

**ISLE OF MAN
FINANCIAL SERVICES AUTHORITY**

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Long term insurers

Sector Specific AML/CFT Guidance Notes

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Whilst this publication has been prepared by the Financial Services Authority, it is not a legal document and should not be relied upon in respect of points of law. Reference for that purpose should be made to the appropriate statutory provisions.

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1. Foreword

This sector specific guidance document refers to activity undertaken by all insurers writing long term business as defined in Regulation 4 of the Insurance Regulations 2018.

The Authority wishes to thank the Manx Insurance Association for their assistance in developing this sector guidance.

2. Introduction

The purpose of this document is to provide some guidance specifically for insurers in relation to anti-money laundering and countering the financing of terrorism (“AML/CFT”). This document should be read in conjunction with both the [Anti-Money Laundering and Countering the Financing of Terrorism Code 2019](#) (“the Code”) and the main body of the [AML/CFT Handbook](#) (“the Handbook”).

An insurer must be in compliance with the Code at all times. If an insurer identifies a matter that is in breach of the Code this must be notified to the Authority as soon as possible, in line with the requirements of paragraph 74(2) of the Corporate Governance Code for Commercial Insurers 2018¹.

In relation to the insurance sector there are certain sections of this guidance which insurers may wish to refer to instead of (or alongside) the guidance included in the Handbook.

Paragraph	Corresponding paragraph in the Handbook
3.1 & 3.2 Regulated introducer	N/A – this is not covered in the main handbook Where appropriate this should be read in conjunction with the introduced business guidance
5.2 Varying CDD for a group of customers	N/A – this is not covered in the main handbook
5.3 Use of a PO box	In addition to 4.7.2 of the Handbook further guidance for insurers is provided
5.4 Suitable certifier regime	Instead of 4.10 of the Handbook
7 Ongoing monitoring	Instead of 2.1, 3.4.4 of the Handbook and 17.3 of the standalone guidance issued in relation to part 4 of the Handbook

¹ SD No. 2018/0247

8	MLRO function	In addition to 7.2.1 of the Handbook further guidance for insurers is provided
9	Glossary	In addition to the glossary included in the Handbook a further glossary is provided for insurers

The Authority recommends that insurers familiarise themselves with the [FATF Risk-based Approach Guidance for the Life Insurance Sector](#) and any other relevant typology reports concerning the sector.

The Island's [National Risk Assessment](#) ("NRA") was published in 2015 and has recently been updated. Insurers must ensure their business risk assessment (and customer risk assessments where necessary) take into account any relevant findings of the NRA. The NRA explains that the insurance sector is the largest financial sector within the Island contributing to 17.6% of national income in 2017/18. In relation to the main vulnerability of the sector, there is a risk that funds used to purchase life insurance may be proceeds of crime. There is also a risk, even limited, that funds withdrawn from life insurance contracts could be used to fund terrorism. The NRA sets out the main risks and vulnerabilities in detail.

Overall, after applying consideration of the control and other preventative measures in place together with the product weightings (explained in the NRA), the life sector is assessed as having a Medium level of vulnerability for ML and a Medium level of vulnerability for TF.

2.1 Status of guidance

Section 157 of the Proceeds of Crime Act 2008 and section 68 of the Terrorism and Other Crimes (Financial Restrictions) Act 2014 state that codes may be made in relation to the prevention and detection of money laundering and the financing of terrorism ("ML/FT"), and that these codes may incorporate by reference any relevant guidance issued by a supervisory authority.

It should be noted that guidance is not law, however it is persuasive. Where a person follows guidance this would tend to indicate compliance with the legislative provisions, and vice versa.

This revised guidance was introduced on 1 January 2020 following the revocation of the previous Guidance notes on Anti-Money Laundering and Preventing the Financing of Terrorism for insurers (long term business).

For the avoidance of doubt, a retrospective review of customers' files to assess compliance with revised guidance is not required. However, steps must be taken to ensure the Code is complied with at all times both in relation to new customers (paragraphs 8 and 12), and in respect of any existing customers.

2.2 Context of the sector

Long term business such as life insurance products are designed to financially protect the customer² and related third parties, which may include the insured, the beneficiary (ies) of the contract, and the beneficial owners, against the risk of an uncertain future event such as death or critical illness. Life insurance products can also be bought as investment or saving vehicles and to support estate planning or pension plans. The Island's long term sector is predominantly unit linked investment insurance business.

Most life insurance products are designed for the long term and some will only pay out on the occurrence of a verifiable event, such as death or retirement. However, the majority of products offered by Isle of Man insurers have saving or investment features, which may include the options for full and/or partial withdrawals or surrenders at any time. Life insurance policies can be individual policies, corporate / trust based policies or group policies (for example, companies may provide life insurance for their employees as part of a benefits package).³

This document will cover unique ML/FT risks that may be faced by the sector and will provide further guidance in respect of customer due diligence ("CDD") measures where a "one size fits all" approach may not work. Please see section 4 of this guidance or further details in relation to the risk profile of the sector and the types of products that may be sold.

3. Use of intermediaries

The majority of insurers operate a customer relationship, and distribute products and services, through another party such as an intermediary or "introducer"⁴.

An introducer is defined in the Code as:

a person ("**the introducer**") who provides elements of customer due diligence to a relevant person on behalf of a customer under the circumstances covered in paragraph 9 (introduced business). However, reliance in relation to the customer due diligence is not placed on an introducer within the meaning of paragraph 19 (eligible introducers);

As per paragraph 9 of the Code (Introduced Business) a customer risk assessment must be undertaken in accordance with paragraph 6 of the Code, which takes into account the

² For ease of reference the term "customer" will be used throughout this guidance document, however this may also include requirements to be placed on the beneficial owner / beneficiaries / connected parties depending on the requirements included in paragraph 12 (Beneficial Ownership and Control) of the Code.

³ FATF Guidance for a Risk Based Approach for the Life Insurance Sector

⁴ The term introducer has a particular meaning in the insurance sector (see glossary), however it should be noted that this is a defined term in the Code.

involvement of any third parties involved in the process when forming a customer relationship.

As set out in paragraph 9(4) of the Code, this risk assessment must include and take into account:

- (a) a risk assessment of the introducer;
- (b) whether the introducer has met the customer;
- (c) whether any elements of customer due diligence provided by the introducer have been obtained by the introducer —
 - (i) directly from the customer; or
 - (ii) from any third parties; and
- (d) if sub-paragraph (4)(c)(ii) applies, indicate —
 - (i) how many third parties were involved in the process;
 - (ii) who those third parties were;
 - (iii) whether any of those third parties have met the customer;
- (iv) whether any third party is a trusted person; and
- (v) whether in the case of any third parties located outside of the Island, they are located in a List C jurisdiction.

Please see the stand-alone guidance in relation to [introduced business](#) for further details regarding the application of paragraph 9 of the Code. Also, additional details in relation to some of the risk factors to be considered are included at section 4.7 of this guidance.

It should be noted that as stated in the Code at paragraph 4(3):

the ultimate responsibility for compliance with the Code is that of the relevant person, regardless of any outsourcing or reliance on third parties during the process.

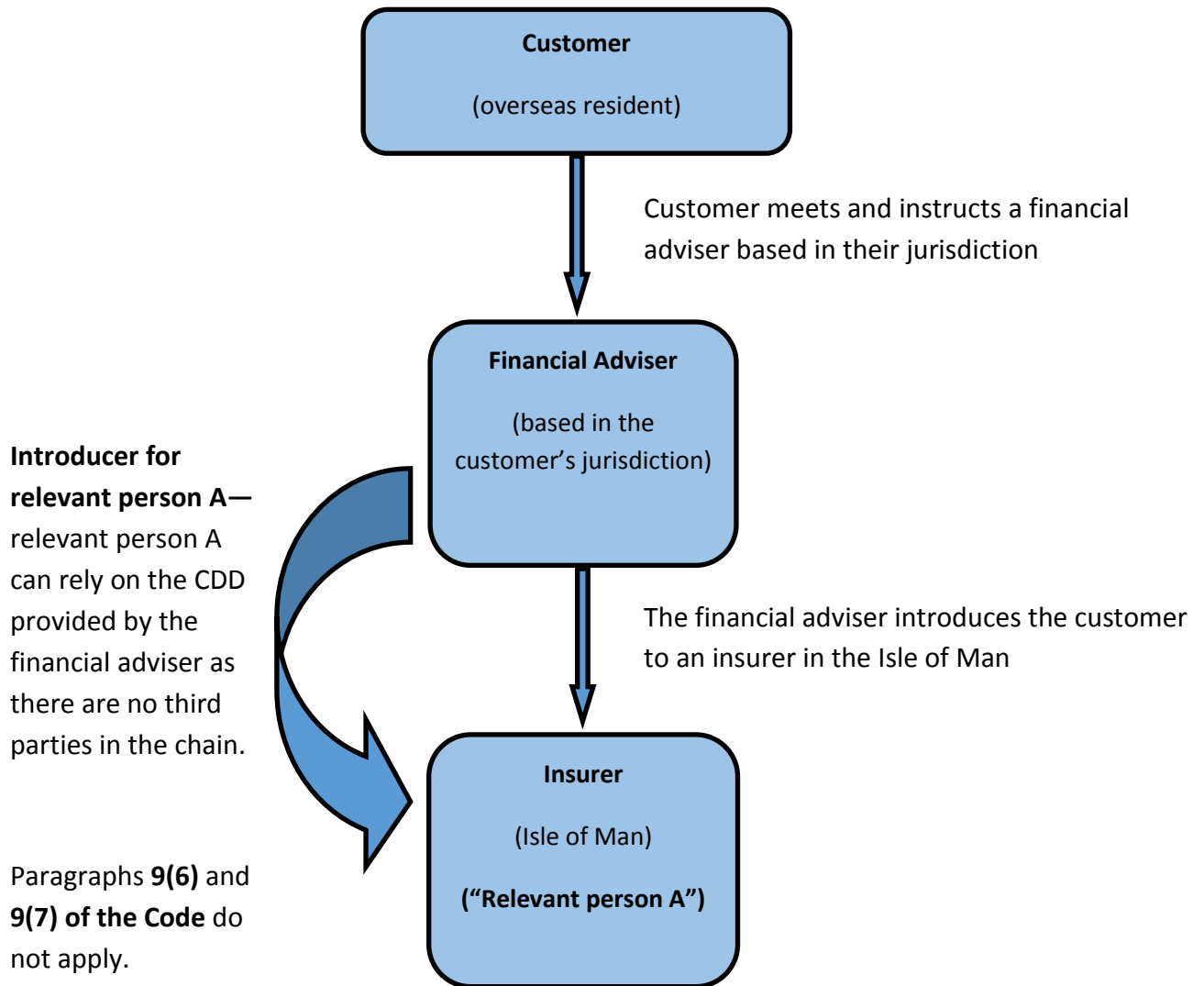
As explained above the responsibility for Code compliance is that of the relevant person. The relevant person however should ensure that any introducer used is made aware of the requirements of the Code.

3.1 Introduced business

Where an introducer, who is providing elements of the customer due diligence to the insurer, is present in the relationship it is necessary to refer to paragraph 9 of the Code. It must be determined how many third parties are in the “chain” between the insurer and the customer

which must form part of a broadened customer risk assessment as required by the Code (see section 3 of this guidance).

Considering the business model which is prevalent in the sector, there would usually tend to only be one introducer involved as shown in the diagram overleaf. If there is more than one introducer in the chain between the customer and the insurer there are additional steps that are required by paragraph 9 of the Code in order to continue to use the introducer. These additional steps are explained in the [introduced business guidance](#) and must be followed instead of using the measures included at section 3.2 and 3.3 of this guidance.



A customer who is an overseas resident meets and instructs a financial adviser based in their jurisdiction in relation to wishing to purchase an insurance product. The financial adviser introduces the customer to an insurer based in the Isle of Man (*relevant person A*). The insurer can rely on CDD and verification of identity provided by the financial adviser as the financial adviser is the introducer to the insurer and there are no third parties in the chain.

3.2 Regulated introducer

Where an insurer receives an application for a business relationship through an introducer (as per the Code definition), who also falls within the definition of a “regulated introducer”, and there are no third parties involved in the process, the regulated introducer may provide:

- (a) a copy of the documents held on the regulated introducer’s file which the regulated introducer has used (historically) to verify the identity of the party. We would expect that any documents provided should have been certified within the last year and that the document(s) were valid at the time of production.

Such a copy document may be accepted provided that the information on that verification document is the same as the application form and provided that the information supplied is detailed enough to meet the Code requirements in relation to identification and verification; or

- (b) originals or copies of documents obtained specifically in relation to the particular application for business.

Any verification of identity passed to the insurer should be certified by the regulated introducer as being a true copy of either an original or copy document held on its file as appropriate. If this verification of identity is not provided by the regulated introducer the insurer must obtain the verification of identity from the customer directly and comply with the relevant requirements of the Code.

If reliance is placed on an introducer to hold the verification of identity i.e. copies of such documentation are not provided to the insurer, the eligible introducer provisions of the Code must be complied with (paragraph 19).

3.3 Appointed representative

For the purposes of this guidance the treatment of business introduced by an appointed representative is the same as the treatment applicable to any other introducer. See section 3.2 above.

4. Risk guidance

The insurance industry is a broad sector and the ML/FT risks will vary for each business based on a wide range of factors such as; the type of products they supply, their customers and the delivery channels used.

The Code sets out the requirements for relevant persons to undertake customer, business and technological risk assessments. Once the relevant person has assessed the ML/FT risks appropriate controls proportionate to the risks identified must be developed and implemented. The sections below set out some risk factors for the sector to consider when undertaking and maintaining these risk assessments.

It should be remembered that risk assessments can change. In relation to a customer risk assessment, for example, this would need to be amended if a customer with only low risk products subsequently purchases a higher risk product. In relation to a business risk assessment, for example, this may change if there are product or technology changes within the business.

The Handbook suggests ways in which relevant person can comply with requirements of the Code and allows a risk based approach to be taken as explained in section 1.7 of the Handbook.

4.1 General higher risk indicators

As with the basic elements of a risk assessment (see Part 3 of the Handbook), the following activities may increase the risk of the relationship. Just because an activity / scenario is listed below it does not automatically make the relationship high risk. The customer's rationale / nature / purpose of the business relationship / controls that are in place should be considered in all cases.

Paragraph 15(5) of the Code mandates certain circumstances where a customer must be rated as higher risk. Apart from these matters the Authority does not generally mandate which customer or sectors must be viewed as higher risk. The Authority has no objection to a relevant person entity having higher risk customers provided that they have been adequately risk rated in accordance with the relevant person's procedures and any mitigating factors have been documented. As per paragraph 15(3) of the Code a relevant person must conduct enhanced due diligence ("EDD") where a customer has been assessed as posing a higher risk.

Further information about the customer risk assessment and the treatment of higher risk customers can be found in the Handbook and in the [Notes on customer risk assessments guidance document](#).

If a business is unable to obtain a satisfactory explanation from a customer in the event of the following situations, features, or activities, or any other features which cause it concerns, it must be determined whether this is suspicious or unusual activity. Relevant persons must be vigilant for any transactions where suspicion may be aroused and take appropriate measures. Please refer to Part 7 of the Handbook for further detail of the Island's suspicious activity reporting regime.

As stated in paragraph 13 (Ongoing monitoring) of the Code:

(2) Where a relevant person identifies any unusual activity in the course of a business relationship or occasional transaction the relevant person must –

- (a) perform appropriate scrutiny of the activity;
- (b) conduct EDD in accordance with paragraph 15; and
- (c) consider whether to make an internal disclosure.

(3) Where a relevant person identifies any suspicious activity in the course of a business relationship or occasional transaction the relevant person must –

- (a) conduct EDD in accordance with paragraph 15 of the Code, unless the relevant person believes conducting EDD will tip off the customer; and
- (b) make an internal disclosure.

This list of higher risk indicators is by no means exhaustive and is as follows:

- applications from potential customers in jurisdictions where a comparable product could be provided ‘closer to home’ and the reason for choosing the Isle of Man cannot be understood;
- difficulties and delays in gaining CDD information and documentation;
- the relationship is controlled by a third party or there are multiple indicators of third party deposits or payments;
- customer places an unusual emphasis on the necessity for secrecy;
- customers that are legal entities whose structure makes it difficult to identify the ultimate beneficial owner. This could happen at inception, or subsequently, an individually owned insurance policy can be assigned to a legal entity;
- the use of complex products with potential multiple investment accounts and / or products linked to performance of an underlying financial asset;
- sudden changes in the activity of the customer that are unusual and not in line with their known profile;
- acceptance of premiums that appear to exceed the customer’s means;
- a request for a payment to a third party who is not the beneficiary and has no apparent relationship with the customer;
- multiple surrenders with no apparent economic value;
- high value or unlimited value premium payments, overpayments or large volumes of lower value premium payments;
- payments in cash, bank drafts in bearer form or travellers cheques;
- use of intermediate corporate vehicles or other structures that have no apparent rationale, that unnecessarily increase the complexity of ownership, or otherwise result in a lack of transparency;
- premiums are paid from a foreign account in a different jurisdiction to the domicile or residence of the customer;

- cancellation and request for the refund to be paid to a third party;
- negotiability for example the product can be traded on a secondary market or used as collateral for a loan;
- a change of ownership/assignment of a policy just prior to a loss occurring; and
- reimbursement in a currency different to the original premium;

Also, please see the list of red flags included at 4.2. All of this should be read in conjunction with the suggested risk factors included at paragraph 15 (Enhanced due diligence) of the Code.

4.2 Red flags

In addition to the above higher risk indicators, there are some factors that are likely to be “red flags” in relation to that particular relationship and would therefore usually be suspicious activity. If a relevant person identifies suspicious activity appropriate steps as explained in section 4.1 of this document, and paragraph 13 the Code, must be taken. This list of red flags is by no means exhaustive and is as follows:

- where it is identified a customer provides false or misleading information and / or tries to conceal their identity;
- where it is identified a customer provides suspicious identification documents;
- the customer does not provide the business with relevant / accurate information about the nature and intended or ongoing purpose of the relationship, including anticipated account activity;
- the customer is secretive / evasive when asked to provide more information;
- the customer refuses to identify a legitimate source of funds or source of wealth;
- the customer refuses to provide details of beneficial owners of an account or provides information which is false, misleading or substantially incorrect;
- the customer enquires about how quickly they can end a business relationship where it is not expected and with no rationale;
- where the business relationship is ended unexpectedly by the customer and the customer accepts unusually high fees to terminate the relationship without question;
- the customer appears to be acting on behalf of someone else and does not provide satisfactory information regarding whom they are acting for;
- the customer is known to have criminal / civil / regulatory proceedings against him / her for crime, corruption, misuse of public funds or is known to associate with such persons; and
- the customer requests paying higher charges to keep their identity secret.

4.3 Customer risk factors

- The nature and structure of the customer - who is the customer; are there a number of parties involved i.e. different customer / insured party / beneficiary, is the customer

a PEP, what is their profession, does the customer's age seem consistent with the product being sought; are they a new or existing customer; does the legal structure of the customer make it more difficult to identify the customer and beneficial owner;

- the size of the customer's investment - does it match their known wealth situation;
- the activity of the customer – is their activity consistent with their known profile, does any activity lack rationale; is the contract frequently transferred to another insurer, is there a frequent use of cooling off periods particularly if the refund is to another party; early termination incurring a high cost; changes in beneficiary only when a claim is made;
- the payment method of the product – consider payment methods that may contribute to higher risks of ML/TF i.e. cash or other forms of payments that allow anonymity, the use of different bank accounts or accounts in a country different from the residential country of that customer;
- the payment source – what is the origin of the funds involved in the business relationship, are the source of funds and source of wealth clear, is the payment coming from the customer or a third party;
- the location of the customer – is this their normal residence, is it a temporary residence, what is the place of incorporation or branch location etc; and
- the use of an intermediary / introducer - is the CDD obtained directly from the customer or is an intermediary / introducer involved (if so the risk of that introducer must be assessed as explained further in the [introduced business guidance](#)).

4.4 Product risk factors

- The product being applied for and the risk factors associated with that product;
- products associated higher risk factors – products that favour international customers, or that allow for pay-outs not limited to pre-defined events;
- products associated with lower risk factors – products with simple features and low in value such as; no investment element, only pays out for a pre-defined event, cannot be used as collateral, does not allow over payment, only accessible through employers;
- products which allow high withdrawal amounts; how easy is it to access the accumulated funds, are partial withdrawals permitted i.e. insurance wrapper products;
- products which allow anonymity or are easily transferable; and
- products which allow for early surrender and have a surrender value.

Please see the [FATF Risk-based Approach Guidance for the Life Insurance Sector](#), for further details on product risk which may assist entities when they are undertaking their business risk assessment.

4.5 Distribution channel risk factors

- Is it a non-face to face relationship if so, is there an intermediary (or several intermediaries) involved, what safeguards for confirmation of identity are in place to mitigate the risk (ensuring the provisions of paragraph 9 of the Code have been met); and
- does the rationale for the distribution channel used in relation to the business relationship seem appropriate.

4.6 Geographical risk factors

- What countries are the product and service being sold to; does the country have high risk factors, is it in a List C jurisdiction; what is the AML/CFT Regime of that country considering its most recent evaluation or national risk assessment where appropriate;
- where are the customers (and any related parties) or any intermediaries located; are they resident in a List A or List B country or a country identified as high risk by the relevant person?

4.7 Intermediary risk factors

- The location of the intermediary, is it a List C jurisdiction; what is the AML/CFT regime of that country considering its most recent mutual evaluation or NRA where appropriate;
- consider the status of the intermediary, do they fit the definition of a regulated introducer, what is their size and has business been done with them previously;
- how many intermediaries are involved in the process and which entity has met the customer face to face; and
- does the intermediary handle any funds directly for the customer; does it get involved in any pay outs of the contract or is the intermediary purely a facilitator / introducer.

5. Customer Due Diligence (“CDD”)

Part 4 of the Code requires that CDD procedures are undertaken in relation to a customer prior to, or during the formation of a business relationship. The customer would usually be the person seeking to form the business relationship (although it must always be determined if the customer is acting on behalf of someone else). For details of any concessions which may be applicable please see paragraph 20 of the Code and section 6 of this guidance and Part 6 of the Handbook.

Part 4 of the Handbook⁵ provides guidance on how to identify and verify the identity of the customer in relation to both a natural and legal person. It also provides general guidance on the timing of identification and verification of identity. Please also see the [stand-alone guidance document](#) in relation to source of funds and source of wealth.

5.1 CDD in the sector

This section of guidance considers areas which are mainly applicable for insurers and explains the suitable certifier regime which should be used in place of the certification section (4.10) of the Handbook. Also, within this section there is some further information concerning types of customers that may be on-boarded by an insurer which are not included in the Handbook.

In all cases where the requirements of Part 4 of the Code cannot be met (Paragraphs 9(9), 10(5), 12(11) of the Code) the procedures and controls must be provide that –

- (a) the business relationship must proceed no further;
- (b) the relevant person must consider terminating⁶ the business relationship; and
- (c) the relevant person must consider making an internal disclosure.

5.2 Varying CDD for a group of customers

Exactly what customer information is actually obtained (and subsequently verified) will vary on a case to case basis. In relation to some customers not all of the components may be able to be obtained, or verified.

The expectations of the Authority are that best endeavours are taken to use the methods outlined in the Handbook. However, there is the option to obtain senior management sign off if the information and documentation obtained in relation to a customer varies from the suggested methods included in the Handbook.

Where the documentation listed in the Handbook to be collected for identifying, and verifying the identity of a group of customers cannot be obtained a variance in approach is also permitted. For example, there maybe a country where a particular type of identification document mainly used within a certain jurisdiction is not included in the Handbook list. A variance such as this should be approved by the Board of the insurer and documented appropriately in the relevant person's procedures.

⁵ At this time please see the [stand-alone guidance document](#) in relation to part 4 of the Handbook (customer due diligence) which is in use until the main body of the Handbook is fully updated.

⁶ In relation to a New business relationship (paragraph 8) the business relationship must be terminated.

When varying CDD for a customer, or a group of customers, insurers should consider whether to maintain a schedule of the instances where a senior manager of the insurer (case by case basis) or board approval (group of customers) is obtained in relation to varying of CDD documentation obtained.

5.3 Use of a PO Box

Provided that a customer's residential address has been appropriately verified, a PO Box address could be used as a correspondence address for that customer. The insurer should be comfortable regarding the use of a PO Box for correspondence particularly if correspondence is likely to be of a personal or sensitive nature. It may be prudent to obtain proof of payment for the PO Box service..

5.4 Suitable certifier regime

A relevant person must satisfy itself as to the identity of the customer, beneficial owner and any connected parties as required by the Code at paragraph 12. In certain circumstances relevant persons may obtain verification of identity from the customer directly, however often a third party such as a suitable certifier will be involved in the process.

5.4.1 Certification of verification of identity documents

Where copies of documents have been obtained specifically for an application, or have been requested by an insurer in relation to an existing policy (other than copy documents provided by an introducer from their records), all copy documents should be currently valid, or in the case of a utility bill or other dated document, should ideally not be more than 6 months old.

In the event that an older document is provided, the insurer should take steps to understand the reason for this and must be satisfied with the explanation given which must be documented on file.

All copy documents obtained should either:

- (a) be signed and dated by the suitable certifier. The suitable certifier should include a statement to the effect that it is a true copy of the original and the name of the person providing the certification must be clearly and legibly printed;
- (b) the suitable certifier should clearly indicate his/her position or capacity on it and provide contact details; or
- (c) be accompanied by a covering letter or other document signed by the suitable certifier attaching the copy documents and confirming that they are true copies

of the originals. The covering letter should also make reference to each document attached.

There is no exact wording to be used however the above points should usually be covered. The name of the suitable certifier should be in a legible form so that identification is possible, and if not apparent, the capacity under which the suitable certifier is signing should be given. If this certification is not obviously carried out, or is carried out using different wording or by an alternative certification method, the insurer should make a decision on whether to accept the certification based on the risk profile of the application. In these circumstances, the decision to accept the certified documentation should be documented, include confirmation that the deficiency has been noticed and that the policy has been accepted, and be signed-off by a senior manager of the insurer.

5.4.2 Suitable certifier

A suitable certifier is an individual who is deemed suitable to certify any copy documents provided to the insurer as part of CDD and may be one of the following:

- (a) an employee of the insurer, or any group company of the insurer, which is regulated or supervised for AML/CFT purposes;
- (b) an appointed representative bound by contract to the insurer, or any group company of the insurer;
- (c) an authorised representative of an embassy or consulate of the country who issued the identification document;
- (d) a notary public, commissioner for oaths, lawyer or advocate, other formally appointed member of the judiciary, registrar or other civil or public servant authorised to issue or certify copy documents, or serving police officer;
- (e) an accountant who is a member of a relevant professional organisation, which imposes on its members a requirement to abide by AML/CFT requirements;
- (f) a director or manager of a financial institution which is regulated or supervised for AML/CFT purposes;;
- (g) an authorised employee of an agency or company⁷ specialising in obtaining verification of identity documentation;
- (h) an entity that meets the Code definition of an “acceptable applicant”, or an authorised employee of the acceptable applicant;
- (i) a regulated introducer, or authorised employee of a regulated introducer (whether or not a terms of business is in place);
- (j) an individual employed by an introducer who is not a regulated introducer, and who has been approved in writing by the insurer to act as a suitable certifier, subject to section 5.4.3 of this guidance;

⁷ The insurer should ensure the company or agency is registered with a data protection agency in the European Economic Area.

- (k) an individual within a master agent or master distributor of the insurer who has been approved in writing by the insurer to act as a suitable certifier subject to section 5.4.3 of this guidance;
- (l) a registered schemes administrator under the Retirement Benefits Schemes Act 2000;
- (m) an authorised representative of the sponsoring employer for an occupational pension only; or
- (n) a person who is considered suitable to carry out such a function by a senior manager of the insurer. Where this option is utilised, the reason that the person is considered acceptable should be documented, including the reasons that reliance may be placed on their validation of the documents and any method which has been used to verify the identity of the suitable certifier, and signed-off by a senior manager of the insurer.

Persons acting as a suitable certifier, as described in (n) above, will normally be persons who would be governed in their professional activities by AML/CFT requirements, or who would be used for the certifying of documents in their normal occupation, and who may reasonably be considered to understand the implications of a false declaration.

5.4.3 Appointment of a suitable certifier within an introducer who is not a regulated introducer

This section relates only to the appointment of individuals within introducers who do not fall within the definition of a regulated introducer.

Only individuals can be appointed as suitable certifiers within an introducer and the position is non-transferable. There may be several employees within an introducer appointed as suitable certifiers. If an individual is a suitable certifier for one insurer that individual is not automatically a suitable certifier for any other insurer.

For the avoidance of doubt, it is possible for an introducer to have a terms of business with an insurer without any employees being suitable certifiers. When this is the case any copy documents provided to the insurer should be certified by a suitable certifier from one of the other categories included in section 5.4.2 of this guidance.

Before appointing an individual of an introducer as a suitable certifier the insurer should have in place a current terms of business with the introducer. Should the terms of business be cancelled or suspended for any reason the appointment of the suitable certifier(s) within that introducer will also be terminated or suspended.

An insurer should have verified the identity of any suitable certifier. The insurer should hold a specimen signature of the suitable certifier on file and should have procedures

in place to review the signatures certifying the identification documentation produced, on a regular basis to ensure their veracity.

The appointment of a suitable certifier should be documented and contain the following:

- (a) the name of the introducer;
- (b) details of their obligation to provide original or suitably certified copy documents which verify the identity of the customer and other parties to an application as appropriate, introduced to the insurer, sufficiently to comply with the requirements of the Code taking into account what is included in this Guidance;
- (c) the date from which the appointment as a suitable certifier is effective;
- (d) any specific instructions from the insurer as to the form of words to be used when certifying the documents as true copies of the originals;
- (e) the circumstances under which the suitable certifier status will be terminated; and
- (f) any other provisions which the insurer wishes to impose.

5.4.4 Verification of identity by a related party

Where an employee, partner or principal of a regulated introducer is the customer, either personally or in the role of an individual trustee or nominee, they may not act as a suitable certifier to verify the identity of either themselves or of other parties or documentation relevant to the application. Any certification of copy documents should be completed by a third party.

5.5 Cooling off and cancellation periods

Where a customer takes up the right to decline to proceed with a contract during a cooling off or cancellation period (where this is permitted by the prevailing regulations and rules under which the contract was sold), the circumstances surrounding the request to cancel should be considered.

If unusual or suspicious activity is identified the appropriate steps must be taken as set out in paragraph 13 of the Code. Part 7 of the Handbook sets out further guidance in relation to suspicious activity reporting.

Please see section 5.6 of this guidance in relation to the requirements in relation to further detail regarding relevant Code requirements where any payment is being made by an insurer.

5.6 Specific Code requirements in relation to insurers

The general requirements in relation to CDD apply to the customer, beneficial owner and any connected parties⁸ as required by the Code. The Code requirements in relation to new business relationships are at paragraph 8 of the Code and provisions in respect of beneficial ownership and control are set out at paragraph 12 of the Code.

Specifically in relation to life assurance policies there are a number of requirements to note. These are replicated below, however this guidance should be read alongside the full text of the Code and section 4.3.4 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence).

12 (8) Without limiting sub-paragraphs (2) to (7) in the case of a life assurance policy, an insurer must —

- (a) identify any named beneficiary;
- (b) in respect of a class of beneficiaries where it is not reasonably practicable to identify each beneficiary, obtain details sufficient to identify and describe the class of persons who are beneficiaries, to satisfy the insurer that it will be able to verify the identity of the beneficiaries at the time of pay-out; and
- (c) where a policy is assigned to an assignee, identify the assignee and take reasonable measures to verify their identity using reliable, independent source documents, data or information.

A beneficiary may be nominated at outset of the relationship or at any time during the life of the policy. In relation to a named beneficiary, the identification requirements can comprise name, address and date of birth if that is all that is available. However, it must be ensured the identity of the beneficiary is appropriately verified prior to a payment being made as per the Code requirements.

In respect of classes of beneficiaries it is not required to identify (and verify) each individual included within the class until the point of payout. Sufficient details in relation to the class of beneficiaries must be obtained prior to pay-out to enable the insurer to verify those identities.

Where a policy is assigned to a third party, verification of identity must be obtained either before assignment takes place, or as soon as reasonably practicable thereafter. The identity of an assignee must be verified prior to any payment being made.

⁸ For ease of reference the term “customer” will be used throughout this guidance document, however this may also include requirements to be placed on the beneficial owner / beneficiaries / connected parties depending on the requirements included in paragraph 12 (Beneficial Ownership and Control) of the Code.

12 (9) Without limiting sub-paragraphs (2) to (8) in the case of a life assurance policy, an insurer must not make any payment or loan to a beneficiary or assignee of a life assurance policy unless it has verified the identity of each beneficiary or assignee using reliable, independent source documents, data or information.

Where a beneficiary is nominated to receive any benefit arising under a policy the verification of the identity of that beneficiary may be deferred and take place after the business relationship has been established provided that it takes place:

- at, or before, the time of payout or;
- at, or before, the time the beneficiary exercises a right under the policy.

It should be noted that the deferral of verification of identity described above for a beneficiary, cannot be to the policyholder or customer, or any person appearing within the lists of persons who should normally be identified at the outset of a business relationship as set out in the Code and section 4 of the Handbook.

12 (10) Without limiting sub-paragraphs (2) to (9) in the case of a life assurance policy where a payment is to be made by an insurer to an account not in the name of the customer or beneficiary —

- a) the reasons for this must be understood and recorded; and
- (b) this account holder must be identified, and on the basis of materiality and risk of ML/FT reasonable measures must be taken to verify the identity of the account holder using reliable, independent source documents, data or information.

Under certain circumstances a payment may be made to a third party account, for example a client money account, or if a payment to the customer's account is impossible, for example if the account has subsequently been closed. In these circumstances an insurer must ensure the conditions at paragraph 12(10) of the Code are satisfied.

5.7 Different types of customer

The [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence) sets out the detail of the information and evidence that should be obtained when undertaking CDD in relation to different types of customers. This section covers different types of customers that maybe on-boarded by the insurance sector. This section of the guidance should be used to supplement the detail provided in the Handbook.

5.7.1 Partnerships/Unincorporated businesses business relationships

An insurer should take such measures as will produce satisfactory identity (and verification where required) of a partnership/unincorporated business as listed below:

- (a) details of the nature of the partnership/business;
- (b) evidence of the trading address of the partnership/business, and, if this is not the address on the application evidence satisfactory to the insurer that the customer is resident at that address and the reasons for that address being used; and
- (c) where possible a set of the latest annual report and account.

In relation to identification and verification of identity of controllers/ partners and signatories (where applicable) please see sections 4.4, 7.4 and 7.5 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence).

5.7.2 Limited liability partnerships business relationships

Limited liability partnerships should be treated as legal persons for identification purposes and identity must be ascertained (and verified where required) in accordance with the Code. Please see sections 6.2 and 7.2 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence).

In relation to identification and verification of identity of controllers/ partners and signatories (where applicable) please see sections 4.4, 7.4 and 7.5 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence).

5.7.3 Pension business relationships – occupational schemes

Where the customer is the trustee of an occupational retirement arrangement an insurer should satisfy itself that:

- (a) the trustees have been identified and verified in accordance with the appropriate requirements of the Code and considering the associated guidance in relation to legal arrangements at 6.3 and 7.3 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence). Where a trustee who has been verified is replaced, the identity of the new trustee must be verified before they are allowed to exercise any control over the assets;
- (b) any scheme administrator has been identified and verified in accordance with the appropriate requirements of the Code. Where a scheme administrator who has been verified is replaced, the identity of the new scheme

administrator must be verified before they are allowed to exercise any control over the assets;

- (d) satisfactory evidence of proper appointment of the trustees (and scheme administrator) has been received e.g. extracts of the deed of trust;
- (e) the source or origin of the assets under the trust is known and the insurer considers it satisfactory;
- (f) the trustees (and/or scheme administrators) have provided details of the parties to the trust at the time the application was made. These will be:
 - the sponsoring employer and members of the scheme. The details of members must include the full name(s), dates of birth and current addresses;
 - where the beneficiaries are named the trustee must list each. The details of beneficiaries must include the full name(s), dates of birth and current addresses of any individuals;
 - where the beneficiaries are not individuals, the details of beneficiaries must include sufficient information to identify any class, corporate entity, charity or other beneficiary; and
 - where the beneficiaries are disclosed as being a group of employees of the sponsoring employer this may be considered sufficient. Where a class of beneficiary other than employees of the sponsoring employer is disclosed the insurer must satisfy itself that the class does exist and undertake whatever steps it considers necessary to achieve this.

In any event an insurer must verify the identity of a beneficiary, should a payment by the insurer be made directly to that beneficiary, or for the benefit of a beneficiary, be requested by the trustees (whether named on the original list provided by the trustee, subsequently added, or included originally only by class). Detail of the Code requirements in this area are covered further in section 5.6 of this guidance.

In relation to identification and verification of identity of controllers/partners and signatories (where applicable) please see sections 4.4, 7.4 and 7.5 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence).

5.7.4 Pension business relationships – non occupational schemes

Where the customer is a trustee of a retirement benefit scheme which is not an occupational retirement arrangement, for example where a scheme is a private or personal pension scheme, a retirement annuity trust scheme, a group personal pension scheme, or a SSAS (“small self-administered scheme”), an insurer must satisfy itself that:

- (a) the trustees have been identified and verified in accordance with the appropriate requirements of the Code and considering the associated guidance in relation to legal arrangements at 6.3 and 7.3 of the of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence). Where a trustee who has been verified is replaced, the identity of the new trustee must be verified before they are allowed to exercise any control over the assets;
- (b) any scheme administrator has been identified in accordance with the appropriate requirements of the Code. Where a scheme administrator who has been verified is replaced, the identity of the new scheme administrator must be verified before they are allowed to exercise any control over the assets;
- (c) satisfactory evidence of proper appointment of the trustees (and scheme administrator) has been received e.g. extracts of the deed of trust;
- (d) the source or origin of the assets under the trust is known and the insurer considers it satisfactory; and
- (e) the trustees (and/or scheme administrators) have provided details of the members of the scheme. These will include the full name(s), dates of birth and current addresses of all members, and sufficient information to identify any other class, corporate entity, charity or other beneficiary.

In any event an insurer must verify the identity of a beneficiary, should payment by the insurer directly be to that beneficiary, or for the benefit of a beneficiary, be requested by the trustees (whether named on the original list provided by the trustee, subsequently added, or included originally only by class). Detail of the Code requirements in this area are covered further in section 5.6 of this guidance.

In relation to identification and verification of identity of controllers/partners and signatories (where applicable) please see sections 4.4, 7.4 and 7.5 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence).

5.7.5 Pension business relationships – non trust arrangements

Where a pension scheme which is not in trust is the customer the parties to the scheme must have their identity verified as appropriate as set out in the Code and explained further in sections 4.4, 7.4 and 7.5 of the [stand-alone guidance document](#) in relation to Part 4 of the Handbook (customer due diligence).

5.8 Share exchange

Where a premium is to be paid in total, or in part, by the exchange of an existing share holding an insurer must be satisfied that the shares presented are held in the name of the customer.

Where the share certificate(s) or share register are not in the name of the customer the insurer should be satisfied that the reasons for the name appearing on the share certificate(s) or share register not being the customer are understood, and where considered necessary, the identity of the person(s) or entity whose name(s) appear on the share certificate(s) or share register must be identified and their identity verified in accordance with the Code requirements (in particular see paragraph 12 of the Code).

6. Simplified CDD measures

The following section sets out further detail regarding concessions that may be applicable to the sector, as set out in paragraph 20 of the Code.

20 Insurance

- (1) This paragraph applies to —
 - (a) an insurer; and
 - (b) an insurance intermediary.
- (2) An insurer or insurance intermediary need not comply with Part 4⁹ if the contract of insurance is a contract where —
 - (a) the annual premium is less than €1,000 or the single premium, or series of linked premiums, is less than €2,500; or
 - (b) there is neither a surrender value nor a maturity¹⁰ (for example, term insurance).
- (3) In respect of a contract of insurance satisfying sub-paragraph (2) an insurer or insurance intermediary may, having paid due regard to the risk of ML/FT, consider it appropriate to comply with Parts 4 and 5 (if applicable) but to defer such compliance unless a claim is made or the policy is cancelled.
- (4) If —
 - (a) a claim is made under a contract of insurance that has neither a surrender value nor a maturity value (for example on the occurrence of an insured event); and
 - (b) the amount of the settlement is greater than €2,500, the insurer or insurance intermediary must identify the customer or claimant and take reasonable measures to verify the identity using reliable, independent source documents, data or information.
- (5) An insurer or insurance intermediary need not comply with sub-paragraph (4) if a settlement of the claim is to —
 - (a) a third party in payment for services provided (for example to a hospital where health treatment has been provided);
 - (b) a supplier for services or goods; or
 - (c) the customer where invoices for services or goods have been provided to the insurer or insurance intermediary, and the insurer or insurance intermediary believes the services or goods to have been supplied in respect of the insured event.
- (6) If —
 - (a) a contract of insurance is cancelled resulting in the repayment of premiums; and
 - (b) the amount of the settlement is greater than €2,500, the insurer or insurance intermediary, must comply with Parts 4 and 5 (if applicable).
- (7) Sub-paragraphs (2), (3) and (5) do not apply if —
 - (a) the customer is assessed as posing a higher risk of ML/FT; or
 - (b) the insurer or insurance intermediary has identified any suspicious activity.
- (8) If the insurer or insurance intermediary has identified any suspicious activity the relevant person must make an internal disclosure.

Generally, paragraph 20 of the Code allows an insurer to either not undertake the requirements of Parts 4 (Customer due diligence) and 5 (Enhanced measures) of the Code (if applicable); or to defer such compliance provided certain criteria are met. The insurer must ensure appropriate monitoring takes place where any exemptions are used so that they are able to identify if the required criteria are no longer being met.

Where the customer has been assessed as posing a higher risk of ML/FT paragraph 20(7) of the Code dis-applies paragraphs 20(2), (3) and (5), which provide for the exemptions. Therefore, the insurer must undertake the requirements of Part 4 and 5 of the Code and cannot defer these requirements. Also, if the customer is assessed as posing a higher risk EDD should be undertaken in line with paragraph 15.

If suspicious activity is identified, any concession(s) no longer applies and the insurer or insurance intermediary must undertake the requirements of Part 4 (or Part 5) of the Code as applicable. Also, in these circumstances EDD should be undertaken in line with paragraph 15 of the Code, unless the insurer or insurance intermediary reasonably believes conducting EDD will tip off the customer and an internal disclosure must be made (see paragraph 13 of the Code and section 4.1 of this guidance document for further details).

7. Ongoing monitoring

The Code requirements in relation to ongoing monitoring of business relationships are covered by paragraph 13 of the Code. Part 3 of the Handbook further explains that CDD information in respect of all customers should be reviewed periodically to ensure that it is accurate and up to date. It should also be considered as part of this review whether there are any changes to the customer risk rating. To be most effective, resources should be targeted towards monitoring those relationships presenting a higher risk of ML/FT.

7.1 Frequency of ongoing monitoring – standard risk relationships

The Authority accepts that in respect of insurers, due to the nature of the sector and the types of products being sold, CDD information on standard risk customers may be reviewed on a trigger event basis¹¹. We would however expect that appropriate arrangements are in place to screen the client database on an ongoing basis in order to establish whether any clients may have had a change of status, for example have become PEPs. Further information on customer screening is included in section 3.4.3 of the Handbook.

⁹ To be amended to read “need only comply with paragraph 13 (ongoing monitoring) of part 4”.

¹⁰ The word “value” to be inserted here by the next amendment to the Code.

¹¹ Trigger events may include a subsequent business transaction, a surrender or redemption (partial or full), when the insurer becomes aware of something which causes it to doubt the identity of someone connected to the policy or of the veracity or adequacy of CDD previously obtained.

In addition, the Handbook suggests that as a matter of best practice, changes of CDD information should be verified on a risk basis.

7.2 Frequency of ongoing monitoring – higher risk relationships

The Code at paragraph 13 requires that all customers are subject to ongoing and effective monitoring. Considering higher risk customers the Handbook suggests that resources are targeted to these customers and they are subject to an annual review. In respect of customers of insurers, again due to the nature of the sector and the types of products being sold (many of which are non-transactions), insurers may review CDD information on higher risk customers on a sampling basis. This should be subject to the following controls:

- the sample review should be undertaken alongside ongoing screening on the policy and any associated parties;
- the insurer should ensure they monitor the effectiveness of the screening system;
- the insurer should determine an appropriate sample size taking into account the size, nature of risk of the client base; and
- if the sample review identifies significant deficiencies, these deficiencies must be remediated and consideration should be given to implementing a plan to review the EDD of further high risk customers as soon as practicable.

It should be noted that this guidance is optional and an insurer may choose to review high risk customers on an annual basis.

7.3 Frequency of ongoing monitoring – PEP relationships

For the avoidance of doubt, in relation to any foreign PEPs, and higher risk domestic PEPs, paragraph 14(4) of the Code requires that “effective enhanced monitoring” is undertaken of the business relationship. The Code requirement is as follows:

(4) A relevant person must perform ongoing and effective enhanced monitoring of any business relationship with —

- (a) a domestic PEP who has been identified as posing a higher risk of ML/FT; and
- (b) any foreign PEP.

Considering PEP customers the Handbook suggests that resources are targeted to these customers and they are subject to an annual review. In respect of customers of insurers, again due to the nature of the sector and the types of products being sold (many of which are non-transactional), insurers may review CDD information in relation to PEPs on a sampling basis. This should be subject to the following controls:

- the sample review should be undertaken alongside ongoing screening on the policy and any associated parties;
- the insurer should ensure they monitor the effectiveness of the screening system;
- the insurer should determine an appropriate sample size taking into account the size, nature of risk of the client base;
- it should be ensured all PEPs are subject to at least one review during a three year period; and
- if the sample review identifies significant deficiencies, these deficiencies must be remediated and consideration should be given to implementing a plan to review the EDD of further high risk customers as soon as practicable.

It should be noted that this guidance is optional and an insurer may choose to review PEP customers on an annual basis.

7.4 Regular payments

In relation to regular payments¹² being paid into a policy an insurer must ensure through its monitoring processes that if there is a change of remitting account, or account holder, sufficient details are obtained to meet the Code requirements in relation to the CDD of the payer including taking reasonable measures to establish source of funds. Please see section 4.2 of the standalone [source of funds and source of wealth guidance](#) for further details.

If a customer requests monies to be remitted by multiple small payments, whether to the same account or not, or otherwise, an insurer should consider whether additional enquiries are required to ascertain the reasons for this. The results of these additional enquiries should be understood and recorded by the insurer. If the insurer identifies any unusual or suspicious activity appropriate steps must be undertaken as set out paragraph 13 the Code and section 4.1 of this guidance document.

7.5 Subsequent business transactions

A subsequent business transaction is a transaction which was not expected by the insurer.¹³ It should be treated as a trigger event and the customer's relationship (including previously obtained CDD) should therefore be reviewed as explained above in section 7.1 of this guidance. This may subsequently have an impact on the customer's risk rating. If during this review it is identified that CDD needs to be renewed as it is not up-to-date and/or appropriate, this should be remediated.

If the customer has had its identity verified within the preceding two years, it is not necessary to re-verify identity for that subsequent business transaction, providing that simplified CDD was not undertaken previously and that the customer is subject to ongoing screening.

¹² A regular premium payment is not a subsequent business transaction.

¹³ A regular premium or regular withdrawal is not a subsequent business transaction; in these scenarios CDD should have already been undertaken at the outset of the relationship, or time of the request. It does not have to be repeated at each subsequent transaction.

In all instances of a subsequent business transaction, the information requested in respect of the source of funds must be reviewed, irrespective of the period since source of funds details was previously obtained. The insurer must ensure that the information held is sufficient to satisfy it in respect of the combined value of any existing policy(ies) and each subsequent transaction. If the information held is not sufficient the insurer must request sufficient information so that it is satisfied as to the source of funds. Please see the standalone [source of funds and source of wealth guidance](#) for further details of appropriate steps to be taken.

If the customer is assessed as posing a higher risk, or is a foreign PEP, reasonable measures to establish source of wealth must be undertaken in order to meet the requirements of paragraph 15 of the Code.

If the insurer identifies any unusual or suspicious activity appropriate steps must be undertaken as set out in paragraph 13 of the Code and 4.1 of this guidance.

7.5.1 Subsequent business transactions - cases with an introducer certificate

Where a subsequent business transaction occurs and the insurer has previously relied upon an introducer's certificate then the insurer must review the file and consider whether it remains satisfied with the information provided on the introducer's certificate, taking into account the risk profile of the customer and policy including the nature of the subsequent business transaction.

If the information contained on the introducer's certificate is not considered sufficient, or if the insurer no longer hold a terms of business with the original regulated introducer, then the insurer must obtain satisfactory documentary verification of identity.

This may be:

- (a) verification of the customer's identity which satisfies requirements of the Code;
- (b) suitably certified copy documentation from a regulated introducer that satisfies the requirements of the Code, or
- (c) a revised introducer's certificate which complies with the requirements of the Code

Insurers may accept information from the regulated introducer that is correct at the time of the original application, or at the time of the request for information, provided that the insurer is satisfied that any changes to the original information have been provided to the regulated introducer in an acceptable manner.

8. MLRO function

The following section sets out the Code requirements in respect of the MLRO function which are applicable to insurers. This should be read in conjunction with paragraph 23 of the Code (MLRO). Paragraph 24 of the Code “Money Laundering Reporting Officer: insurers, insurance intermediaries and insurance managers” states:

- (1) Without limiting paragraph 23, the MLRO of an insurer, an insurance intermediary or an insurance manager must —
- (a) in the case of an insurer authorised under section 8 of the Insurance Act 2008, an insurance intermediary or an insurance manager registered under section 25 of the Insurance Act 2008, be resident in the Island;
 - (b) be treated as a principal control officer for the purposes of the notice required under section 29(1) of the Insurance Act 2008; and
 - (c) be sufficiently senior in the organisation or have sufficient experience and authority including where the MLRO is not an employee of the insurer¹⁴.
- (2) Where an MLRO holds more than one appointment sub-paragraph (1) applies to each appointment.

Insurers will have to consider the AML/CFT legislation of other jurisdictions if they have any branches or subsidiaries located elsewhere. Paragraph 37 of the Code sets out the Isle of Man Code requirements in relation to the branches, subsidiaries and agents of insurers which are located in another jurisdiction.

9. Glossary

The following glossary only includes terms relevant for the insurance sector and the sector guidance. Please see paragraph 3 of the Code, and the glossary included in the Handbook, for a full list of defined terms.

Appointed representative - an individual or firm bound by contract to the insurer, or any group company of the insurer and restricted in the products they may promote to those offered by the insurer or the group of the insurer. An appointed representative would typically be a regulated person or an external regulated person as defined by the Code.

Insurer - means a person authorised to carry on insurance business under section 8 of the Insurance Act 2008, or to whom a permit is issued under section 22 of that Act, of Class 1 and / or Class 2 (long term business) as defined in the Insurance Regulations 2018.

¹⁴ For example is part of an insurance manager.

Introducer - means a person who by way of business, whether or not receiving commission, fees or other payment for the services provided, introduces an applicant to an insurer or undertakes the ongoing servicing of a policyholder. It includes a master agent or master distributor, or any sub-agent of a master agent or master distributor. It should be noted that there is a different definition of introducer in the Code which is applicable when using paragraph 9 of the Code and that introducer is providing “elements of customer due diligence” (as defined by the Code) to the relevant person.

Introducer’s certificate - a document, or information comprising part of a larger document, which, historically, was an acceptable method of a regulated introducer certifying the identity of an applicant without providing certified copy documents.

Policy - includes all policies of insurance and also includes capital redemption bonds, and the term **policyholder** also includes the holders of capital redemption bonds, annuities and other contracts issued by the insurer.

Regulated introducer - an introducer which fits within the definitions of “regulated person” and “external regulated business” as defined in the Code.

Relevant person” means a person carrying on business in the regulated sector which is included in paragraphs 2(6)(a) to (t) of Schedule 4 to the Proceeds of Crime Act 2008.