

## Transamerica Life (Bermuda) Ltd.

(Incorporated in Bermuda with limited liability)

Bermuda Office Mintflower Place 5th floor West 8, Par-la-Ville Road Hamilton, HM08, Bermuda T: +1 441 705 8282 www.transamericalifebermuda.com

Please where appropriate and delete whichever is inappropriate.

## PERSONAL INFORMATION UPDATE FORM

## IMPORTANT INFORMATION

Insured's Name

- 1.) Please complete in ENGLISH and BLOCK CAPITALS.
- 2.) If you make a mistake completing this form, simply cross out the error, note the correct details and initial each correction.
- 3.) You may be required to submit a self certification form if your updated information indicates a change of your tax residency status.
- 4.) For any update or change on your existing trust, please complete the "Verification of Trust Agreement For Administration of Life Insurance Policy Form.
- 5.) To provide you with our latest information and manage your policy service, please complete your available email and mobile number in this form.
- 6.) The policy of insurance is issued or assumed by Transamerica Life (Bermuda) Ltd. ( "Transamerica Life Bermuda" ).
- 7.) TLB has an online customer portal, "myTLB", where individual policy owners can access information relating to their insurance policies at anytime and anywhere. After registering on myTLB, you will be able to view and download copies of your policy documents and/or correspondences, including but not limited to, premium notices and annual statements electronically. As part of our sustainability efforts, TLB will cease to provide hard copies to policy owners who have a myTLB account. If you have a myTLB account but would still prefer to receive hard copies, you may inform us by sending us a written request.

Policy Number

Polic	y Owner's Name						
Identification document update Please provide us with a copy of identification documents (e.g. ID. or passport) for any update of your personal information. Your personal information will be updated in our record accordingly. Certified true copy is not required for the purpose of this form, but it may be required for other policy servicing requests in the future.							
If the policy owner is an INDIVIDUAL							
	Place of Birth						
	Residential Address*	Number/Street/Building					
		City		Provir	се		
		Country		Posta	Code		
	Please "\sqrt{"}" the box if the residential address is same as the correspondence address, otherwise please specify in Correspondence and Billing Address section.						
	Phone Number	Country Code Area Code Phone Number					
	Mobile	Country Code Area Code Phone Number					
	Email						
	Occupation Title				Occupation Industry		

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

TLB 868BME PIU 072

				Please ☑ where appropriate and delete whichever is inappropriate.			
lf th	e policy owner is a	n <u>ENTITY</u>					
		of Certificate of Incumbency for any update of t red for the purpose of this form, but it may be re		The information will be updated in our record accordingly. r other policy servicing requests in the future.			
	Registered Office Address*	Number/Street/Building					
		City		Province			
		Country		Postal Code			
	Business Address* (if different from registered office address)	Number/Street/Building					
		City		Province			
		Country		Postal Code			
	Phone Number	Country Code Area Code Phy	ne Number				

Email

<sup>\*</sup>Please provide copies of address proof for change of address.

Please 🗹 where appropriate and delete whichever is i	inapprop	oriate
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If the Policy Owner is an ENTITY (	Continued)		
Please provide us with a copy of Cer directors, shareholders and authorize	ed signors).	ed party if there is any change to the company out) for any update of their personal in	
1) Director / Shareholder /	☐ Beneficial Owner / ☐ Authorize	d Signor	
Name		Place of Birth	
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code
2) Director / Shareholder /	☐ Beneficial Owner / ☐ Authorize	d Signor	
Name		Place of Birth	
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code
3) Director / Shareholder /	☐ Beneficial Owner / ☐ Authorize	d Signor	
Name		Place of Birth	
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code

<sup>\*</sup>Please provide copies of address proof for change of address.

				Please  where appropriate a	nd delete whichever is inappropriate.	
If the Policy Owner is an ENTITY (Continued)						
4) Director / [	Shareholder /	Beneficial Owner / [	Authorized	Signor		
Name			P	lace of Birth		
Residential Address*						
Number/Street/Bui	lding					
City		Province	С	ountry	Postal Code	
Correspondenc	e and Billing A	ddress* (This section	is applicab	le to both Individual Policy O	wner and Entity Policy Owner)	
Number/Street/Bui	lding					
City		Province	С	ountry	Postal Code	
The above inform	ation is accurate	:				
otherwise obtained (https://www.transa also confirm that th	on provided by me d) may be held, us americalifebermud his Declaration, Co ure and transfer of	e whether relating to me/us ed, disclosed and transfer a.com/en/privacy-policy/), onsent and Authorisation s f my/our personal informat	red by TLB in a including for the hall be treated	ons named herein and held by TLB accordance with TLB's Privacy Polithe purpose of complying with any at as the prescribed consent obtainence with TLB's Privacy Policy inclu	icy on its website applicable laws or regulations. I/we ad from me/us with respect to every	
Signature of Po						
Signed at			Signature (if a corporation or entity, include corporate title or title of authorised signatory)			
Name						
Date dd /mm		mm /yyyy)			х	

<sup>\*</sup>Please provide copies of address proof for change of address.