



March 1, 2019

Ref: Bank Account Verification

Dear Sir/Madam,

We are committed to ensuring the utmost protection of our Brokers' and other 3rd parties' confidential information. This includes periodically assessing and enhancing our Fraud Prevention and Detection protocols to ensure that any financial transactions we process for you are conducted in a secure and efficient manner.

As part of our Broker Application Process, we require all Brokers who wish to receive payment from us by direct transfer into their assigned bank account to have this assigned account verified by the branch of the bank at which it is held.

We kindly ask that you provide the below form to the local branch of your bank so that they may validate your banking details. It is important that your bank sign, date and stamp the below form.

The completed form should be returned to our Broker Administrator either via post to the address noted in the footer of this letter or via e-mail with a password protected document.

Please note that unless we receive this form within 30 days of the date noted above, we will need to remit all future payments to you via cheque to the address we hold on record for you.

If you have any questions or concerns with regards to this verification request, please contact our Broker Administrator, Janet Joseph, at josephj4@aetna.com.

Yours sincerely,

A handwritten signature in black ink, appearing to read "D. Lenihan", with a long horizontal stroke extending to the right.

Mr. Damian Lenihan
Executive Director – Distribution, Europe
Aetna Global Benefits (UK) Ltd

Broker Administrator
Aetna Global Benefits (UK) Ltd
50 Cannon Street
London
EC4N 6JJ
United Kingdom

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Dear Sirs,

This letter is verification that the commercial customer named below has an account with our branch under the following details:

| | |
|-----------------------------|--|
| Bank Name: | |
| Bank Address: | |
| IBAN: | |
| BIC: | |
| Swift Code | |
| Account Name: | |
| GBP/USD /EUR: | |
| Account Sort Code: | |
| Account Number: | |
| Account Holders Address: | |

We hereby confirm that the above account is valid and can accept electronic deposits.

Name

Signature

Date

Branch Stamp: