



Claims Know your customer form Individuals

If any of the information required does not apply, please write: NA

This document will not be valid if it has cross-outs or amendments. Please fill out a form for each person related to the claim.

Beneficiary data

Complete name (name, middle name, last name(s))

Tax ID (if available)

Mexican ID number (C.U.R.P., if available)

Address (street, external number, internal number, county, zip code, city, state, country)

Telephone number (including area code) Mobile number (including area code)

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E-mail address (if available)

Date of birth

Date Month Year

Country of birth

Nationality

ID type (passport, voting card, FM1, professional ID))

ID number / folio

ID presented issuing institution

Occupation and/or profession

Company name where you work

Digital certificate of advanced electronic signature (if available)

Specify with an "X" the field that corresponds to your answer

During the last year, have you been a government officer (national or foreign) of high hierarchy or a relevant member of a political party?

Yes No

Have or has been a spouse, parent or son of any of the above mentioned?

Yes No

If you have answered affirmative to any of the above questions, do you have your own business or are you a shareholder of any company?

Yes No

Please attach to the format the following mandatory documents

1. Valid photo ID (passport, professional ID)
2. Proof of address (a receipt of a service, for example, light, water, telephone, gas)
3. Mexican ID number (C.U.R.P.)
4. Document that provides their immigration status
5. In the case of no resident foreign beneficiary, a document that provides their entry to the country or residence in the country

I accept and know that the insurer will not make any payment, until it has satisfactory complied with the identification requirements established in this document.

By this means I manifest under protest of telling the truth that I have verified the data and information provided, which is correct, true and up to date.

For legal purposes for which belongs, this document will be considered as an interview. Personal data shall be processed in accordance with the provisions of the "Ley Federal de Protección de Datos en Posesión de Particulares", the relevant regulations and the privacy notice are available in the website www.aig.com.mx Please consult the privacy notice before providing your information.

Date Month Year

_____ X _____

Name and signature of the policy holder, customer and/or beneficiary