

# PERSONAL INFORMATION UPDATE FORM

## IMPORTANT INFORMATION

- 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.

Please  where appropriate and delete whichever is inappropriate.

Insured's Name	Policy Number
Policy 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.

<b>If the policy owner is an <u>INDIVIDUAL</u></b>		
<input type="checkbox"/>	Residential Address*	
	Number/Street/Building	
	City	Province
	Country	Postal Code
<input type="checkbox"/>	Please "✓" the box if the residential address is same as the correspondence address, otherwise please specify in Correspondence and Billing Address section.	
<input type="checkbox"/>	Phone Number	
<input type="checkbox"/>	Mobile	
<input type="checkbox"/>	Email	
<input type="checkbox"/>	Occupation Title	<input type="checkbox"/> Occupation Industry

\*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**

Please provide us with a copy of Certificate of Incumbency or ACRA for any update of the entity. The 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.

<input type="checkbox"/>	Registered Office Address*	Number/Street/Building				
		City	Province			
		Country	Postal Code			
<input type="checkbox"/>	Business Address* (if different from registered office address)	Number/Street/Building				
		City	Province			
		Country	Postal Code			
<input type="checkbox"/>	Phone Number	<table border="1"> <tr> <td>Country Code</td> <td>Area Code</td> <td>Phone Number</td> </tr> </table>		Country Code	Area Code	Phone Number
Country Code	Area Code	Phone Number				
<input type="checkbox"/>	Email					

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

**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			
Residential Address*			
Number/Street/Building			
City	Province	Country	Postal Code

2)  Director /  Shareholder /  Beneficial Owner /  Authorized Signor

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

3)  Director /  Shareholder /  Beneficial Owner /  Authorized Signor

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

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Please  where appropriate and delete whichever is inappropriate.

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

4)  Director /  Shareholder /  Beneficial Owner /  Authorized Signor

Name			
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																																								
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><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="20">(dd /mm /yyyy)</td></tr></table>																					(dd /mm /yyyy)																		
(dd /mm /yyyy)																																								

**X**

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