

# ARCHIPELAGO STELLAR WHOLE LIFE INSURANCE APPLICATION FORM - INDIVIDUAL & NON-INDIVIDUAL



Archipelago Life Insurance Limited (A Life Insurer Licensed by Labuan FSA)  
Co. No. LL09829 | Licence No. IS2013141

**Archipelago™**  
Life Insurance Limited

## INSTRUCTIONS

1. You are to disclose in this form, fully and faithfully, all the facts which you know or ought to know, or the policy issued may be void.
2. Please complete the form in CAPITAL LETTERS. All fields are mandatory. Use blue/black ink only.
3. Please indicate all options selected with a [✓].
4. Please ensure all information provided is accurate.
5. Please initial any amendments made.
6. Please state N/A or strikethrough where the Section/Parts are irrelevant to applicant.
7. Please submit completed application form together with the required documents in the checklist below to: [customerservice@archipelagogr.com](mailto:customerservice@archipelagogr.com) or fax to +603 – 6201 0481.
8. The application will only be processed when all required documents are received. Archipelago Life Insurance Limited (“Insurer”) reserves the right to reject any application which is deemed incomplete.
9. The e-submission of this proposal form must be from the licensed Intermediaries and authorised by Archipelago Life Insurance Limited or the Direct Client to our official email at [customerservice@archipelagogr.com](mailto:customerservice@archipelagogr.com).

## DOCUMENT CHECKLIST

- Completed Stellar – Whole Life Insurance Application Form
- For Individual (Policy Owner, Life Assured & Annuitant): certified true copy of NRIC or Valid Passport
- For Non-Individual – certified true copy of Memorandum & Articles, Form 24 & 49, Company Registration Certificates
- For Entity – certified true copy of Board of Directors' Resolution / Mandate
- Proof of Telegraphic Transfer (TT) into the Archipelago Life Insurance Limited's bank account.
- KYC & Compliance Information Form
- Foreign Account Tax Compliance Act (FATCA) Individual/Corporate (Policy Owner)

## SELECTION OF GUARANTEED TERM

3 YEARS

5 YEARS

## A. DETAILS OF POLICY OWNER (INDIVIDUAL)

Salutation : Mr / Mrs / Miss / Tan Sri / Dato' / Dr. / Ir. / (Others, pls state) :			
Full Name (As per NRIC/Passport) :			
Nationality :	Citizenship :	Religion :	
NRIC / Passport No :	Date of Birth :		DD/MM/YYYY
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Country of Passport Issued :		
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorcee <input type="checkbox"/> Widow			
Permanent Address :			
			Postal Code :
Correspondence Address : (If same as above, tick here <input type="checkbox"/> )			
			Postal Code :
Telephone No :	Fax No :	Email :	COMPULSORY
Relationship to Life Assured :			

## CONTINGENT POLICY OWNER

Full Name (As per NRIC/Passport) :	Relationship to Policy Owner :	Date of Birth :	NRIC/ Passport No. :
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## B. DETAILS OF POLICY OWNER (NON-INDIVIDUAL)

Type of Business Entity :	<input type="checkbox"/> Sdn. Bhd / Pte. Ltd	<input type="checkbox"/> Others
Entity Name :	Entity Registration No :	
Business Address :		
		Postal Code :
Correspondence Address : (If same as above, tick here <input type="checkbox"/> )		
		Postal Code :
Telephone No :	Fax No :	Email : <b>COMPULSORY</b>
Authorised Contact Person :		Designation :
Nature of Business :		

## C. RISK PROFILING of POLICY OWNER (INDIVIDUAL & NON-INDIVIDUAL)

Please select only ONE of the available options of each question by placing tick (✓) in the box below. Kindly complete the questionnaire fully by completing all questions to ensure that you are suitable for this product.

Note: For individual, please complete all questions. For non-individual, please complete Question No.2,3,4 and 5.

1. I am in good health and do not foresee an immediate medical condition(s) that would require complete liquidation during the next 3 to 5 years.	Yes	No
2. I am aware, agree and understand that penalties will be applied for early termination.	Yes	No
3. I have sufficient funds from other income, savings or household support to cover my anticipated expenses over the next 3 to 5 years.	Yes	No
4. Are you aware that the proceeds of this Policy will be in United States Dollar (USD) and you may be subject to foreign currency fluctuation?	Yes	No
5. Which of the following best describe your purpose of purchasing this product? (can select more than one)		
<input type="checkbox"/> Protection <input type="checkbox"/> Children's education <input type="checkbox"/> Retirement <input type="checkbox"/> Savings <input type="checkbox"/> Wealth accumulation		
<input type="checkbox"/> Other: _____		

## D. DETAILS OF LIFE ASSURED

If same as Policy Owner, tick (✓) in the box but fill in the Height, Weight, Occupation, Company Name and Nature of Business below.

Salutation : Mr / Mrs / Miss / Tan Sri / Dato' / Dr. / Ir. / (Others, pls state) :			
Full Name (As per NRIC/Passport) :			
Date of Birth : DD/MM/YYYY	Nationality :	Citizenship :	Religion :
NRIC / Passport No :		Country of Passport Issued :	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female	Height : cm	Weight : kg OR	lbs
Marital Status : <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorcee <input type="checkbox"/> Widow			
Permanent Address :			
			Postal Code :
Correspondence Address : (If same as above, tick here <input type="checkbox"/> )			
			Postal Code :
Telephone No :	Fax No :	Email : <b>COMPULSORY</b>	
Occupation :	Company Name :		
Nature of Business :			

## E. DISCLOSURE OF LIFE ASSURED

1. Are you in good health now?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If no, please specify:
2. Any intention to take part in an aerial flight other than as a fare-paying passenger with a commercial airline?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
3. Do you engage or intend to engage in any business, sport or occupation of a hazardous nature?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
4. Are you expecting to undergo any surgical operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
5. In the past 5 years, have you ever made an application for a life/family, disability or dread disease assurance/ Takaful to this or any other company which has been declined, postponed, withdrawn, is still considered or being accepted with an extra premium or on special terms?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
6. In the past 5 years, have you EVER	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
a. Had or been advised to have any diagnostic test, EVER been hospitalised or undergone any surgical operation or observation or treatment or been advised to seek any medical or surgical consultation or follow up?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:
b. Had or been told you had or been treated for or currently have respiratory disease, high blood pressure, chest pain, heart disease, blood/blood vessel disease, ulcer or bowel disease, liver/gall bladder disease, renal stones or any disorder of the genito-urinary system, epilepsy, mental/nervous disorder, diabetes, cancer, AIDS, tumour or any other disease/disorder/severe injury not mentioned above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:

## F. DETAILS OF ANNUITANT

If same as Policy Owner, tick here  . If same as Life Assured, tick here  .

Salutation : Mr / Mrs / Miss / Tan Sri / Dato' / Dr. / Ir. / (Others, pls state) :			
Full Name (As per NRIC/Passport) :			
Date of Birth : DD/MM/YYYY	Nationality :	Citizenship :	Religion :
NRIC / Passport No :		Country of Passport Issued :	
Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female			
Permanent Address :			
Postal Code :			
Correspondence Address : (If same as above, tick here <input type="checkbox"/> )			
Postal Code :			
Telephone / Mobile No :		Email : <b>COMPULSORY</b>	
Relationship to Policy Owner:			

## G. BANK ACCOUNT DETAILS

- The Bank Account Details of the Policy Owner are needed for the crediting of proceeds from partial withdrawal, full surrender or maturity of the Policy.
- The onus is therefore on the Policy Owner to inform Archipelago Life Insurance Limited of any changes to the Bank Account details during the tenure of Stellar Whole Life Insurance. It must be forwarded in writing to Archipelago Life Insurance Limited, together with proof thereof.
- Payments will only be made to the bank account in the name of the Policy Owner only.
- No payments shall be made into third-party accounts, including credit cards and market-linked accounts.
- The Policy Owner represents and warrants that it is fully authorised and entitled to receive the maturity proceeds or any proceeds payment in connection with the Policy and that in so doing it is not in violation of the terms or conditions of any contract or other agreement to which it may be a party.

## G. BANK ACCOUNT DETAILS (Continued)

- The Policy Owner shall bear all taxes payable by it in connection with the Policy, if any.
  - In the event the Policy Owner is required by law to make any additional deduction or withholding on maturity proceeds or any proceeds payments or claims payments from Archipelago Life Insurance Limited in respect of any Tax or otherwise, the sum payable by Archipelago Life Insurance Limited in respect of which the deduction or withholding is required shall be reduced so that the net maturity proceeds or any proceeds payments or claim payments by Archipelago Life Insurance Limited is equal to that which Archipelago Life Insurance Limited would otherwise have paid had no deduction or withholding been required or made.
  - In the event Archipelago Life Insurance Limited is required by law to calculate and collect from the Policy Owner any amount paid or payable under this Terms & Conditions on account of any Tax, such amount as calculated by Archipelago Life Insurance Limited, shall be paid by the Policy Owner as additional to and without any deduction or set-off from the fees/charges payable under this Policy to Archipelago Life Insurance Limited.
  - For the purpose of the above clause, "Tax" is defined as any present or future, Malaysian or foreign tax, levy, impost, duty, charge, fee, deduction or withholding of any nature, and any interest or penalties in respect thereof.
- The Policy Owner will use commercially reasonable efforts to ensure that no funds used to pay the Policy are derived from any unlawful activity with the result that the making of the Policy purchase would be in violation of laws.
- Notwithstanding anything contained herein, Archipelago Life Insurance Limited may in its absolute discretion without any prior notice (whether in writing or otherwise) amend or vary the Terms & Conditions at any time or from time to time and/or impose additional clauses which shall bind the Policy Owner as if the amendments and additional clauses have been originally set out in these Terms & Conditions.

Name of Account Holder :

Name of Bank :

Location of Branch :

Account No :

SWIFT / IBAN Code :

Currency of Bank Account :

I/ We understand that under the requirements of Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 and FATF 40 Recommendations Guidelines, Archipelago Life Insurance Limited's policy requires it to be satisfied as to the source of funds before accepting the funds for purchasing of life insurance product(s).

## H. METHOD OF PAYMENT

Please telegraph-transfer (TT) your single lump sum premium directly into the following account:

Account Name:	Archipelago Life Insurance Limited (Non-Resident Account)
Account No:	1419 4101 0002 204
Currency:	United States Dollar (USD)
SWIFT Code:	MFBBMYKLXXX
Bank:	Alliance Bank Malaysia Berhad
Address:	Unit A-OG-02, Block A, Plaza Mont' Kiara 2 Jalan Kiara Mont' Kiara 50480 Kuala Lumpur

### Terms and Conditions:

- Archipelago Life Insurance Limited **ONLY ACCEPTS** a single lump sum via Telegraphic-Transfer (TT) of the full Stellar Whole Life Insurance amount.
- NO OTHER PAYMENT METHODS WILL BE ACCEPTED.**
- Bank's correspondence or agent charges for the TT will be borne by the Policy Owner.
- The transaction(s) are subjected to the rules, regulations and market practices of the country of payment. Archipelago Life Insurance Limited shall not be liable for any losses or delays caused by any such rules, regulations and market practices.
- Please provide proof of transfer. TT may not reflect in the amount immediately and may take up 2-4 business days to reflect in the said account.

## I. STELLAR – WHOLE LIFE INSURANCE PREMIUM

Single Premium Amount per policy :  
Minimum USD 10,000.00  
Maximum USD 3,000,000.00

Amount (USD) :

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## J. BENEFICIARY NOMINATIONS

### Beneficiaries for Proceeds

- Beneficiary(ies) are only entitled to the benefit upon death of the Life Assured.
- You may nominate one (1) or more beneficiaries under this policy. Please ensure you provide NRIC/passport no of the beneficiary(ies); otherwise the Nomination of a Beneficiary will not be accepted.
- You may change the beneficiaries appointed in this application by notifying Archipelago Life Insurance Limited in writing and which must be received before your death.
- If no beneficiary is nominated, the executor of your estate will advise Archipelago Life Insurance Limited of the natural person(s) entitled to receive the proceeds, failing which the proceeds may be payable to your estate subject to the requirements of the regulatory authority and/or legislation.
- In accordance with the Labuan Financial Services and Securities Act 2010 (LFSSA 2010):
  - Section 121 - It states that a nomination by a Policy Owner, other than a Muslim Policy Owner, shall create a trust in favour of the nominee of the policy monies payable upon the death of the Policy Owner IF the nominee is a spouse or child of the policy owner, or where there is no spouse or child living at the time of nomination, the nominee is the parent. A payment under this section shall NOT form part of the estate of the deceased Policy Owner or be subject to his/her debts; OR
  - Policy Owner who, on receipt of the policy monies, shall distribute the policy monies in accordance with the Shariah Principles.

Full Name (As per NRIC/Passport)	NRIC / Passport No.	Relationships to Life Assured	Primary or Contingent	Primary Shares of Benefits %	Contingent Shares of Benefits %
<b>TOTAL</b>				<b>100%</b>	<b>100%</b>

- If there are additional beneficiaries, please attach the above information on a separate Beneficiary Nomination Form.
- Please ensure the total percentages nominated are equal to 100%.

### Appointment of Trustee

- The Policy Owner may appoint an Individual or Corporate Trustee for the policy monies.
- Where no Trustee is appointed, the nominee who is competent to contract, or where the nominee is incompetent to contract, the parent of the incompetent nominee and where there is no surviving parent, the Public Trustee shall be the trustee of the policy monies.

Name of Trustee	Individual OR Corporate	NRIC / Passport No. / Company Registration No.

## K. PERSONAL DATA PROTECTION ACT 2010

1. Archipelago Life Insurance Limited ("Insurer") undertakes that all personal data acquired from the Insurer from the application date shall only be used strictly for the purposes of this Stellar Whole Life Insurance Policy.
2. Any information and data provided by the Policy Owner to the Insurer and by the Insurer to the Policy Owner and used by the Insurer directly or indirectly in the context of this Insurance Policy shall be governed by the provisions in the Personal Data Protection Act 2010 (herein referred to as 'the Act').
3. The Insurer will use any personal data to process your claims, administer your plan, service our relationship with you, provide you with products and services and evaluate their effectiveness, provide you with better customer service and for statistical analysis.
4. The Policy Owner consents to the processing of the personal data provided to the Insurer and to the transfer of such personal data to other entities for the purposes of performance of the contract. Such personal data shall be governed by the personal data protection laws of that country.
5. The Policy Owner is responsible to ensure that all data provided to the Insurer are accurate at all times and is obliged to inform the Insurer of any changes. You may request for access to, correction, or deletion of your personal information or limit the processing thereof at any time hereafter.
6. Your information may also be used for fraud prevention and audit purposes. If you give us false or inaccurate information and we suspect fraud, we will record this. We may pass such information to the law enforcement or other legal agencies, government or judicial bodies, or to regulators.
7. We may, from time to time, provide you with marketing information about Archipelago Life Insurance Limited, our products and services and those associated companies which may be of interest to you. If you do not want us to use your details in this way, please initial here:  
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## L. DECLARATION AND AUTHORISATIONS

I / We understand and agree to be bound by the provisions of this application form :

1. I / We hereby propose to Archipelago Life Insurance Limited for the purchase of Stellar Whole Life Insurance product.
2. I / We acknowledge and am / are aware that this is a non-deposit product and non-investment linked product.
3. I / We understand and agree that this application, together with the policy contract that will be issued to me/ us once Archipelago Life Insurance Limited has accepted my / our application, and any other related documents provided by me / us and accepted by Archipelago Life Insurance Limited will govern the legal relationship between Archipelago Life Insurance Limited and me / us.
4. I / We confirm that all information provided in this proposal form and all other documents signed by me / us in connection with this proposal, whether in handwriting or not, is true and correct.
5. I / We are responsible for the accuracy and completeness of all answers or other information provided by me / us.
6. I / We are acting for my / our own account. I / We have considered the suitability of this product and made my / our own independent decision to enter into this Stellar Whole Life Insurance product. I / We understand that information, opinions and any communication from Archipelago Life Insurance Limited, whether written, oral or implied, are expressed in good faith and not intended as advice or recommendation to enter into this product.
7. I / We are aware that the questions and answers in the suitability assessment under Section C are meant to be assessed in entirety in order to assess my suitability for this product.
8. I / We should note that past performance of the crediting rate does not guarantee the future crediting rate.
9. I / We should seek independent legal and/ or financial advice regarding this Stellar Whole Life Insurance product if I/ we deem if necessary.
10. I / We understand that Archipelago Life Insurance Limited will accept instructions by facsimile, e-mail or other electronic means from my/ our authorised intermediary (Financial Advisor/Insurance Broker) only if duly appointed and authorised in writing by me. Archipelago Life Insurance Limited will not be held liable for any losses that may result from unauthorised instructions given by my/ our authorised intermediary (Financial Advisor/Insurance Broker).
11. I / We acknowledge that I am / We are aware that the Stellar Whole Life Insurance product is subjected to a 15-calendar-day cooling off period, starting from the date of delivery of the policy to your designated email address.
12. I / We agree that Archipelago Life Insurance Limited shall pay to my/our beneficiary(s) upon death of Life Assured in accordance with my beneficiary nominations in this application form, and I / We authorise Archipelago Life Insurance Limited to do so.
13. I / We consent Archipelago Life Insurance Limited to make enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and obtaining any other information concerning me/us from any source whatsoever to enable Archipelago Life Insurance Limited to process this application.
14. I / We hereby confirm that I/We have read, understood and agreed to the terms & conditions as stipulated in the Stellar Whole Life Insurance product's policy contract.
15. I / We have received a copy of the Product Disclosure Sheet.
16. I / We understood and agreed to the features and risk of the product.
17. I / We fully responsible for the safekeeping of the hardcopies of application forms. Archipelago Life Insurance Limited shall not be liable for any direct, indirect, incidental, special or consequential losses or any punitive damages, or any loss of profit or revenue whether incurred directly or indirectly, or any loss of data, use, goodwill, or other intangible losses, resulting from the loss of the said hardcopies of the application forms.

Signature of Policy Owner/Authorised Signatory(ies) (Compulsory) :	Company Stamp :	Signature of Life Assured (Compulsory) :
Full Name :		Full Name :
Date :		Date :
Signature of Policy Owner/Authorised Signatory(ies)'s Witness (Compulsory) :		Signature of Life Assured's Witness (Compulsory) :
Full Name :		Full Name :
Date :		Date :
Passport/NRIC No. :		Passport/NRIC No. :

## M. POLICY PACK

The soft copy of the policy pack will be delivered to the Policy Owner's designated email address/your authorised intermediary (Financial Advisor/Insurance Broker) within 21 business days from the inception date of the Policy, provided that Archipelago Life Insurance Limited received the completed application form and full Single Premium.

## N. INTERMEDIARY DETAILS AND DECLARATION

Intermediary Name :			
Intermediary Company Name :			
Email :			
Office No. :		Mobile No. :	
I / We declare that:			
<ul style="list-style-type: none"><li>I / We are Licensed Financial Advisor / Broker under Financial Services Act 2013 or Licensed Insurance Broker under Labuan Finance Services &amp; Securities Act 2010 or any licensed intermediary under any applicable laws in foreign jurisdictions to render services in respect of this product.</li><li>I / We have fully explained and disclosed the product details including features, benefits, risks relevant, terms and conditions to my/ our Client.</li><li>I / We have established and verified (Customer Due Diligence) the identity of my/ our client(s) in accordance with the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001</li></ul>			
Signature of Authorised Intermediary :			

## O. CONTACT INFORMATION

### Archipelago Life Insurance Limited

Co. No. LL09829 | Licence No. IS2013141

#### Registered Office Address:

Brumby Centre, Lot 42, Jalan Muhibbah, 87000 Labuan Federal Territories, Malaysia.

#### Co-located Office:

B-08-06, Gateway Corporate Suites, Gateway Kiaramas, No.1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur, Malaysia.

Telephone : +6 (03) 6201 0899

Fax : +6 (03) 6201 0481

Email : [customerservice@archipelagogr.com](mailto:customerservice@archipelagogr.com)

URL : [www.archipelagogr.com](http://www.archipelagogr.com)

## P. FOR OFFICE USE ONLY

Date Received :	DD / MM / YYYY
Accepting Officer :	
Approving Officer :	
Policy Number :	

# CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



## IMPORTANT NOTES

1. This form is meant to enable a Client to comply with the client identification programmed laid down by the **Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001**, herein referred to as Know Your Client (KYC) requirements.
2. This form is only meant for providing information and documents required for KYC compliance.

## PART 1 – INFORMATION ABOUT CLIENTS, BENEFICIAL OWNERS AND POLITICALLY EXPOSED PERSONS

### Part 1: Section A – Information of Client (Individual or Company)

#### FOR INDIVIDUAL

Full Name (including any alias)		
Gender (please tick)	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Identification (NRIC/ Passport) No.		Date of Birth
Residential Address		Nationality
		Postcode
		Country
Occupation Type		
Name of Employer/ Nature of Business (if self-employed)		
Contact No. (include country/ area codes)		
Email Address		
Purpose of Transaction		

#### FOR COMPANY (LEGAL PERSON/ LEGAL ARRANGEMENT)

Company/ Business Name		
Registration No.		
Company/ Business Type	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Public Company	<input type="checkbox"/> Private Ltd. Company <input type="checkbox"/> Trust <input type="checkbox"/> Club/ Society/ Charity <input type="checkbox"/> Other:
Registered Office Address		Postcode
		Country
Address of Place of Business (if different)		Postcode
		Country
Country of Registration/ Incorporation		
Date of Registration/ Incorporation		
Principal/ Nature of Business		
Contact No. (include country/ area codes)		
Contact Email Address		
Company Website Address		
Purpose of Transaction		
Name of Director(s)/ Partner(s)/ Trustee(s)	1.	4.
	2.	5.
	3.	6.



# CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



**FOR COMPANY – Information of Person(s) with Executive Authority i.e. CEO/COO/CFO, excluding Director(s) registered with relevant authority i.e. listed in Register of Director. If not applicable, please tick (√) the box.**

(To provide annex if the space is insufficient)

	(1)	(2)
Full Name (as per official document)		
Identification (NRIC/Passport) No.		
Place and Date of Issue		
Place of Birth		
Residential Address		
	Postcode: Country:	Postcode: Country:
Current Nationality		
Occupation		
Contact No. (include country/ area codes)		

## Part 1: Section B – Information of Client's Beneficial Owner(s)/ Shareholder(s)

The purpose of obtaining beneficial owner's information is to:

- (a) Identify the natural persons (whether acting alone or together) who ultimately own all the assets or undertakings of the client;
- (b) If there is doubt as to whether the natural persons who ultimately own all the assets and undertakings of the client are the beneficial owners or where no natural persons ultimately own all the assets or undertakings of the client, to then identify the natural persons (if any) who ultimately control the business entity or have ultimate effective control over the client; and
- (c) Where no natural persons are identified above, to identify the natural persons having executive authority in the client, or in equivalent or similar positions.

**FOR COMPANY – Information of Beneficial Owner(s)/ Shareholder(s).** Please note that a Director may not necessary the Beneficial Owner/ Shareholder of the company.

(To provide annex if the space is insufficient)

### FOR LEGAL PERSON (if applicable):

	(1)	(2)
Full Name of Legal Person Shareholder		
Legal Person Registration No.		
Country of Incorporation		
Business Address		
	Postcode: Country:	Postcode: Country:
Type of Shares		
Shares Holdings Percentage		
Type of Ownership/ Country/ Relationship		

# CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



(To provide annex if the space is insufficient)

## FOR LEGAL ARRANGEMENT/ TRUST (if applicable):

	(1)	(2)
Full Name of Settlor		
Full Name of Trustee(s)		
Full Name of Protector (if any)		
Full Name of Beneficiary/ Class of Beneficiary		
Legal Arrangement Registration No.		
Country of Incorporation		
Business Address		
	Postcode: Country:	Postcode: Country:
Relationship with Trust		
Other Information		

(To provide annex if the space is insufficient)

## FOR NATURAL PERSON:

	(1)	(2)
Full Name of Beneficial Owner		
Identification (NRIC/Passport) No.		
Residential Address		
	Postcode: Country:	Postcode: Country:
Date of Birth		
Nationality		
Contact No. (include country/area codes)		
Email Address		
Information of nature of Beneficial Ownership and ownership and control structure of the company	Type of shares:	Type of shares:
	Percentage:	Percentage:

# CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



## Part 1: Section C – Information of Politically Exposed Persons, their Immediate Family Members and Close Associates

1. Are any of the persons listed above a politically exposed person (PEP), that is, a person who is or has been entrusted with any prominent public function in Malaysia, a country or territory outside Malaysia, or by an international organisation <b>at present</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are any of the persons listed above a politically exposed person, that is, a person who is or has been entrusted with any prominent public function in Malaysia, a country or territory outside Malaysia, or by an international organisation <b>who has stepped down</b> from his prominent public function?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are any of the persons listed above an immediate family member or a close associate of a politically exposed person or a politically exposed person who has stepped down?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Note:** *If any of this Section C above is “Yes”, please proceed to fill in the PEP form (Part 2 below) for each politically exposed person, immediate family member or close associate identified.*

## Part 1: Section D - Required Document for Verification

1. Certified True Copy of Identity Card/ Passport of Individual Client and/or each Company's/ Organisation's Director(s)/ Partner(s)/ Trustee(s)/ Beneficial Owner(s)/ CEO/ COO/ CFO, where applicable	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Certified True Copy of Company/ Organisation Incorporation Certificate and License, if any	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Certified True Copy of Company/ Organisation Register of Director(s)/ Partner(s)/ Trustee(s) or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Certified True Copy of Company/ Organisation Register of Member(s)/ Shareholder(s) or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certified True Copy of Company/ Organisation Memorandum, Article of Association or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Company/ Organisation Profile, if available	<input type="checkbox"/> Yes <input type="checkbox"/> No

## PART 2 – SECTION FOR POLITICALLY EXPOSED PERSONS (“PEP”)

### Information about Political Exposed Person (PEP), their Immediate Family Members and Close Associates.

*(To provide annex if the space is insufficient)*

Name of PEP	
Describe nature of prominent public function that the person is or has been entrusted with (for example, as a domestic PEP, a foreign PEP, or a PEP of an international organisation)	
Period of time in which the person is/was a PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	
Name of person who is an <b>immediate family member</b> of a PEP	
Describe nature of the person's relationship with the PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	

# CUSTOMER DUE DILIGENCE (CDD)/ KNOW YOUR CLIENT (KYC) & COMPLIANCE INFORMATION FORM



Name of person who is a <b>close associate</b> of a PEP	
Describe nature of the person's relationship with the PEP	
Provide information on the person's source of wealth	
Provide information on the person's source of funds in the proposed business relationship	

## CLIENT'S DECLARATION

I/ We declare that the information provided in this form is true and correct. I am/ We are aware that I/ we may be subject to prosecution and criminal sanctions under written law if I am/we are found to have made any false statement which I/ we know to be false or which I/we do not believe to be true, or if I/ we have intentionally suppressed any material fact. All information given here is correct and complete, and I/ we authorise Archipelago Group of Insurance Companies, comprising Archipelago Insurance Limited and Archipelago Life Insurance Limited, to verify the same and obtain information from any financial institution, the Director General of Inland Revenue, credit information or credit references providers and any other sources.

<b>Name of Client/ Company Name</b>		
<b>Identification (NRIC/ Passport)/ Company Registration No.</b>		
<b>Signature/ Authorised Signatory(ies)</b>		Company Stamp If applicable
<b>Company Authorised Signatory Name</b>		
<b>Position/ Designation of Company Authorised Signatory</b>		
<b>Date</b>		

# ENHANCED CUSTOMER DUE DILIGENCE FORM

*(Special Declaration Form)*

*(To be filled by the Client)*

I, \_\_\_\_\_ (Identity Card No. or Passport No. \_\_\_\_\_ ) hereby declare that the following information provided below are true and correct to the best of my knowledge:

**a) Source of Wealth (describe & identify/ support with details e.g.: corporate registration number):**

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**b) Source of Fund (describe & identify/ support with details e.g.: dividend declaration memo etc):**

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**Client Signature** : \_\_\_\_\_  
**Name (as per Identity Card or Passport)** : \_\_\_\_\_  
**Contact No.** : \_\_\_\_\_  
**Date** : \_\_\_\_\_

***For Office Use Only - To be approved by Senior Management***

Approval for Accepting of Client	<input type="checkbox"/> Approved	<input type="checkbox"/> Not approved
Justification		
Name of Approving Officer		
Position/ Designation		
Date		
Signature		

Date : \_\_\_\_\_  
Bank Name : \_\_\_\_\_  
Address : \_\_\_\_\_  
Branch : \_\_\_\_\_

**Please submit this together  
with your TT application  
form to the bank**

Instructions to Bank :  
1. Bank Charges : OUROUR  
2. Do not convert to MYR  
3. Beneficiary to receive  
full amount

Dear Sir / Madam,

**RE : Bank Charges Instruction : OUR – Stellar – Whole Life Insurance Premium Subscription**

I, \_\_\_\_\_ NRIC / Passport No. \_\_\_\_\_  
wish to do a telegraphic-transfer (TT) of amount \_\_\_\_\_  
to Archipelago Life Insurance Limited. The recipient account details are as follows:

<b>Bank Details for Archipelago Life Insurance Limited – USD Account</b>	
Beneficiary	Archipelago Life Insurance Limited – (Non-Resident Account)
Beneficiary Address	B-08-06, Gateway Corporate Suites, Gateway Kiaramas, No. 1 Jalan Desa Kiara, Mont Kiara, 50480 Kuala Lumpur.  <u>Registered Address</u> Brumby Centre, Lot 42, Jalan Muhibbah, 87000 Labuan FT, Malaysia.
USD Account Number	1419 4101 0002 204
Banker	Alliance Bank Malaysia Berhad
Bank Address	Unit A-OG-02, Block A, Plaza Mont' Kiara, 2 Jalan Kiara, Mont' Kiara, 50480 Kuala Lumpur
Swift Code	MFBBMYKLXXX

I will bear ALL of the **related telegraphic-transfer charges for this transaction inclusive of correspondent agent's bank charges.**

Archipelago Life Insurance Limited will receive the net amount of \_\_\_\_\_

Thank you.

Yours sincerely,

Name : \_\_\_\_\_

NRIC / Passport : \_\_\_\_\_