

Declaration of Ultimate Beneficial Owner (UBO)

Why do you have to complete this declaration?

Aegon must comply with the Anti-Money Laundering and Anti-Terrorist Financing Act, the Financial Supervision Act and the sanctions laws and regulations. Based on these laws and regulations, we must regularly verify that our clients are complying with the guidelines. A part of this verification is to determine the Ultimate Beneficial Owner (UBO) and audit them based on the risk and sanctions lists.

Who are your UBOs?

If your organization is a legal entity, such as an association, foundation, cooperative, mutual insurance company, public limited company, limited liability company or comparable foreign legal form, then your UBO is:

- the natural person who has a direct or indirect interest of more than 25% in the capital of your organization and/or
- the natural person who can directly or indirectly exercise more than 25% of the voting rights at the general assembly of your organization and/or
- the natural person who is the beneficiary of more than 25% of the assets of a legal entity and/or
- the natural person who has special controlling rights over more than 25% of the assets of your organization. This means that the person has special controlling rights set forth in the articles of association, for example and/or
- the natural person who has *effective control** over your organization.

Please note: If your organization's shares have been handed over to a Trust Office Foundation, the certificate holders may qualify as a UBO based on the above criteria.

If your organization is a sole proprietorship or a partnership, such as a general partnership, limited partnership or private partnership or comparable foreign legal form, then your UBO is:

- the natural person who, in the event of your organization's dissolution, has a right to more than 25% of the assets of the dissolved community property and/or
- the natural person who has a right to more than 25% of the your organization's earnings and/or
- the natural person who can exercise more than 25% of the voting rights if a majority of votes is required for decision-making within your organization and/or
- the natural person who has *effective control** over your organization.

Details of your organisation

Chamber of Commerce number _____

Name** _____

Address _____

* *Effective control* over a legal entity or a partnership is in place if a natural person:
(i) can appoint or dismiss the majority of a supervisory, management or administrative body,
(ii) has control of the majority of the voting rights,
(iii) has a dominant influence over the organization in another manner, or
(iv) has the right to dispose over (a part of) the organization's assets.

Please note: There must always be at least one person with effective control.

** The registered name (in the case of a legal entity), the name according to the Chamber of Commerce (in the case of a partnership).

Questionnaire

UBO

The following questions must be answered in order to determine who your organization's UBOs are. If you answer Yes to one or more questions, please provide the details of these natural persons on the following page. In case of doubt, please also provide the details of the possible UBOs on the following page. **Please note: there may be several UBO's.**

1. Are there natural persons who own more than 25% of the shares of the legal entity either directly or through another legal entity?
Yes
No
 2. Are there natural persons who are entitled to special controlling rights over more than 25% of the organization's assets?
Yes
No
 3. Are there natural persons who are entitled to a share of more than 25% of the organization's earnings?
Yes
No
 4. Are there natural persons who can exercise more than 25% of the voting rights at the organization's general assembly?
Yes
No
- If you answered **Yes** to question **1**, please provide the details of all UBO(s) with the **% Share** per UBO.
 - If you answered **Yes** to question **2, 3 or 4**, please provide the details of all UBO(s) and place a checkmark next to **Control**. This is also where you should list the person(s) with **effective control**. Please note: There must always be at least one person with effective control.
 - If a UBO has both a **% Share** as well as **Control**, please indicate both.
 - If you believe there is no UBO to be indicated, please provide the details of the natural persons who are authorized on behalf of your organization to make managerial decisions and sign, the pseudo-UBO. A (pseudo) UBO must always be indicated. If a legal entity is a director/officer, then the natural person who is the director/officer thereof is the UBO.

Please note: This form must not be returned empty. Incomplete or empty forms will not be processed.

Ownership and control structure

The following questions must be answered in order to determine your organization's ownership and control structure.

5. Are there entities (legal entities or organizations) that have an (in)direct interest in your organization? If you answer this question with Yes, you can enter the information of the organizations with an (in)direct interest.
Yes
No
6. Does your organization consists of at most 4 hierarchical levels (including UBO)?
Yes
No

For each UBO, all fields are mandatory except for Surname prefix(es), and one of the fields % Share or Control.

Details (pseudo) UBO 1

First names _____
Last name suffix(es) _____ Last name _____
Date of birth (ddmmyyyy) _____ Gender male female Nationality _____
Place of birth _____
Country of birth _____
Address _____
Postcode _____ City _____ Country _____
UBO-factor % Share _____ and/or Control _____

Details (pseudo) UBO 2

First names _____
Last name suffix(es) _____ Last name _____
Date of birth (ddmmyyyy) _____ Gender male female Nationality _____
Place of birth _____
Country of birth _____
Address _____
Postcode _____ City _____ Country _____
UBO-factor % Share _____ and/or Control _____

Details (pseudo) UBO 3

First names _____
Last name suffix(es) _____ Last name _____
Date of birth (ddmmyyyy) _____ Gender male female Nationality _____
Place of birth _____
Country of birth _____
Address _____
Postcode _____ City _____ Country _____
UBO-factor % Share _____ and/or Control _____

Details (pseudo) UBO 4

First names _____
Last name suffix(es) _____ Last name _____
Date of birth (ddmmyyyy) _____ Gender male female Nationality _____
Place of birth _____
Country of birth _____
Address _____
Postcode _____ City _____ Country _____
UBO-factor % Share _____ and/or Control _____

Details of organization with an (in)direct interest 1

Chamber of Commerce number _____
Legal form _____
Legal name _____
Country of domicile _____
Country of incorporation _____

Details of organization with an (in)direct interest 2

Chamber of Commerce number _____
Legal form _____
Legal name _____
Country of domicile _____
Country of incorporation _____

Details of organization with an (in)direct interest 3

Chamber of Commerce number _____
Legal form _____
Legal name _____
Country of domicile _____
Country of incorporation _____

Details of organization with an (in)direct interest 4

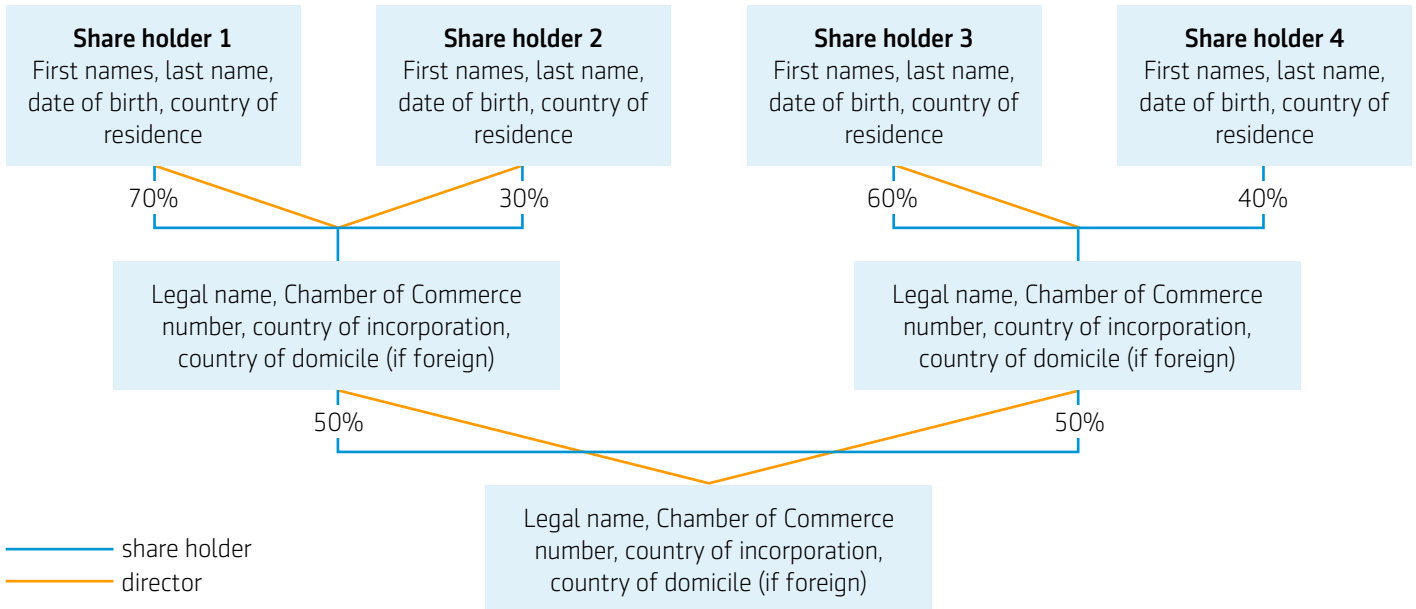
Chamber of Commerce number _____
Legal form _____
Legal name _____
Country of domicile _____
Country of incorporation _____

Org chart

In addition to a UBO Declaration, we would also like to receive an org chart from you (this may be at most 12 months old).

At minimum the following information must be included in this org chart:

- All intermediate entities up to the ultimate beneficial owner (>25% interest) must be included in the org chart;
- Ownership and control percentages;
- Statutory name;
- Chamber of Commerce numbers of the entities;
- Country of incorporation and country of domicile (in case of a foreign entity);
- With respect to the UBOs: full name, date of birth and country of residence;
- This org chart must be signed by the authorized person who deals with Aegon on behalf of the client entity, including date and place of signing, title, name and signature of the authorized person.



Org chart example

Please note! In the event of joint competence, two legal representatives must sign.

Please note! The document must not contain a date that is older than 12 months.

Signatory 1

Name of signatory _____

Title _____

Date _____ (ddmmyyyy)

Place _____

Signature _____

Signatory 2

Name of signatory _____

Title _____

Date _____ (ddmmyyyy)

Place _____

Signature _____

Privacy

The General Data Protection Regulation applies to the processing of personal data. The information obtained through this form will be processed within the scope of customer research that financial service providers are conducting in order to comply with the Customer Due Diligence (CDD) obligations stemming from the Anti-Money Laundering and Anti-Terrorist Financing Act (Wwft) and the sanctions laws and regulations. The information will also be processed in order to prevent and combat fraud against financial institutions and for statistical analyses. The information may be processed by third parties in order to permit financial service providers to conduct (customer) research. The entity responsible for processing the personal data obtained with this UBO form is the legal entity listed in the communication addressed to you of which this UBO form is a part. For more information about what we do with your information, [Aegon privacy statement | Aegon](#)

Disclaimer

Signing this form is separate from the agreement with Aegon. An agreement with Aegon doesn't come about until after written acceptance of the offered risk by the insurer(s).

Sanction provision

The financial service provider is not obligated to offer coverage or indemnification by virtue of insurance if this would violate sanctions laws and regulations under which financial service providers, including insurance companies, are prohibited from offering coverage or pay indemnification.

Signature

The signatory/signatories, either solely or jointly authorized to sign on behalf of and bind the organization, declare(s) to have completed this form in full and truthfully.

By signing, you agree that you will inform the organization from which you received this form as soon as possible if changes have occurred that concern the UBOs of your organization.

This includes situations whereby your organization receives a new UBO, if the details of the existing UBOs of your organization change or if existing UBOs of your organization can no longer be designated as a UBO.

Signatory 1

Name of signatory _____

Title _____

Date _____ (ddmmyyy)

Place _____

Signature _____

Signatory 2

Name of signatory _____

Title _____

Date _____ (ddmmyyy)

Place _____

Signature _____