



For customers

POLICYHOLDER DETAILS FORM

Please read these notes before completing this instruction.

About this form

You should use this form if:

- ownership of a Monument policy is being assigned to you, or
- if you're being appointed as a trustee, or
- if you're an existing policyholder and have not previously completed this form or our Self-Certification Declaration form.

Please sign and complete all relevant sections of this form in BLOCK CAPITALS using ballpoint pen.

When completed, please email this form and all required documents to:

Guarantees@va.monumentinsurance.com

Or post them by airmail to:

Monument Life Insurance dac
Bishop's Square
Redmond's Hill
Dublin 2
D02 TD99
Ireland


Policy number

--	--	--	--	--	--	--	--	--	--

Check details already filled in

You should check that all details provided in this form are correct before you sign the 'Declaration' in section 3.

Additional information

Whenever you see this icon , we're asking you to send us additional material with this form.

Data protection and your privacy rights

The information you provide on this form will be held by us in accordance with all applicable data protection laws including the Irish Data Protection Act 2018 and the General Data Protection Regulation 'GDPR' (and all laws implementing or supplementing the GDPR). We need to collect personal details such as names and addresses in order to service your plan or bond. This means that we are acting as a data controller. It is important that you understand how your information will be used, stored, what rights you have and for you to understand when we are bound by law to share information with third parties. We have a data protection management system in place to oversee the effective and secure processing of personal data. Our Data Privacy Notice can be found on our website **www.monumentregroup.com/guarantees** It explains our data protection management system and provides the contact details of our Data Protection Officer should you have any queries or concerns.

Connected person's privacy

If you provide information relating to any individuals or entities connected with your plan or bond, you must take all steps necessary to legitimize your processing of their personal information. You can meet this requirement by:

- obtaining their consent to processing the information before you share it with us;
- provide our contact details to the individual or entity connected with your plan or bond;
- provide them with a copy of our **Data Privacy Notice**;
- tell them the details of your disclosure of their information to us, the purposes for which it has been disclosed, our possible further disclosure of information as necessary, and that they have rights of access to and correction of their personal information.

By providing us with any information originating from a third party, you confirm that you have taken and completed these steps.

1. POLICYHOLDER DETAILS

Please complete all details below. If details aren't provided, this may result in a delay in processing your request.

If the policy is being assigned to or placed in a trust, the details of **all** trustees must be provided. We'll send all correspondence relating to this policy to the principal trustee. This will be the first person/entity named on the trust deed.

1.1 For individual policyholder(s)/trustees please provide:

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

Title

Mr / Mrs / Miss / Ms / Other - please specify

Forename(s)

Surname

Address

Postcode

Date of birth (dd/mm/yyyy)

1. POLICYHOLDER DETAILS – CONTINUED

1.2 For corporate trustees/entities, please provide:

Company name

Company registered number

Company registered address

Postcode

Principal business address
(if different from company registered
address)

Postcode

If you need to provide details of additional policyholder(s), give full details on a separate sheet and attach to this form. This should be initialled and dated by all policyholders.

2. ANTI-MONEY LAUNDERING DOCUMENTATION

Verifying your details

We are required to verify the identity and address of all policyholders and parties linked to a plan or bond. For this, we'll need you to send us the documents as outlined on the following page. We reserve the right to request further documentation at any time in order to comply with anti-money laundering requirements. Please note that where we hold proof of identity and/or address on file for an individual that's out of date, we will need up to date documents.

Politically Exposed Persons (PEPs)

Please let us know if any party named on this form is classed as a Politically Exposed Person, or if any party named on this form is classed as a close relative or business associate of a Politically Exposed Person. If the answer is yes, we reserve the right to request further information or documentation. We may need to do this to meet our obligations under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, as amended, which implements the Third Anti-Money Laundering Directive in Ireland. If you're not sure what documentation is needed, please contact us on 0845 6000 173 for details of our requirements.

What is a PEP?

A Politically Exposed Person (PEP) is an individual who is, or has been, entrusted with prominent public functions, or an immediate family member, or a known close associate, of such a person. Prominent public functions include:

- heads of state, heads of government, ministers and deputy or assistant ministers;
- members of parliament, senior officials of a political party;
- members of supreme courts, of constitutional courts or of other high level judicial bodies whose decisions are not generally subject to further appeal, except in exceptional circumstances;
- members of courts of auditors or of the boards of central banks;
- ambassadors, diplomats, chargés d'affaires and high-ranking officers in the armed forces;
- current or former senior official in the executive, legislative, administrative, military, or judicial branch of a government (elected or not);
- members of the administrative, management or supervisory boards of State-owned enterprises.

2. ANTI-MONEY LAUNDERING – CONTINUED

Anti-money laundering documentation

We'll need different documents for individual policyholders and for corporate policyholders. Please see the relevant sections for these below.

Where indicated in this form and where we request certification, documents must:

- be certified by any of the below approved certifiers
- be company-stamped by the certifier in confirmation it is a true copy of the original
- be issued, signed and dated by the certifier within the last 6 months
- bear the certifier's signature, printed name and position.

Certification must be completed by one of the following only:

- Authorised Independent Financial Adviser (please include FCA approval number in the certification)
- Practising Solicitor (please include SRA regulation number) or Barrister
- Member of the Judiciary, Notary, or Commissioner for Oaths
- Chartered & Certified Public Accountants (please include regulatory body registered number)
- Post Office - must bear clear Post Office stamp, with certifier's name, position and date certified.

We must be able to independently verify all certifiers. If this isn't possible, we'll ask you for further information up to and including new documents certified as outlined on this form.

Where you're unable to email documents to us, we'll accept originals by post **except for passports and driving licences**. Monument Life Insurance dac is not responsible for documents lost in the post.

For Individual Policyholders:

We'll need one document from section **A** and one from section **B**.

Section A – Evidence of identity

photographic, in date, & with **at least 3 months** validity remaining

- Full signed passport
- Full photographic driving licence
- National ID Card

Section B – Evidence of address

- Utility or council tax bill*
- Mortgage statement*
- Bank/building society statement*
- Full driving licence - where in date and bears your current address.

*Issued within the past **6 months**, or where issued annually, within the previous 12 months.

For Care Home Residents:

If you live in a care home or similar facility and do not have the documents listed on this page, we'll need a letter from your **care home manager** on the home's letterhead paper confirming:

- the claimant's first and last names, date of birth, and residence at the care home. Please confirm if residence is permanent.
- the manager's name in block capitals, their position, and their signature. Please note we cannot accept electronic signatures.

IMPORTANT NOTE: Please do not submit original passports or licences. We will only accept copies as outlined in this form and where we request these to be certified, must bear the following wording: "I certify this document to be a true copy of the original document which I have seen, and the photo bears a true likeness to the individual whom I have met."

2. ANTI-MONEY LAUNDERING DOCUMENTATION – CONTINUED

For Trusts:

We'll need copies of the documents below. Where we require certified copies, we will request this separately and they **must** be certified as outlined on the previous page ☒:

- 1 Copy of the trust deed showing the appointment of trustees and the execution page.
- 2 If one or more of the original trustees named in the trust deed/declaration have subsequently changed, we'll need a copy of the appropriate deed of appointment, removal, and/or retirement.
- 3 Photographic proof of identity and address of:
 - I. each trustee;
 - II. any beneficiary with an interest in possession in the trust or who is to receive direct payment from the policy; and
 - III. any surviving settlor of the trust.
- 4 Internal Trust Register
The trust's internal register must show all parties to the trust - trustees, settlors, beneficiaries, and protectors (if any) - along with their names, addresses, and dates of birth.

Verification of Identity Requirements

For details of documents required for **3** above, please refer to the 'Individual policyholder(s)' section on the previous page.

If any trustee is a corporate entity, please provide the information set out in the 'Corporate trustee/entity' section on this page.

For Corporate trustees/entities:

certified and dated copies of the following are required only when requested ☒:

1. Certificate of incorporation
2. Memorandum and Articles of Association
3. Evidence of registered address and principal business address. For example, company headed paper.
4. List of all directors on company headed paper. This must include their names, company roles held, dates of birth, residential and business addresses. This must be signed by the company director and company secretary or other elected official. Alternatively, please provide a certified copy of the Shareholder/member/beneficial owner register.
5. List of authorised company signatories with specimen signatures. This should be provided on company headed paper and must advise who can sign on behalf of the company.
6. Provide details (name, address, date of birth) of beneficial owners who hold or control 25% or more of shares or voting rights in the company or who otherwise exercise ultimate effective control over the management of the company.
7. Provide details (name, address, date of birth) of two directors/partners OR one authorised signatory and one director/partner outlined in the resolution/signatories list.
8. Verification of identity documents are required for 6 and 7 above. Please refer to the 'Individuals' section on the previous page for details.

IMPORTANT NOTE: Where we request copy documents to be certified, this must be provided by approved certifiers, as outlined on the previous page, who are employed independently of the pension scheme provider, administrator, and trusteeship.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS

Please complete the relevant sections below so we can fulfil our reporting obligations to Irish Revenue.

For individual policyholders/trustees: please complete **3.1, 3.2, 3.3, and 3.4** if appropriate and sign the declaration at **3.6**.

For corporate trustees/entities: please complete section **3.5** and sign the declaration at **3.6**.

*Taxpayer identification number – this is the number that your tax authority uses to identify you. For example, in the UK this is your National Insurance or company tax number.

**Please give details of all of tax jurisdictions (i.e. countries/sovereign states) you're resident in.

3.1 For individual policyholders/trustees

Name	Date of birth	Taxpayer identification number(s)*	Jurisdiction(s) of tax residence**

If this is a trust policy, please give details of the jurisdiction in which the trust is resident.

--

3.2 For settlors (if not also an individual trustee)

Only complete this section if assigning your policy into trust. Complete details of all living settlors and make sure they sign the declaration.

If more than two settlors are involved, please copy all of this section of the form and complete. This separate sheet must be initialled by all policyholders .

	Settlor one	Settlor two
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

3.3 Protectors details

Only complete this section if this is a trust policy and if a protector has been appointed to the trust.

	Protector one	Protector two
Title Mr / Mrs / Miss / Ms / Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3.4 Beneficiaries details

Only complete this section if this is a trust policy.

The following must be completed for all beneficiaries of bare trusts, beneficiaries who are to receive direct payments from discretionary trusts and for beneficiaries with an interest in possession of other trust types. Please speak to your financial adviser if you're unsure.

If more than four beneficiaries are involved, please copy all of this section of the form and complete. This separate sheet must be initialled by all policyholders .

	Beneficiary one	Beneficiary two
Title Mr / Mrs / Miss / Ms / Other - please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

	Beneficiary three	Beneficiary four
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3.5 For a corporate trustee/entity only

Jurisdiction of tax residence of the company

Company tax number

Is this company currently trading?

Yes

No

3.5.1 Beneficial owners

Please complete the table below for beneficial owners who hold or control 25% or more of shares or voting rights in a company or who otherwise exercises ultimate effective control over the management of the company.

If more than four beneficial owners are involved, please copy all of this section of the form and complete. This separate sheet must be initialled by all policyholders ☒.

	Beneficial owner one	Beneficial owner two
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

	Beneficial owner three	Beneficial owner four
Title Mr / Mrs / Miss / Ms / Other – please specify		
Forename(s)		
Surname		
Date of birth		
Address		
Taxpayer identification number(s)*	a.	a.
	b.	b.
Jurisdiction(s) of tax residence**	a.	a.
	b.	b.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

3.6 Tax and data processing declarations

I/We declare that the information completed in this section is true to the best of my/our knowledge and belief.

I/We declare that:

- a. I/We have read the explanation of the terms detailed in section 3.7, 'Irish residence definitions';
- b. I am/We are/The company is the policyholder (for the purposes of the Irish tax rules) in respect of whom this declaration is being made; and
- c. I am/We are/The company is not resident or ordinarily resident in Ireland.

I/We hereby undertake to inform you of any change in my/our/the company's country of residence and/or jurisdiction of tax residence during the life of the policies.

I/We shall cooperate with you and provide such assistance as you may require from time to time to ensure compliance with any legal and regulatory obligations, including FATCA and CRS.

For trusts only:

I/We declare that the settlor, protectors, beneficiaries and trustees of the trust, are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

I/We declare that a court within the US would not have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust.

I/We declare that I am/we are not acting on behalf of an estate of a decedent that is a citizen or resident of the US.

For companies only:

I/We declare that the company named in this form is not a partnership or corporation organised in the US or under the laws of the US or any State thereof.

I/We declare that the beneficial owners of the company are not resident in the US for tax purposes, are not US citizens and are not required to file US tax returns.

Date (dd/mm/yyyy)

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made (for example, individual, trustee, settlor, authorised signatory or power of attorney*).

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

Print name

Signature

Capacity in which declaration is made
(for example, individual, trustee, settlor,
authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made
(for example, individual, trustee, settlor,
authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made
(for example, individual, trustee, settlor,
authorised signatory or power of attorney*).

Print name

Signature

Capacity in which declaration is made
(for example, individual, trustee, settlor,
authorised signatory or power of attorney*).

This form may be inspected by the Irish Revenue Commissioners. Under Irish law, it's an offence to make a false declaration.

This declaration must be signed by individuals who are neither resident nor ordinarily resident in Ireland. Where a policyholder is a company, the declaration must be signed by the company secretary or such other authorised officer.

It can be signed by someone who holds power of attorney from the policyholder. If this is the case, please include a certified copy of the power of attorney with this declaration ☒.

*If a power of attorney applies, the identity of that person must also be verified as per anti-money laundering requirements. Please see section 2 for further information.

If we don't have a copy of the relevant Power of Attorney document on file, we'll need a copy of this certified by an authorised financial adviser or solicitor as outlined in Section 2 of this document with a certification date within the previous 6 months of submitting the document to us.

3. DECLARATIONS ABOUT INTERNATIONAL TAX OBLIGATIONS – CONTINUED

3.7 Irish residence definitions

Residence – individual

An individual will be regarded as being resident in Ireland (the State) for a tax year if s/he:

- spends 183 days or more in the State in that tax year; or
- has a combined presence of 280 days in the State, taking into account the number of days spent in the State in that tax year together with the number of days spent in the State in the preceding year.

Presence in a tax year by an individual of not more than 30 days in the State will not be reckoned for the purpose of applying the two-year test. Presence in the State for a day means the personal presence of an individual at any time during that day.

Ordinary residence – individual

The term ‘ordinary residence’, as distinct from ‘residence’, relates to a person’s normal pattern of life and denotes residence in a place with some degree of continuity.

An individual who has been resident in the State for three consecutive tax years becomes ordinarily resident with effect from the commencement of the fourth tax year.

An individual who has been ordinarily resident in the State ceases to be ordinarily resident at the end of the third consecutive tax year in which s/he is not resident. Thus, an individual who is resident and ordinarily resident in the State in 2004 and departs from the State in that year will remain ordinarily resident up to the end of the tax year in 2007.

Residence – company

A company which has its central management and control in Ireland (the State) is resident in the State irrespective of where it is incorporated. A company which does not have its central management and control in Ireland but which is incorporated in the State is resident in the State except where:

- the company or a related company carries on a trade in the State, and either the company is ultimately controlled by persons resident in EU member states or countries with which the Republic of Ireland has a double taxation treaty, or the company or a related company are quoted companies on a recognised stock exchange in the EU or in a tax treaty country; or
- the company is regarded as not resident in the State under a double taxation treaty between the Republic of Ireland and another country.

It should be noted that the determination of a company’s residence for tax purposes can be complex in certain cases and declarants are referred to the specific legislative provisions which are contained in section 23A of the Taxes Consolidation Act, 1997.