

OPTA COURTAGE

- Part I: Client Identification : Page 1 to 4
- Part II : broker Information / Brokerage service : Page 4 to 8
- Part III : Needs And requirements : Page 9 to 22
- Part IV : Communication mandates : Page 23 to 24
- Signatures :8 / 22 / 24

PART I: CLIENT IDENTIFICATION

Client Identification:[Surname, Name]

The purpose of this questionnaire is to determine the needs and requirements of the current/prospective Policy/Contract holder (hereinafter the “Policyholder”), in particular with regard to his/her current financial situation and his/her knowledge, skills and experience in financial matters, but also with regard to his/her requirements and needs in connection with the planned investment. This information is collected to facilitate production of the Client’s investor profile and create with the Client a “Suitability Profile” so that appropriate advice is delivered.

The Policyholder is informed of, and his/her attention is drawn to the need to answer, in a complete and sincere manner, the questionnaire before any proposal for an insurance policy/contract is provided. He must also do this: prior to any change in his personal situation, such as, for example, a change in financial circumstances or investment objectives, which influences his Suitability Profile. An up-to-date Suitability Profile is required before any request for investment fund switching or a change of investment strategy is considered.

In the case of multiple Clients, Clients will opt for a joint Suitability Profile which will reflect the Clients’ joint needs and requirements. This Suitability Profile will then be signed by all Clients.

If Clients opt for a separate Suitability Profile and these profiles differ, only the Suitability Profile of the Client whose investment objectives are the most cautious will be taken into account.

Should the Insurance Policy/Contract be assigned to a third party or should a beneficiary have accepted the benefits of the contract, this third party or this accepting beneficiary will be considered as the “Client” for the needs of the Suitability Profile. The Broker will advise and assist the Client in this analysis.

Provision of advice:

When we distribute an insurance policy to a client having his/her usual residence in the Grand Duchy of Luxembourg, we always provide advice. If you wish, you have the option of waiving this advice individually for a given application.

☐ You specifically wish to waive the advice usually to be provided by the broker for this application for insurance cover.

Preliminary Comments:

.....
.....
.....

Identification of policyholder(s) / insured(s) / beneficiary/ies

Policyholder:

☐ Your details have not changed since you last did business with us.

☐ Individual

☐ EPP

Policyholder 1:

☐ Ms

☐ Mr

Surname:

Name(s):

Date of Birth:

Nationality:

Marital Status: Matrimonial Regime:

Address:

.....

Tel. (Mobile):

E-mail:

Tax residence

TIN.....

Links with the USA (nationality, residence, taxation): ☐ Yes ☐ No

Policyholder 2:

☐ Ms

☐ Mr

Surname:

Name(s):

Date of Birth:

Nationality:

Marital Status: Matrimonial Regime:

Address:

.....

Tel. (Mobile):

E-mail:

Tax residence

TIN.....

Links with the USA (nationality, residence, taxation): ☐ Yes ☐ No

☐ The Policy Holder is a legal entity:

(Completion of the Ultimate Beneficial Owner section is required)

Company/Trust/Foundation Name:

Incorporation/Establishment Date: / /

Purpose:

Registered Office:

Tel. (Mobile):

E-mail:

☐ Ultimate Beneficial Owner:

(if different from Policyholder 1):

☐ Ms

☐ Mr

Surname:

Name(s):

Date of Birth:

Nationality:

Marital Status:Matrimonial Regime:

Address:

.....

Tel. (Mobile):

E-mail:

Tax residence

TIN.....

Links with the USA (nationality, residence, taxation): ☐ Yes ☐ No

☐ Lives Insured (if applicable): If more than two lives are insured please provide the additional information

Life Insured 1:

☐ Tick Box if 1st life Insured is Policyholder 1

Surname:

Name(s):

Date of Birth:

Nationality:

Marital Status:Matrimonial Regime:

Address:

.....

Tel. (Mobile):

E-mail:

Tax residence

Life Insured 2:

☐ Tick Box if 2nd life Insured is Policyholder 2

Surname:

Name(s):

Date of Birth:

Nationality:

Marital Status:Matrimonial Regime:

Address:

.....

Tel. (Mobile):

E-mail:

Tax residence

PART II: BROKER INFORMATION / BROKERAGE SERVICES

Who are we? (Identification of the broker)

We, OPTA COURTAGE S.A., registered office established in the Grand Duchy of Luxembourg, 74 route de Thionville L-2610 Luxembourg, are an insurance broker which operates under the right of establishment and the EU's freedom to provide services.

We are registered on the Luxembourg Register of Trade and Commerce under number B118630 and approved by the Insurance Commission (the CAA) under number 2019CM001. Our registration can be checked at any time on the Insurance Commission's website: www.caa.lu.

We operate under the supervision of the Insurance Commission (CAA), the Luxembourg supervisory authority for the insurance sector, established in the Grand Duchy of Luxembourg, Boulevard Joseph II, 7, in L-1840 Luxembourg.

How can you contact us and how do we communicate with you?

You can use the following means of communication:

- **E-mail:** info@optacourtage.com
- **Telephone:** +352 24 84 01 42
- **Fax:** +352 24 84 01 42 42
- **Post:** 74, route de Thionville L-2610 Luxembourg

And you can contact us in the following languages: English, French and German.

After you have given us your email address (in point I above) we will use this as the primary method to contact you, sending you the documents and information by mail. We draw your attention to the fact that you can always ask us for hard copy documents, free of charge.

☐ You would like us to send you any pre-contractual or contractual documentation on hard copy, rather than electronically.

What services do we offer and under what conditions?

We offer insurance distribution services which consist of providing advice about insurance policies, of proposing insurance policies or of carrying out other work in preparation for the conclusion of these, of concluding such policies or of contributing to the management and execution of these, in particular in the event of a claim. We offer our services for risks located in the Grand Duchy of Luxembourg, but also, under the freedom to provide services regime of the EU, in the following countries: France, Belgium, Portugal, Spain, United-Kingdom, Poland, Italy.

Our distribution and advice services are completely independent. Due to our status as a broker, we work independently with any insurance company and we act to protect your interests, advising you about solutions that match your needs and representing you with the insurance companies.

Personalised analysis, i.e. based on the analysis of a sufficient number of insurance policies offered on the market to give you a personalised recommendation of the insurance policy which best meets your needs.

In the countries in which we offer our services under the freedom to provide services, France, Belgium, Spain, Portugal, Poland, Italy and United-Kingdom, depending on the legislation of the country concerned and possibly the broker choice, we provide advice.

Our services are provided in accordance to the general brokerage conditions annexed to this document and that you will accept by signing this document.

Potential disputes

Without prejudice to your right to take legal action, in the event of a potential problem, issue, claim or dispute, you can contact us directly and as a priority via any of the contact methods shown below. So that claims can be processed as quickly as possible, please give the following information, as a minimum requirement:

- surname and name(s);
- full postal address;
- telephone and/or email details;
- number of the insurance policy in question (or as a minimum the type of insurance contract and/or the insurance company).

If, despite of our efforts to resolve the problem, we are unable to find a solution or if, generally, you wish to file a complaint concerning the service provided, you can contact our regulator the Luxembourg Insurance Commission (the Commissariat aux Assurances), which is the body authorised to receive and investigate claims from consumers, pursuant to Article 2, (1), letter g, of the law of 7 December 2015 on the insurance sector:

- **By email:** caa@caa.lu
- **By telephone:** (+352) 22 69 11 - 1
- **By fax:** (+352) 22 69 10
- **By post:** Boulevard Joseph II, 7, L-1840 LUXEMBOURG, GRAND DUCHY OF LUXEMBOURG

You can also contact the competent complaints management body appropriate for your country of residence/establishment.

Our guarantee of independence

We confirm:

- that we do not possess any direct or indirect holding representing 10% or more of the voting rights or share capital in an insurance company;
- that no insurance company or parent company of an insurance company possesses a direct or indirect holding representing 10% or more of our voting rights or our share capital.
- that we have not concluded any contract for the provision of services with an insurance company going beyond the activity of insurance distribution

How are we paid for the services we offer?

Your options on how we are remunerated for the work we do for you may be determined by the regulations applicable to the jurisdiction within which the service we provide is delivered. The provision of our services and payment for them will always be in accordance with these rules.

For the insurance distribution services provided in relation to an insurance policy, we are paid in the form of commissions paid by the insurance companies and included in the insurance premium.

Further information about the way we are paid may be obtained on request.

What we are paid may also be subject to regulatory disclosure requirements such as those applicable by EU regulations.

We take the protection of your personal data very seriously

For more details about the types of personal data we process, the purposes of this processing and your rights in relation to this, please see our Privacy Notice attached.

In accordance with the Privacy Notice, you are consenting to :

- ☐ send you marketing communications;
- ☐ process information in relation to your health. In this case, if you refuse to provide us with the information requested, we may be unable to fulfil our contractual commitments and consider your application;
- ☐ [others]

Declarations and agreements

By signing this document, you:

- acknowledge having received a copy of this document and its appendices (the General Terms and Conditions of the Brokerage and the Privacy Notice);
- accept the General Terms and Conditions of the Brokerage (including the liability regime provided for in Article 7);
- authorise us to obtain personalised offers for you from several insurance companies;
- authorise us to represent you regarding the Company issuing the insurance policy, investment bond or capitalisation contract that you may select;
- guarantee the lawful and legitimate source of all funds to be used for the payment of premiums, as well as compliance with the tax obligations resulting for you from taking out foreign and domestic insurance policies to the country where you are a tax resident.

Signed in, on in
duplicate (one for you and one for us).

Client signature

Broker signature

Preceded by handwritten statement "*Read and approved*"

Surname:

Surname: C. ZOLLER

PART III: NEEDS AND REQUIREMENTS

Requests for Estate Planning or Policy Beneficiary Clause:

(In the event that only a life insurance policy has been taken out)

Beneficiary 1:

☐ Ms ☐ Mr
Surname:
Name(s):
Date of Birth:/...../.....
Nationality:
Address:
.....
Relationship to the
Policyholder(s):.....
.....

Beneficiary 2:

☐ Ms ☐ Mr
Surname:
Name(s):
Date of Birth:/...../.....
Nationality:
Address:
.....
Relationship to the
Policyholder(s):.....
.....

Beneficiary 3:

☐ Ms ☐ Mr
Surname:
Name(s):
Date of Birth:/...../.....
Nationality:
Address:
.....
Relationship to the
Policyholder(s):.....
.....

Beneficiary 4:

☐ Ms ☐ Mr
Surname:
Name(s):
Date of Birth:/...../.....
Nationality:
Address:
.....
Relationship to the
Policyholder(s):.....
.....

Beneficiary 5:

☐ Ms ☐ Mr
Surname:
Name(s):
Date of Birth:/...../.....
Nationality:
Address:
.....
Relationship to the
Policyholder(s):.....
.....

Beneficiary 6:

☐ Ms ☐ Mr
Surname:
Name(s):
Date of Birth:/...../.....
Nationality:
Address:
.....
Relationship to the
Policyholder(s):.....
.....

Beneficiary Clause:

☐ My spouse from whom I am not divorced or legally separated, otherwise, my children born or unborn, living or represented, in equal shares, otherwise, my ascendants in equal shares, or the survivor among them; otherwise, my heirs in the order of inheritance distribution.

☐ Other distribution for the drafting of a specific beneficiary clause:

.....

Optional (if not requested previously): A legible and valid ID card for each policyholder or each beneficial owner (if different from the policyholder(s)) and for the representatives/directors in the case of subscription by a legal entity must be attached to this document.

Legal entities must produce a certified copy of their up-to-date Articles of Association or equivalent document, an extract of the up-to-date entry in the Trade and Companies Register (or equivalent official register), the list of persons authorised to commit or represent them with third parties, any documentary evidence justifying the authorisation to take out this insurance policy/contract, in particular on behalf of the company and, where applicable, a certified copy of the direct debit agreement entered into with a duly authorised paying agent.]

Knowledge and experience - Financial situation - Investment objectives

Brief Description of Assets (liquid/illiquid) and Income (earnings/investments): (specify the size (quantified valuation) and source of the assets, likewise the size and source of the regular income)

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PREMIUM

Anticipated Initial Premium: Amount/Currency:

Expected date: .

Anticipated additional Premium(s): ☐ Yes ☐ No Amount/Currency: Expected date:

Economic Origin of Insurance Premiums:

<input type="checkbox"/> Savings from Income	Amount:		
<input type="checkbox"/> Inheritance	Amount:	Year:	Deceased:.....
<input type="checkbox"/> Gift	Amount:	Year:	Donor:
<input type="checkbox"/> Property Sale	Amount:	Year:	Property sold:
<input type="checkbox"/> Sale of Company	Amount:	Year:	Corporate name:
<input type="checkbox"/> Other:	Amount:	Details:	

Premium Payment Method and Bank Information: (bank transfer, portfolio transfer, etc.)

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.....

.....

Type of investments sought and investor experience:

Investments description: (Description and % of premium)

- ☐ Guaranteed Funds (Capital and/or income):.....
- ☐ Collective Investment Schemes (3rd party funds/schemes external to the insurer):.....
- ☐ Internal Funds of the Insurer managed on a Discretionary basis by a 3rd party:.....
- ☐ Internal Funds of the Insurer with or without an Advisory external 3rd party*:
- ☐ Discretionary or Advisory Managed Portfolios:
 -
 - Investment Policy:.....
 - Custodian Bank:.....
 - Asset Manager:.....

Specific items:

.....

Knowledge and/or Experience of investing:

Financial products known	Experience
<input type="checkbox"/> Savings certificates, bonds	
<input type="checkbox"/> Funds with capital protection	
<input type="checkbox"/> Funds without capital protection	
<input type="checkbox"/> Shares	
<input type="checkbox"/> Options/warrants and other derivative products	

Financial Objectives of Insurance Policy/Contract purchase:

- ☐ Savings accumulation
- ☐ Supplement future income (ex: a supplementary pension)
- ☐ Diversify investments and risk
- ☐ Access institutional financial instruments and markets
- ☐ Centralise the management of my assets
- ☐ Cover a specific risk (such as risk of death, etc.)
- ☐ Provide capital to my relatives in the event of a death
- ☐ Facilitate asset and financial planning
- ☐ Benefit from the specific tax treatment of life insurance policies/contracts
- ☐ To benefit from the legal security and asset protection of the Luxembourg Investor Protection regime for Policy/Contract holders (aka the Triangle of Security)
- ☐ To provide financial guarantees (capital) on a death
- ☐ To have access to a range of 3rd party financial managers and custodians.
- ☐ To have the opportunity to use my policy/contract as a collateral instrument
- ☐ To maintain flexible access (full or partial surrender) to my investment as and when needed
- ☐ To have access to the security of 'Euro Funds'
- ☐ Other (specify):.....

Investment Horizon:

- ☐ Short term (1-3 years)
- ☐ Medium term (3-8 years)
- ☐ Long term (> 8 years)

Existing insurance contracts

Do you already own life insurance policies/contracts? ☐ No ☐ Yes (*Specify below*)

Policyholder	Insurer	Policy type	Policy value

BROKERAGE TAKEOVER – MANDATE

I/we, the undersigned _____, holder of the insurance policy no. _____, previously managed by the broker _____, hereby request the company _____, to send by e-mail or by post to my new broker OPTA COURTAGE S.A. (info@optacourtage.com 74, route de Thionville L-2610 Luxembourg) all information concerning my policy and its history (copies of subscription forms, general and special conditions, amendments and changes during the life of the policy, origin of premium (bank statement and proof), etc...)

Executed in _____, on _____

Policy holder 1 :

Policy holder 2 :

Name :

Name :

Evaluating your investor profile

A. Personal situation

1. How old are you?

- ☐ More than 60 (1 point)
- ☐ Between 40 and 60 (3 points)
- ☐ Less than 40 (5 points)

2. Marital Status?

- ☐ Single (5 points)
- ☐ Married (3 points)
- ☐ Legal cohabitant/cohabitation contract (3 points)
- ☐ Divorced, widowed (5 points)

3. Children?

- ☐ Dependent children (1 point)
- ☐ Grandchildren (4 points)

B. Knowledge and experience

I. Knowledge in general

1. What is your highest level of education?

- ☐ Primary education (1 pt)
- ☐ Secondary education (3 pts)
- ☐ Non-economic higher education (4 pts)
- ☐ Economic or university-level higher education (5 pts)

2. How do you keep up to date with the financial sector?

- ☐ I don't do any research into this sector as it doesn't interest me (1 pt)
- ☐ I occasionally read the financial press in my newspaper or online (3 pts)
- ☐ I regularly read the financial press and actively keep myself informed using many methods (4 pts)
- ☐ I am a professional in the financial markets (bank, stock market, financial department of a company, etc.) (5 pts)

II. Knowledge in investment and insurance based savings contracts

1. How many investment and savings insurance policies have you taken out in the last 5 years?

- ☐ None (1 pt)
- ☐ One (2 pts)
- ☐ One to three (3 pts)
- ☐ More than three (5 pts)

2. If you have already taken out one or more investment based insurance policies, in what type have you invested?

- ☐ Those with a capital guarantee (3 pts)
- ☐ Those without a capital guarantee (5 pts)
- ☐ Mix (3 pts)

III. Knowledge of other financial products

1. How many years' experience do you have in the financial markets?

- ☐ 0 (1 pt)
- ☐ Less than 5 years (2 pts)
- ☐ Between 5 and 10 years (3 pts)
- ☐ More than 10 years (5 pts)

2. Are you familiar with the following products?

- ☐ Savings certificates, bonds (1 pt)
- ☐ Funds with capital protection (1 pt)
- ☐ Funds without capital protection (1 pt)
- ☐ Shares (1 pt)
- ☐ Options/warrants and other derivative products (1 pt)

C. Financial situation

1. What is the value of your moveable(exclude real estate) assets, net of borrowing (cash, term and savings accounts, life insurance, bonds, shares and other investments)?

- ☐ Less than EUR 500,000 (1 pt)
- ☐ Between EUR 500,000 and 2,500,000 (3 pts)
- ☐ More than EUR 2,500,000 (5 pts)

2. What proportion of your net movable assets need to remain committed to investment projects during the next 5 years?

- ☐ More than 90% (1 pt)
- ☐ Between 60 and 90% (2 pts)
- ☐ Between 30 and 60% (3 pts)
- ☐ Maximum 30% (5 pts)

3. What represents the amount that you wish to pay compared to your real-estate assets?

- ☐ More than 50% (1 pt)
- ☐ Between 25 and 50% (3 pts)
- ☐ Between 10 and 25% (4 pts)
- ☐ Maximum 10% (5 pts)

4. What is the value of your real-estate assets (net of any borrowing)?

- ☐ Less than EUR 500,000 (1 pt)
- ☐ Between EUR 500,000 and 2,500,000 (3 pts)
- ☐ More than EUR 2,500,000 (5 pts)

5. What is your net annual income (salary, allowances, rental income, interest, etc.)?

- ☐ Less than EUR 60,000 (1 pt)
- ☐ Between EUR 60,000 and 120,000 (3 pts)
- ☐ More than EUR 120,000 (5 pts)

6. What are your regular annual financial commitments (debt repayments, rent, household expenses, etc.)?

- ☐ Less than EUR 60,000 (1 pt)
- ☐ Between EUR 60,000 and 120,000 (3 pts)
- ☐ More than EUR 120,000 (5 pts)

7. How might your financial situation change over the next year?

- ☐ Deteriorate Significantly (1 pt)
- ☐ Deteriorate (2 pts)
- ☐ No change, it will stay the same (3 pts)
- ☐ Slightly improve (4 pts)
- ☐ Significantly improve (5 pts)

8. How would you cope if the value of your investments fall?

- ☐ With great difficulty (1 pt)
- ☐ I would be able to cope by making savings on my other expenses (2 pts)
- ☐ I would be able to cope as a result of other income (3 pts)
- ☐ I am not relying on an income from this investment to maintain my lifestyle (4 pts)
- ☐ It will not cause me any problems (5 pts)

D. Investment objectives

1. Which best describes your attitude to savings and investments?

- ☐ I attach great importance to keeping my capital secure, at the expense of potential performance and I prefer less volatile investments (1 pt)
- ☐ I am ready to take certain limited risks to capital, but would limit my exposure to volatile investments (2 pts)
- ☐ Performance and risk are important criteria which must remain balanced. I would not exclude a refocusing of my investments in the event of negative fluctuations in value, to maintain this balance (3pts)
- ☐ I am ready to take more risks and to bear a certain capital loss; these risks do not concern me at all. I could then generate an additional investment return (4 pts)
- ☐ I am seeking performance above all else and I accept high volatility in asset prices. I acknowledge this as inherent to the opportunity of making acquisitions under advantageous market conditions (5 pts)

2. What best describes you regarding your investment objective?

- ☐ I want to generate additional regular income, while preserving my capital (1 pt)
- ☐ I want a certain amount of growth in my investments without exposing myself to major risks (2 pts)
- ☐ I want a balance between the growth of my investments and a regular income, accepting moderate market fluctuations (3 pts)
- ☐ I prefer long-term growth, with no need for a regular income and accept that there may be short-term losses (4 pts)
- ☐ I only want long-term growth and accept all the risks involved in the short-term (5 pts)

3. Tick the most appropriate response to the following phrase: “My portfolio may sometimes lose value if it offers potentially increased performance”:

- ☐ Disagree (1 pt)
- ☐ Somewhat disagree (2 pts)
- ☐ Somewhat agree (3 pts)
- ☐ I agree (4 pts)
- ☐ I definitely agree (5 pts)

4. Tick the description which best reflects your current experience of the financial markets, or how you intend to invest:

- ☐ I invest in cash investments as I want to protect my capital (1 pt)
- ☐ This will be my first long-term investment (2 pts)
- ☐ I always invest with a view to generating income while preserving my capital (3 pts)
- ☐ I take some risks in my investments (4 pts)
- ☐ I automatically select risky investments aimed at the long-term (5 pts)

E. Conduct in response to risk

1. Describe your conduct in response to risk:

- ☐ I don't take risks (1 pt)
- ☐ I am not comfortable with taking risks with my capital (2 pts)
- ☐ I am ready to take certain risks with my capital with a view to a growth opportunity, wanting however to preserve my capital in the medium-term (3 pts)
- ☐ I accept the risk of losing some of my investment, as it is the price to pay for the potential of increased performance (4 pts)
- ☐ I am an aggressive investor; it is the only way to obtain increased performance over a longer term (5 pts)

2. What is your savings / investment horizon?

- ☐ From 2 to 5 years (1 pt)
- ☐ From 3 to 6 years (2 pts)
- ☐ From 4 to 7 years (3 pts)
- ☐ From 5 to 8 years (4 pts)
- ☐ More than 8 years (5 pts)

3. Faced with possible financial losses or gains, what is the best description of your investment objective?

- ☐ I want to preserve my capital with minimal risk of loss (1 pt)
- ☐ I am aiming for limited growth with inherent risk of capital loss (3 pts)
- ☐ My objective is dynamic growth, being aware of the risks of a significant capital loss (5 pts)

F. Your Investor Profile

The Broker has defined five Investor Profiles according to the sum of points awarded to your answers to the previous questions:

Result	Investor Profile	Description
FROM 22 TO 37 PTS	Conservative	The investor is seeking a conservative return on investment and has a low tolerance to risk. His objective is to achieve a gradual increase in his capital, taking into account a limited risk in normal economic and market conditions. His investment horizon is 2 to 5 years. He accepts that risk hedging strategies may be applied to reduce the volatility of the portfolio.
FROM 38 TO 53 PTS	Cautious	The investor is seeking moderate growth of his capital over the medium-term, taking a limited risk in normal economic and market conditions. He accepts a relatively low portfolio volatility and an investment horizon of at least 3 years. He wants moderate exposure of his portfolio to market volatility, but is ready on occasion to waive certain security by investing in a limited way in financial instruments with greater volatility. He agrees to part of the investment being invested in alternative products.
FROM 54 TO 68 PTS	Balanced	The investor is seeking moderate capital growth over the medium to long-term, through a balance between security and performance. He has an average tolerance to risk. He accepts an average volatility in his portfolio. He agrees to part of the investment being invested in alternative products. His investment horizon is 4 to 7 years.
FROM 69 TO 84 PTS	Active	The investor is seeking a capital gain over the medium to long term. His investment horizon is 5 to 8 years. He accepts that his invested capital may go down as well as up and he has a high tolerance to risk. He accepts that risk hedging strategies may be applied to reduce the volatility of the portfolio. He agrees to part of the investment being invested in alternative products.
FROM 85 TO 100 PTS	Dynamic	The investor is seeking the possibility of very high performance over the long-term (his horizon is in excess of 8 years) and it ready to run a considerable capital risk in exchange for this. He accepts that there may be significant volatility in his portfolio. He accepts that risk hedging strategies may be applied to reduce the volatility of the portfolio. He agrees to part of the investment being invested in alternative products.

The Investor Profile of a Client will most likely change over time. He should therefore ask for a review of his Investor Profile if his situation changes to identify the new needs.

G. Moveable assets and classification

The term “moveable assets” refers to the total value of financial instruments plus bank deposits, the value of life insurance policies and contracts, less debts of any nature.

The investment rules applicable to contracts issued by insurers regulated under the Luxembourg Commissariat aux Assurances are detailed in the Commissariat Circular Letter 15/3. Contracts are classified into one of the four categories listed below based upon your stated liquid wealth (net moveable assets) and the premium you have invested, without prejudice to any more restrictive investment constraints such as those applied by your domestic inland revenue authority.

	Policyholder No. 1		Policyholder No. 2	
Amount of premium*:	I declare that my net liquid (moveable) assets are:	Classification:	I declare that my net liquid (moveable) assets are:	Classification:
between €125,000 and €249,999	<input type="checkbox"/> between €250,000 and €499,999	Category A	<input type="checkbox"/> between €250,000 and €499,999	Category A
	<input type="checkbox"/> between €500,000 and €1,249,999		<input type="checkbox"/> between €500,000 and €1,249,999	
	<input type="checkbox"/> between €1,250,000 and €2,449,999		<input type="checkbox"/> between €1,250,000 and €2,449,999	
	<input type="checkbox"/> > €2,500,000		<input type="checkbox"/> > €2,500,000	
between €250,000 and €999,999	<input type="checkbox"/> between €250,000 and €499,999	Category A	<input type="checkbox"/> between €250,000 and €499,999	Category A
	<input type="checkbox"/> between €500,000 and €1,249,999	Category B	<input type="checkbox"/> between €500,000 and €1,249,999	Category B
	<input type="checkbox"/> > €1,250,000	Category C	<input type="checkbox"/> > €1,250,000	Category C
minimum of €1,000,000	<input type="checkbox"/> between €500,000 and €1,249,999	Category B	<input type="checkbox"/> between €500,000 and €1,249,999	Category B
	<input type="checkbox"/> between €1,250,000 and €2,449,999	Category C	<input type="checkbox"/> between €1,250,000 and €2,449,999	Category C
	<input type="checkbox"/> > €2,500,000	Category D	<input type="checkbox"/> > €2,500,000	Category D

* The premium referred to is the total from all policies/contracts held with the same insurance company

H. Other relevant information

Can you tell us any other relevant information concerning your situation?

.....

.....

.....

Advice

☐ If we have not received the information requested from you, we will not provide you with advice concerning the products identified.

[Option A. Several offers are presented:] On the basis of the above definition of your needs and requirements and an impartial and personalised analysis, we advise you of the following insurance products that we consider appropriate to you and for which we are sending you the standard information document(s) KID or similar (as well as any other life insurance policies/contracts that you may wish to purchase):

Insurance Company (& Type of Policy)	Fees				Additional information
	Type of fees	Company Share	Broker share	Total	
	Entry				
	Annual				
	On Surrender				
	Entry				
	Annual				
	On Surrender				

These products respond, in terms of the standard key characteristics of life insurance policies/contracts, to your needs and requirements for the following reasons (**Declaration of Suitability**):

[Describe the key points of the advice given]

.....

[Give information showing how the recommendation made is suitable for the client and in particular how it corresponds to the client's investment objectives, including his tolerance to risk; to the client's financial situation, including his capacity to bear losses; to the client's knowledge and experience]

.....

Finally, we should warn you that the products recommended may present the following specific risks:

.....

We are informing you that we will not be carrying out a review from time to time of the suitability of the product you are choosing. Please let us know if you think that a significant aspect of the information collected above has changed. We will then carry out a new suitability review.

[Option - A single product is advised:] On the basis of the above definition of your needs and requirements and an impartial and personalised analysis, we advise you of the following insurance product that we consider appropriate to you and for which we are sending you the standard information document(s) KID or similar (as well as any other life insurance policy/contract that you may wish to purchase):

This product responds in terms of the standard key characteristics of life insurance policies/contracts, to your needs and requirements for the following reasons (**Declaration of Suitability**):

[Describe the key points of the advice given]

.....

.....

[Give information showing how the recommendation made is suitable for the client and in particular how it corresponds to the client's investment objectives, including his tolerance to risk; to the client's financial situation, including his capacity to bear losses; to the client's knowledge and experience]

.....

.....

Finally, we should warn you that the products recommended may present the following specific risks:

.....

We are informing you that we will not be carrying out a review from time to time of the suitability of the product you are choosing. Please let us know if you think that a significant aspect of the information collected above has changed. We will then carry out a new suitability review.

Client's choice

☒ You are following our advice and confirm your wish to conclude the following insurance policy/contract(*):

[Insurer's name - Product type]

☐ You are not following our advice and confirm your wish to conclude the following insurance policy/contract(*):

[Insurer's name - Product type]

Furthermore, you have read the Investor Profile which has been provided to you above on the basis of your responses to the questions we have asked and:

☐ **YES**, you agree to take out an insurance policy with an investment strategy corresponding to this profile;

☐ **NO**, you do not agree to take out an insurance policy with an investment strategy corresponding to this profile and you want, under your own liability, to take out an insurance policy with an investment strategy corresponding to a different risk profile. You are aware of the risks and disadvantages attached thereto.

Final declarations:

By signing this agreement:

1. you declare that the information provided is true, accurate and given in good faith ;
2. you confirm that you have received all the information you want about our advice (if applicable) and about the life insurance product that you have chosen (in particular you confirm that you have the standard information document for the product(s) in question),
3. (if applicable to the product) you acknowledge having received all the relevant information concerning your options in terms of choice of investment management, investment manager and underlying investments, likewise concerning the risks and specific nature of the principal investment instruments used, as well as the specific information concerning investments in alternative funds, if your choice concerns this type of investments (the use of alternative funds presupposes specific competences and this type of investment carries an unlimited risk of the total loss of the capital invested);
4. you consider the information and documents received as sufficiently clear and comprehensive, enabling you to assess the legal, tax and financial consequences that taking out the insurance product involves;
5. you therefore consider that you are able to take a decision in full knowledge of the facts in relation to the advice given (if applicable) and in relation to the insurance product, as well as to assess your commitments and the risks incurred;
6. you have read and accepted our General Terms and Conditions of Brokerage and, in particular Article 3 and 7 of the General Conditions;
7. you acknowledge that we are not acting as investment adviser or in the financial management of your policy and that we are not authorised to carry out any redemption, switch instruction or other act that would be considered administration or disposition on your behalf, unless you have given us a specific mandate;
8. You have agreed that he/she/they must contact the Company to obtain more information about the underlying investments of the policy.

Executed in, on in as many original copies as there are parties, each acknowledging having received a copy.

The policyholder(s) acknowledge having read, understood and accepted this document and having completed it accurately.

Signatures of the policy/contract holder(s) and potentially the insured(s), preceded by the handwritten statement "*Read and approved*"

Policyholder 1:

Policyholder 2:

Name:

Name:

Life Assured 1:

Life Assured 2:

Name:

Name:

Broker:

PART IV: COMMUNICATION MANDATES

Between:

First party ☐ Mrs/Miss ☐ Mr

Surname: Given name(s):

Second party (if applicable) ☐ Mrs/Miss ☐ Mr

Surname: Name(s):.....

Address

(municipality):.....

Hereinafter referred to as the “**Principal**”

And

OPTA COURTAGE SA, insurance broker, whose registered office is established in the Grand Duchy of Luxembourg, 74, route de Thionville L-2610 Luxembourg registered on the Luxembourg Register of Trade and Commerce under number B118630, approved by the Luxembourg Insurance Commission (the Commissariat aux Assurances) under number 2019CM001 which operates in Luxembourg and on other specified territories of the European Union under the Freedom to Provide Services regime],

Hereinafter referred to as the “**Broker**”

Communication Mandate

In the context of this Mandate, **the Principal expressly authorizes the Broker, to the extent specified below, to represent them/it with _____ (the “Company”) in connection with the execution of the related insurance contracts (policies).**

For this purpose, the Principal authorizes the Broker to:

- reply to Insurance Company requests for information, authorised by his/her signature alone, by mail post or electronically.
- acknowledge in his/her name and on his/her behalf any information related to the contracts (policies).

By doing so, **the Principal hereby releases the Insurance Company from its Luxembourg professional secrecy obligation with regard to the Broker and the Broker with regard to the Company.**

If the Principal wishes the Broker to receive any communication and correspondence concerning the insurance contracts/policies so that he/she will receive it personally, the Principal will provide written instructions in the documentation required by the Insurance Company. In this case, the Principal agrees that all documents viewed or removed by the Broker shall be considered as being consulted or removed by the Principal.

In the case of a multiple Principals, please specify a single residential address for correspondence.

Electronic Communication Mandate

As part of this Mandate, the Client expressly authorizes the Broker to contact him and to communicate with him via electronic mail.

The Customer's primary email address is:

.....

The Broker's e-mail address is: info@optacourtage.com

As soon as the Client has communicated to the Broker his e-mail address in point 1 above, the Broker will communicate mainly with him by this electronic means, transmitting the documents and information in a durable medium. The Broker draws his attention to the fact that he may still, free of charge, ask him to obtain paper documents

☐ **The Client wants the Broker to send him any pre-contractual or contractual documentation in paper format, rather than on a computer support**

Any communication from the Broker to the Customer will be made to the last known email address. The proof of the sending is validly established by the production of the copy of the email duly dated.

An email is considered to have reached the recipient on the date and time of sending. If a Customer has not received a communication expected within the normal time, he must inform the Broker as soon as possible.

When an e-mail gives an impossibility of delivery message, the Broker will attempt to contact the Customer by another means (eg telephone). If this attempt also fails, the Broker will keep all communication to the Customer, at the risk and peril of the latter, until the Customer regains contact with the Broker or provides a new address.

In view of the fact that this method of electronic communication is used by the Broker only at the Customer's special request, it is expressly agreed that the Broker's records alone prove that the instructions were given as they were executed.

The Broker draws the Client's attention to the fact that the delivery, authenticity and confidentiality of the content of e-mails exchanged by electronic means are never fully guaranteed. The Broker and the Client undertake to use their best efforts to avoid any misuse, fraud or intrusion. Subject to compliance with this obligation, the Broker is not responsible for any harmful consequences that may result in particular from errors, delays or absence of reception, duplication or other, related to the use of electronic means of communication.

Done at, the in as many original copies as there are parts, each recognizing to have received his.

Signatures preceded by the handwritten mention

" Read and approved "

The Customer

The Broker