

Gatsby & White

ADVISORY PROTOCOL

_____ | File number

TABLE OF CONTENTS

SECTION 1 - IDENTIFICATION OF PARTIES IN THE ADVISORY PROTOCOL	3
1.1. THE AGENCY	3
1.2.1. THE SUBSCRIBER(S)	4
1.2.2. INFORMATION & DETAILS ABOUT THE SUBSCRIBER(S):	5
1.3. THE INSURED PERSON(S).....	8
SECTION 2 - IDENTIFICATION NON-FINANCIAL DEMANDS AND NEEDS	8
SECTION 3 - IDENTIFICATION FINANCIAL DEMANDS AND NEEDS	9
3.1.1. WHAT ARE YOUR FINANCIAL AND INSURANCE DEMANDS AND NEEDS?	9
3.1.2. GENERAL QUESTIONNAIRE, FINANCIAL KNOWLEDGE, FINANCIAL RISK TOLERANCE AND INSURANCE KNOWLEDGE	9
3.1.3. DEFINING THE INVESTOR'S PROFILE	11
3.2. MOVEABLE ASSETS AND CLASSIFICATION	12
3.3. OTHER USEFUL INFORMATION.....	12
SECTION 4 - CLIENT'S CHOICE.....	12
4.1. THE AGENCY'S OFFER FOR THE PRODUCT IN GENERAL.....	12
4.2. AGENCY'S OFFER CONCERNING THE INVESTMENT STRATEGY	13
4.3. AGENCY'S SUITABILITY STATEMENT	13
SECTION 5 - INFORMATION MANDATE	14
SECTION 6 - FINAL STATEMENTS.....	14

The purpose of this questionnaire is to establish the **demands and needs** of the potential Subscriber(s), their investment knowledge, their experience in financial markets and with financial instruments, their financial situation, their financial risk behaviour and their investment objectives.

This information is necessary for the Agency to assess the adequacy of the life insurance or capitalization contract as well as providing the client a personalized advice. It is therefore essential that the information provided is complete, correct, precise and sincere.

This questionnaire is to be completed by the potential Subscriber(s). If there are multiple Subscribers, they will opt for a common investor profile that reflects the potential impact of investment decisions on the individual financial situation as well as on the investment objectives of each Subscriber. The Subscribers sign their agreement by signing the investor profile.

In the event that Subscriber(s) do(es) not opt for a common investor profile and his/her/their individual financial situation differs, only the profile of the Subscriber with the most prudent investment objectives and the lowest financial position, experience and knowledge will be considered.

In the event that the life insurance contract has been transferred to a third party ("third party understood as a new effective beneficiary under the definition of Ultimate Beneficial Owner of the Luxembourg Law of 12 November 2004 relating to the fight against money laundering and against the financing of terrorism) or bears the designation of a beneficiary accepting, that third party or beneficiary accepting will be considered the "Subscriber" for the needs of the Investor Profile. We will assist the Subscriber(s) in this analysis.

This questionnaire is drawn up at the time of a **new subscription**
 The questionnaire is drawn up during the **performance of the existing insurance contract** n°: _____ with the insurance company _____

The questionnaire is drawn up during **any operation or transaction** triggering a new assessment of the appropriateness of the existing contract (additional payment, arbitration, change of manager, etc.) concerning the existing insurance contract n°: _____ with the insurance company _____

Amendment requested:

- _____
- Supplementary payment
 other

**SECTION 1
IDENTIFICATION OF PARTIES**

1.1. THE AGENCY

- Gatsby & White Agency S.A.* - 6, Avenue Jean-Pierre Pescatore, L-2324 Luxembourg
- registered on the Luxembourg Register of Trade and Commerce under number "B.227040"
 - approved as Agency by the supervising authority **Commissariat aux Assurances** (CAA) under number "2018AC014"
 - authorized to offer products in Luxembourg and on the European Economic Area under the Freedom to Provide Services regime
 - acting/advising based on the Insurance Distribution Directive (IDD - Directive (EU) 2016/97 of the European Parliament and of the Council of 20 January 2016 on insurance distribution).

Agent: : _____ authorised by CAA with-license number: _____

The licenses of the acting person (Agents) can be requested at the Commissariat aux Assurances and are available online under www.caa.lu/fr/operateurs/intermediaires/agent-d-assurances

Commissariat aux Assurances
7, boulevard Joseph II,
L-1840 Luxembourg
Grand Duchy of Luxembourg
(+352) 22 69 11 - 1
caa@caa.lu

In the event of complaint relating to the service provided, the Subscriber(s) should contact the Management-Team of Gatsby & White Agency S.A. If no satisfying mutual solution can be found, the Subscriber(s) can contact the Commissariat aux Assurances ([https://www.caa.lu/fr/consommateurs/resolution-extrajudiciaire-des-litiges -reclamation@caa.lu](https://www.caa.lu/fr/consommateurs/resolution-extrajudiciaire-des-litiges-reclamation@caa.lu)) or the Médiateur en assurances ([http://www.aca.lu/fr/mediateur-assurance - mediateur@aca.lu](http://www.aca.lu/fr/mediateur-assurance-mediateur@aca.lu)) without prejudice of the right of the Subscriber(s) to contact the supervisory authority of his/her/their home country or the courts of competent jurisdiction.

The Agency does not hold shares, whether directly or indirectly, representing more than 10% of the insurer's capital or voting right.

The Agency receives its commission from the represented insurer. The Agents representing the Agency are remunerated as employees with a possibility to receive bonus payments on a discretionary basis from their employer. Gatsby & White Agency S.A. has put in place conflict of interest policies.

Gatsby & White Agency S.A. as Distributor is not authorised to accept business on the Insurer's behalf, to receive, accept or hold premiums, payments or assets, in the name or to the account of the insurer or to otherwise bind the insurer.

1.2.1. THE SUBSCRIBER(S)

NATURAL PERSON(S) - The person/people identified in the "Pre-contract Information" document
 LEGAL ENTITY - The legal entity identified in the "Pre-contract Information" document. Its representatives, signatories or other persons authorized or with powers on its behalf must each be identified by the "customer knowledge" questionnaire attached to the appendix.

If the ULTIMATE BENEFICIAL OWNER is different from the one mentioned in the document entitled "Pre-contract Information": provide the reason for the difference between Ultimate Beneficial Owner and Subscriber(s) and complete the table below. Reason for the difference:

ULTIMATE BENEFICIAL OWNER N°1	ULTIMATE BENEFICIAL OWNER N°2
Surname :	Surname :
Given name(s) :	Given name(s) :
Date of Birth :	Date of Birth :
Place of Birth :	Place of Birth :
Nationality :	Nationality :
<input type="checkbox"/> ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other	<input type="checkbox"/> ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Other
Status as a "US Person": <input type="checkbox"/> Yes <input type="checkbox"/> No	Status as a "US Person": <input type="checkbox"/> Yes <input type="checkbox"/> No
TIN :	TIN :
Street :	Street :
Post code :	Post code :
Locality :	Locality :
Country :	Country :
Phone :	Phone :
Email :	Email :
Civil status :	Civil status :
Matrimonial regime :	Matrimonial regime :

How did the potential Subscriber(s) get in contact with the Agency?

Presented by:

Agency approached spontaneously by the Subscriber(s)

Other (describe) :

Modality of contact:

Appointment on _____ . _____ . _____ in _____

Telephone conversation on _____ . _____ . _____

Video-conference on _____ . _____ . _____

Other (describe) : _____

1.2.2. INFORMATION ABOUT THE SUBSCRIBER(S):

Employment status - information about the employer or company

SUBSCRIBER 1

Occupation:
Since :
Country :
 Employee / Worker
 Civil Servant
 Business executive
 Retired, since :
 Liberal profession

Employer name : _____

Industry :
Spouse's occupation :
If retired, current source of income

Other :
Activity as a:
 Natural person
 Corporation, name : _____

SUBSCRIBER 2

Occupation :
Since :
Country :
 Employee / Worker
 Civil Servant
 Business executive
 Retired, since :
 Liberal profession

Employer name: _____

Industry:
Spouse's occupation:
If retired, current source of income

Other :
Activity as a:
 Natural person
 Corporation, name : _____

Estimate of total wealth (movable and real estate) before contracting (in EUR)

SUBSCRIBER 1

≤ 250.000 EUR
 > 250.000 ≤ 1.000.000 EUR
 > 1.000.000 ≤ 2.500.000 EUR
 > 2.500.000, specify: _____
 Personally built wealth
 Family-sourced wealth
 Corporate, association, or group wealth

SUBSCRIBER 2

≤ 250.000 EUR
 > 250.000 ≤ 1.000.000 EUR
 > 1.000.000 ≤ 2.500.000 EUR
 > 2.500.000, specify: _____
 Personally built wealth
 Family-sourced wealth
 Corporate, association, or group wealth

Detailed description of total wealth: Amount approx. total net annual revenues (EUR/%)

SUBSCRIBER 1

Real Estate : _____
Securities: _____
Company holdings : _____
Life Insurance contract: _____
Cash : _____
Other : _____

SUBSCRIBER 2

Real Estate : _____
Securities : _____
Company holdings : _____
Life Insurance contract: _____
Cash : _____
Other : _____

Estimated total revenues (in EUR)

SUBSCRIBER 1

≤ 50.000 EUR

> 50.000 ≤ 100.000 EUR

> 100.000 ≤ 150.000 EUR

> 150.000, specify : _____

SUBSCRIBER 2

≤ 50.000 EUR

> 50.000 ≤ 100.000 EUR

> 100.000 ≤ 150.000 EUR

> 150.000, specify : _____

Is/Do the Subscriber(s) or someone close to him/her/them have politically exposed persons according to current definitions

SUBSCRIBER 1

No

Yes, specify : _____

SUBSCRIBER 2

No

Yes, specify : _____

Amount and currency of the initial premium or additional instalments: EUR/USD/CHF

Additional premiums considered

Yes No

Origin of funds to be invested

DONATION

SUBSCRIBER 1

Relationship : _____

Date of donation : _____

Justification for the origin of the funds : _____

SUBSCRIBER 2

Relationship : _____

Date of donation : _____

Justification for the origin of the funds : _____

SAVINGS

SUBSCRIBER 1

Work-related

Family origin

Other : _____

SUBSCRIBER 2

Work-related

Family origin

Other : _____

INHERITANCE / SUCCESSION

SUBSCRIBER 1

Type : legal devolution will

Date of death : _____

Inherited amount : _____

Currency : _____

Link with the deceased : _____

SUBSCRIBER 2

Type : legal devolution will

Date of death : _____

Inherited amount : _____

Currency : _____

Link with the deceased : _____

DISPOSAL OF ASSETS (SALE OF REAL ESTATE, ...) OR SPECULATIVE WINNINGS (LOTTERY...)

SUBSCRIBER 1

Date of the operation : _____
 Type of operation : _____
 Sale of real estate
 Speculative winnings
 Other : _____

SUBSCRIBER 2

Date of the operation : _____
 Type of operation : _____
 Sale of real estate
 Speculative winnings
 Other : _____

OTHER, JUSTIFY

SUBSCRIBER 1

Date of the operation : _____
 Type of operation : _____

SUBSCRIBER 2

Date of the operation : _____
 Type of operation : _____

Geographical origin of funds - Please indicate the country/countries where the funds were formed.

BANK TRANSFER

SUBSCRIBER 1

Name and country of establishment of the bank
 Origin of the funds : _____

 Account holder * : _____

 Account : Personal Common
 * If the account holder is/are not the Subscriber(s) (e.g., a lawyer, an insurance company, etc.), please specify his or her identity below
 Name : _____
 Company name : _____
 Given name(s) : _____
 Date of Birth : _____
 Address : _____
 Link with the Subscriber(s) : _____

SUBSCRIBER 2

Name and country of establishment of the bank
 Origin of the funds : _____

 Account holder * : _____

 Account : Personal Common
 * If the account holder is/are not the Subscriber(s) (e.g., a lawyer, an insurance company, etc.), please specify his or her identity below
 Name : _____
 Company name : _____
 Given name(s) : _____
 Date of Birth : _____
 Address : _____
 Link with the Subscriber(s) : _____

Identification of the Ultimate Beneficial Owner of the funds used to pay the premiums and/or the contract is:

Must be attached to this document, a legible copy (text + photo) of the valid identification documents of each Ultimate Beneficial Owner (national identity card or passport for individuals, documents listed in the above Appendix for legal persons) and the statement related to FATCA.

- The Subscriber (If several Subscribers, specify: _____)
- Someone other than the Subscriber

If the Ultimate Beneficial Owner is someone other than the policyholder, please answer the following questions. If the economic right holder is a legal entity please also complete the "Corporate Persons" Appendix

Surname & Given name :

Date of Birth & Nationality :

Address :

Kinship with the Subscriber :

Reason for the subscription of the contract :

1.3. THE INSURED PERSON(S)

The Subscriber

If different, complete below

INSURED PERSON N°1

Surname :

Given name(s) :

ID Card number/Passport :

Nationality :

Street :

Post code :

Locality :

Country :

"US Person" criteria
(Nationality, « Green Card », professional activity,
taxation,...) Yes No

INSURED PERSON N°2

Surname :

Given name(s) :

ID Card number/Passport :

Nationality :

Street :

Post code :

Locality :

Country :

"US Person" criteria
(Nationality, « Green Card », professional activity,
taxation,...) Yes No

SECTION 2

IDENTIFICATION OF THE CLIENT'S NON-FINANCIAL DEMANDS AND NEEDS

The Agency sets out in this section the non-financial requirements, needs and requirements associated with the insurance or capitalisation transaction.

Requirement by the Subscriber(s) to have the financial management of his/her/their contract given to a manager of his/her/their choice, i.e. :

Requirement made by the Subscriber(s) to have the assets underlying the technical provision of his/her/their contract deposited with a bank of their choice, i.e.:

Protection of wealth in the medium to long term with a view towards intergenerational transmission

Ease of consolidation, management and overview of wealth

Cross-border inheritance planning

Flexibility in drafting the beneficiary clause

Donation mechanism related to life insurance or capitalisation

International mobility as a Subscriber
Country of subscription (expatriation) :

Destination country (impatriation) :

Other - Specify the specific nature of the need or requirement below:
.....
.....

SECTION 3 - IDENTIFYING THE CUSTOMER'S FINANCIAL DEMANDS AND NEEDS
IDENTIFYING THE CUSTOMER'S FINANCIAL DEMANDS AND NEEDS

3.1. INFORMATION

The information has remained unchanged since the last analysis of the *demands and needs*

3.1.1. WHAT ARE YOUR FINANCIAL AND INSURANCE DEMANDS AND NEEDS?

- Build savings, supplementary retirement benefits, supplementary income, acquire property, finance children's education
- Benefit from the tax framework specific to the life insurance contract or capitalisation in my country of residence in case of life or death
- Diversify my investments and risk
- Benefit from additional death guarantees
- Use of the contract as a guarantee tool, transfer of repurchase rights ("pledge")
- Access institutional financial instruments and markets, benefit from the wide choice of investment materials that Luxembourgish contracts provide (dedicated funds and specialized insurance funds) or the choice of manager and discretionary or advised management solutions, or even the possibility of arbitration between various supporting bodies
- Cover a specific risk (death, fluctuation of capital), protection of spouse or dependent in the event of death
- Maintain some financial flexibility, have funds through partial buyouts

3.1.2. GENERAL QUESTIONNAIRE, FINANCIAL KNOWLEDGE, FINANCIAL RISK TOLERANCE AND INSURANCE KNOWLEDGE

	Points					
	0	1	2	3	4	5
Have you signed up for one or more life insurance policies or capitalisation tools in the last 5 years?						
No	<input type="checkbox"/>					
Yes, one time		<input type="checkbox"/>				
Yes, two or more times			<input type="checkbox"/>			

What is your investment time horizon?						
Short term (less than 1 year)	<input type="checkbox"/>					
Short term (1-3 years)	<input type="checkbox"/>					
Medium term (3-5 years)		<input type="checkbox"/>				
Long term (5-10 years)			<input type="checkbox"/>			
Long term (more than 10 years)				<input type="checkbox"/>		

How much do you want to invest in the policy?						
Less than 500,000 EURO	<input type="checkbox"/>					
Between 500,000 EURO and 2,500,000 EURO		<input type="checkbox"/>				
More than 2,500,000 EURO			<input type="checkbox"/>			

Do you have an academic background or a higher education in the economic or financial field?						
No	<input type="checkbox"/>					
Yes		<input type="checkbox"/>				

Do you keep up to date with economic and/or financial news?						
No	<input type="checkbox"/>					
Yes, occasionally		<input type="checkbox"/>				
Yes, frequently and actively, through various means			<input type="checkbox"/>			

Are you considered a professional in the financial markets industry (bank, management, stock exchange, financial department of a company, etc.), do you have privileged access to so-called sensitive economic and financial information through your activity?						
No	<input type="checkbox"/>					
Yes		<input type="checkbox"/>				

Have you had exposure to financial markets, actively or passively, and if so for how long?						
No	<input type="checkbox"/>					
Yes, 1 to 4 years of exposure		<input type="checkbox"/>				
Yes, 5 to 8 years of exposure			<input type="checkbox"/>			
Yes, more than 8 years of exposure				<input type="checkbox"/>		

Do you know the following products and the capital risks associated with them? PRODUCT & RISK knowledge.						
Money markets, deposit tools, short-term management		<input type="checkbox"/>				
Bonds, fixed income and convertible bonds		<input type="checkbox"/>				
Stocks, funds and other equity-indexed products		<input type="checkbox"/>				
So-called alternative products ("Hedge funds") and other related products		<input type="checkbox"/>				
Non-exchange traded assets on regulated markets ("Private Equity")		<input type="checkbox"/>				
Tools and financial products derived from hedges		<input type="checkbox"/>				
Structured financial instruments with or without capital protection		<input type="checkbox"/>				
<i>*Note : 1 point per positive response.</i>						

Which of following statements regarding investment policies and capitalisation products do you know?						
a) there is no guarantee on return nor on capital						
b) the financial risk related to the investment is fully supported by the policyholder						
c) the life insurance/capitalisation product will be invested in one or several Investment funds						
d) the insurance/capitalisation includes fees and sometimes exit fees in case of early withdrawal						
e) the investment funds are subject of their own costs and applicable taxes on its underlying financial instruments						
I know 1 of above statements		<input type="checkbox"/>				
I know 2 of above statements			<input type="checkbox"/>			
I know 3 of above statements				<input type="checkbox"/>		
I know 4 of above statements					<input type="checkbox"/>	
I know 5 of above statements						<input type="checkbox"/>

Are you interested in sustainable investments?						
No	<input type="checkbox"/>					
Yes, moderately interested		<input type="checkbox"/>				
Yes, very interested			<input type="checkbox"/>			

Which proportion of shares in your investments are willing to accept?						
Between 0% and 25% shares	<input type="checkbox"/>					
Between 25% and 50% shares		<input type="checkbox"/>				
Between 50% and 100% shares			<input type="checkbox"/>			

What types of financial instruments underlying the insurance contract or have you already invested in?						
Instruments with guaranteed returns	<input type="checkbox"/>					
List of funds and collective investment tools (SICAV, FP, UCITS...)		<input type="checkbox"/>				
Internal Dedicated Fund			<input type="checkbox"/>			
Specialized Insurance Fund (SIF)				<input type="checkbox"/>		
Collective Investment Fund		<input type="checkbox"/>				

What is your general behaviour or attitude towards the risk associated with your financial investments?						
Generally, I tend not to take risks	<input type="checkbox"/>					
I am not very comfortable with risk-taking and want to protect my capital		<input type="checkbox"/>				
I accept a temporary and moderate fluctuation of my capital			<input type="checkbox"/>			
I accept larger fluctuations because I am a long-term investor				<input type="checkbox"/>		

How would you react if the value of your investments or insurances were to fall sharply in the short term?						
I would sell or sell part or all of my investments	<input type="checkbox"/>					
I would keep my investments, but I would follow their evolution closely		<input type="checkbox"/>				
This would be an opportunity to make further investments			<input type="checkbox"/>			

What loss in value of your investments would you be willing to accept during an unexpected decline in the market over a 1-year period?						
Up to 5%	<input type="checkbox"/>					
Up to 20%		<input type="checkbox"/>				
Over 20%			<input type="checkbox"/>			

What loss in value of your investments would you be willing to accept during a prolonged market decline over a 5-year period?						
Up to 5%	<input type="checkbox"/>					
Up to 20%		<input type="checkbox"/>				
Over 20%			<input type="checkbox"/>			

3.1.3. DEFINING THE INVESTOR'S PROFILE

Based on the answers provided in the above questionnaire, the Agency establishes your investor profile as follows:

Number of points	DEFENSIVE Investor 0 – 12 points	The investor seeks a conservative return on investment by taking a limited risk. His/her objective is to achieve a gradual increase in his/her capital with limited risk in normal economic and market conditions. He/she accepts that risk hedging strategies can be applied to reduce portfolio volatility. He/she does not accept that part of the investment be invested in alternative products.	<input type="checkbox"/>
Number of points	BALANCED Investor (13 - 23 points)	The investor seeks moderate capital growth in the medium/long term through a balance between safety and performance. His/her level of risk is average. He/she accepts that risk hedging strategies can be applied to reduce portfolio volatility. He/she accepts that part of the investment can be invested in alternative products.	<input type="checkbox"/>
Number of points	GROWTH Investor (24 points or more)	The investor favours capital appreciation over the years. He/she accepts that his/her invested capital may fluctuate in proportions exceeding 25% and in fact accepts a volatility of his/her portfolio including the risk of making significant losses. His/her level of risk is high. He/she accepts that risk hedging strategies can be applied to reduce portfolio volatility and that a portion of the investment can be invested in alternative products	<input type="checkbox"/>

3.2. MOVEABLE ASSETS AND CLASSIFICATION

In accordance with circular letter 15/3 of the Commissariat aux Assurances on investment rules for life assurance products linked to investment funds, the Policyholder will be assigned a category based on the invested Premium and the Policyholder's transferable wealth. This classification determines which types of Funds the Policy can invest in and for the Internal Funds, the type of assets the Fund can invest in.

	SUBSCRIBER N°1		SUBSCRIBER N°2	
Premium amount *	I declare that my net assets (excluding real estate) is	Classification	I declare that my net assets (excluding real estate) is	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 € 2,499,999		<input type="checkbox"/> between € 1,250,000 and € 2,499,999	
	<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 € 2,499,999	Category C	<input type="checkbox"/> between € 1,250,000 and € 2,499,999	Category C
	<input type="checkbox"/> > € 2,500,000	Category D	<input type="checkbox"/> > € 2,500,000	Category D

* Premiums in all the subscriber's contracts with the same insurance company

3.3. OTHER USEFUL INFORMATION

Do/Does the subscriber(s) wish to share other important information about their situation or that would refine the process of analysing the appropriateness of the life insurance product in relation to the *demands and needs* expressed?

If so, complete the following section:

.....

SECTION 4 AGENCY'S RECOMMENDATION – CLIENT'S CHOICE

4.1 THE AGENCY'S OFFER FOR THE PRODUCT IN GENERAL

Acceptance of our offer

You follow our offer and confirm your wish to conclude the following life insurance or capitalization contract¹:

Insurer's name:

Name and type of product or solution

The Agency informs the subscriber(s) of the costs and commissions related to the implementation of the solution or the product chosen as follows:

Entry fees :% of the initial premium divided as follows between insurer (____%) and Agency (____%)
Entry fees :% /year divided as follows between insurer (____% / year) and agency (____% / year)

4.2 AGENCY'S OFFER CONCERNING THE INVESTMENT STRATEGY

The Subscriber(s) has(ve) become aware of the investor profile assigned to him/her/them above based on the answers provided to the questions asked.

The Subscriber(s) sign(s) the agreement to subscribe to an insurance contract including an investment strategy corresponding to such profile. **The Subscriber(s) accept(s) and follows the Agency's offer and confirm(s) his/her/their wish to conclude the contract including the investment strategy** described below:

.....

The Subscriber(s) do(es) not sign the agreement to subscribe to an insurance contract including an investment strategy corresponding to the investor profile but confirm(s) that he/she/they want(s) to take out a contract including a different strategy and this under his own responsibility. The Subscriber(s) is/are aware of the risks and specificities associated with this choice. This choice is defined by the Subscriber(s) in the contractual documents with the insurer.

4.3. AGENCY'S SUITABILITY STATEMENT

We recommend you this product because it will allow you to:

The recommendations contained within this document are made in accordance with your stated aims and objectives and your current circumstances. Should you have any queries concerning this report or if you feel any of the above is in any way an inaccurate reflection of your understanding, please contact us. By signing this form you confirm that you understand and accept the recommendation and wish to proceed further.

We further recommend that you seek a periodic review of your arrangements.

SECTION 5- INFORMATION MANDATE

The Subscriber(s) expressly authorize(s) the Agency to exchange personal data and documents related to the insurance contracts with the insurance company

By doing so, the Subscriber hereby releases the Insurance Company from its Luxembourg professional secrecy obligation with regards to the Agency and the Agency with regards to the Company.

The Subscriber(s) expressly authorise(s) the Agency to disclose, in his/her/their name and on his/her/their behalf any document, data, or information relating to his contract where necessary to Asset Manager, Depository Bank and – if mandated – to third parties as lawyer, counsel, tax advisor.

The Subscriber(s) acknowledge(s) that he/she/they has(ve) been informed that - when documents and/or information concerning him/her/them are stored or processed outside Luxembourg - they will be accessible in accordance with the legal provisions of the country in which this information is available.

The Subscriber(s) state(s) that he/she/they has(ve) been made aware of the Agency's personal data processing policy, which is available at all times on the agency's website at www.gatsbyandwhite.agency

- he/she/they consent(s) to the processing of his/her/their personal data for marketing purposes.
- he/she/they do(es) not consent to the processing of his/her/their personal data for marketing purposes.

In the case of multiple Subscribers, the address mentioned in « FINAL STATEMENTS – 9. CORRESPONDENCE ADDRESS » will be the address to which to pass on correspondence.

SECTION 6 FINAL STATEMENTS

By the signature of this section:

1. The Subscriber(s) confirm(s) that the answers to the questions and the information provided are correct, complete and sincere and understands that the concealment or incomplete disclosure of information to the Agency may cause the services requested to be suspended or discontinued;
 2. The Subscriber(s) confirm(s) that he/she/they has(ve) received all the information he/she/they wish(es) in terms of advice (if applicable), on the chosen life insurance product or capitalisation (in particular, he/she/they confirm(s) that he/she/they has(ve) been in possession of the documents or documents of key information of the product or products concerned);
 3. The Subscriber(s) acknowledge(s) that he/she/they has(ve) received all the useful information about options in terms of management choices, underlying risks and investments, as well as the risks and specific nature of the main investment instruments used, as well as specific information regarding investments in hedge funds or low liquidity, assuming that their choice relates to such investments (the use of hedge funds presupposes particular skills and this type of investment carries a risk unrestricted loss of total invested capital);
 4. The Subscriber(s) consider(s) and recognize(s) the information and documents received as sufficiently clear and understandable, allowing him/her/them to assess the legal, tax and financial consequences that the purchase of the life insurance product or capitalization implies for him/her/them;
 5. The Subscriber(s) therefore believe(s) that he/she/they is/are in a position to make an informed decision in relation to the given advice (if applicable) and to the life insurance or capitalization product, as well as to assess the commitments and risks incurred;
 - ~~6.~~ The Subscriber(s) acknowledge(s) that the Agency does not act as an investment advisor or in the financial management of the contract and that the Agency has no authority to make buybacks, arbitrations or any other act to be considered as an act of administration or disposition on his behalf.
 7. The Subscriber(s) mandate(s) the Agency for the intermediation of the life insurance or capitalization contract, to the exclusion of any other intermediary; If so, he/she/they agree(s) to complete and sign any form required to make the change of intermediary effective;
 8. The Subscriber(s) guarantee(s) the lawful and legitimate origin of all funds that will be used to pay premiums, as well as compliance with the tax obligations that flow to him/her/them and the underwriting of insurance contracts in his/her/their country of tax residence.;
 9. The Agency may contact the subscriber(s) from time to time by telephone, e-mail or post, at your direction. Address for correspondence: Gatsby & White Agency S.A. - 6, Avenue Jean-Pierre Pescatore, L-2324 Luxembourg. The subscriber(s) accept receiving and using digital communication (e.g. email) and potential upcoming new tools
 10. Selection of correspondence address - Correspondence exchanges relating to this mandate and/or any correspondence to be provided to the Subscriber(s) is/are now done by e-mail in accordance with your instructions to the following single email address:
-

In the event of a paper-based correspondence exchange, the Subscriber(s) confirm(s) to the Agency that

C/O _____
Rue _____
Code postal _____
Pays _____

the mail relating to the Agency mandate or insurance contract to be delivered to

This document is governed exclusively by Luxembourg law. Any resulting litigation will be submitted to the courts of Luxembourg-City.

Executed in, the in as many copies as parts with a distinct interest and each party acknowledges that it has withdrawn its original.

The Subscriber(s) acknowledge(s) that he/she/they has(ve) read, understood and accepted this document and has(ve) completed it accurately.

Signatures of the Subscriber(s) and the Ultimate Beneficial Owner if different from the Subscriber(s) preceded by the handwritten label "Read and Approved".

Signature of Subscriber 1 , the / /	Signature of Subscriber 2 , the / /

Signing of Ultimate Beneficial Owner 1 , the / /	Signing of Ultimate Beneficial Owner 2 , the / /

Signature of the insured - if different from the subscribers , the / /	Signature of the insured - if different from the subscribers , the / /

Signature Agent /	