

Policy related information	
Policyholder	Policy number -
Policyholder's national insurance number or company registration number	
Insured	Personal identification code of the insured
Beneficiary	National insurance number of the beneficiary
Street address of the beneficiary	Post code and town/city
Email address of the beneficiary	Telephone number of the beneficiary
Bank account number (IBAN) of the beneficiary	BIC code of the bank if the bank account is held in a foreign bank
Beneficiary's background information	
<p>A convenient way to submit the information requested on this form is on Mandatum Life's Web Service. Log in to the Web Service using your personal banking codes at the address www.mandatumlife.fi.</p> <p>Mandatum Life is required to identify its clients and to be sufficiently familiar with their clients' background. Mandatum Life uses the requested information to prevent money laundering and the funding of terrorism and to meet the statutory obligations concerning the exchanging of tax information. Read more about client identification at www.mandatumlife.fi/knowyourcustomer and on the processing of personal data at www.mandatumlife.fi/information-for-the-policyholders. In order for us to meet our obligation, we kindly ask you to carefully fill in this form.</p>	
<p>In which countries are you subject to taxation?*</p> <p> <input type="checkbox"/> Finland <input type="checkbox"/> U.S.A.* <input type="checkbox"/> Other country </p> <p> Taxation country: _____ Taxpayer Identification Nr: _____ Taxation country: _____ Taxpayer Identification Nr: _____ </p> <p> <small>*The individual's general tax obligation (taxation country) is usually determined according to the person's main place of residence or similar residence.</small> <small>**The tax obligation can also arise from, among other things, U.S. citizenship (also dual citizenship), a U.S. residence permit or having a permanent address in the U.S.A. If you are subject to taxation in the U.S.A., please indicate your Taxpayer Identification Number and fill in and return the IRS's Form W-9 (retrieve the form and read more at www.mandatumlife.fi/knowyourcustomer).</small> <small>The foreign Taxpayer Identification Number is required information if you are subject to taxation outside of Finland. If you do not have a Taxpayer Identification Number for the country in question, please provide a reason for the lack of the number under "Additional information".</small> </p>	
<p>Are you or is a member of your family or your business partner a politically exposed person (a high-standing official or holding an important political position, read more at www.english.mandatumlife.fi/knowyourcustomer)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	
Additional information	
Claim application	
Cover	<input type="checkbox"/> daily allowance <input type="checkbox"/> permanent impairment resulting from accident <input type="checkbox"/> permanent incapacity for work <input type="checkbox"/> serious illness
Details concerning the illness	The application concerns an illness for which compensation has been claimed earlier <input type="checkbox"/> No <input type="checkbox"/> Yes
	Compensation is being claimed or has been claimed from another insurance company <input type="checkbox"/> No <input type="checkbox"/> Yes, company

	Smoking <input type="checkbox"/> No <input type="checkbox"/> Yes
	Illness
	The date when the illness was noticed
	Care institute Place
Accident details	The application concerns an accident for which compensation has been claimed earlier <input type="checkbox"/> No <input type="checkbox"/> Yes
	Compensation is being claimed or has been claimed from another insurance company <input type="checkbox"/> No <input type="checkbox"/> Yes, company
	Time of the accident
	Tell about the circumstances in which the accident took place. The accident occurred <input type="checkbox"/> at school or on the way to or from school <input type="checkbox"/> in traffic or when handling a motor vehicle <input type="checkbox"/> at work or on the way to or from work <input type="checkbox"/> in a sports competition or when training for a competition <input type="checkbox"/> during leisure time <input type="checkbox"/> during leisure time sports
	What caused the accident?
	Type of the injury
	The injured part of the body
	The first day of treatment
	Care institute Place
	Was the accident due to maltreatment or assault? <input type="checkbox"/> No <input type="checkbox"/> Yes Was the insured person under the influence of alcohol or other intoxicating agent? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the injured person had similar injuries before? <input type="checkbox"/> No <input type="checkbox"/> Yes
<p>I hereby give my consent for the doctors, hospitals, health-care centres, clinics, occupational health-care units, mental-health clinics and private medical institutions that examined the insured (myself or my underaged child), as well as other insurance companies and insurance and pension institutions, to provide any information concerning my state of health or the state of health of the insured required for the processing of a compensation matter to the insurance company and for the insurance company to disclose to the parties mentioned above identifying information on the insured's (mine or my underaged child's) state of health and insurance for the purposes of acquiring said information.</p> <p>I hereby certify that the information I have provided in this claim application is correct.</p>	
Signature	
Place and date	Signature of the applicant
	Name in block letters

Returning the form	
Returning by post	Mandatum Life Insurance Company Limited, Asiakasposti / 2011, Kalevantie 3, 20520 Turku
Submission online	You can submit the scanned form online on Mandatum Life's Web Service. Log in to the Web Service using your personal banking codes at the address www.mandatumlife.fi and send the scanned form with attachments at Messages – page.
Mandatum Life Customer Service	Tel. +358 (0)200 31100 (local call charge/mobile phone charge)