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## KYC Questionnaire and Certification for Contract Applicants, Owners, Payees and Beneficiaries

To help the government fight the funding of terrorism and money laundering activities, the laws of the United States and other relevant authorities require all financial institutions to obtain, verify and record information that identifies each person with whom they do business as a condition to doing such business. To comply with these requirements and to avoid relationships with parties involved in money laundering, terrorism or other illicit or corrupt activities, or who are subject to sanctions, Guggenheim Life and Annuity Company and its subsidiaries (collectively the "Company") require that trusts and other non-natural persons (any corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, any general partnership, or any similar business entity formed in the United States or a foreign country) complete and submit this KYC Questionnaire and Certification for Contract Applicants, Owners, Payees and Beneficiaries ("Questionnaire") and provide copies of the documentation listed in Section B(9) below in connection with applying for any Contract issued by the Company, and periodically thereafter as requested by the Company from time to time, or prior to receiving any distribution of proceeds from or payment of benefits with respect to any Contract. Please refer to the Instructions on page 6 for definitions to capitalized terms used herein and other guidance in completing this Questionnaire.

DATE: \_\_\_\_\_ CONTRACT NUMBER: \_\_\_\_\_

RESPONDENT'S REASON FOR COMPLETING THIS FORM:

- Non-natural Contract Applicant (new business application)
- Non-natural Contract Owner (in-force contract owner change or certification)
- Non-natural Payee or Beneficiary

Is this a new or existing relationship with the Company?  New  Existing

**Section A.** Please provide the following information for the PERSON COMPLETING THIS FORM on behalf of the Respondent:

1. NAME: \_\_\_\_\_
2. TITLE/RELATIONSHIP TO THE RESPONDENT (e.g. Trustee, Executor, Member, Personal Representative, Secretary):  
\_\_\_\_\_
3. PHONE: \_\_\_\_\_
4. EMAIL: \_\_\_\_\_

**Section B.** Please provide the following information for the RESPONDENT, as applicable:

1. FULL LEGAL NAME: \_\_\_\_\_
2. ALL ASSUMED NAMES AND RELATED JURISDICTIONS WHERE RESPONDENT IS REGISTERED (if applicable):  
\_\_\_\_\_

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3. PHYSICAL ADDRESS (principal place of business):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. TAX ID NUMBER: \_\_\_\_\_

5. INDUSTRY/NATURE OF BUSINESS OPERATIONS: \_\_\_\_\_

6. LEGAL ENTITY TYPE:

- Revocable Trust
- Irrevocable Trust
- Estate
- Other (specify, e.g. limited liability company, partnership, etc.): \_\_\_\_\_

7. 10% OR GREATER BENEFICIAL OWNER(S) OF THE RESPONDENT. **Include verification documentation (see Section B(9)) for each Beneficial Owner listed.** See *INSTRUCTIONS* on page 6 of this Questionnaire for how to complete this section. (Include additional pages if not enough space is provided below.)

Name of Beneficial Owner (Individuals Only)	Address (Residential or Business)	Date of Birth	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport No. and Country of Issuance <sup>1</sup>	% Equity Interest (specify voting or non-voting)

<sup>1</sup> In lieu of a passport number, non-U.S. persons may also provide a Social Security number, a U.S. alien identification card number, or number and country of issuance of any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

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8. EXECUTIVE OFFICERS AND (IF ANY) DIRECTORS OR TRUSTEES/MANAGING MEMBERS/GENERAL PARTNERS OF THE RESPONDENT. **Include verification documentation (see Section B(9)) for at least one person listed.** See INSTRUCTIONS on page 6 of this Questionnaire for how to complete this section. (Include additional pages if not enough space is provided below.)

Name of Officer/ Director/Trustee/ Managing Member/ General Partner	Address (Residential or Business)	Date of Birth	For U.S. Persons: Social Security Number	For Non-U.S. Persons: Passport No. and Country of Issuance <sup>1</sup>	Title (Office Held/Director/ Trustee/Managing Member/General Partner)

9. IDENTITY VERIFICATION. Please provide copies of the following listed documents, as applicable, (i) for the Respondent, (ii) for each Beneficial Owner and (iii) for at least one Executive Officer, Director, Trustee, Managing Member or General Partner listed in Sections B(7) and B(8) above:<sup>2</sup>

Individual	Trust	Other Entity Types
<ul style="list-style-type: none"> <li>Passport <b>OR</b></li> <li>Other unexpired government-issued ID</li> </ul>	<ul style="list-style-type: none"> <li>Trust documents (<i>title page, pages naming settlor(s), grantor(s), trustee(s) successor trustee(s), and any other persons with authority to direct the trustee(s), signature page</i>) <b>AND</b></li> <li>W-9 (or W-8) <b>AND</b></li> <li>Copy of passport or other unexpired government-issued ID for all individuals listed in trust documents</li> </ul>	<ul style="list-style-type: none"> <li>Organizational chart showing control and ownership<sup>3</sup> <b>AND</b></li> <li>W-9 (or W-8) <b>OR</b></li> <li>Evidence of legal existence (<i>provide one of the following</i>):                         <ul style="list-style-type: none"> <li>Articles of Organization</li> <li>Certificate of Formation</li> <li>Certificate of Incorporation</li> <li>Memorandum of Association or By-Laws</li> <li>Operating Agreement</li> </ul> </li> </ul>

<sup>1</sup> In lieu of a passport number, non-U.S. persons may also provide a Social Security number, a U.S. alien identification card number, or number and country of issuance of any other unexpired government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

<sup>2</sup> The Company reserves the right to request additional documentation as it deems appropriate.

<sup>3</sup> The organizational chart should include all individuals or legal entities with a 10% or greater equity interest (voting or non-voting), whether direct or indirect, in the Respondent.

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**Section C.** Please provide the following information with respect to the BUSINESS ACTIVITIES OF THE RESPONDENT, as applicable:

1. SOURCE OF FUNDS (new business applications only):

(a) Describe the source of funds to be used for purchasing the Contract:

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2. OTHER BUSINESS ACTIVITIES (all Contract applicants, owners, payees and beneficiaries):

(a) Is the Respondent a foreign financial institution?  Yes  No

(b) Do the business activities of the Respondent require licensing, regulatory authorization or any other professional credentials?  Yes  No

*If so, please provide the type and the name of the primary regulator(s):*

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(c) Does the Respondent do business or have operations in any of the following sanctioned countries or regions: Crimea region (formerly Ukraine), Cuba, Iran, North Korea or Syria?  Yes  No

*If so, please explain the type of activity, including the percentage of that business/involvement as compared to overall revenue.*

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(d) Does the Respondent employ or engage any person(s) with a close relationship to any government or state owned/controlled entity or government official? For example, where a person is financially dependent (i.e., spouse, child, relative, sibling) upon such entity or official?  Yes  No

*If so, please describe:* \_\_\_\_\_

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(e) Does the Respondent engage in business (currently or prior) with any government or state owned/controlled entity or government official?  Yes  No

*If so, please describe:* \_\_\_\_\_

(f) Does the Respondent's business involve any of the following industries: defense/war materials; dual use goods; privately held paper currency intensive businesses; privately held dealers in precious metals or jewels; thermal coal; gaming (including online or casino operations and gaming equipment manufacturing); alcoholic beverages; tobacco or smokeless tobacco (vaping); or cannabis production, distribution, or financing?  Yes  No

*If so, please describe:* \_\_\_\_\_

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**Section D. Certification.**

I, \_\_\_\_\_ (*name of person completing this form*), hereby certify (i) that I have executed reasonable due diligence in preparing this Questionnaire and, to the best of my knowledge, the information provided above is complete and correct and (ii) that I will update the Company upon any change to the above information.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

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## INSTRUCTIONS

This Questionnaire must be completed by an individual with sufficient knowledge and authority to certify on behalf of the applicant/owner/payee/beneficiary responding herein ("Respondent") that the information provided is complete and correct to the best of their knowledge.

For purposes of this Questionnaire: (i) the term "Contract" means any annuity, life insurance contract, funding agreement or similar contract issued by the Company; (ii) the term "legal entity" includes corporations, limited liability companies, other entities created by a filing of a public document with a Secretary of State or similar office, general partnerships, trust and any similar business entities formed in the United States or a foreign country; and (iii) the term "government official" includes officers and employees of government agencies, government departments, government instrumentalities and public international organizations (i.e., the United Nations, the World Bank), and anyone acting in an official capacity on behalf of these entities. The term government official is interpreted broadly and may include individuals in unpaid or honorary government positions, including committees, panels, commissions or other advisory positions in certain circumstances, as well as royal family members; the term "government instrumentality" includes government owned or controlled commercial enterprises (in some cases, even if there is not majority government). Examples of government instrumentalities are state-owned insurance companies, state-owned oil companies and state-owned airlines.

This Questionnaire requires the Respondent to identify the following relationships and to provide the documentation specified in Section B(9) to verify the identification for each:

- **Beneficial Owner(s) of the Respondent:** Each *individual*, if any, who, directly or indirectly, owns, controls or holds proxies to vote **10%** or more of the equity interests (voting or non-voting) of the Respondent.
- **Executive Officers and Directors, Trustees, Managing Members or General Partners of the Respondent:** Each executive officer and (if any) director, trustee, managing member or general partner of the Respondent, *including* any individual who, directly or indirectly, possesses the power to direct or cause the direction of the management and policies of the Respondent by a management agreement or similar arrangement.

This Questionnaire must be completed in its entirety in all cases (please leave no blanks; instead mark "n/a" where appropriate).

The Respondent must promptly notify the Company of any changes to the information provided in this Questionnaire. The Company reserves the right to request updates to this Questionnaire from time to time.