

# SOURCE OF WEALTH

## QUESTIONNAIRE

Under international anti-money laundering and combatting terrorist financing requirements, financial institutions are required to take reasonable measures to establish the Source of Wealth of certain clients. The term 'Source of Wealth' extends further than the funds to be invested, referred to as 'Source of Funds', and relates to a client's entire body of wealth. This questionnaire is applicable to high net worth individuals customers of UBB for the purpose of assessing their source of wealth (assets) in accordance with the requirements of the AML Act in relation to the application of enhanced customer due diligence measures.

***(Please fill in the required information)***

....., .....  
(fill in your full name) (ID number as per ID card/passport)

.....  
(Nationality)

|                                                                                            |                 |                  |
|--------------------------------------------------------------------------------------------|-----------------|------------------|
| <b>What is the total value of your properties?</b>                                         | CURRENCY: _____ | NET WORTH: _____ |
| <b>What is the total value of your assets, incl. deposits, bank accounts, investments?</b> | CURRENCY: _____ | NET WORTH: _____ |

| What is your main source of income? | Please select one of the possible options                        | Information needed:                                                                                      |
|-------------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
|                                     | <input type="checkbox"/> Employment under an employment contract | _____<br>(name and location of employer, position, annual net salary and bonuses)                        |
|                                     | <input type="checkbox"/> Self-employed person                    | _____<br>(annual net amount declared in the last tax return)                                             |
|                                     | <input type="checkbox"/> Investment sales                        | _____<br>(description of investment, net amount and date of receipt)                                     |
|                                     | <input type="checkbox"/> Sale of immovable or movable property   | _____<br>(description of real estate/movable property, date of sale/purchase agreement, amount received) |
|                                     | <input type="checkbox"/> Sale of a company or business           | _____<br>(name and registered office of the company, date of sale, amount received)                      |
|                                     | <input type="checkbox"/> Income from insurance policies          | _____<br>(company with which the policy was taken out, policy number, date and amount received)          |
|                                     | <input type="checkbox"/> Rent/lease (from real estate or land)   | _____<br>(property/land description, amount received per month)                                          |
|                                     | <input type="checkbox"/> Inheritance/donation                    | _____<br>(name and relationship to deceased, date of death, amount received)                             |
|                                     | <input type="checkbox"/> Loans                                   | _____                                                                                                    |

|                                                                 |  |                                                    |
|-----------------------------------------------------------------|--|----------------------------------------------------|
|                                                                 |  | (date, loan amount, name of borrower)              |
| <input type="checkbox"/> Pension                                |  | _____<br>(year of retirement, net amount received) |
| <input type="checkbox"/> Personal savings                       |  | _____<br>(amount saved and savings period)         |
| <input type="checkbox"/> Lottery/gambling                       |  | _____<br>(lottery ticket/net amount received)      |
| <input type="checkbox"/> Other source (please describe/specify) |  |                                                    |

|                                                                                                                                   |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>How many properties do you have and at what total value? In which countries are they located?</b>                              | _____<br>(number and value) (country/address)                                      |
| <b>Do you have shares or stocks in companies?</b>                                                                                 | <input type="checkbox"/> YES <input type="checkbox"/> NO                           |
| <b>Do you receive dividends/income from a business you own? If yes, please indicate the average amount for the previous year.</b> | <input type="checkbox"/> YES <input type="checkbox"/> NO<br>_____<br>(medium size) |

I hereby provide the following documents that certifies the declared above information:

1. ....
2. ....

DECLARANT (full name): .....

DATE: .....

SIGNATURE: .....