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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, Clear Spring Life and Annuity Company and its subsidiaries (collectively, the "Company") require that each Company Customer that is a trust or other non-natural person (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(10) 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: _____

CUSTOMER'S REASON FOR COMPLETING THIS FORM:

- Contract Applicant (new business application)
- Contract Owner (in-force contract owner change or certification)
- 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 (the 'Respondent') on behalf of the Customer:

1. NAME: _____
2. TITLE/RELATIONSHIP TO THE CUSTOMER (e.g. Trustee, Executor, Member, Personal Representative, Secretary):

3. PHONE: _____
4. EMAIL: _____

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

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

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. Do the business activities of the Customer require licensing, regulatory authorization or any other professional credentials, e.g., is it a Regulated Entity? Yes No

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

8. 10% OR GREATER BENEFICIAL OWNER(S) OF THE CUSTOMER. **Include verification documentation (see Section B(10)) 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 ¹	% Equity Interest (specify voting or non-voting)

¹ 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.

9. EXECUTIVE OFFICERS/ DIRECTORS OR TRUSTEE(S)/ MANAGING MEMBER(S)/ GENERAL PARTNER(S) (IF ANY) OF THE CUSTOMER. **Include verification documentation (see Section B(10)) 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 ²	Title (Office Held / Director / Trustee / Managing Member / General Partner)

10. IDENTITY VERIFICATION. (If Customer is a Regulated Entity, skip to Section C.) **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(8) and B(9) above³**

Individual	Trust	Other Entity Types
<ul style="list-style-type: none"> Passport OR Other unexpired government-issued ID 	<ul style="list-style-type: none"> 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>) AND W-9 (or W-8) AND Copy of passport or other unexpired government-issued ID for all individuals listed in trust documents 	<ul style="list-style-type: none"> Organizational chart showing control and ownership⁴ AND W-9 (or W-8) OR Evidence of legal existence (<i>provide one of the following</i>): <ul style="list-style-type: none"> Articles of Organization Certificate of Formation Certificate of Incorporation Memorandum of Association or By-Laws Operating Agreement

² 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.

³ The Company reserves the right to request additional documentation as it deems appropriate.

⁴ 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 Customer.

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

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

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

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

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

(b) Does the Customer 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.

(c) Does the Customer 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: _____

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

If so, please describe: _____

(e) Does the Customer'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 betting or gambling activity and online or casino operations and gaming equipment manufacturing); chemical manufacturers/suppliers; shipping/sea freight/vessel leasing; extractive (including sale, supply or transfer of mining), energy (oil or gas); physical transport of commodities; foreign banks, money service businesses, offshore banks or correspondent banking; financial intermediaries and gatekeepers (such as accountants, lawyers, broker dealers, intermediaries, commission agents); charitable organizations; alcoholic beverages; tobacco or smokeless tobacco (vaping); digital currency/asset businesses; or cannabis production, distribution, or financing? Yes No

If so, please describe: _____

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: _____

INSTRUCTIONS

This Questionnaire must be completed by an individual with sufficient knowledge and authority (“Respondent”) to certify on behalf of the Customer that the information provided is complete and correct to the best of their knowledge.

For purposes of this Questionnaire: (i) the term “Customer” means an any applicant, owner, payee or beneficiary of a Contract issued by the Company; (ii) the term “Contract” means any annuity, life insurance contract, funding agreement or similar contract issued by the Company; (iii) 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; (iv) the term “Regulated Entity” means (a) any financial institution regulated by a Federal functional regulator or a bank regulated by a State bank regulator; (b) a department or agency of the United States, of any State, or of any political subdivision of any State; (c) any entity established under the laws of the United States, of any State, or of any political subdivision of any State, or under an interstate compact between two or more States, that exercises governmental authority on behalf of the United States or any such State or political subdivision; (d) any entity, other than a bank, whose common stock or analogous equity interests are listed on the New York Stock Exchange or the American Stock Exchange whose common stock or analogous equity interests have been designated as a NASDAQ National Market Security listed on the NASDAQ Stock Market (except stock or interests listed under the separate “NASDAQ Capital Markets Companies” heading), to the extent of its domestic operations; (e) any subsidiary, other than a bank, of any entity described in (d) (a “listed entity”) that is organized under the laws of the United States or of any State and at least 51 percent of whose common stock or analogous equity interest is owned by the listed entity, to the extent of its domestic operations; (f) any issuer of a class of securities registered under section 12 of the Securities Exchange Act of 1934 or that is required to file reports under section 15(d) of that Act; (g) any investment company, as defined in section 3 of the Investment Company Act of 1940, that is registered with the Securities and Exchange Commission under that Act; (h) any investment adviser, as defined in section 202(a)(11) of the Investment Advisers Act of 1940, that is registered with the Securities and Exchange Commission under that Act; (i) any exchange or clearing agency, as defined in section 3 of the Securities Exchange Act of 1934, that is registered under section 6 or 17A of that Act; (j) any other entity registered with the Securities and Exchange Commission under the Securities Exchange Act of 1934; (k) any registered entity, commodity pool operator, commodity trading advisor, retail foreign exchange dealer, swap dealer, or major swap participant, each as defined in section 1a of the Commodity Exchange Act, that is registered with the Commodity Futures Trading Commission; (l) any public accounting firm registered under section 102 of the Sarbanes–Oxley Act; (m) any bank holding company as defined in section 2 of the Bank Holding Company Act of 1956 (12 U.S.C. 1841) or savings and loan holding company, as defined in section 10(n) of the Home Owners’ Loan Act (12 U.S.C 1467a(n)); (n) any pooled investment vehicle that is operated or advised by a financial institution that is a Regulated Entity; (o) any insurance company that is regulated by a State; (p) a financial market utility designated by the Financial Stability Oversight Council under Title VIII of the Dodd–Frank Wall Street Reform and Consumer Protection Act of 2010; (q) any foreign financial institution established in a jurisdiction where the regulator of such institution maintains beneficial ownership information regarding such institution; (r) a non–U.S. governmental department, agency or political subdivision that engages only in governmental rather than commercial activities; and (s) any publicly traded U.S. entity subject to public disclosure and regulatory requirements; and (v) 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 Customer 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 Customer:** 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 Customer.
- **Executive Officers and Directors, Trustees, Managing Members or General Partners of the Customer:** Each (if any) executive officer, director, trustee, managing member or general partner of the Customer, including any individual who, directly or indirectly, possesses the power to direct or cause the direction of the management and policies of the Customer by a management agreement or similar arrangement.

Customers that are Regulated Entities are not required to provide the documentation specified in Section B(10).

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.