB pound ☐ Euro ☐ Japanese yen ☐ AE dirham ☐

Amount in figures: ☐

Amount in words: _____

Note: If you have applied for the Premium Protection Cover option in section 10 you should ensure that the charge, in addition to the Regular Premium stated in section 8, is included in the sum specified above.

Payment Frequency

Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐

Please indicate your chosen payment method:

Electronic Transfer ☐ (Available for any payment frequency except monthly)

Standing Order ☐ (Available for any payment frequency) Commencing: D D M M Y Y

Cheque ☐ (Available for any payment frequency)

Bank Details

Name of the remitting bank: _____

Bank address: _____

_____

Account name: _____

Account Number/ IBAN: _____

Please see over for Routing Instructions

14. Payment Instruction Forms (continued)

Routing Instructions

IMPORTANT NOTICE TO REMITTING BANK

Please ensure APPLICANT NAME and PLAN NUMBER (if known) are quoted in 'Remittance Information/ Payment Reference'

Please refer to the previous page for details on the relevant sums and frequencies.

AE dirham: Please pay AED to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004061
SWIFT Code: CITIAEAD
IBAN: AE580211000000500004061
Correspondent Bank: N/A

US dollar: Please pay USD to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004088
IBAN: AE080211000000500004088
Correspondent Bank: Please route the payment via Citibank N.A. New York (Swift Code: CITIUS33; ABA 021000089)

GB pound: Please pay GBP to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004096
IBAN: AE830211000000500004096
Correspondent Bank: Please route the payment via Citibank N.A. London (Swift Code: CITIGB2L)

Euro: Please pay EUR to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004118
IBAN: AE710211000000500004118
Correspondent Bank: Please route the payment via Citibank N.A. London (CITIGB2L)

Japanese Yen: Please pay JPY to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004126
IBAN: AE490211000000500004126
Correspondent Bank: Please route the payment via Citibank N.A. Japan (CITIJPJT)

* **Please ensure the remitting bank transmits a direct MT103 message to Citibank's Dubai branch (Swift Code: CITIAEAD) advising of the payment details.**

ALTERNATIVE PAYMENT BY CHEQUE

If you wish to pay by personal cheque drawn against your own bank account, please make payable to Assicurazioni Generali S.p.A. and attach securely to the Application Booklet.

We recommend that Applicants check the likely clearance times before making payment by cheque.

Authorisation

First Account Signatory**:	Second Account Signatory (if any):
Date: D D M M Y Y	Date: D D M M Y Y

** If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

14. Payment Instruction Forms (continued)

SECTION 2. REGULAR PREMIUM PAYMENT BY CREDIT OR DEBIT CARDS

Please note that we can only accept payment by Visa Credit, Visa Debit, Visa Electron, MasterCard Credit, or International Maestro (exclusive of UK Maestro). You may also update your credit card details directly onto our Service Centre.

Applicant name(s): _____

Plan number (if known): _____

Applicant address: _____

_____

_____

Amount Payable:

Currency: US dollar ☐ GB pound ☐ Euro ☐ Japanese yen ☐

Note: Where the card currency differ from the Plan Currency, we may convert the Regular Premium due using a commercial rate of exchange. The commercial rate of exchange applied by us is available in your payment history information on the Service Centre. The rate of exchange includes any fee applied by us for carrying out a currency conversion on your behalf. We reserve the right to charge for credit card transactions in the future. Generali is not liable for any losses arising as a result of any action taken by the cardholder's credit card company.

Amount in Figures: ☐

Amount in Words: _____

Note: If you have applied for premium protection cover option in section 10 you should ensure that the charge is added to the Regular Premium stated in section 8 and included in the sum specified above.

Payment Frequency

Monthly ☐ Quarterly ☐ Half-Yearly ☐ Annually ☐

Card details

Cardholder name: _____

_____

Card issuing bank name: _____

Visa/ Visa Debit/ Visa Electron/ MasterCard number: _____

Expiry Date: M M Y Y

Your Regular Premiums will be automatically collected approximately 48 hours in advance of the next premium due date. This is determined by the Plan Commencement Date.

If you wish to specify an alternative start date, please indicate here: D D M M Y Y

Authorisation

Signature of cardholder:

Date: D D M M Y Y

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14. Payment Instruction Forms (continued)

Please note: that some banks insist that their own Bank Instruction form is used, so you should check with your bank that they will accept this document.

SINGLE PREMIUM PAYMENT BY BANK TRANSFER

To the remitting bank

Please charge the following amount and any charges/ expenses incurred from my/our account and remit to the appropriate account as per the Routing Instructions shown overleaf.

Applicant(s) name(s): _____

Plan number (if known): _____

Amount payable

Currency: US dollar ☐ GB pound ☐ Euro ☐ Japanese yen ☐ AE dirham ☐

Amount in figures: _____

Amount in words: _____

Bank details

Name of the remitting bank: _____

Bank address: _____

_____

_____

Account name: _____

Account number/ IBAN: _____

Please see over for Routing Instructions

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14. Payment Instruction Forms (continued)

Routing Instructions

IMPORTANT NOTICE TO REMITTING BANK

Please ensure APPLICANT NAME and PLAN NUMBER (if known) are quoted in 'Remittance Information/ Payment Reference'

AE dirham: Please pay AED to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004061
SWIFT Code: CITIAEAD
IBAN: AE580211000000500004061
Correspondent bank: N/A

US dollar: Please pay USD to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004088
IBAN: AE080211000000500004088
Correspondent Bank: Please route the payment via Citibank N.A. New York (Swift Code: CITIUS33; ABA 021000089)

GB pound: Please pay GBP to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004096
IBAN: AE830211000000500004096
Correspondent Bank: Please route the payment via Citibank N.A. London (Swift Code: CITIGB2L)

Euro: Please pay EUR to the following account held with Citibank N.A. Dubai*:
A/C Name: Assicurazioni Generali S.p.A.
A/C No: 0500004118
IBAN: AE710211000000500004118
Correspondent Bank: Please route the payment via Citibank N.A. London (CITIGB2L)

Japanese: Yen Please pay JPY to the following account held with Citibank N.A. Dubai*:
A/C No: 0500004126
A/C Name: Assicurazioni Generali S.p.A.
IBAN: AE490211000000500004126
Correspondent Bank: Please route the payment via Citibank N.A Japan (CITIJPJT)

* **Please ensure the remitting bank transmits a direct MT103 message to Citibank's Dubai branch (Swift Code: CITIAEAD) advising of the payment details.**

ALTERNATIVE PAYMENT BY CHEQUE

If you wish to pay by personal cheque drawn against your own bank account, please make payable to Assicurazioni Generali S.p.A. and attach securely to the Application Booklet.

We recommend that Applicants check the likely clearance times before making payment by cheque.

Authorisation

First Account Signatory**:	Second Account Signatory (if any):
Date: D D M M Y Y	Date: D D M M Y Y

** If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

15. Verification of Applicant/ Life Assured Identity – Individual

Assicurazioni Generali S.p.A. is required by law to verify the identity and permanent residential address of each Applicant and Life Assured, and may require this information to be periodically updated upon request. The introducing Adviser should complete this section for all applications. In this section "I" refers to the Adviser.

Full name of first Applicant: _____

Full name of second Applicant: _____

Full name of first Life Assured *(if different to first Applicant)*: _____

Full name of second Life Assured *(if different to second Applicant)*: _____

If there are further Lives Assured, please complete this section on an additional sheet and attach securely to this Application.

This section is required to verify the identity of the Applicants and/or Lives Assured, if different.

All identification papers must be certified by the Adviser or a Notary Public and include a photograph of the Applicant or Life Assured.

Please tick alongside all items enclosed and ensure that all necessary documents are included.

For each Individual Applicant (and each Life Assured, if different):

First Applicant

1. Certified copy of an original photo passport ☐
2. Certified copy of suitable proof of address (showing name and current residential address) ☐

Prior residential address*: _____

_____

Second Applicant (if any)

1. Certified copy of an original photo passport ☐
2. Certified copy of suitable proof of address (showing name and current residential address) ☐

Prior residential address*: _____

_____

* Please complete if the Applicant/ Life Assured has been less than 18 months at their current residential address, as detailed in section 3 or 5.

Corporate and Trust Applicants

If the Applicant shown in this Application Booklet is a company or a trustee on behalf of a Trust, additional information is required. The introducing Adviser should complete a Verification of Corporate/ Trust Identity Form, available from us on request.

Declaration

- I confirm that I have seen the original documents specified above and have checked the name and identity of the Applicant(s) and Life/ Lives Assured and attach a certified copy of these documents for Generali's records.
- I confirm that fact-find forms have been duly completed.
- I have not made any changes to the Application Booklet after the Applicant has signed it.

Adviser Name (Printed in BLOCK CAPITALS):

_____

Signature of Adviser:**

Date: D D M M Y Y

** If the Adviser is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

If there are further Applicants or Lives Assured, please complete this section on an additional sheet(s) and attach securely to this application.

Please tick this box if additional sheet(s) attached: ☐

16. Source of Funds Questionnaire

Assicurazioni Generali S.p.A. is required by law to obtain information regarding the source of funds and wealth of each Applicant, and may require this information to be verified or periodically updated upon request. The Applicant and introducing Adviser should complete this section for all applications and should provide original documents or certified true copies of all original documents evidencing the information set out in this section. The relevant declarations must be signed by the Adviser and Applicant. Please continue on a separate sheet(s) if required. In questions 1 - 10 and Adviser Declaration, "I" or "you" refers to the Adviser. In Applicant Declaration, "I" or "my" refers to the Applicant.

Full Name of first Applicant: _____

Full name of second Applicant (if any): _____

1. How and when were you introduced to the Applicant(s)? (specify month and year):

   _____

   _____

2. Please provide Applicant's bank details (i.e. the account used to pay Investment Amounts and to receive payments from Generali (In case of several accounts, details should be furnished for all the accounts)):

   Bank name: _____

   Bank address: _____

   Account number/ IBAN: _____

   Account holder(s) name: _____

   Years account held*: _____

   *If this account has been held for less than 1 year, then previous bank details are also required. Please use a separate page if necessary.

   Please tick this box if additional information is attached ☐

3. Are there any other parties indirectly involved with this application e.g. lender? Yes ☐ No ☐

   If Yes, please give details: _____

   _____

4. Are there any concurrent financial proposals for the Applicant being made elsewhere? Yes ☐ No ☐

   If Yes, please give details: _____

   _____

5. Please state annual income of the Applicant: USD ☐ GBP ☐ EUR ☐ JPY ☐ AED ☐

   i) Total amount received annually from all sources:

   Current year: _____

   Last year: _____

   Previous year: _____

   ii) Where income is received in addition to, or instead of employment, please specify from the list below the source(s) it originated from, including the amount and currency per annum:

   USD ☐ GBP ☐ EUR ☐ JPY ☐ AED ☐

   Rental Income: _____

   Investment Income: _____

   Pension Income: _____

   Other (Please specify): _____

16. Source of Funds Questionnaire (continued)

iii) Employment status:

Employed ☐ Self-employed/ Business owner ☐ Other ☐

Does the Applicant beneficially own or part own the company that generates the employment income? Yes ☐ No ☐

If applicable, state percentage owned: _____

If Employed please state:

Business name and address of employer: _____

_____

_____

Employer's telephone number: _____

Employer's website address: _____

Annual basic income: _____

Bonus: _____

Benefits in kind (e.g. housing allowance, education, travel, etc.): _____

Other (please specify): _____

_____

_____

Length of service with current employer: _____

If less than 18 months please state previous employer and length of service: _____

_____

If Self-employed/ Business owner, please state:

Business name and address: _____

_____

_____

Business telephone number: _____

Website address: _____

Annual income/ dividends: _____

Benefits in kind (e.g. housing allowance, education, travel, etc.): _____

Other (please specify): _____

_____

_____

Length of time Self-employed/ Business owner: _____

If less than 18 months, please give details of previous employment status: _____

_____

_____

If Other, please provide details: _____

_____

_____

16. Source of Funds Questionnaire (continued)

6. Details of assets held:

   Cash amount: _____

   Shares and bonds amount: _____

   Properties amount: _____

   Other amount: _____

   Total assets amount: _____

7. Details of liabilities held:

   Loans/ debts amount: _____

   Accounts payable: _____

8. Please state how the source of wealth for this investment has been raised if other than annual income. If answering Yes to questions (i), (ii) or (iii) below, please provide proof by way of supporting documentation.

   (i) Gift or inheritance from a third-party? Yes ☐ No ☐

   If Yes, please give details: _____

   _____

   _____

   (ii) The disposal of a business or other asset? Yes ☐ No ☐

   If Yes, please give details and specify the original source of wealth for the investment in the business or asset:

   _____

   _____

   (iii) Other? Yes ☐ No ☐

   If Yes, please give details and specify the original source of wealth for the investment:

   How was wealth generated? _____

   When was wealth generated? _____

9. When answering these questions has the information been supplied from your own knowledge of the Applicant's circumstances? Yes ☐ No ☐

   If No, where did it originate? _____

10. Please outline your client's reasons for applying for this product: _____

   _____

   _____

16. Source of Funds Questionnaire (continued)

Adviser Declaration

- I declare that, to the best of my knowledge and belief, the Applicant(s) is/are of good standing and the information given in this questionnaire is true and complete.
- I confirm and am satisfied that, to the best of my knowledge and belief, the original source of monies being used to pay the Regular or Single Premium is derived from legitimate activities.
- I have also verified this information against the Applicant's passport.
- I confirm that I have obtained sufficient documentation and attach certified true copies of the original to this Application, to satisfy myself regarding the Applicant(s):

  a Full Name
  b. Current Address
  c. Place of Employment (where appropriate)
  d. I have not made any changes to the Application Booklet after the Applicant has signed it.

Signature of Adviser:

Adviser name (printed in BLOCK CAPITALS): _____

Date: D D M M Y Y

Applicant Declaration

- I declare that, to the best of my knowledge and belief, all the information above is true, correct and complete.
- I confirm that the monies being used to pay the Regular or Single Premium are derived from legitimate activities.

Signature of First Applicant:**

Date: D D M M Y Y

Signature of the Second Applicant (if any):

Date: D D M M Y Y

** If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

If there are further Applicants or Lives Assured, please complete this section on an additional sheet(s) and attach securely to this application.

Please tick this box if additional sheet(s) attached ☐

17. Nomination of Beneficiary Form

To be completed by the Applicant(s)

If you request more than one Beneficiary and any one of them dies before the Death Benefit under your Plan becomes payable, then his percentage benefit will be divided equally between the surviving Beneficiaries. It is preferable to include Certified Copies of Proof of Identity ("PoI" – e.g. passport) and Proof of Address ("PoA" – e.g. utility bill) for the Beneficiary/ies with this form. In any event PoI and PoA will be required prior to any eventual distribution in the event of a Death Claim. Where the Beneficiary/ies is other than an individual(s) please liaise with Generali for the appropriate requirements.

For corporate applications accepted Proof of Identity must be a copy of the Commercial License, a copy of the company's latest Report and Accounts, if the company is not listed on a recognised stock exchange then the names and addresses (together with sufficient documentation which in our sole discretion will enable us to verify such information) of all owners/ shareholders/ partners, a certified copy of the passport or identification card of the director/ manager who signs the application form, a copy of the director/ manager's power of attorney authorising him to sign on behalf of the company and a completed supplementary questionnaire available from our offices.

'Certified Copies' are copies certified by a professional qualified person who has seen the original at the time of signing. We will also accept copies certified in the regional offices, by the Office Manager or Sales/ Regional Manager providing the original was seen at the time of signing.

Surname: _____

Title: _____

Forename(s): _____

Date of birth: _____

Nationality: _____

Address: _____

_____

Relationship to Applicant(s): _____

Percentage of benefit: _____

Surname: _____

Title: _____

Forename(s): _____

Date of birth: _____

Nationality: _____

Address: _____

_____

Relationship to Applicant(s): _____

Percentage of benefit: _____

Surname: _____

Title: _____

Forename(s): _____

Date of birth: _____

Nationality: _____

Address: _____

_____

Relationship to Applicant(s): _____

Percentage of benefit: _____

Surname: _____

Title: _____

Forename(s): _____

Date of birth: _____

Nationality: _____

Address: _____

_____

Relationship to Applicant(s): _____

Percentage of benefit: _____

I confirm that the information above is correct. Applicant(s) initials: _____

17. Nomination of Beneficiary Form (continued)

It is the responsibility of the Applicant(s) to ensure that the nomination of a Beneficiary(ies) pursuant to this form will be effective under his law of domicile and/or residence.

- I hereby request the above to be the Beneficiary(ies) of my Plan following the occurrence of the Relevant Death in accordance with the Plan Terms and Conditions.
- I understand that Assicurazioni Generali S.p.A. is required to verify the identity and permanent residential address of each Beneficiary before the payment of any claim can be completed, and no payment will be made to any Beneficiary where their identity cannot be verified satisfactorily.
- I confirm that receipt by the Beneficiary(ies) nominated herein shall be good and full discharge for any payment made under the Plan. Where a nominated Beneficiary is aged under 18 years, or lacks legal capacity, the receipt by their parent or guardian will be sufficient discharge to Assicurazioni Generali S.p.A. and Assicurazioni Generali S.p.A. shall not be concerned to see to the application of such payment.
- I undertake that no claim shall be made by my estate or personal representative in respect of any payment made to a Beneficiary under this nomination.

Signature of first Applicant*:	**Signature of second Applicant (if any):**
Date: D D M M Y Y	Date: D D M M Y Y

* If the Applicant is not an individual, its authorised signatories should sign in accordance with its authorised signatory list.

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Assicurazioni Generali S.p.A. United Arab Emirates
Level 6, Rolex Tower, Sheikh Zayed Road
Dubai, United Arab Emirates, P.O. Box Number 5910
Tel: +971 (0) 4 3842 100
Fax: +971 (0) 4 3842 111

www.generali-uae.com

Registration Details:
Assicurazioni Generali S.p.A. Registered (Registration Number 59) under UAE Federal Law No. 6 of 2007 and regulated by the Insurance Authority. Registration Date: 13 December 1984.

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