

**Guidelines for Insurance Companies Regarding Assessment of Money
Laundering and Terrorism Financing Risks and Adoption of Prevention
Programs**

- I. The Guidelines are established in accordance with “Directions Governing Internal Control System of Anti-Money Laundering and Countering Terrorism Financing of Insurance Sector” (hereinafter referred to as Directions of Internal Control).for the purpose of anti-money laundering and countering terrorism financing of terrorism to cover how the insurance industry banks identify and assess money laundering and terrorist financing (ML/TF) risk in businesses and establish AML/CFT programs, etc., as a basis for implementation.
- II. An insurance company's internal control system and its amendment should be approved by the Board of Directors. In addition, the internal control system should include relevant written policies and procedures for identifying, assessing and managing ML/TF risks, AML/CFT programs based on risk assessment results, and the periodic review of such policies, procedures and programs.

The purpose of a risk-based approach is help a insurance company develop prevention and mitigation measures that are commensurate with the ML/TF risks identified, determine the allocation of resources on AML/CFT, establish internal control system, and establish and implement policies, procedures and measures that are necessary in AML/CFT programs.

Insurance businesses, such as business, products, policyholder’s characteristics and etc., are diversified. Therefore the ML/TF risks associated with the above-mentioned are different. A bank should take such diversity into account when assessing and mitigating ML/TF risks.

The examples provided in the Guidelines are not mandatory requirements. A insurance company’s risk assessment mechanism should be commensurate with its business, products, policyholder’s characteristics business nature and scale should determine the allocation of resources on AML/CFT according to risk assessment results in order to implement effective counter-policies to prevent/mitigate such risks.

- III. An insurance company should take appropriate measures to identify and assess its ML/TF risks, and determine specific risk categories based on the risk identified, in order to further control, mitigate or prevent such risks.

Such specific risk category should cover at least geographic areas, customers, and products, services, transactions or delivery channels, etc. An insurance company should further analyze each risk category to determine detailed risk factors

(i) Geographical risk:

1. An insurance company should identify geographic areas that are exposed to higher ML/TF risks.
2. When building up a list of high-risk areas, a insurance company may determine appropriate risk factors based on the practices of branches (or subsidiaries) and its needs

(ii) Customer risk:

1. An insurance company should take an overall account of a customer's background, occupation, characteristics of social and economic activities, geographic areas, and an entity customer's organization type and structure, etc., to identify the customer's ML/TF risks.
2. When identifying a customer's risk and determine the customer's level of risk, a bank may perform risk assessment based on following risk factors:
 - (1).Geographic risk of the customer: Determine the level of risk of the customer's nationality and country of residence based on a list of areas that are exposed to ML/TF risks defined by the insurance company..
 - (2). Occupation and industry risk of the customer: Determine the level of risk of the customer's occupation and industry based on a list of occupations and industries that are exposed to money laundering risks defined by the insurance company. High-risk industries include, for example, cash-intensive businesses, or companies or trusts that tend to be used as personal asset-holding vehicles, etc.
 - (3). The channel used by the customer to open account and establish business relation.
 - (4). The transaction amount with which the customer first establishes business relation.
 - (5). Whether the customer has other high ML/TF risk characteristics.

(iii) Product, with policy value reserve or cash value, service, transaction or delivery channel risk:

1. An insurance company should identify products, services, transactions or delivery channels that have higher ML/TF risk based on the nature of individual product, service, transaction or delivery channel.
2. An insurance company should, before launching a new product, service or business (including new payment method, applying new technology on existing or new

product or service), perform ML/TF risk assessment and establish relevant risk management measures to mitigate the risks identified.

3. Examples of individual product, service, transaction or delivery channel risk factors are as follows:

- (1). The extent of associating with cash.
- (2). The channel to establish business relation or process transaction, including whether it allows non-face-to-face transactions, and whether it is a new payment method such as electronic banking.
- (3). Whether it allows high amount of money or value transfer.
- (4). Payment received from unknown or un-associated third parties.

IV. An insurance company should establish multiple levels of customer risk and rules to determine the level of customer risk.

Customer risk should have at least two levels, “high-risk” and “general risk”, as bases to determine the extent of customer due diligence and ongoing monitoring. For an insurance company that adopts only two risk levels, the bank should not take simplified measures to a customer rated as “general risk” because “general risk” is still higher than “low risk” provided in Paragraph V and VII of the Guidelines.

An insurance company should not disclose a customer’s level of risk to the customer or any person that is unrelated to AML/CFT obligations.

V. An insurance company should directly treat foreign political exposed persons, terrorists or terrorist groups that are sanctioned, identified or investigated by foreign governments or international AML organizations, and designated individuals or entities sanctioned under Counter-Terrorism Financing Act as high-risk customers. In addition, a bank may determine the types of customers that should be directly treated as high-risk customers based on its business type and relevant risk factors.

An insurance company may, based on the results of an overall written risk analysis, define the types of customers that can be treated as low-risk customers. The results of the written risk analysis should be sufficient to explain that such types of customers are commensurate with lower risk factors.

VI. With respect to a new customer to establish business relation with an insurance company, an insurance company should determine the customer's level of risk when establishing business relation.

With respect to an existing customer with a specific level of risk, an insurance company should re-assess customer risk in accordance with its risk assessment policies and procedures.

Although an insurance company performs customer risk assessment when establishing

business relation with a customer, for certain customers, the overall risk profile become clear after the customers use accounts to transact. Therefore, an insurance company should conduct due diligence to existing customers on the basis of materiality and risk, and, at appropriate times, review the existing business relationships and adjust the level of risk after taking into account the time and information sufficiency of last due diligence. Such appropriate times should at least include:

- (i) When the customers increase insured amount abnormally or establishes a new business relation.
- (ii) Time to conduct periodic review determined on the basis of the customer's materiality and risk.
- (iii) When an insurance company knows a material change occurs in the customer's identification and background information.

An insurance company should review periodically the sufficiency of the information for identifying customers and beneficial owners, and ensure the update of such information. Especially, high-risk customers should be reviewed at least annually by the insurance company.

VII. An insurance company should establish control measures according to the risks identified to mitigate or prevent such money laundering risk. An insurance company should determine appropriate control measures according to a customer's level of risk.

With respect to such control measures, an insurance company should take different measures to a high-risk customer and a customer with a specific high-risk factor to effectively manage and mitigate identified risks. Following are examples:

- (i) Conduct enhanced due diligence, such as:
 - 1. Obtaining relevant information on the purpose to insure
 - 2. Obtaining information on the actual beneficiary of legal person assured.
- (ii) Obtain the approval of senior management, defined by the insurance company considering internal risks, before first establishing a business relation or establishing a new business relation.
- (iii) Obtaining information on an individual customer's source of wealth and funds. The

source of funds refer to real origin of such funds.

- (iv) Conduct enhanced ongoing monitoring of the business relationship.

Except in the situation described in Subparagraph 1 of Paragraph 3 of Article 6 of the Template, an insurance company may take simplified measures in a lower risk situation in accordance with its risk prevention policies and procedures. Such simplified measures should be commensurate with the lower-risk factors. Examples of simplified measures that may be applied include:

- i. Reducing the frequency of updates of customer identification information.
- ii. Reducing the degree of ongoing monitoring and scrutinizing transactions based on a reasonable policy value reserve or account value.
- iii. Exempting from collecting specific information or conducting specific measures as to the purpose and nature of business relations if an insurance company may infer this from the type of transactions or business relations.

VIII. An insurance company should establish a mechanism of periodic enterprise-wide ML/TF risk assessment and generate a risk assessment report to enable senior management to timely and effectively understand the insurance company's overall ML/TF risks, determine necessary mechanisms to be established, and develop appropriate mitigation measures.

An insurance company should establish a mechanism of periodic enterprise-wide ML/TF risks assessment based on following risk factors:

- (i) The nature, scale, diversity and complexity of businesses.
- (ii) Management data and reports related to high risk: such as the number and proportion of high-risk customers; the amount, volume or proportion of high-risk products, services or transactions; the amount or proportion of customer's nationality, place of registration or operation, or transactions that involve high-risk areas.
- (iii) Businesses and products, including the channels and manners that a bank uses to provides customers businesses and products, and the way to conduct customer due diligence, such as the extent of using information system and whether relying on third parties to perform due diligence.

(iv) The examination results of internal auditors and supervisory authorities.

When an insurance company performs the enterprise-wide ML/TF risk assessment described in last paragraph, in addition to taking into account such risk factors, it is suggested to supplement the assessment with other information obtained from internal or external sources, such as:

- (i) Management reports provided by the insurance company's management (such as head of business unit, relationship managers, etc.)
- (ii) Relevant AML/CFT reports published by international anti-money laundering organizations and other countries.
- (iii) Information of ML/TF risk released by the Competent Authorities.

An insurance company's enterprise-wide ML/TF risk assessment results should be used as a basis to develop AML/CFT programs. An insurance company should allocate appropriate headcounts and resources based on such results and take effective countermeasures to prevent or mitigate risks.

If a material change occurs to an insurance company, such as a material incident, material development in management and operation, or relevant new threats, an insurance company should re-perform the assessment.

An insurance company should file the risk assessment report to Financial Supervisory Commission when it is completed or updated.

IX. An insurance company should implement policies established in accordance with the Guidelines after obtaining the approval of the Board of Directors, and file such policies with the insurance company's "Directions Governing Anti-Money Laundering and Countering the Financing of Terrorism" to Financial Supervisory Commission. Such policies should be subject to annual review. The rules provided in this paragraph also apply to the amendment of such policies.