

Financial Intelligence Analysis Unit
 Risk Evaluation Questionnaire

 Financial Sector
 Retirement Scheme Administrators

General remarks from the subject person:

As indicated in the Guidance for Completion of the Anti-Money Laundering and Countering the Financing of Terrorism Risk Evaluation Questionnaire, sole practitioners and entities should, for each of the questions included in this questionnaire, choose the answer option that is best suited to them/ their internal organization.

The FIAU acknowledges that the answer options defined by it do not always fully capture the actual situation within each subject person. When choosing from the answer options available, it is therefore important to select an option that is a true reflection of your actual situation / the actual situation within your entity and that can be justified later on. [Text]

In the text box below, you can formulate general remarks on the answers submitted by you / your entity. Please note that these general remarks are not taken into account in the initial, automated analysis of your / your entity's answers.

1 Subject Person Information

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| 1.01 | Please select the legal formation of your entity. | Public Limited Company / Private Limited Company / Civil Partnership / Commercial Partnership / Branch of a Foreign entity / Association / Other |
| 1.02 | If "Other", please specify. | [Text] / Not Applicable |
| 1.03 | Please select the status of your entity. | Subsidiary of a foreign traded company / Subsidiary of a privately held foreign company / Subsidiary of a local traded company / Subsidiary of a privately held local company / Privately held company / Branch of a regulated entity / Listed company / Other |
| 1.04 | If "Other", please specify. | [Text] / Not Applicable |
| 1.05 | If your entity is a subsidiary of a foreign traded company or a subsidiary of a privately held foreign company, is the parent company located in EU / EEA jurisdictions or non-EU / EEA jurisdictions? | EU / EEA jurisdictions / non-EU / EEA jurisdictions / Not Applicable |
| 1.06 | Please indicate total annual turnover according to the latest available audited financial statements and / or tax declaration. | [€] / Not Applicable |
| 1.07 | Please provide the year end reference date for the financial statements or tax declaration as indicated above. | [Date] / Not Applicable |
| 1.08 | Please indicate the total number of employees (including partners, executive directors, associates and staff), expressed in full time equivalents ("FTEs"), working for you / your entity as at the end of the prior calendar year. | [Number] / Not Available / Not Applicable |

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| 1.09 | How many years experience in this industry do you / does the principal(s) and / or partners and / or director(s) and / or senior management of your entity have? | 10 or more years / Between 5-9 years / Between 3-4 years / Between 1-2 years / Less than 1 year |
| 1.10 | Does the ownership structure of your entity include one or more of the following: foundation and / or trust and / or partnership and / or direct or indirect holding through bearer shares? | No / Yes |
| 1.11 | Does your entity have any subsidiaries, branches, affiliates, representative offices and agencies in other EU / EEA countries? | No / Yes |
| 1.12 | Does your entity have any subsidiaries, branches, affiliates, representative offices and agencies in non-EU / EEA countries? | No / Yes |
| 1.13 | If the answer to the prior question was "Yes", please list the countries in which the subsidiaries, branches, affiliates, representative offices and agencies are situated. | [Text] |
| 1.14 | Does your entity have any subsidiaries, branches, affiliates, representative offices and agencies in jurisdictions listed in the FATF lists and / or the EU list identifying high risk 3rd countries with strategic deficiencies and / or jurisdictions featuring in the top 20 countries of the Basel Index? | No / Yes |
| 1.15 | If your answer to the above question was "YES", please select the respective jurisdictions. | Select from drop down list / Not Available / Not Applicable |
| 1.16 | Please list all persons (name and surname) who are considered as your entity's beneficial owners as defined in the PMLFTR. | [Text] / Not Applicable |
| 1.17 | Do any of the BOs reside in a non-EU / EEA jurisdiction? | No / Yes / Not Applicable |
| 1.18 | Does your entity have nominee shareholders in its ownership structure? | No / Yes |
| 1.19 | If "Yes", what percent of the total shares are held by nominee shareholders? | [%] / Not Applicable |
| 1.20 | Has your entity undergone changes in its ownership structure during the prior calendar year? | No / Yes |
| 1.21 | Has your entity undergone significant changes in its management and control structure during the prior calendar year? | No / Yes |
| 1.22 | Please ATTACH a copy of the ownership and control structure of your entity (optional). | File Upload / Not Applicable |

2 Governance

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| 2.01 | When was the current MLRO appointed? | More than 2 years ago / Between 1-2 years ago / Less than 1 year ago |
| 2.02 | How many years of experience does the MLRO have in AML / CFT? | More than 5 years / Between 3-5 years / Between 1-2 years / Less than 1 year |
| 2.03 | Is the MLRO responsible for areas other than AML / CFT? | No / Yes |

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| 2.04 | Does the MLRO also hold MLRO positions with other entities? | No / Yes |
| 2.05 | How many staff members, expressed as FTEs, are part of the AML / CFT team (if one exists)? | [Number] / Not Available / Not Applicable |
| 2.06 | Is any of the AML / CFT team staff responsible for other roles and responsibilities not attributable to AML / CFT (e.g. front office, back office, etc.)? | No / Yes / Not Applicable |
| 2.07 | Do you / does your entity implement appropriate procedures (including obtaining a police conduct or equivalent upon hiring) and assess the conduct and integrity of employees (including partners and directors) handling relevant financial business or relevant activity? | No / Yes / Not Applicable |
| 2.08 | Have you / your entity, MLRO, Compliance Officer, senior management, partners, directors, BOs, and / or shareholders (as applicable) been subject to any of the following in the last five (5) years either in Malta or abroad: | |
| | a) Regulatory enforcement actions, criminal investigations for ML / FT or any other financial crime | No / Yes |
| | b) Subject of negative news reports (if known) | No / Yes |
| 2.09 | In the past five (5) years, have any employees (including directors and partners) been disciplined for non-compliance with the AML / CFT policies within your entity? | No / Yes |
| 2.10 | Have you / your entity outsourced the carrying out of any applicable AML / CFT obligations (within or outside the group)? | No / Yes (within Group) / Yes (outside Group) / Yes (within and outside Group) |
| 2.11 | If "Yes", please specify the obligations that are being outsourced. | Business Risk Assessment / Customer Risk Assessment / Customer Due Diligence / On-going monitoring / Record keeping / Not Applicable |
| 2.12 | How often has the Board or equivalent body, received a presentation on AML / CFT issues in the prior calendar year? | Monthly / Quarterly / Half yearly / Annually / None / Not Applicable |

3 Business Risk Assessment

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| 3.01 | Have you / your entity performed a Business Risk Assessment? | No / Yes |
| 3.02 | What is your / your entity's most recent Business Risk Assessment inherent risk scoring / rating for ML / FT risk? | Very High / High / Medium / Low / Not Applicable |
| 3.03 | What is your / your entity's most recent Business Risk Assessment residual risk scoring / rating for ML / FT risk? | Very High / High / Medium / Low / Not Applicable |
| 3.04 | Did the Business Risk Assessment conducted take into account the risks and controls related to: | |
| | a) your / your entity's customers | No / Yes / Not Applicable |
| | b) the products and services offered by you / your entity and the transaction risk exposure through same | No / Yes / Not Applicable |

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| | c) specific countries or geographical areas | No / Yes / Not Applicable |
| | d) the distribution channels | No / Yes / Not Applicable |
| 3.05 | Did the Business Risk Assessment conducted take into account the results of the SNRA and NRA? | No / Yes / Not Applicable |
| 3.06 | Has the Business Risk Assessment been approved by senior management (including directors and partners) of your entity? | No / Yes / Not Applicable |
| 3.07 | Did you / your entity review and / or update the business risk assessment in the prior calendar year? | No / Yes / Not Applicable |
| 3.08 | Please ATTACH latest Business Risk Assessment. | [File Upload] / Not Available |

4 Customer Acceptance and Risk Assessment

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| 4.01 | Do you / does your entity perform a customer risk assessment ("CRA") prior to the acceptance and approval of customers? | No / Yes sometimes / Yes most of the times / Yes, always / Not Applicable |
| 4.02 | Please indicate, for all your customers where a business relationship is formed or, depending on the risk, only for a specific part of your customers, whether you / your entity collects the following: | |
| | a) Identification and verification information (for both natural and legal persons and BOs of legal persons) including: name, nationality / country of incorporation or registration, country of residence, registered office or main place of business | No / Yes / Not Applicable |
| | b) Where applicable, identification and verification of persons acting on behalf of the customer, including ensuring person is authorised in writing | No / Yes when risk is not low / Yes only when risk is high / Yes, always / Not Applicable |
| | c) Information on the overall wealth of the customer (nature of activities conducted and corresponding level of income or turnover, other income streams) | No / Yes / Not Applicable |
| | d) Information on the expected source and origin of the funds and / or assets transacted by the customer / on behalf of the customer | No / Yes / Not Applicable |
| | e) Information on the PEP status of the customer and, where applicable of the beneficial owner | No / Yes / Not Applicable |
| 4.03 | Please indicate, for all your customers where a business relationship is formed or, depending on the risk, only for a specific part of your customers, whether you / your entity collects information on actual or expected activity (including cash flows) with respect to size, frequency and geographical distribution. | No / Yes, when risk is not low / Yes, only when risk is high / Yes, always / Not Applicable |
| 4.04 | Do policies and procedures specify hierarchical authorisation levels within your entity to, on a risk basis, accept a customer or approve a transaction? | No / Yes |
| 4.05 | Did you / your entity acquire new clients through an introducer/s in the prior calendar year? | No / Yes |

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| 4.06 | If "yes", please indicate the number of introducers used during the prior calendar year. | [Number] / Not Available / Not Applicable |
| 4.07 | In the case where an introducer was used, was due diligence performed on the introducer? | Never / Yes in some instances / Yes in all instances / Not Available / Not Applicable |
| 4.08 | Where applicable and on a risk basis, does the subject person undertake due diligence on the beneficiary/s to the policy / scheme / funds in accordance to the requirements of 4.6.1 (ii) of the IPs? | No / Yes / Not Applicable |
| 4.09 | Do you / your entity apply, depending on the risk, EDD measures where the source of premium payment / contribution is different to the policy holder? | No / Yes / Not Applicable |
| 4.10 | When a customer makes use of the "free-look" / "cooling-off" period, is an assessment undertaken, on a risk basis, to determine whether the cancellation gives rise to suspicion about the transaction and whether submitting a STR would be appropriate? | No / Yes / Not Applicable |
| 4.11 | Do you / does your entity screen customers and, where applicable, their beneficial owners against sanction lists, PEP lists and to see whether they were the subject of adverse media at onboarding? | No / Yes |
| 4.12 | Does your entity apply identity fraud checks to ensure that the customer / policy holder is who they claim to be? | No / Yes |
| 4.13 | When making use of any of the exceptions provided for under Regulation 8 of the PMLFTR, do the customer files include a written justification for the exception and formal approval of the exception? | No / Yes / Not Applicable |
| 4.14 | Where customer due diligence cannot be completed at the onboarding stage, do the policies and procedures require you / your entity to consider whether there is a need to file a STR with the FIAU and only proceed with the cancellation / termination of the business relationship once it is determined that there is no suspicion justifying the filing of a STR? | No / Yes |
| 4.15 | Do policies and procedures require due diligence (including customer risk assessment) to be repeated when there are doubts about the completeness, reliability or accuracy on priorly obtained customer identification information, data or documentation? | No / Yes |
| 4.16 | Does your entity have the ability to block, suspend or otherwise limit the services provided to customers when there are AML / CFT concerns? | No / Yes |
| 4.17 | Is your monitoring system able to detect the expiry of due diligence documentation and any conflicting information in relation to customer data? | No / Yes |
| 4.18 | Do the policies and procedures require you to revise your customer risk assessment should the customer be evasive or not cooperative to provide the requested information and / or documentation? | No / Yes |
| 4.19 | In the event that there are changes to your customer's business model, ownership structure or service offering, do you / does your entity review the existing customer risk assessment and, if necessary, update the said risk assessment? | No / Yes sometimes / Yes most of the times / Yes always |
| 4.20 | Do policies and procedures require the carrying out of identification and verification of the identity measures and a revision of the CRA, whenever there is a change in BOs? | No / Yes |

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| 4.21 | Do policies and procedures require your entity to obtain an understanding of changes in the customer's behaviour, as well as obtain related supporting documentation and revise the CRA, if required? | No / Yes |
| 4.22 | Do policies and procedures require your entity to obtain an understanding of high value / high risk transactions, as well as obtain related supporting documentation and revise the CRA, if required? | No / Yes |
| 4.23 | Do policies and procedures require the performance of periodic reviews on customer due diligence information and / or documentation, on the basis of customer risk rating? | No / Yes |
| 4.24 | Does your entity carry out checks, on a risk basis, to determine whether changes to the beneficiaries of a policy / scheme / fund / claim were made following the opening of the policy? | No / Yes |
| 4.25 | If "no", please explain. | No / Yes |

5 Ongoing Monitoring / Transaction Scrutiny

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| 5.01 | Is your entity's process / system for monitoring transactions fully automated, partially automated or manual? | Fully automated / Partially automated / Manual / Not Applicable |
| 5.02 | Does your monitoring system utilise any of these techniques to monitor customer activity? | No / Profiling Techniques / Rule-based criteria / Both / Not Applicable |
| 5.03 | How often are the criteria and rules utilised by the monitoring system reviewed and updated? | Twice or more within a year / Annually / Less frequent than annually / Never / Not Applicable |
| 5.04 | Are customers' transactions monitored in real-time, post-event or a combination of both? | Combination of both / Post-event / Real-time / Not Applicable |
| 5.05 | Are there customer transactions that are not screened by the monitoring system? | No / Yes / Not Applicable |
| 5.06 | In the case where not all payments and / or transactions are screened by the monitoring system, please list the type of payments and / or transactions not screened. | [Text] / Not Applicable |
| 5.07 | Does your entity have an expected transaction profile for every customer? | No / Not always / Yes / Not Applicable |
| 5.08 | Do you / your entity, when carrying out an occasional transaction, have measures in place to scrutinize transactions that are not consistent with the available information on the customer? | No / Yes / Not Applicable |
| | Is the monitoring system based on: | |
| | a) The characteristics of the products and services offered | No / Yes / Not Applicable |
| | b) The characteristics of the customers | No / Yes / Not Applicable |
| 5.09 | c) The characteristics of the relevant countries and geographical areas | No / Yes / Not Applicable |

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| | d) The characteristics of the distribution channels used | No / Yes / Not Applicable |
| | e) The payment method used by the customer | No / Yes / Not Applicable |
| | f) Other factors | No / Yes / Not Applicable |
| 5.10 | If the monitoring system is based on "Other factors", please provide a description of the factors. | [Text] / Not Applicable |
| 5.11 | How many alerts were generated by the monitoring system during the prior calendar year? | [Number] / Not Available / Not Applicable |
| | Does the monitoring system in place: | |
| | a) identify whether policies / retirement schemes / retirement plans opened by seemingly different customers are destined to be paid out to the same beneficiary | No / Yes / Not Applicable |
| 5.12 | b) monitor for payments from unidentified third parties | No / Yes / Not Applicable |
| | c) monitor for multiple policies / retirement schemes / retirement plans linked to same persons | No / Yes / Not Applicable |
| | d) monitor for payments made from the same person to different holders | No / Yes / Not Applicable |
| | Does your entity screen / monitor for unusual use of the product, for example: | |
| | a) Frequent and unexplained surrenders, especially when the refund is done to different bank accounts | No / Yes / Not Applicable |
| | b) The customer makes frequent or unexpected use of "free look" provisions / "cooling-off" periods | No / Yes / Not Applicable |
| | c) The customer incurs a high cost by seeking early termination of a product | No / Yes / Not Applicable |
| 5.13 | d) The customer transfers the contract to an apparently unrelated third party | No / Yes / Not Applicable |
| | e) The customer's request to change or increase the sum insured and / or the premium / contribution payment are unusual or excessive | No / Yes / Not Applicable |
| | f) The customer changes the beneficiary clause and nominates an apparently unrelated third party | No / Yes / Not Applicable |
| | g) Significant and unexplained geographic distance between residence or business location of the customer and the location where the product sale took place (or the location of the insurer's representative) | No / Yes / Not Applicable |
| 5.14 | Please tick any of the jurisdiction lists provided against which the monitoring system screens transactions. | FATF list / EU list / Top 20 jurisdictions featured in the Basel Index / Other / None / Not Applicable |

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| 5.15 | If "Other", please specify the jurisdiction list utilised by your entity. | [Text] / Not Applicable |
| 5.16 | How many customer relationships were terminated / blocked / suspended or were otherwise provided limited services, for AML / CFT related reasons, during the prior calendar year? | [Number] / Not Available / Not Applicable |
| 5.17 | How many potential customers did you / your entity refuse to onboard or service during the prior calendar year, because the ML / FT risk presented fell outside your / your entity's risk appetite? | [Number] / Not Available / Not Applicable |
| 5.18 | Is your entity aware of any of its customers whose assets were frozen (due to AML / CFT considerations) in any jurisdiction? | No / Yes / Not Applicable |

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| 6 | Policies and Procedures |
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| 6.01 | Do you / your entity have written AML / CFT policies and procedures? | No / Yes |
| 6.02 | Do policies and procedures require you / your entity to assess risks associated with funding of terrorism? | No / Yes |
| 6.03 | How frequently do you / does your entity review and, where necessary, update your AML / CFT written policies and procedures? | As needed / Monthly / Quarterly / Annually / Between 1-3 years / Every 3 or more years |
| 6.04 | Do your entity's policies and procedures allow for the refund of premium / contributions upon policy / scheme cancellation or policy surrender to an account other than the source of original funding? | No / Yes always / Yes, except in those instances where funds cannot be remitted back to the original source |
| 6.05 | Do you / do your entity's procedures provide for measures to determine whether customers and, where applicable, their beneficial owners, are politically exposed persons (PEPs) or PEPs' family members or close associates, prior to commencement of service? | No / Yes |
| 6.06 | Do you / do your entity's policies and procedures require senior management's approval to service or otherwise continue business relationships with, or having the involvement of, PEPs or their family members / close associates? | No / We do not offer services to PEPs / Yes / Not Applicable |
| 6.07 | In case of business relationships, do you / does your entity have policies and measures in place to screen customers, including BOs, against sanctions lists, PEP lists and against adverse media as part of the ongoing monitoring? | No / Yes / Not Applicable |
| 6.08 | Does your entity have policies and procedures regarding the reporting of suspicious transactions to the FIAU? | No / Yes |
| 6.09 | Do you / your entity have policies and procedures to identify, analyse and escalate transactions over given thresholds and where applicable report suspicious transactions to the MLRO? | No / Yes |
| 6.10 | Do you / does your entity have policies, procedures and measures to follow up on incomplete documentation from the customer file? | No / Yes / Not Applicable |
| 6.11 | Do your entity's policies and procedures define the instances and the actions, where applicable, to be undertaken to impose limitations on transaction / customer activity, caps and / or other restrictions on its customers? | No / Yes / Not Applicable |

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| 6.12 | Do you / does your entity have procedures for dealing with customers who request transactions to be completed in unusually tight or accelerated timeframes without reasonable explanation? | No / Yes |
| 6.13 | Do policies and procedures require you / your entity to assess the AML / CFT framework of individuals / entities on whom reliance is being placed? | Never / Yes in some instances / Yes in all instances / Not Applicable |
| 6.14 | Do you / does your entity have policies and procedures in place to assess the AML / CFT compliance framework of your intermediaries / agents / introducers? | No / Yes / Not Applicable |
| 6.15 | Do policies and procedures require you / your entity to assess the AML / CFT framework of intermediaries who process customer payments on behalf of your entity? | Never / Yes in some instances / Yes in all instances / Not Applicable |
| 6.16 | Does your entity have internal whistleblowing procedures? | No / Yes / Not Applicable |

7 Internal Audit / Independent Testing

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| 7.01 | Have you / your entity, given the size and nature of its business, appointed an officer at management level to monitor the day to day implementation of its AML / CFT measures, policies, controls and procedures? | No, MLRO has taken this role / Yes, other officer at management level appointed / Considered but not required / Not considered |
| 7.02 | What was the frequency of the reviews carried out by the appointed officer in the prior calendar year? | Monthly / Half yearly / Annually / As needed / No reviews performed / Not Applicable |
| 7.03 | Have you / your entity, given the size and nature of its business, appointed an independent audit function to test its AML / CFT measures, policies, controls and procedures? | Not considered / Considered but function not required / Yes, independent officer at management level / Yes, external consultant / Yes, internal audit / Not Applicable |
| 7.04 | What is the frequency of audits carried out by the independent audit function? | Monthly / Quarterly / Half yearly / Annually / Between 1-3 years / Every 3 or more years / As needed / No reviews performed / Not Applicable |
| 7.05 | When was the last independent audit performed in regards to you / your entity's compliance with the AML / CFT regulations? | Less than 1 year ago / Between 1 -2 years ago / More than 2 years ago / Never / Not Applicable |
| 7.06 | What was the overall result of the last audit (relating to AML / CFT) carried out? | Satisfactory / Satisfactory but improvements required / Unsatisfactory / No audits carried out / Not Applicable |
| 7.07 | How many "high risk" audit issues were identified in the latest audit report (relating to AML / CFT)? | [Number] / Not Available / Not Applicable |
| 7.08 | How many "high risk" audit issues are currently open (relating to AML / CFT)? | [Number] / Not Available / Not Applicable |
| 7.09 | When was the last time the monitoring system was independently tested? | Between 1-2 years ago / Less than 1 year ago / More than 2 years ago / Never before / Not Applicable |
| 7.10 | If you / your entity outsourced the carrying out of any applicable AML / CFT obligations (within or outside the Group), have you / your entity defined a policy or procedure for testing the quality of the outsourced tasks? | No / Yes / Not Applicable |

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| 7.11 | Where applicable, when was the last time that you / your entity formally assessed the quality of the services provided to you by your outsourced service provider (within and outside the group) which are located in a EU / EEA jurisdiction (including Malta)? | Within the last 3 months / Within the last 6 months / Within the last 12 months / Within the last 2 years / Within the last 3 years / Over 3 years ago / Never / Not Applicable |
| 7.12 | Where applicable, when was the last time that you / your entity formally assessed the quality of the services provided to you by your outsourced service provider (within and outside the group) which are located in a non-EU / EEA jurisdiction? | Within the last 3 months / Within the last 6 months / Within the last 12 months / Within the last 2 years / Within the last 3 years / Over 3 years ago / Never / Not Applicable |

8 Reporting

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| 8.01 | How many STRs were submitted to the FIAU during the prior calendar year? | [Number] / Not Available |
| 8.02 | How many internal suspicious reports were raised during the prior calendar year? | [Number] / Not Available |
| 8.03 | From the internal reports raised in the prior calendar year, how many cases are still open? | [Number] / Not Available / Not Applicable |
| 8.04 | How many internal suspicious reports were not reported to FIAU after investigation ("closed") during the prior calendar year? | [Number] / Not Available |
| 8.05 | Were records of all "internal reports" raised during the prior calendar year and the analysis conducted thereon maintained by you / your entity? | No / No measures relating to internal reporting or alerts are in place / No internal reports submitted / Only internal reports maintained / Yes, internal report & analysis maintained |
| 8.06 | In those instances where an STR was not submitted to the FIAU, were the reasons and analysis documented on file? | No internal reports submitted / Reasons are not documented / Yes, most of the time / Yes, reasons are always retained |
| 8.07 | How many requests for information from the Maltese authorities did you / your entity receive about any of your customers during the prior calendar year? | [Number] / Not Available |

9 AML / CFT Training

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| 9.01 | How often do you and / or any relevant staff attend AML / CFT training? | Every 3 or more years / Between 1-3 years / Annually / Monthly / Quarterly / As needed but at least annually / Not Applicable |
| 9.02 | Have you and / or relevant staff from your entity attended or received training in the prior calendar year, in relation to specific Maltese AML / CFT regulations (PMLA, PMLFTR, IPs)? | No / Yes / Not Applicable |
| 9.03 | Please provide the % of staff that received AML / CFT training in the prior calendar year. | [%] / Not Available / Not Applicable |
| 9.04 | Please provide the % of staff within the AML / CFT unit that completed AML / CFT training throughout the prior calendar year. | [%] / Not Available / Not Applicable |
| 9.05 | Please provide the % of staff outside the AML / CFT unit that completed AML / CFT training throughout the prior calendar year. | [%] / Not Available / Not Applicable |
| 9.06 | Please provide the % of board members / partners that received AML / CFT training throughout the prior calendar year. | [%] / Not Available |

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| 9.07 | Is your entity's training program uniformly applied to all staff carrying out a relevant activity / relevant financial business (including directors and partners) equally, or is it differentiated according to their duties? | Differentiated / The same for everyone / Not Applicable |
| 9.08 | Where AML operational tasks are outsourced (within or outside the Group), have the outsourced provider's staff directly servicing your entity, received training during the prior calendar year in relation to: | |
| | a) specific Maltese AML / CFT regulations (PMLA, PMLFTR, IPs) | No / Yes / Not Applicable |
| | b) your / your entity's AML / CFT policies and procedures | No / Yes / Not Applicable |
| 9.09 | Where tasks relating to AML / CFT compliance are outsourced (within or outside the Group), what % of the provider's staff directly servicing you / your entity, received training on AML / CFT throughout the prior year? | [%] / Not Available / Not Applicable |
| 9.10 | Where applicable, when was the last time that you / your entity verified that your outsourced service provider's staff received training on Maltese AML / CFT regulations and on you / your entity's AML / CFT policies and procedures? | Last year / Two years ago / Three years ago / More than three years ago / Never / Not Applicable |
| 9.11 | Does your entity provide AML / CFT training to brokers / agents / intermediaries who are established in Malta / EU / EEA, to ensure that they have an adequate understanding of relevant ML / FT risks and on the AML / CFT policies and procedures mandated by your entity? | No / Yes / Not Applicable |
| 9.12 | Does your entity provide AML / CFT training to non-EU / EEA brokers / agents / intermediaries to ensure that they have an adequate understanding of relevant ML / FT risks and on the AML / CFT policies and procedures mandated by your entity? | No / Yes / Not Applicable |

10 Record Keeping

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| 10.01 | Do you / your entity have policies and procedures in place providing for compliance with the record keeping obligations arising from the PMLFTR? | No / Yes |
| 10.02 | Upon request by the FIAU, are you / your entity in a position to retrieve the requested customer records / or investigative records within the established deadlines? <i>*If you / your entity received reminders or requested extensions for deadlines imposed by the FIAU, do not mark as [yes, always].</i> | No / Depending on the request / Yes always / Yes most of the time |

11 Products and Services

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| | Please indicate for total long-term business activity undertaken by your entity during the prior calendar year | |
| 11.01 | Total gross premium / contribution (€) from long-term business policies. | [€] / Not Available |
| 11.02 | Total number (#) of retirement scheme / plans / funds. | [Number] / Not Available |
| | For the products offered by your entity, please indicate, for the prior calendar year, the total volume (#) and the total gross premium (€): | |

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| | Pension fund management product: | |
| 11.03 | a) total number of active long-term business policies | [Number] / Not Available / Not Applicable |
| | b) total gross premium / contributions for active long-term business policies | [€] / Not Available / Not Applicable |
| 11.04 | Did your entity / the entity you manage, during the prior calendar year, cease to offer specific long-term business products due to exposure to higher AML / CFT Risk? | No / Yes |
| 11.05 | Do any of the long-term business insurance products offered by your entity or the entity you manage, allow for easy access to funds (e.g. partial withdrawal or early surrender at any time with limited charges or fees)? | No / Yes |
| | Do any of the long-term business insurance products offered by your entity allow for: | |
| 11.06 | a) high-value premium / contribution payments | No / Yes |
| | b) overpayments | No / Yes |
| | c) large volumes of lower value premium payments | No / Yes |
| 11.07 | Do the long-term business insurance products offered by your entity impose, where applicable, a restriction / limit on the total investment value of the product? | No / Yes |
| 11.08 | Do the long-term business insurance products offered by your entity impose, where applicable, a restriction on the term when the policy can be surrendered? | No / Yes |
| 11.09 | Do the long-term business insurance products offered by your entity or the entity you manage include, where applicable, the surrender values in the product / policy contracts? | No / Yes |
| 11.10 | Does your entity or the entity you manage offer long-term business tailor-made products, whereby the customer may dictate the underlying investment or portfolio composition? | No / Yes |
| 11.11 | Does your entity or the entity you manage offer long-term business insurance products that are funded in part or in whole by an employer through employer contributions and / or deductions made from employee salaries? | No / Yes |
| 11.12 | Does your entity or the entity you manage offer long term insurance products with a short term maturity period? | No / Yes |
| 12 Customers | | |
| 12.01 | Please list the total number of long-term business insurance customers with whom your entity had an active business relationship as at the end of the prior calendar year. | [Number] / Not Available |
| 12.02 | Please list the total number of new customers onboarded during the prior calendar year. | [Number] / Not Available |

| | | |
|----------------------|--|---|
| 12.03 | Please list the number of customers (natural persons) and / or BOs that have benefited from residence or citizenship by investment schemes, or are applicants / prospective applicants for such schemes. | [Number] / Not Available |
| Customer Type | | |
| 12.04 | What number of long-term business insurance customers have an ownership structure that includes offshore vehicles or trusts or other legal arrangements including bearer shares, fiduciary deposits and foundations? | [Number] / Not Available |
| 12.05 | Of the total number of long-term business insurance customers, what % are rated as: | |
| | a) "High Risk" | [%] / Not Available |
| | b) "Medium High Risk" | [%] / Not Available |
| | c) "Medium Risk" | [%] / Not Available |
| | d) "Low Medium Risk" | [%] / Not Available |
| | e) "Low Risk" | [%] / Not Available |
| 12.06 | Does a percentage of your long-term business insurance customer base have a risk rating outside of the "high", "medium" and "low" categories? | No / Yes |
| 12.07 | If "Yes", please specify the additional risk rating. | [Text] / Not Available / Not Applicable |
| 12.08 | Please specify the number of customers in the additional risk category specified in the prior question. | [Number] / Not Available / Not Applicable |
| 12.09 | What is the total number and value of long-term business insurance policies was the beneficiary of the policy a charity or other non-profit organization? | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 12.10 | Do you / does your entity have customers for which management is vested in a representative or an agent (i.e. where you deal primarily with a third party and not the customer directly)? | No / Yes / Not Available |
| 12.11 | Please list the number of customers who are operating in high-risk industries (as designated by your policies and procedures). | [Number] / Not Available |
| 12.12 | Please list the number of customers who are operating in dual use products (as designated by your policies and procedures), or separately as per SL 365.12. | [Number] / Not Available |
| 12.13 | If applicable and in relation to the last two questions, please list the industries and products. | [Text] / Not Applicable |

| | | |
|-------|--|--------------------------|
| 12.14 | Please list the number of customers who operate cash intensive businesses. | [Number] / Not Available |
|-------|--|--------------------------|

Politically Exposed Persons ("PEPs")
**as defined in Regulation 2 of the PMLFTR*

| | | |
|-------|---|---|
| 12.15 | Of the total number of customers who are natural persons, how many were PEPs (including family members and close associates) as at the end of the prior calendar year? | [Number] / Not Available |
| 12.16 | Of the total number of customers who are legal entities, how many of their BOs were PEPs (including family members and close associates) as at the end of the prior calendar year? | [Number] / Not Available |
| 12.17 | What percentage of you / your entity's long-term business customers (or their BOs) which were PEPs in the prior calendar year, are from Malta? | [%] / Not Available / Not Applicable |
| 12.18 | What percentage of you / your entity's long-term business customers (or their BOs) which were PEPs in the prior calendar year, are from an EU or EEA jurisdiction? | [%] / Not Available / Not Applicable |
| 12.19 | What percentage of you / your entity's long-term business customers (or their BOs) which were PEPs in the prior calendar year, are from a non-EU / EEA jurisdiction? | [%] / Not Available / Not Applicable |
| 12.20 | Does your entity have, based on the prior calendar year, PEPs who obtained their PEP status in a jurisdiction listed in the FATF Public Statement and / or the EU list identifying high risk 3rd countries with strategic deficiencies and / or the jurisdictions featuring in the top 20 countries of the Basel Index. | No / Yes |
| 12.21 | If your answer to the above question is positive, please select the respective jurisdictions. | Select from drop down list / Not Available / Not Applicable |

Funding Methods

Please indicate the total volume (#) and value (€) of premium payments made via the following funding methods in the prior calendar year:

| | | |
|-------|---|---|
| | Bank transfers (EU, EEA or equivalent safeguards): | |
| 12.22 | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| | Bank transfers (non-EU, EEA or equivalent safeguards): | |
| 12.23 | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| | Debit / credit cards issued by banks or other licensed financial institutions (EU, EEA or equivalent safeguards): | |
| 12.24 | a) Volume (#) | [Number] / Not Available / Not Applicable |

| | | |
|-------|---|---|
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 12.25 | Debit / credit cards issued by banks or other licensed financial institutions (non-EU, EEA or equivalent safeguards): | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 12.26 | Prepaid cards / vouchers: | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 12.27 | Cash: | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 12.28 | Internet-based, or mobile-application based, payment systems: | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 12.29 | Payment service providers linked to bank accounts: | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |

13 Geography

Residence of Customers

Please provide the following information based on your / your entity's customers as at end of prior calendar year

| | | |
|-------|--|--------------------------------------|
| 13.01 | What percentage of total customers are resident or otherwise incorporated or their principal place of business is in Malta? | [%] / Not Available / Not Applicable |
| 13.02 | What percentage of total customers are resident or otherwise incorporated or their principal place of business is in an EU / EEA jurisdiction outside Malta? | [%] / Not Available / Not Applicable |



| | | |
|-------|--|---|
| 13.03 | What percentage of total customers are resident or otherwise incorporated or their principal place of business is in a non-EU / EEA jurisdiction? | [%] / Not Available / Not Applicable |
| 13.04 | Did your entity, based on the prior calendar year, have customers who were resident or otherwise incorporated or their principal place of business is in a jurisdiction listed in the FATF lists, EU list identifying high risk 3rd countries with strategic deficiencies and / or the jurisdictions featuring in the top 20 countries of the Basel Index? | No / Yes / Not Available |
| 13.05 | If your answer to the above question was "YES", please select the respective jurisdictions. | Select from drop down list / Not Available / Not Applicable |

Transactions/Payments

Please indicate the total transactional / payment volume (#) and value (€) for all long term business provided during the prior calendar year:

| | | |
|-------|--|---|
| 13.06 | What total volume and value of long-term insurance policy premium / contribution payments originate from domestic payees / insured persons? | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 13.07 | What total volume and value of long-term insurance policies / retirement scheme / pension funds are paid out to domestic-based insured-persons? | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 13.08 | What total volume and value of long-term insurance policy premium / contribution payments are cross border? | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 13.09 | What total volume and value of long term insurance policy / retirement schemes / pension funds pay-outs are made to cross border insured-persons or beneficiaries? | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 13.10 | What total volume and value of long-term insurance policy premium payments originate from jurisdictions listed in the FATF lists and / or the EU list identifying high risk 3rd countries with strategic deficiencies and / or the jurisdictions featuring in the top 20 countries of the Basel Index? | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |

| | | |
|-------|---|---|
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 13.11 | If payments originated from jurisdictions referred to in the question above, please select the respective jurisdictions. | Select from drop down list / Not Available / Not Applicable |
| 13.12 | What total volume and value of long-term insurance policies / retirement schemes are paid out to insured-persons or beneficiaries in jurisdictions listed in the FATF lists and / or the EU list identifying high risk 3rd countries with strategic deficiencies and / or the jurisdictions featuring in the top 20 countries of the Basel Index? | |
| | a) Volume (#) | [Number] / Not Available / Not Applicable |
| | b) Value (€) | [€] / Not Available / Not Applicable |
| 13.13 | If policies are paid out to jurisdictions referred to in the question above, please select the respective jurisdictions. | Select from drop down list / Not Available / Not Applicable |

14 Interface / Distribution Channels

Please provide the following information regarding your entity's customers as at end of the prior calendar year

| | | |
|-------|--|---|
| 14.01 | Of the total number of customers, what percentage were onboarded face-to-face? | [%] / Not Available |
| 14.02 | What percentage of long-term business insurance customers were onboarded on a non-face-to-face basis (i.e. online, postal or telephone sales)? | [%] / Not Available / Not Applicable |
| 14.03 | Of those onboarded on a non-face-to-face basis (as indicated above), what percentage of long-term business insurance customers were introduced by an EU or EEA or otherwise regulated broker / agent / introducer? | [%] / Not Available / Not Applicable |
| 14.04 | Of those onboarded on a non-face-to-face basis (as indicated above), what percentage of long-term business insurance customers were introduced by a non-EU / EEA or otherwise unregulated broker / agent / introducer? | [%] / Not Available / Not Applicable |
| 14.05 | What percentage of long-term business insurance customers was CDD conducted by the agent / broker / introducer / TII (as a % of total)? | [%] / Not Available / Not Applicable |
| 14.06 | What % of customers were introduced by an agent / broker / introducer from a jurisdiction listed in the FATF lists and / or the EU list identifying high risk 3rd countries with strategic deficiencies and / or the jurisdictions featuring in the top 20 countries of the Basel Index? | [%] / Not Available / Not Applicable |
| 14.07 | If your answer to the above question was greater than 0, please select the respective jurisdictions. | Select from drop down list / Not Available / Not Applicable |
| 14.08 | For what percentage of total customers was Customer Due Diligence carried out by another subject person / third party on the basis of a reliance agreement between your entity and the other subject person / third party? | [%] / Not Available / Not Applicable |