

This form must be completed where the client or any person identified on the Client Identification and Verification Form in relation to the client is considered to be a high risk, including but not limited to:

- a) A person closely connected or related to, or is herself/himself considered to be a Politically Exposed Person (PEP);
b) Foreigners; or
c) Any circumstances giving rise to a suspicious activity or transaction.

Duplicate and complete this page for each applicable party (e.g. client, premium payer and person acting on behalf of the aforementioned.)

Please indicate the number of applicable parties in the area provided: Total Number of parties

Please number the applicable parties for control purposes
(e.g. if there are 10 parties and this page presents the information for the 1st party: 1 of 10): of

[illegible][illegible][illegible][illegible]

Are you a US citizen or a tax resident of the United States of America? YES NO

if yes, please complete the **W9** of the American Internal Revenue Service (www.irs.gov/w9)

[illegible]

IN ORDER OF PREFERENCE

Identity Number

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 Date of Birth

D	D	M	M	Y	Y	Y	Y
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[illegible][illegible][illegible][illegible]

Occupation and Source of Income - Compulsory	
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Additional Source of Income	
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Source of Funds for this Policy - Compulsory	
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[illegible]

Tel(home)Code							No							Fax(Code)							No						
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Email address

IN ORDER OF PREFERENCE

- ☐ ID Document
- ☐ Valid Passport
- ☐ Birth Certificate (if minor and ID not available)

Documents other than identity document only acceptable if identity document is not available.

Document must be valid, reflect the party's full names or initials and surname, identity number and date of birth - all documents except birth certificate to contain verifiable photo of person.

Please attach original certified copies of documentation used for authorisation:

- Power of Attorney: Resolution duly executed by authorised signature
- Mandate: Letters of executorships/authority from Master of High Court
- Court Order: Letter of Authority for acting on behalf of Natural Person/Partnership/Close Corporation/Company/Legal Entity

A Politically Exposed Person is an individual who is or has been entrusted with prominent public functions in Namibia, a foreign country or an international organization, which includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international organisations.

By "associated or related", we mean that the client or the insured, beneficiary or beneficial owner are closely connected to a PEP either socially or professionally, or are a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of a PEP.

Is the client or any person identified on the Identification and Verification Form a Politically Exposed Person or closely associated or related to a Politically Exposed Person?

YES NO

If Yes:

a. What is the name of the Politically Exposed Person?

b. What is your relationship to the Politically Exposed Person?

c. What official position does the Politically Exposed Person hold?

d. During what time period was the position held?

D. WHAT ARE THE REASONS FOR SPECIFIC INTENDED OR PERFORMED TRANSACTIONS?

E. WHAT IS THE CLIENT'S VOLUME OF ASSETS?



ENHANCED DUE DILLIGENCE FORM

Financial Intelligence Act, 13 of 2012 (FIA)

F. DECLARATION ON SOURCE OF WEALTH & SOURCE OF FUNDS

Please indicate where the client's wealth is derived from, as well as where the funds for the transaction were derived from and provide the relevant proof.

Employment/Trade Income	
Investment Income	
Rental Income	
Others, please specify:	

G. DECLARATION

I declare that I have verified the authenticity of the documents submitted with this form, and that the information provided in these forms is true and correct. I am aware that I may be subject to prosecution and criminal sanctions under written law if I am found to have made any false statement which I know to be false or which I do not believe to be true, or if I have intentionally suppressed any material fact.

Signature of Intermediary/Old Mutual Employee: _____

Date

D	D	M	M	Y	Y	Y	Y
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Name: _____ Capacity: _____

DISCLOSURE

The Old Mutual Group would like to offer you ongoing financial services and may use your personal information to provide you with information about products or services that may be suitable to meet your financial needs. The Old Mutual Group may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches
- Verifying your identity
- Verifying and/or updating your personal information
- Claims checks (Industry Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection (including anti-money laundering screening)
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You agree that Old Mutual may view, search and update your information.

You agree that your medical information and the answers to the Health and Lifestyle questionnaire may be shared with relevant third parties (including the adviser involved in this application). If, as a result of your health, a decision is taken to increase premiums, not to cover certain conditions or not to accept the application for cover, you agree to the reasons for this decision being shared with the adviser. You understand that if you do not agree this application for cover will not be processed.

You may access your personal information that we hold and may, under certain circumstances, also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

To view our full privacy notice and to exercise your preferences, please visit our website on

www.oldmutual.com.na/about-old-mutual/how-we-do-business/legal/privacy-policy



ENHANCED DUE DILLIGENCE FORM

Financial Intelligence Act, 13 of 2012 (FIA)

FOR OFFICE USE

Please note:

No business relationship may be established or maintained with an individual considered to be at very high risk of money-laundering or terrorist financing, or nationals from high risk countries. Please notify the AML-Officer immediately at NAM-AML@oldmutual.com should the relationship be declined or terminated as a result of:

- Suspicious activity;
- The client is considered to be a high risk;
- The client is considered to be a very high risk.

Verification Documentation To Be Attached (Please tick):

- Identification and Verification Form and supporting documents required for verification;
- Copy of screening results from Dow Jones Risk and Compliance database;
- For individuals, documents verifying the client's:
 - Source of income or occupation;
 - Nature and location of business activities;
 - Volume of assets;
 - Reason for the transactions;
 - Source of funds involved in the transaction.
- For Close Corporations and Companies, documents verifying the:
 - Nature of the business;
 - Income Tax and Value Added Tax registration numbers;
 - Volume of assets;
 - Reason for the transactions;
 - Source of funds involved in the transaction;
- Any published convictions, penalties, sanctions or adverse media articles involving the client;
- Any other supporting documents required by the AML Officer:

- _____

- _____

Recommendation of Personal Financial Advice/Broker Distribution Manager

I have reviewed the verification documentation attached and considered the money-laundering and/or terrorist financing risk the client poses and hereby recommend that the business relationship be:

- ☐ Established;
- ☐ Maintained;
- ☐ Declined; or
- ☐ Terminated.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name: _____ Position: _____

Senior Management Approval

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name: _____ Position: _____

AML Officer Approval

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name: _____