





**If the Policy Owner is an ENTITY (Continued)**

**Please tick where appropriate and provide the details of the connected party**

Please provide us with a copy of Certificate of Incumbency or equivalence if there is any change to the company structure (including the roles of directors, shareholders and authorized signors).

Please provide us with a copy of identification documents (e.g. ID or passport) for any update of their personal information and it will be updated in our record.

1)  Director /  Shareholder /  Beneficial Owner /  Authorized Signor

Name		Place of Birth	
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code

2)  Director /  Shareholder /  Beneficial Owner /  Authorized Signor

Name		Place of Birth	
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code

3)  Director /  Shareholder /  Beneficial Owner /  Authorized Signor

Name		Place of Birth	
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code

\*Please provide copies of address proof for change of address.

Please  where appropriate and delete whichever is inappropriate.

**If the Policy Owner is an ENTITY (Continued)**

4)  Director /  Shareholder /  Beneficial Owner /  Authorized Signor

Name		Place of Birth	
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code

**Correspondence and Billing Address\* (This section is applicable to both Individual Policy Owner and Entity Policy Owner)**

Number/Street/Building			
City	Province	Country	Postal Code

**The above information is accurate:**

**Declaration, Consent and Authorisation**

Personal information provided by me whether relating to me/us or other persons named herein and held by TLB (whether obtained herein or otherwise obtained) may be held, used, disclosed and transferred by TLB in accordance with TLB's Privacy Policy on its website (<https://www.transamericalifebermuda.com/en/privacy-policy/>), including for the purpose of complying with any applicable laws or regulations. I/we also confirm that this Declaration, Consent and Authorisation shall be treated as the prescribed consent obtained from me/us with respect to every single use, disclosure and transfer of my/our personal information in accordance with TLB's Privacy Policy including for the purpose of complying with any applicable laws or regulations.

**Signature of Policy Owner**

Signed at		Signature (if a corporation or entity, include corporate title or title of authorised signatory)									
Name		<b>X</b>									
Date	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> (dd /mm /yyyy)										

\*Please provide copies of address proof for change of address.