

ProtectInvest
TOP-UP APPLICATION FORM

Existing Policy Number: _____

1. POLICYHOLDER(S)

	1 st policyholder (standard)	2 nd policyholder
Title:	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> Corporation	<input type="radio"/> F <input type="radio"/> M <input type="radio"/> Corporation
Last name/ Company:		
First name:		

2. PREMIUM DETAILS

Amount of additional premium: _____ EUR CHF USD GBP

Payment of premium

Please transfer the above mentioned single premium to the following **account**:

Bank name/ address:		SWIFT Code:	
Account holder:	Nucleus Life AG, Bangarten 10, FL-9490 Vaduz, Liechtenstein		
Paid by	Transfer of Cash:	%	Transfer of Assets: %

3. FEES AND CHARGES

The fees to be applied to this top-up are the same as for the basic contract

4. ASSET ALLOCATION

I request Nucleus Life AG to allocate the net premium to specific assets as follows

Type of Asset /Name/Currency	Reference (ISIN Code, etc...)	Percentage
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
Cash		_____ %
TOTAL		100 %

Important: Nucleus Life AG reserves the right to decline all or part of the above listed assets

5. DUE DILIGENCE

Source of assets

In terms of the Liechtenstein anti-money laundering act and regulations we are required to ask you the following questions pertaining to the source of the assets.

The money that will be paid to Nucleus Life AG arises from:

- Income from gainful employment
 Income or gains from investments
 Inheritance / donation
 Insurance benefits
 Other sources: _____

(please attach supporting documents)

Transfer bank

Bank from which premium will be transferred:

Account holder:

IBAN:

Bank:

Address:

Premium payer

Select if the Premium Payer is the

- 1st Policyholder
 2nd Policyholder
 1st Life Assured
 2nd Life Assured or
 Another person (please complete the section below)

F

M

Corporation

Last Name/
Corporation:

Tax Identification
Number(s)

First Name:

Tax Residence(s):

Street, number:

Nationality:

City, Zip code:

Telephone (day):

Country

Telephone (evening):

Date of Birth/ Incorp.:

E-Mail:

Occupation/ Company
Activity:

This is only to be filled in if the premium payer is either the person insured or another person, but not the policyholder

Identification: Certified copy of original of Identity Document Passport Company register

6. DECLARATIONS

The Nucleus Policy General Policy Conditions are applicable to this application and form a part of the contract

I am not, nor am I acting on behalf of a person(s) who is either a resident, a national or citizen of the United States of America or a US Person within the meaning of the definition of that term contained in Regulation S of the US Securities Act 1933 (as amended).

I confirm that the information I provided in this top-up application is complete and true. I am aware that Nucleus Life AG has the right to cancel the contract and refuse payments of certain benefits if the information provided is untrue or incomplete.

By signing this document I declare that I am aware of the stipulations in the application form and that I have read the Key Features document and the General Policy Conditions

The Common Reporting Standard (CRS), formally referred to as the Standard for Automatic Exchange of Financial Account Information, is an information standard for the automatic exchange of information, developed by the Organisation for Economic Co-operation and Development (OECD). The purpose of the CRS is to promote tax compliance. In the context of CRS, relevant information about customers who are tax resident in a CRS State must be reported automatically and systematically to the national tax authority. Liechtenstein-based financial institutions, including Nucleus Life AG, will report to the local tax authority (STV) in Vaduz. We therefore ask you to indicate your tax identification number (TIN) and your tax residence. If there is more than one tax residence, then all tax identification numbers (TIN) and tax residences will have to be indicated. If such information is missing, no application can be accepted by Nucleus Life.

Signatures

Place, date:

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▶ Signature of 1st Policyholder
(authorized signature if a corporation)

▶ Signature of 2nd Policyholder
(authorized signature if a corporation)

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▶ Signature of 1st Insured Person
(if different from Policyholder)

▶ Signature of 2nd Insured Person
(if different from Policyholder)

Financial Intermediary Name:

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▶ Signature of Insurance Intermediary
(legal representative if company)