

LINE OF BUSINESS
IPZ

INTERMEDIARY AND RESPONSABLE

SHEET

LEGAL ENTITY

INSURED GENERAL DATA / NATIONAL AND FOREIGN LEGAL ENTITY

1 COMPANY NAME / LEGAL NAME: _____

2 LINE OF BUSINESS, ACTIVITY OR CORPORATE PURPOSE: _____

3 TAX ID NUMBER: _____

4 FULL ADDRESS: _____
STREET, EXT. NUMBER, INT. NUMBER, CITY, COUNTRY ZIP CODE

5 THE LEGAL REPRESENTATIVE OR SHAREHOLDERS:

IS A US RESIDENT OR US TERRITORY RESIDENT? YES NO HAS ANY TAX OBLIGATIONS IN THE US OR ITS ASSOCIATED TERRITORIES? YES NO TAX ID NUMBER: _____

6 SECRETARY OF STATE'S OFFICE FILING ID: _____

7 NATIONALITY: _____

8 TAX ID NUMBER: _____

9 COMPANY'S EMAIL ADDRESS: _____

10 PHONE NUMBER: _____ PHONE NUMBER _____ 11 DATE OF INCORPORATION: _____
YYYY/MM/DD

12 LEGAL REPRESENTATIVE, REGISTERED AGENT, DIRECTOR, POWERED ATTORNEY: _____
ASURNAME (S) AND NAME (S)

NATIONALITY: _____ COUNTRY OF BIRTH: _____ DATE OF BIRTH: _____
YYYY/MM/DD

13 DOES ANY OF THE SHAREHOLDERS OR BOARD MEMBERS OF THE COMPANY ARE CONSIDERED POLITICALLY EXPOSED PERSON (PEP) BY THEMSELVES OR BY KINSHIP?
YES NO

IF YES, INDICATE NAME AND POLITICAL TITLE: _____

IF CLASSIFIED AS A HIGH RISK CLIENT, MUST PROVIDE IN ADDITION TO THE ABOVE OF THE MAIN SHAREHOLDERS:

NAME: _____ NATIONALITY: _____ SHARE'S %: _____

NAME: _____ NATIONALITY: _____ SHARE'S %: _____

NAME: _____ NATIONALITY: _____ SHARE'S %: _____

CORPORATE STRUCTURE _____

Clients are considered high risk if they perform any of the following activities:
Lenders, bars, casinos, nightclubs, jewelry and foreign PEP*.

BENEFICIARY

1 BENEFIARY(S) FULL NAME: _____
LAST NAME, SURNAME, FIRSTNAME

2 ADDRESS: _____
STREET, EXT. NUMBER, INT. NUMBER, CITY, COUNTRY ZIP CODE

3 DATE OF BIRTH: ____/____/____
YYYY/MM/DD

7500 USD Policy Additional Data / National and Foreign Legal Entity.

1 LEGAL REPRESENTATIVE'S TYPE OF ID: _____ 2 LEGAL REPRESENTATIVE ID NUMBER: _____

DOCUMENTS COMPARED AGAINST ORIGINAL AND REQUEST IN COPY FROM THE INSURED (READABLE)

MEXICAN NATIONALITY POLICY GRATER THAN 7500 USD

- | | | | | | |
|---|---|--------------------------|---|--|--------------------------|
| 1 | ACT OF INCORPORATION/ ARTICLES OF INCORPORATION/ COMPANY BYLAWS | <input type="checkbox"/> | 2 | CERTIFICATE OR COPY OF THE POWER OF ATTORNEY OF THE LEGAL REPRESENTATIVE (S) <u>WHEN IT IS NOT INCLUDED IN THE ARTICLES OF INCORPORATION</u> | <input type="checkbox"/> |
|---|---|--------------------------|---|--|--------------------------|

3 TAX ID NUMBER

4 COMPANY'S PROOF OF ADDRESS
UTILITY BILLS NOT OLDER THAN THREE MONTHS OF ISSUANCE SUCH AS ELECTRICITY, TELEPHONE, NATURAL GAS, WATER SUPPLY AND PROPERTY TAX BILLS OR BANK STATEMENTS AND LEASE CONTRACT REGISTERED WITH THE FISCAL AUTHORITY.

6 PRINCIPAL SHAREHOLDER'S ID OR BOARD OF DIRECTOR'S REPRESENTATIVE ID
PASSPORT, PROOF OF LEGAL STAY WITHIN THE COUNTRY (FMT, FM2, FM3), EQUIVALENT OF ID.

ALL DOCUMENTS SHOULD NOT BE OLDER THAN THREE MONTHS, COUNTED FROM THE DATE OF ISSUANCE.

5 LEGAL REPRESENTATIVE'S ID

DOCUMENTS FOR MEXICAN CITIZENS

INE, PASSPORT, PROFESSIONAL LICENSE, INSEN/INAPAM, SMN CARD, MILITARY CARD, DRIVER'S LICENSE, CONSULAR REGISTRATION CERTIFICATE, IMSS, HIGH SCHOOL PUBLIC INSTITUTION, FEDERAL, STATE OR MUNICIPAL AUTHORITIES.

VALIDATED DOCUMENTS FOR FOREIGNERS

PASSPORT AND DOCUMENT THAT PROVES YOUR LEGAL STATUS IN THE COUNTRY, FMT, FM2, FM3 AND ANY DOCUMENT EQUIVALENT TO AN OFFICIAL IDENTIFICATION.

FOREIGN NATIONALITY POLICY OVER 7500 USD

1 A LEGAL AND CERTIFIED COPY OF THE DOCUMENT THAT PROVES THE LEGAL ENTITY'S EXISTENCE

2 A LEGAL AND CERTIFIED COPY OF THE POWER OF ATTORNEY OF THE LEGAL REPRESENTATIVE REGARDLESS OF NATIONAL OR FOREIGN STATUS

3 LEGAL REPRESENTATIVE'S ID
DOCUMENTS FOR MEXICAN CITIZENS
ID, PASSPORT, PROFESSIONAL LICENSE, INSEN/INAPAM, SMN CARD, MILITARY CARD, DRIVER'S LICENSE, CONSULAR REGISTRATION CERTIFICATE, IMSS, HIGH SCHOOL PUBLIC INSTITUTION, FEDERAL, STATE OR MUNICIPAL AUTHORITIES.
DOCUMENTS FOR FOREIGNERS
PASSPORT AND DOCUMENT THAT PROVES LEGAL STATUS IN THE COUNTRY, FMT, FM2, FM3 OR ANY DOCUMENT EQUIVALENT TO AN OFFICIAL IDENTIFICATION.

4 TAX ID NUMBER

5 PROOF OF FOREIGN ADDRESS

6 IN CASE OF RECENTLY INCORPORATED LEGAL ENTITIES, WHICH DO NOT HAVE THE FILING ID NUMBER, IT IS NECESSARY TO REQUEST A SIGNED LETTER BY A LEGALLY AUTHORIZED PERSON WHICH CERTIFIES HIS PERSONALITY IN TERMS OF THE CORRESPONDING ACT OF INCORPORATION OR POWER OF ATTORNEY IN WHICH STATES THAT THE FILING WILL BE CARRIED OUT.

ULTIMATE BENEFICIAL OWNER

1. ULTIMATE BENEFICIAL OWNER GENERAL DATA

Name: _____ ASURNAME (S) AND NAME (S)

Full Address: _____

Foreign Address (if applicable): _____ STREET, EXT. NUMBER, INT. NUMBER, CITY, COUNTRY ZIP CODE
 _____ STREET, EXT. NUMBER, INT. NUMBER, CITY, COUNTRY ZIP CODE

Date of Birth: _____ Country of birth: _____ Nationality: _____

City of Birth: _____ Occupation: _____ Telephone Number: _____

Email Address: _____

Social Security Number: _____ TAX ID NUMBER: _____

2. DOCUMENTS

VALID PERSONAL IDENTIFICATION SHOWINGS A PHOTO, ADDRESS AND SIGNATURE
INE, PASSPORT, PROFESSIONAL LICENSE, INSEN/INAPAM, SMN CARD, MILITARY CARD, DRIVER'S LICENSE, CONSULAR REGISTRATION CERTIFICATE, IMSS OR CREDENTIAL ISSUED BY FEDERAL, STATE OR MUNICIPAL AUTHORITIES.

PROOF OF ADDRESS
UTILITY BILLS NOT OLDER THAN THREE MONTHS OF ISSUANCE SUCH AS ELECTRICITY, TELEPHONE, NATURAL GAS, WATER SUPPLY AND PROPERTY TAX BILLS OR BANK STATEMENTS AND LEASE CONTRACT REGISTERED WITH THE FISCAL AUTHORITY.

ALL DOCUMENTS SHOULD NOT BE OLDER THAN THREE MONTHS, COUNTED FROM THE DATE OF ISSUANCE.

NOTE: IF YOU HAVE SOCIAL SECURITY NUMBER OR TAX ID NUMBER, YOU MUST COLLECT CORRESPONDING COPIES.

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THE ABOVE DATA WAS PROVIDED IN AN INTERVIEW WITH THE CLIENT

1 NAME OF BROKER: _____ ASURNAME (S) AND NAME (S) _____

2 CODE OF BROKER: _____ MORE THAN 4 DIGITS 3 SIGNATURE OF THE BROKER: _____

4 NAME AND SIGNATURE OF THE CLIENT: _____

1 Formerly Article 140 LGISMS

2 PEP is that individual who performs or has performed in prominent public functions in a foreign country or a national territory, considering, among others, heads of state or government, political leaders, government officials, judicial or senior military officials, senior executives of state-owned companies, or important members of political parties. If you are considered as a PEP, your spouse and your blood relatives or any individual you are related to up to the second degree, as well as those close associates of the politically exposed person, are also considered PEP.

o By providing this personal data in this document you give your consent so that the data may be used for purposes related to the service provided or contracted in accordance with the privacy notice whose full text is found at www.zurich.com.mx

I accept and acknowledge on behalf of my client that the insurer will not proceed to payment, until I have satisfactorily complied with the identification requirements requested in this document. By virtue of this document, I authorize the following Zurich entities: Zurich Aseguradora Mexicana S.A. de C.V. to carry out the pertinent investigations regarding the information provided here. In case the information provided is or has been modified, I will immediately notify the aforementioned insurer. I hereby declare under oath that I have verified the data and information provided, which is correct, true and current as of this date. For legal purposes, this document will be considered an interview. Personal data will be treated in accordance with the provisions of the Mexican Federal Law on Protection of Personal Data held by Individuals, the regulations and the Privacy Notice are available on the website: www.zurich.com.mx. Please consult the Privacy Notice before you provide personal data.