



### INTRODUCTION & CASE SETUP





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### **KEY PARTIES & ROLE SUMMARY**

Role	Name	Entity Type	Notes
Policyholder			
Insured Life			
Beneficiary(ies)			
Investment Advisor/ Manager			
IDF Name (if applicable)			
IDF Manager			
Custodian Bank(s) (if applicable)			





POL	ICYHOLDER	INFORMATIO	N			
Policyholder Full Legal Name	:					
Name of Controlling Person (s)	:					
Place Of Birth/ Establishment	:		Date Of Birth/ Establishment	: D D	M M Y Y	,
Residential/ Registered Address	<b>:</b>					
Postcode/ ZIP	:		City			
Country	:					
Status	: Single  Corporation	Married Div	vorced Separat  t Partnership  Other (specify)	Foundation		
Nationality/ Country of Registration	:		Gender	Male	Female	
Country of Legal Residence/ Domicile	•		Countries of Tax Residence	:		
Passport Number	:		Country of Issuance	:		
Tax Identification Number (TIN)	:		egal Entity Identifier EI) or Other	:		
E-Mail						





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CON	ITRO	LLINC	S P I	ERSON											
Controlling Person Full Legal Name	:														
Place Of Birth	:					Date	Of Bir	rth	:	D	D	M	M	Y	Υ
Residential Address	:														
Postcode/ ZIP	:					City									
Country	:														
Status	:	Single		Married		Divorced		Separat	ed						
Smoker Status	:	Smoker		Non-Smo	ker										
Nationality	:						G	Gender			Male		Fei	male	
Country of Legal Residence	:						ntries ( dence	of Tax	:						
Passport Number	:					Coun	ntry of ance	•	:						
Relationship to Policyholder	•														
E-Mail	:														





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INS	URE	D LIFE	IN	F O R M	ATIC	)N (1)								
Insured Life Full Legal Name	:													
Place Of Birth	:					Date	Of Birth	•	D	D	M	M	Υ	Υ
Residential Address	:													
Postcode/ ZIP	:					City								
Country	:													
Status	:	Single		Married		Divorced	Separ	ated						
Smoker Status	:	Smoker		Non-Smo	ker									
Nationality	:						Gende	er		Male		Fen	nale	
Country of Legal Residence	:						itries of Tax dence	к :						
Passport Number	•					Coun	itry of ince	:						
Relationship to Policyholder	:													
E-Mail	:													





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INS	URE	D LIF	E IN	FORM	ATIO	N (2)								
Insured Life Full	:													
Legal Name	•													
Place Of Birth	:					Date	Of Birth	:	D	D	M	М	Y	Υ
Residential Address	:													
Postcode/ ZIP	:					City								
Country	:													
Status	:	Single		Married		Divorced	Separa	ited						
Smoker Status	:	Smoker		Non-Smo	ker									
Nationality	:						Gender	r		Male		Fei	male	
Country of Legal						Cour	itries of Tax							
Residence	:						dence	•						
Passport Number	:					Coun Issua	ntry of nce	:						
Relationship to Policyholder	:													
· oneynother														
E-Mail	:													





BEN	I E	FIC	IAR	RY	I N F	OR	R M A	TIC	N	(1)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											Birth,		D	D	M	M	Υ	Υ
Residential/ Registered Addres	: ss																		
Postcode/ ZIP	:									City									
Country	:																		
Status	:		Singl	е		Mar	ried		Div	vorced		Sep	arated	d					
Smoker Status	:		Smok				-Smok		Dasia		- 4 1	Danafi	-•		Pov	ocable	<u>.</u>	Irrov	ocable
Beneficiary Death	Bei	nefit .	Alloca	ition	ı (%)	:			Desig	gnation	OTE	Benefi	ciary	•	Nevi	ocable		mev	Jeante
Nationality/ Country of Registration	:											Gen	der		Mal	e	F	emale	Ž
Country of Legal Residence/ Domicile	:									Cou Resi		es of T ice	ax	:					
Passport Number	:									Cou Issu				•					
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEN	I E	FIC	CIAF	RY	INF	OR	M A	TIO	N (	2)									
Beneficiary Full Legal Name	•																		
Place Of Birth/ Establishment	:									Date Estal		irth/ ment	:	D	D	M	M	Υ	Υ
Residential/ Registered Addres										-•-									
Postcode/ ZIP Country	:									City									
Status	:		Sing	le		Mari	ried		Divo	rced		Separa	ited						
Smoker Status	•		Smok	ker		Non-	Smok	er											
Beneficiary Death	Ве	nefit	Alloca	atio	า (%)	:		D	esign	ation	of Be	neficia	ry:		Revo	cable		Irrev	ocable
Nationality/ Country of Registration	:											Gendei	r		Male		F	emale	9
Country of Legal Residence/ Domicile	:									Coun Resid		of Tax	:						
Passport Number	:									Coun Issua		f	:						
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEN	EF	I C	IARY	IN	FOR	МАТ	101	N (3)								
Beneficiary Full Legal Name	:															
Place Of Birth/ Establishment	•								e Of Birtl blishme	_	D	D	M	M	Υ	Υ
Residential/ Registered Addres																
Postcode/ ZIP	:							City								
Country	:								_							
Status	:		Single		Marr			Divorced	Se	parated						
Smoker Status	Pone		Smoker			Smoker		esignation	of Bene	ficiary :		Revo	cable		Irrevo	cable
Beneficiary Death  Nationality/ Country of Registration	:	ent /	Allocatio	JII (90)	:					nder		Male		F	emale	
Country of Legal Residence/ Domicile	:								ntries of dence	Тах :						
Passport Number	:							Cour	ntry of ance	:						
Relationship to Policyholder	:															
Relationship to Insured Life	:															
E-Mail	:															





BEN	ΙE	FIC	IAF	R Y	I N F	OR	R M A	TIC	N	(4)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											Birth/ hment	<b>:</b>	D	D	М	M	Υ	Υ
Residential/ Registered Addres	:																		
Postcode/ ZIP	:									City									
Country	:																		
Status	:		Sing	le		Mar	ried		Div	orced		Sepa	arated						
Smoker Status	:		Smok	ker		Non	-Smok	ker											
Beneficiary Death	Be	nefit	Alloc	atior	า (%)	:			Desig	nation	of B	enefic	iary		Rev	ocabl	е	Irre	ocable/
Nationality/ Country of Registration	:											Gend	ler		Mal	e		Femal	e
Country of Legal Residence/ Domicile	:									Cou Resi		es of Ta ce	ax ;						
Passport Number	:									Cour			;						
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEI	N E	FIC	IAR	Y	INF	OR	MA	TIC	O N	(5)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											f Birth/ ishment	:	D	D	M	M	Υ	Υ
Residential/ Registered Addre	: ss																		
Postcode/ ZIP	:									City									
Country	:																		
Status	:		Singl	e		Mar	ried		Di	vorced		Sepa	rated						
Smoker Status	:		Smok	er		Non-	-Smok												
Beneficiary Death	Bei	nefit	Alloca	tion	(%)	:			Desi	gnation	ı of	Benefic	iary :		Revo	cable		Irrevo	ocable
Nationality/ Country of Registration	:											Gend	er		Male		F	emale	
Country of Legal Residence/ Domicile	:									Cou Res		ries of Ta nce	ıx :						
Passport Number	:									Cou Issu		ry of ce	:						
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEI	N E	FIC	IAR	Y	INF	OR	MA	TIC	O N	(6)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											f Birth/ ishment	:	D	D	M	M	Υ	Y
Residential/ Registered Addre	: ss																		
Postcode/ ZIP	:									City									
Country	:																		
Status	:		Singl	e		Mar	ried		Di	vorced		Sepa	rated						
Smoker Status	:		Smok	er		Non-	-Smok												
Beneficiary Death	Bei	nefit	Alloca	tion	(%)	:			Desi	gnatior	ı of	Benefic	iary :		Revo	cable		Irrevo	cable
Nationality/ Country of Registration	:											Gend	ler		Male	ğ	F	emale	
Country of Legal Residence/ Domicile	:									Cou Res		ies of Ta	ax :						
Passport Number	:									Cou Issu		ry of ce	:						
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEN	I E	FIC	IAF	RY	INF	OF	RMA	TIC	О И	(7)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											f Birth/ shment	:	D	D	M	M	Υ	Υ
Residential/ Registered Addres	: SS																		
Postcode/ ZIP	:									City									
Country	:																		
Status	:		Singl	е			rried		Di	vorced		Sepa	arated						
Smoker Status	:		Smok				-Smol	ker	Doci	anation	. <b></b> .	Donofic	ian, a		Revu	ocable	<u> </u>	Irreve	ocable
Beneficiary Death	Bei	nefit .	Alloca	itior	า (%)	:			Desi	gnation	101	вепепс	iary :		i i i	ocabic		IIICV	ocabic
Nationality/ Country of Registration	:											Gend	ler		Mal	e	F	emale	<del>j</del>
Country of Legal Residence/ Domicile	:									Cou Res		ies of Ta	ax :						
Passport Number	:									Cou Issu			•						
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEN	I E	FIC	IAF	RY	INF	OR	RMA	TIC	O N	(8)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											f Birth <sub>/</sub> shmen		D	D	M	М	Υ	Υ
Residential/ Registered Addres	: SS																		
Postcode/ ZIP	:									City									
Country	:																		
Status	:		Singl	le			rried		Di	vorced		Sep	arated	1					
Smoker Status	:		Smok				-Smok		Doci	anation	of I	Donofi	aio m		Revi	ocable	<u>.</u>	Irrevo	ocable
Beneficiary Death	Be	nefit	Alloca	ation	1 (%)	•			Desi	gnation	1011	benen	Clary	•	IXC V	ocabic		mev	Jeabie
Nationality/ Country of Registration	:											Gen	der		Mal	e	F	emale	<u>;</u>
Country of Legal Residence/ Domicile	:									Cou Resi		es of T ice	ax	:					
Passport Number	:									Cou Issu				:					
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEN	ΙE	FIC	CIAI	RY	INF	OR	R M A	TIO	N (	9)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											sirth/ ment	•	D	D	M	М	Υ	Υ
Residential/ Registered Addres																			
Postcode/ ZIP Country	•									City									
Status	:		Sing	le		Mai	ried		Dive	orced		Separa	ated						
Smoker Status	:		Smol	ker		Non	-Smok	ker											
Beneficiary Death	Ве	nefit	Alloc	atio	n (%)	:		ı	Desigi	nation	of Be	eneficia	ry:		Revo	cable		Irrev	ocable
Nationality/ Country of Registration	:											Gende	r		Male		F	- emale	9
Country of Legal Residence/ Domicile	:									Coun Resid		s of Tax e	:						
Passport Number	:									Coun Issua		of	•						
Relationship to Policyholder	•																		
Relationship to Insured Life	:																		
E-Mail	:																		





BEN	ΙE	FIC	IAF	RY	I N F	OR	MA	TIO	N (	10)									
Beneficiary Full Legal Name	:																		
Place Of Birth/ Establishment	:											Birth/ nment	:	D	D	M	М	Υ	Y
Residential/ Registered Addres	: ss																		
Postcode/ ZIP	:									City									
Country	:																		
Status	:		Sing	le		Mar	ried		Divo	rced		Sepa	rated						
Smoker Status	:		Smok	ker		Non-	-Smok	er											
Beneficiary Death	Be	nefit	Alloc	atio	า (%)	:			Design	ation	of Bo	enefici	iary :		Revo	ocable	5	Irrev	ocable
Nationality/ Country of Registration	:											Gend	er		Male	9	ı	Femal	e
Country of Legal Residence/ Domicile	:									Coun Resid		s of Ta e	ж:						
Passport Number	:									Coun		of	:						
Relationship to Policyholder	:																		
Relationship to Insured Life	:																		
E-Mail	:																		





# KYC & REQUIREMENTS CHECKLIST





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### POLICYHOLDER REQUIRED DOCUMENTS

Policyholder	•
	•
Type	



:



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### CONTROLLING PERSON REQUIRED DOCUMENTS

Controlling
Person Type





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### INSURED LIFE (1) DOCUMENTS

Policyholder ;





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### INSURED LIFE (2) DOCUMENTS





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### BENEFICIARY (1) DOCUMENTS





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### BENEFICIARY (2) DOCUMENTS

Policyholder :





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### BENEFICIARY (3) DOCUMENTS





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### BENEFICIARY (4) DOCUMENTS





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### BENEFICIARY (5) DOCUMENTS

Policyholder	:
Туре	





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### BENEFICIARY (6) DOCUMENTS





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### BENEFICIARY (7) DOCUMENTS





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### BENEFICIARY (8) DOCUMENTS





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### BENEFICIARY (10) DOCUMENTS





### POLICY DESIGN & PURPOSE





### POLICY INFORMATION - ECONOMIC PROFILE **Purpose of the Policy and Structure Additional Details Estimated Net** Worth of the **Source of Pemium Individual Source of Wealth** for the Policy **Distribution Strategy (During Policy Lifetime)** E.g. During the insured's lifetime, policy loans or partial surrenders may be used to generate liquidity for the trust to meet the family's annual expenses, fund charitable donations, or support business investments. **Distribution Strategy (Post-Death Payout)** E.g. Upon the death of the insured, the death benefit is intended to be paid to a discretionary trust, which will allocate funds to beneficiaries over time to support education, generational wealth planning, and tax-efficient distributions aligned with the family's long-term goals. **Known Triggers** for Policy Exit or Surrender





### POLICY INFORMATION - PREMIUM

|--|

Description	Amount (USD or relevant currency)	<b>Notes</b> (based on initial illustration basis, confirmed transfer)
Proposed Premium		
Final Premium		
Premium Frequency	Anr	nual/ Semi-Annual/ Quarterly/ Monthly
Premium Years (No. of Years of Expected Premium)		

Fee Provided by:

Controlling





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### POLICY INFORMATION - FEE SUMMARY (INTERNAL)

**Date Fee Provided:** 

**Date Fee** 

Person Fee Approved by			Approved	
GII Fee Approved: by			Date Fee Approved	:
Fee Approval Notes				
	Notes including com details.	nmunication channel (emai	il, Teams/Zoom/Remote call, t	telephone call), date, time and any other
Fee Type	Frequency	Amount/Rate	Commission Split	Notes
Set-up Fee				
Administration or M&E Fee				
COI				
DAC Fee				
FATCA/ CRS Fee				
Surrender Fee				
Loan Interest Rate				





### POLICY INFORMATION - FEE SUMMARY (EXTERNAL)

Fee Type	Frequency	Amount/Rate	Recipient	Notes
Investment Management Fee				
IDF Manager Fee				
Custody Fee				
Legal/ Structuring Fee				
Trustee Fee				
Other				





# INVESTMENT PLANNING & EXECUTION





### POLICY INFORMATION - INVESTMENT PROFILE (INCEPTION)

Check all that apply and provide additional detail, as applicable.

Asset Class	Included	Est. % of Portfolio	Valuation Support	Notes
Listed Equities (Stocks)				
Listed Equities (Bonds)				
ETFs/Mutual Funds				
Private Equity				
Promissory Note (internal)				
Promissory Note (external)				
Loans Receivable				
Real Estate				
Digital Assets				
Other:				





### POLICY INFORMATION - INVESTMENT PROFILE (ON-GOING)

Check all that apply and provide additional detail, as applicable.

Asset Class	Included	Est. % of Portfolio	Valuation Support	Notes
Listed Equities (Stocks)				
Listed Equities (Bonds)				
ETFs/Mutual Funds				
Private Equity				
Promissory Note (internal)				
Promissory Note (external)				
Loans Receivable				
Real Estate				
Digital Assets				
Other:				





### POLICY INFORMATION - INVESTMENT NOTES

Date of Change	:						
- acc or ondinge	•	D	D	M	M	Υ	Υ
Portfolio Change	:						
Date of Change	:						
		D	D	M	M	Υ	Υ
IDF or Investment	:						
Manager Change							
Date of Change	:						
		D	D	M	M	Υ	Υ
Asset Transfers or Liquidity	:						
Events							
Relevant	:						
Policyholder/ Board/ Trustee							
Decisions							





### COMMUNICATION & LIFECYCLE MONITORING





P	OLI	CY COMMUNICATIONS													
Communication Date	on :	D	D	M	М	Υ	Υ	Communication Type	:						
Contact Person(s) Involved	:														
Summary of Discussion	:														
Action Taken/ Next Steps	:														
Internal Owner (s)	•														





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	C A S	E	FÌ	C E	NOT	ES					
Date of No	te	:							Note by	:	
			D	D	M	М	Υ	Υ			
Note(s)		:									





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	C A S	E	FÌ	C E	NOT	ES					
Date of No	te	:							Note by	:	
			D	D	M	М	Υ	Υ			
Note(s)		:									