

THE MANHATTAN LIFE INSURANCE COMPANY

Life Administration Department
Administration Office: 5 Waterside Crossing, Third Floor, Windsor Connecticut 06095

SOURCE OF FUNDS QUESTIONNAIRE

FOR CASES WHERE THE SINGLE PREMIUM IS US\$ 50,001 OR MORE, OR THE REGULAR PREMIUM IS U.S. \$10,001 OR MORE PER PLAN.

(TO BE COMPLETED BY APPLICANT AND WITNESSED BY INTRODUCER)

Please answer in the space provided, or if necessary on a separate sheet of paper.

1) Full name and current residential address of applicant: _____

2) How and when were you introduced to applicant indicating year and month: _____

3) If the applicant is a corporation, who are the current directors and shareholders, and do any holding companies and subsidiaries exist? _____

4) If the applicant is a trust, please advise the identify of the parties: _____

5) Applicants bank information:

a. Name of Bank: _____

b. Address: _____

c. Account Number: _____

d. Date Opened: _____

6) Please indicate how the funds have been obtained for this investment:

a. Liquidation of existing investment portfolio: Yes No

b. Sale of property of other assets: Yes No

c. Gift or inheritance from a Third Party: Yes No

d. From current income: Yes No

Please provide details for any questions answered as "Yes": _____

7) What is the purpose of this investment, (Retirement, education, etc.): _____

I declare that to the best of my knowledge and belief the applicant is of good standing and the information given in this questionnaire is true and complete:

Signature of Applicant: _____ Date: _____

Signature of Introducer: _____

Introducer Name: _____ Introducer Code: _____