

Shareholder Replacement Payment Request

Please complete this form in full.

1. Shareholder information

Shareholder registration name(s)*: <input style="width: 90%;" type="text"/>			
Contact name (if different than above): <input style="width: 90%;" type="text"/>			
Residential address: <input style="width: 90%;" type="text"/>			
Phone: H	<input style="width: 20%;" type="text"/>	W	<input style="width: 20%;" type="text"/>
c	<input style="width: 20%;" type="text"/>	Email:	<input style="width: 40%;" type="text"/>
Proof of identity attached (photo ID): <input type="checkbox"/> Driver's licence <input type="checkbox"/> Passport		Preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Mail	

* Name as it appears on the share certificate(s)/notices.

2. Bank information (please select one of the following options)

i The bank account must include the name of the shareholder (single or joint account). The account must be based in Bermuda and payable in Bermuda dollars only.

Account name: <input style="width: 90%;" type="text"/>			
<input type="checkbox"/>	HSBC account number:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<input type="checkbox"/>	BNTB account number:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
<input type="checkbox"/>	Clarien account number:	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

3. Dividend replacement details

Date issued (dd-mmm-yyyy)	Amount	Cheque number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Authorisation and declaration

Data protection declaration

By signing this form, I confirm/understand that:

- I consent to Allshores processing my personal data in accordance with Allshores' privacy policy (allshores.com/privacy).
- I understand that I may withdraw my consent by email to privacy@allshores.com but that may impact Allshores' ability to provide insurance or related services or pay insurance claims benefits.
- If I have provided personal information relating to any third party, I confirm that I have received their consent for Allshores to process their personal information in line with the privacy notice.

ACCEPT TERMS

Name: <input style="width: 90%;" type="text"/>	
Sign: <input style="width: 95%;" type="text"/>	Date (dd-mmm-yyyy): <input style="width: 30%;" type="text"/>