



PROJECT INSURANCE AGREEMENT AND ASSIGNMENT OF POLICY

Insurer / "Company": ALLIANCE ASSURANCE.

Intermediary / Representative: VANDE-LANOTTE, acting for and on behalf of ALLIANCE ASSURANCE within its mandate.

VANDE-LANOTTE handles the insurance file and communications; coverage and insurer obligations remain with ALLIANCE ASSURANCE.

Instructions: Use this form to request for a project title insurance policy. Please complete this form in its entirety to avoid any delays in processing. If you need any assistance in completing this form, please contact our customer service representatives.

Policy Details

Policy no.

Policy Owner's Details

First name Middle name Last name Mobile no. Country Code Area Code E-mail Address line 1 P.O. Box City Address line 2 Country Please list all nationalities: 1) 2) 3)

Residency*

1) 2) 3)

* "Residency" is any place where you may be obliged to file income tax returns as a resident of that jurisdiction.

Pursuant to the terms of the above designated policy, which terms are incorporated herein as if fully set forth, the undersigned do(es) hereby acknowledge receipt from the Company of the sum of and, in consideration thereof, the undersigned do(es) hereby

pledge and assign (and warrant(s) the validity and sufficiency of this pledge) all right, title and interest in said policy, together with all money that may become payable thereunder to the Company to secure repayment of the current loan and all other outstanding loans due to the Company.

This pledge and assignment shall operate as a first lien upon said policy giving the Company priority in recovering the total indebtedness, or accrued, from any amounts payable under said policy.

If and when the total indebtedness on said policy, or accrued, equals or exceeds the amount of the cash surrender value thereof at such time, then said policy shall forthwith terminate and become void at the time and upon the conditions provided in said policy for such contingency.

Notice in connection with this loan shall be addressed and mailed to the last known post office address of the Insured, and of any assignee, as recorded with the Company.

Notice thus addressed shall be considered duly served even if not received by the addressee for any reason whatsoever.

Preferred Method of Payment*

☐ Cheque☐ Wire Transfer☐ Transfer to another Policy☐ CryptocurrencyIBAN No.* Bank Account No.* Name of Bank Account Holder Account Currency Bank Name Bank Address Branch Code Swift Code* City Country Irrevocable Beneficiary's
Signature (If Applicable) Policy Owner's Signature

II. Comments:

Special instructions, if any: (subject to approval under the Company's guidelines)

Reason for the request:

Declarations

- (a) I understand that Coverage and / or Payment under the insurance contract will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, the insured or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectorial Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.

I also understand that the Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction under any applicable laws.

- (b) I hereby grant VANDE-LANOTTE, acting as intermediary representing ALLIANCE ASSURANCE, my consent to process, share and transfer my Personal Data* inside or outside this country to ALLIANCE ASSURANCE and, where necessary, their authorised representatives, reinsurers, service providers, business partners or any lawful assignee, novatee or transferee. Such processing, sharing or transfer shall be for handling this application, administering the policy, performing the respective obligations of the insurer and its representative, or complying with applicable legal obligations.

*Personal Data means all information relating to me (whether marked "personal" or not) disclosed to VANDE-LANOTTE by whatever means either directly or indirectly which concerns, including but not limited to, my medical conditions, treatments, prescriptions, business, operations, contact details, account balances / activities or any transactions undertaken with VANDE-LANOTTE".

- (c) I hereby authorize VANDE-LANOTTE to send me notifications and notices via short message service "SMS" and I accept receiving SMS and understand that VANDE-LANOTTE makes no warranty that the SMS will be uninterrupted or error free and any such error or interruption shall not be deemed or treated in any way whatsoever to create any liability on VANDE-LANOTTE and I acknowledge that I shall not file any complaint or claim against VANDE-LANOTTE for any SMS error or interruption or for any reason related to receiving / not receiving SMS.

U.S.A. Internal Revenue Service (IRS) declaration:

In submitting and in signing this form, the applicant(s) certify(ies) that the Insured, Joint Insured, Applicant, and any designated Beneficiary(ies): (select the answer that applies)

☐ ARE ☐ ARE NOT United States persons for United States (U.S.) Federal Income Tax purposes ⁽¹⁾⁽²⁾

The Applicant(s) agree(s) to inform the Company within thirty (30) days of the Applicant(s) knowledge of such change if the Applicant(s) or any designated Beneficiary become(s) a U.S. person of U.S. Federal Income Tax purposes or if the Applicant(s) assign(s) the policy to such a U.S. person.

Please note that a false statement or misrepresentation of tax status by a U.S. person could lead to penalties under U.S. law.

If you are a United States person, fill in the details below:

• U.S. Tax ID number of Applicant(s) & Insured:

• U.S. Tax ID number of Beneficiary(ies):

1. This question is for U.S. Federal Income Tax purposes. The U.S. Internal Revenue Service requires the Company to report the taxable income paid to persons subject to United States Federal Income Tax. PLEASE NOTE that if you are a U.S. person for U.S. tax purposes and fail to provide a U.S. Tax Identification Number to the Company, the IRS requires the Company to withhold tax from taxable income payments made to you at the rate of up to 31%.
2. For purposes of this declaration a U.S. person is a citizen or resident of the United States, a United States partnership, and trust which is controlled by one or more U.S. persons and is subject to the supervision of a U.S. court.

Foreign Account Tax Compliance Act (FATCA) declaration:

The Insured / Owner consents to VANDE-LANOTTE, its officers and agents disclosing any Confidential Information to:

- (i) ALLIANCE ASSURANCE and authorised representatives of VANDE-LANOTTE and ALLIANCE ASSURANCE in any jurisdiction (together, the "Permitted Parties");
- (ii) Any persons as required by any law (including but not limited to the U.S.A. Foreign Account Tax Compliance Act) or authority (including but not limited to the U.S.A. Internal Revenue Service) with jurisdiction over any of the Permitted Parties;
- (iii) Professional advisers, insurer, reinsurer or insurance broker and service providers of the Permitted Parties who are under a duty of confidentiality to the Permitted Parties;
- (iv) Any actual or potential assignee, novatee or transferee in relation to any of ALLIANCE ASSURANCE's rights and / or obligations under this Policy (or any agent or adviser of any of the foregoing);

Irrevocable Beneficiary's
Signature (If Applicable)

Signature

Policy Owner's Signature

Signature

"Confidential Information" means all information relating to the Insured / Owner (whether marked "confidential" or not) disclosed by whatever means either directly or indirectly to VANDE-LANOTTE which concerns the business, operations or customers of the Insured / Owner (including but not limited to contact details, tax identification number / social security number, account balances / activities or any transactions undertaken with VANDE-LANOTTE)."

ALLIANCE ASSURANCE will deduct any withholding required by the US Foreign Account Tax Compliance Act ("FATCA").

ALLIANCE ASSURANCE reserves the right, within its sole discretion, to terminate the Policy in the event that appropriate documentation of Insured's / Owner's US or non-US status for purposes of FATCA is not timely provided to VANDE-LANOTTE for transmission to ALLIANCE ASSURANCE. In particular, in the event that applicable local laws or regulations would prohibit withholding on payments to the account or prohibit the reporting of the account, and no waiver of such local law is obtained, ALLIANCE ASSURANCE reserves the right to close the account.

CRS Individual tax residency Self-Certification declaration:

The Common Reporting Standard (CRS), is a tax information exchange standard developed by the Organization for Economic Co-operation and Development ("OECD") and approved on 15 July 2014.

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's Tax Identification Number (TIN) for each country/jurisdiction indicated.

Note: If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a Tax Identification Number (TIN) is unavailable please provide the appropriate reason A, B or C where indicated below:

Reason A

The country/jurisdiction where the Account Holder is resident does not issue Tax Identification Numbers to its residents

Reason B

The Account Holder is otherwise unable to obtain a Tax Identification Number or equivalent number, Please explain why you are unable to provide the required information

Reason C

No Tax Identification Number (TIN) is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the Tax Identification Number issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN available enter reason A, B or C	If reason B Selected, please explain
1.			
2.			
3.			

I understand that the information supplied by me is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with VANDE-LANOTTE setting out how VANDE-LANOTTE may use and share the information supplied by me.

I acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

I certify that I am the Account Holder (or am authorized to sign for the Account Holder) of all the account(s) to which this form relates.

Declaration:

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to both advise VANDE-LANOTTE of any change in circumstances which affects the tax residency status of the individual identified in the application or in this form or causes the information contained herein to become incorrect or incomplete, and to provide VANDE-LANOTTE with a suitably updated self-certification and Declaration, within 90 days of such change in circumstances.

E-mail Declaration:

By providing your E-mail address and signing this application you agree to receive the policy document, certificate and / or any other documents ["Documents"] via electronic mail ["E-mail"]. Please be aware that having chosen this electronic delivery of Documents, it is your responsibility to ensure that the E-mail address you have provided us is correct at all times.

VANDE-LANOTTE is not responsible for non-receipt of E-mails due to invalid E-mail addresses or other technical problems related to your E-mail service.

If you would like to change your E-mail address with VANDE-LANOTTE, or if you would like a paper copy of the Documents, or if you believe that you have not received your Documents, please notify us immediately.

By signing this application, you understand and agree that if you wish to discontinue receiving Documents electronically it is your obligation to revoke this Authorization by another written document.

By signing this application, you declare that you have read and understood the applicable privacy notices and Terms of Use provided by VANDE-LANOTTE, as intermediary representing ALLIANCE ASSURANCE, and will review those of any future service providers. Copies may be requested from VANDE-LANOTTE at assurance@vande-lanotte.com. Although precautions are taken to protect your information, the security of E-mail communications cannot be guaranteed. You consent to your E-mail address being included in VANDE-LANOTTE's E-mail list for communications relating to your insurance file and accept the inherent risks of E-mail communications.

Irrevocable Beneficiary's
Signature (If Applicable)

Signature

Policy Owner's Signature

Signature