

IDENTIFICATION FORM

In case of manual completion, please complete the form in block capitals.

		Pr	opo	sal	bar	cod	e:
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Alfa Vienna Insurance Group Biztosító Zrt.

1091 Budapest, Üllői út 1.

Telephone Customer Service: (+36) 1-477-4800 Website: www.alfa.hu

	I. A DECLARATION BY A NATURAL PERSON CUSTOMER OR AGEN			
Undersigned family name:	first:			
(as L L L L L L L L L L L L L L L L L L L		der penalty of perjury, I declare		
	establishing business relationship for transaction order	der periony or perjor, raccione		
a natural person I am acting in my	,			
I am acting as a representative of	f a natural person			
I am acting as the natural person b	beneficial owner of a legal person or of another entity without legal personality			
I am acting as the representative o	of a natural person beneficial owner of a legal person or of another entity without legal personality			
I am acting as the senior officer of a	f a legal person or of another entity without legal personality			
	II. TYPE OF DUE DILIGENCE			
Simplified customer due diligence:	 It can be used in the following cases: risk life insurance on death Non-risk life insurance on death with an annual prem of less than HUF 650,000, and the contractor or concluded. takes out pension insurance under the Personal Incom- 	their representative is present when the contract is		
Standard customer due diligence:				
Enhanced customer due diligence:	Natural person customer Corporate customer			
	did not appear in person its authorised person, representative or agent of	id not appear in person		
	prominent public person its shareholder is represented by a proxy			
	reside or were born in a high-risk third country with strategic deficiencies its registered office is in a high-risk third country	its registered office is in a high-risk third country with strategic deficiencies		
		its owners include a legal person or an unincorporated entity having their registered office is in a high-risk third country with strategic deficiencies		
	it has bearer shares			
		ny that is not owned by the state or municipality		
	appears unusual or overly complex in relation t	o the nature of the company's business		
	III. BUSINESS RELATIONSHIP/TRANSACTION ORDER DETAILS			
Business relationship type:	Duration of business relationship:			
Subject of business relationship:				
The customer indicates a monthly cash	h turnover in excess of HUF 10 million: Yes No			
Subject of the transaction order:	Transaction amount:			
Transaction settlement method:	cash bank transfer			
donation	real property sales pension			
gift		und savings		
investment income	☐ royalty ☐ dividend			
rental income	☐ indemnification ☐ inheritan	ce		
insurance service, fund	☐ Ioan ☐ scholarsh	ip		
proceeds from the sale of the comp	npany	income		
credit	employment income			
relative's income	prize			

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	IV. DATA OF THE NATURAL PE	RSON CUSTOMER OR AGENT
Family name:		First name:
Family name at birth:		First name at birth:
Place of birth country:		Place of birth city/town:
The of birdi country.		index of bird etty/com.
Date of birth (day/month/year): Natural person	tax ID:	Nationality:
Mother's family name at birth:		Mother's first name at birth:
Flottier's family flame at birth.		Model 3 institutine at birds.
Permanent address:		
Country (To be completed for a foreign address)): Post code: City/town:	
Constant		House number: Floor: Door:
Street/square:		House number: Floor: Door:
Place of residence in Hungary (only for foreign na	ationals):	
Post code: City/town:		
Street/square:		House number: Floor: Door:
Status without an address. Name of the docu	ument certifying the right:	number:
valid until (day/month/year): Type, number and validity of identification docum	/ Issuing authority:	
	Number:	Valid until (day/month/year):
Passport	Number:	Valid until (day/month/year):
Personal identification document	Number:	Valid until (day/month/year):
Address card	Number:	
Card driving licence	Number:	Valid until (day/month/year):
Suitable for proving identity Name of other official certifi		number:
Other Prante of other official certific	FATCA and foreign, no	
US tax residency: US tax residency:	Yes No	Tax number (SSN):
(name of natural person principal insured)		
NG N	Yes No	Tax number (SSN):
US tax residency (name of natural person co-insured)		
	Yes No	Tax number (SSN):
Other, non-US foreign tax residency:	Yes No	•
Country of tax residency	Tax number:	Issuing authority:
1.		
2.		
3.		
4.		
5.		
	V. DECLARATION ON PROMIN	RENT PUBLIC PERSON STATUS
 I declare that I am not a prominent public I declare that, as a prominent public pers 	son, I have performed the following important public	c functions (insert the letter of the appropriate category from the list below.)
 a) the head of state, the head of governn b) the Member of Parliament or a meml c) member of the governing body of a p 	nent, the minister, the deputy minister, the state secre ber of a similar legislative body, in Hungary the Mer political party, in Hungary, a member and officer of t	etary, in Hungary the head of state, the prime minister, the minister and the state secretary, mber of Parliament and the nationality advocate,

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- e) Member of the Board of Directors of the National Audit Office and the Central Bank, in Hungary the president and vice-president of the State Audit Office of Hungary, member of the Monetary Council and the Financial Stability Board,
- f) the ambassador, the chargé d'affaires and high-ranking officials of the armed forces, in Hungary the head of the central body of the law enforcement agency and their deputy, and the Chief of the Defence Staff and the deputies of the Chief of the Defence Staff,
- g) a member of the administrative, management or supervisory body of a majority state-owned enterprise, In Hungary the managing director of a majority state-owned enterprise, a member of its management body with management or supervisory powers,
- h) the head, deputy head, member of the governing body or equivalent of an international organisation.
- i) I declare that I am a close relative of a prominent public person: spouse, common-law partner; natural, adopted, step or foster child, and spouse or common-law partner of such persons; natural, adoptive, step or foster parent.
- j) I declare that I am a person closely associated with a prominent public person:
 - any natural person who, together with the prominent public person, beneficially owns or has a close business relationship with the same legal person or unincorporated entity,
 - any natural person who is the sole owner of a legal person or an unincorporated entity set up for the benefit of a prominent public person.

VI. CUSTOMER DATA OF LEGAL	PERSONS OR OTHER ENTITY WIT	HOUT LEGAL PERSONALITY (to be filled in also for private entrepreneurs)		
Legal person's name:		Legal person's short name:		
Registered office: Country (To be completed for a foreign address):	Post code: City/town:			
Country (10 be completed for a foreign address).	Tost code.			
Street/square:		House number: Floor: Door:		
Address of the Hungarian branch (in the case of a	foreign company, the address of the Hungarian bra	anch):		
Post code: City/town:				
Street/square:		House number: Floor: Door:		
Core activity:				
		Foreign resident financial services provider:		
Number of owners:	Type of identification document:			
Identification document number:		The country issuing the identification document:		
Family name of authorised representative 1:		First name of authorised representative 1:		
Position of authorised representative 1:				
r osition of authorised representative 1.				
		Validity period of the authorisation (day/month/year) , , , ,		
Title of representation: Organisational repre	esentation Power of attorney.	(Mandatory in case of authorisation):		
Joint representation:				
Family name of authorised representative 2:		First name of authorised representative 2:		
Device (colored as a core 2				
Position of authorised representative 2:				
		Validity period of the authorisation (day/month/year) , , , , ,		
Title of representation: Organisational repre	esentation Power of attorney.	(Mandatory in case of authorisation):		
Tax number of legal persons or other entities without	out legal personality:			
Is proof of application for registration attached?	Yes No			
	FATCA és külföldi, nem amerikai a	dóügyi illetőségre vonatkozó adatok		
Founded/registered in the US:	Yes No Tax number (EIN):			
FATCA financial institution:	Yes No			
GIIN ID:				
FATCA status:				
Passive non-financial institution:	Yes (If passive non-financial institution presidence of the beneficial owner(s)	lease fill in the tax of the natural person.)		
US tax residency name of natural person principal insured)				
name or naturar person principal insured)		T (CAN)		
US tax residency	Yes No	Tax number (SSN):		
(name of natural person co-insured)	Yes No	Tax number (SSN):		

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Other, non-US foreign tax residency: Country of tax residency: Active non-financial legal entity: Tax number:	No Passive non-financial legal entity: Yes No Issuing authority:
1.	
2.	
3.	
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5.	
Family name of the delivery agent (To be completed in the case of a delivery agent):	First name of the delivery agent:
Mother's family name of the delivery agent:	Mother's first name of the delivery agent:
Delivery agent's place of birth: Delivery agent's date of birth (day/month/year):	Deliver appeter and as
Delivery agent's place of birth: Delivery agent's date of birth (day/month/year):	Delivery agent's gender: Male Female
Address of the delivery agent: Post code: City/town:	
Street/square:	House number: Floor: Door:
VII DATA OF THE NATURAL DEDSON	BENEFICIAL OWNER/SENIOR OFFICER'
1. Owner/senior officer	BENEFICIAL OWNER/SENIOR OFFICER
Exerts controlling influence: 1. Yes, as beneficial owner. 2. Yes, as official, 3. Yes	as other.
trust – trust fund (trust), trustee – trust fund (trust), patror	management position – in legal entity, I – trust fund (trust), beneficiary – trust fund (trust), or other – trust fund (trust), position of trustee – in other legal arrangement, on corresponding to beneficiary – in other legal arrangement, position,
corresponding to other – in other legal arrangement.	
Owner/senior official – family name:	Owner/senior officer – first name:
Owner/senior official – family name: Owner/chief executive officer's family name at birth:	Owner/senior officer – first name: Owner/senior officer's first name at birth:
Owner/chief executive officer's family name at birth:	Owner/senior officer's first name at birth:
Owner/chief executive officer's family name at birth:	Owner/senior officer's first name at birth:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality:
Owner/chief executive officer's family name at birth: Place of birth country:	Owner/senior officer's first name at birth: Place of birth city/town:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address: Country (To be completed for a foreign address): Post code: City/town:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: Mother's first name at birth:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: Mother's first name at birth:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address: Country (To be completed for a foreign address): Post code: City/town:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: Mother's first name at birth:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address: Country (To be completed for a foreign address): Post code: Street/square: Place of residence in Hungary (only for foreign nationals): Post code: City/town:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: Mother's first name at birth: House number: Floor: Door:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address: Country (To be completed for a foreign address): Post code: Street/square: Place of residence in Hungary (only for foreign nationals):	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: Mother's first name at birth:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address: Country (To be completed for a foreign address): Post code: City/town: Street/square: Place of residence in Hungary (only for foreign nationals): Post code: City/town:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: Mother's first name at birth: House number: Floor: Door:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address: Country (To be completed for a foreign address): Post code: City/town: Street/square: Place of residence in Hungary (only for foreign nationals): Post code: City/town: Street/square: Street/square:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: Mother's first name at birth: House number: Floor: Door: House number: Floor: Door:
Owner/chief executive officer's family name at birth: Place of birth country: Date of birth (day/month/year): Natural person's tax number: Mother's family name at birth: Permanent address: Country (To be completed for a foreign address): Post code: City/town: Street/square: Street/square: Street/square: Street/square:	Owner/senior officer's first name at birth: Place of birth city/town: Nationality: House number: Floor: Door: House number: Floor: Door:

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If there is no natural person who fulfils the conditions to be identified as the beneficial owner, the senior officer of the legal person or unincorporated entity shall be considered the beneficial owner.

Type, number and validity of identification document:	
Personal ID card Number:	Valid until (day/month/year):
Passport Number:	Valid until (day/month/year):
Personal identification document Number:	Valid until (day/month/year):
Address card Number:	
Card driving licence Number:	Valid until (day/month/year):
Suitable for proving identity Other Name of other official certificate:	, number:
Declaration on prominent public person status	
I declare that I am not a prominent public person I declare that I am not a prominent public person I declare that I am not a prominent public person	c person, I have a public duty. category from the list in section V.)
Standard customer due diligence Enhanced customer due diligence: did not aj	ppear in person prominent public person country with strategic deficiencies
	on-US tax residency data
US tax residency: Yes No Tax number (SSN): L	
Other, non-US foreign tax residency:	
Country of tax residency: Tax number:	Issuing authority:
1.	
2.	
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5	
2. Owner	
	at a second of the second of t
	as other.
If "Yes, as other": Unwnership share – in legal entity, other – in legal entity, top	management position – in legal entity,
trust – trust fund (trust), trustee – trust fund (trust), patror	– trust fund (trust), beneficiary – trust fund (trust), or other – trust fund (trust),
a position corresponding to a trust – in other legal arrangements,	position of trustee – in other legal arrangement,
position corresponding to patron – in other legal arrangement, or position	
	reconceponding to beneficially in other regardinary errors, position,
Corresponding to other – in other legal arrangement. Owner – family name:	Owner's first name:
Owner's family name at birth:	Owner's first name at birth:
Place of birth country:	Place of birth city/town:
Date of birth (day/month/year): Natural person's tax number:	Nationality:
Mother's family name at birth:	Mother's first name at birth:
Permanent address:	
Country (To be completed for a foreign address): Post code: City/town:	
Street/square:	House number: Floor: Door:
Siteer/square.	riouse Humber. Floor. Book.
Place of residence in Hungary (only for foreign nationals):	
Post code: City/town:	
Street/square:	House number: Floor: Door:
Status without an address. Name of the document certifying the right of residence abroad:	
Ownership interest: Ownership rate:	, number: L

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Type, number and validity of identification document:			
Personal ID card number:		valid until (day/month/yea	ar):
Passport number:		valid until (day/month/yea	er):
Personal identification document number:		valid until (day/month/yea	ar):
Address card number:			
Card driving licence number:		valid until (day/month/yea	ar):
Suitable for proving identity Other Name of other official certificate:			mber:
Declaration on prominent public person status		<u> </u>	
	declare that, as a prominent public inter the letter of the appropriate o	person, I have a public duty. category from the list in section V	()
Standard customer due diligence Enhanced customer	r due diligence: did not ap	pear in person prominer	reside or were born in a high-risk third country with strategic deficiencies
	FATCA and foreign, no	n-US tax residency data	\neg
US tax residency:	Tax number (SSN):		
Other, non-US foreign tax residency: Country of tax residency	Tax number:		Issuing authority:
1	da namber.		issuing dutioney.
1.			
2.			
3.			
4.			
5.			
3. Owner			
Exerts controlling influence: 1. Yes, as beneficial owner. 2.	Yes, as official, 3. Yes,	as other.	
If "Yes, as other": ownership share – in legal entity,	other – in legal entity,top	management position <u>– in</u> legal (entity,
trust – trust fund (trust), trustee -	- trust fund (trust), patron	– trust fund (trust), benef	ficiary – trust fund (trust), or other – trust fund (trust),
a position corresponding to a trust – in c	other legal arrangements,	oosition of trustee – in other lega	al arrangement,
position corresponding to patron – in ot	her legal arrangement, or position	n corresponding to beneficiary –	in other legal arrangement, position,
corresponding to other – in other legal a	ırrangement.		
Owner – family name:		Owner's first name:	
Owner's family name at birth:		Owner's first name at birth:	
Owner statility traine at birth.		Owner's mist harne de birth.	
Place of birth country:		Place of birth city/town:	
Date of birth (day/month/year): Natural person's tax number:		Nationality:	
/ Natural persons tax number:		Nationality:	
Mother's family name at birth:		Mother's first name at birth:	
Permanent address: Country (To be completed for a foreign address): Post code:	City/town:		
Street/square:			House number: Floor: Door:
Place of residence in Hungary (only for foreign nationals):			
Post code: City/town:			
Street/square:			House number: Floor: Door:
Status without an address. Name of the document certifying the right of residence abro	pad:		number:
Ownership interest: Ownership rate:			
		1	

	ocument:		
Personal ID card	number:	valid until (day/month/year):	/
Passport	number:	valid until (day/month/year):	/
Personal identification document	number:	valid until (day/month/year):	/
Address card	number:		
Card driving licence	number:	valid until (day/month/year):	
Suitable for proving ider Other Name of other official c		number:	
Prominent public person's declaration			
I declare that I am not a prominent public	c person I declare that, as a prominent (Enter the letter of the approp	public person, I have a public duty. riate category from the list in section V.)	
Standard customer due diligence	Enhanced customer due diligence:	not appear in person prominent public person	reside or were born in a high-risk third country with strategic deficiencies
otaniaara castomer dae amgenee	-	n, non-US tax residency data	— country man strategic denoterates
US tax residency:	Yes No Tax number (SSN):		
Other, non-US foreign tax residency:	⊥Yes		
Country of tax residency	Tax number:	Issuing authority	<u>:</u>
1.			
2.			
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4.			
5.			
	DECLARAT	IONS, SIGNATURES	
	DECLARAT	IONS, SIGNATORES	
resulting from failure to do so.	ce provider within 5 (five) working days o	f any changes in the above data or in my own data	a and that I will be liable for any damage
I/we the undersigned(s)			
Insurance Group Biztosító Zrt. as the	insurer for the purpose of fulfilling the id	pove reality and the authentic documents attestin entification obligation and the tax residency bet the Automatic Exchange of Financial Account In	ween the United States of America and
Customer signatures (in case of a legal persor	n contractor, please sign):		
3 (31			
SALES PARTNER'S DECLARATION	N		
SALES PARTNER'S DECLARATION			
SALES PARTNER'S DECLARATION		in was carried out in person, on the basis of documents.	
SALES PARTNER'S DECLARATION		n was carried out in person, on the basis of documents.	
SALES PARTNER'S DECLARATION	enhanced customer due diligence, identificatio	n was carried out in person, on the basis of documents. Reg. no.	
SALES PARTNER'S DECLARATION In the case of simplified, standard or or	enhanced customer due diligence, identificatio		

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