



# Customer Information Policy Renewal Checklist

Information requested seeks to satisfy legal and regulatory requirements. Submissions made will not be disclosed to any other individual or entity without your permission or unless legally required

Client's Name(s):  Title:

Title:

Are the necessary Identification Documents for ALL relevant person, including persons acting on insured's behalf current/on file?

Has an existing/current Source of Funds form been completed and signed by the Client?  (Not applicable)

Is the client(s) a PEP, associated with a PEP or a known Negative Public Figure?

If Yes, please explain:  Type:

Has Total Annual Premium Amount for ALL Policies changed?

Where there any other changes to the client's profile during the past twelve (12) months?

**Change Type:**

Name:  Profession/Job Title:

Marital Status:  Residential Country:

Contact Number:  Citizenship:

Physical Address:  Total Annual Premium Amount for ALL Policies:

Date Change:

Comments:

Date	Underwriter

Date	Underwriter

Manager's Signature:  Date:

Date	Compliance Officer

Date	Compliance Officer

Comments: