

16 February 2026

TO ALL VARIABLE POLICYHOLDERS

Dear Sir/Madam,

RE: Omnia Ltd. (In Liquidation) (“the Company”)

As you may be aware, the Joint Provisional Liquidators (“JPLs”) have sought directions from the Supreme Court of Bermuda (“Court”) in relation to the next steps in the Company’s liquidation. The Court provided those directions in a judgment¹ dated 25 September 2025 and an order dated 25 September 2025 (the “Order”) both of which are available at www.omnialtdbr.com (“Company Website”).

Pursuant to the Order, the Court approved a process by which the JPLs are to admit, value and pay claims which variable policyholders may have against segregated accounts established on their behalf by the Company. The Order provided for a process by which mutual fund assets held on behalf of the variable policyholders are to be liquidated to enable the JPLs to value the proceeds for distribution purposes. The Court set 16 January 2026 as a cut-off valuation date for these purposes.

The Company has now redeemed the variable assets held in mutual funds (to the extent that they were not already redeemed or unless you have been separately advised) and the redemption proceeds are now held by the Company. You may view your specific redemption holdings (“Redemption Holding Value”) on the policyholder portal (“Portal”) by navigating to “*Redemption Holding*” on the Omnia asset allocations tab on the Portal. Please refer to Appendix 1 for an illustrative example of how to navigate to the relevant Portal section.

You can access the Portal via the Company Website. Should you not have access to the Portal, please follow the instructions set out below. Please note that the Redemption Holding Value shown on the Portal represents the redeemed value of your mutual funds before the deduction of costs and liquidation fees.

The JPLs are in the process of resolving matters relating to the allocation of interest (earned on funds held in the estate to date) and the treatment of account charges. Once these matters have been resolved, the JPLs anticipate that they will be in a position to calculate final valuations and commence payments of final distributions to variable policyholders.

Whilst these matters are being resolved, the JPLs are pleased to announce that they are in a position to declare and shortly commence payments of an interim distribution to variable policyholders. The interim distribution will amount to 60% of the Redemption Holding Value.

IN ORDER TO RECEIVE YOUR INTERIM DISTRIBUTION, YOU ARE REQUIRED TO:

- Please log in to the Portal to review your Redemption Holding Value.
- Please complete the claim form in Appendix 2 and gather the required supporting documentation. Please ensure that you carefully review and comply with all requirements outlined in the claim form to avoid any processing delays.

¹ *Re Northstar Financial Services (Bermuda) Ltd (in liquidation) and Omnia Ltd (in liquidation) [2025] SC (Bda) 98 Civ (25 September 2025)*

- Once you have completed the claim form and gathered the supporting documents, please contact support@omnia.bm to receive a secure link to upload your claim form and documents. For security reasons, please DO NOT send completed claim forms and supporting documents over email.
- Your submitted claim form and supporting documentation will be reviewed by the Company. The Company may contact you directly to request further information or clarifications.
- Once your claim form and supporting documentation has been approved, it is anticipated that the interim distribution payment should be released 2 to 3 weeks later. The JPLs anticipate that payments will commence in late March 2026.

SHOULD YOU NOT HAVE ACCESS TO THE PORTAL:

- Please complete the attached portal access request form in Appendix 3 ("Access Form").
- Ensure that all required supporting documents (as outlined in the instructions section of the Access Form), the Access Form and the accompanying documents are certified by a Notary Public.
- Please contact support@omnia.bm to receive a secure link to upload your Access Form and documents.
- Once your request has been approved, you will receive a confirmation email containing your login details.

Next steps following interim payment:

As noted above, once the pending matters are finalised and final costs are attributed to the variable segregated accounts, the JPLs will proceed to declare a final distribution. The JPLs will update policyholders on any unforeseen matters that may arise. Policyholders are requested to obtain access (should they not already have access) to the Portal as the JPLs regularly post their updates to the portal.

Should you have any questions, please contact us by e-mail at support@omnia.bm.

Sincerely,
Omnia Ltd. (In Liquidation)

Appendix 1 – Redemption Holding

Omnia:

Summary	Values	Allocations	Parties	Transactions	Documents	Disbursement Su...	
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Allocations

Redemption Holdings

Model Code	Fund #	Fund Name	Current Value	Allocation	#Units	Unit Value	Rate%
	###	1-Year Fixed	\$ xxx,xxx.xx	33.91 %	xxxxxx.xxxx	\$ xxx.xx	x.xx %
	#####	Redemption Holding - USD	\$ xxx,xxx.xx	66.09 %	xxxxxx.xxxx	\$ xxx.xx	

Total: \$ xxx,xxx.xx

Variable Claim Request Form

INSTRUCTIONS

Ensure that all sections are complete and submit this form with the necessary notarized documents listed below. Please see submission instructions on the last page of this form.

☐ For each Payee that is a natural person, provide the following:

- ☐ **Evidence of Identity:** A notarized copy of a current passport or other government issued identity document which must clearly show:
- Photograph
 - Full name
 - Date of birth
 - Document number
 - Issue date
 - Expiration date
 - Signature
- ☐ **Address Verification:** A notarized copy dated within the last three months with current residential address in the form of any of following documents in your name:
- A utility bill; or
 - A credit card bill or bank statement; or
 - A communication from a tax authority
- ☐ **Bank statement:** A notarized copy of a voided check or bank statement dated within the last month that matches the banking details provided in Section 2 below.
- ☐ **IRS Form W8-BEN:** if you are not a U.S. person and one of the following conditions apply:
- i. U.S. residential address
 - ii. U.S. mailing address (Including US P.O. Box)
 - iii. U.S. 'in care of' address
 - iv. U.S. telephone number
- ☐ **IRS Form W9:** if you are a U.S. person, including a Resident Alien, under U.S. Internal Revenue Service (IRS) regulations.

1A PAYEE INFORMATION (REQUIRED)

PLAN NUMBER(S):

First, Middle, Last Name:

Residential Address:

Residential City / Province / Postal Code / Country:

Email:

Passport # & Expiry Date:

Date of Birth (dd/mm/yyyy):

Place of Birth:

Are you currently or have you been a politician or public official or close associate/family member of either a politician or public official in the past 4 years? ☐ Yes ☐ No

If yes, please provide the title, rank and description of duties or nature of relationship to PEP:

Country of Residence:

Country of Citizenship:

Continued

1A PAYEE INFORMATION (REQUIRED) Continued

1). Country of Tax Residency:	Tax Identification Number:	OR I cannot provide a TIN for the following reason:
2). Country of Tax Residency:	Tax Identification Number:	OR I cannot provide a TIN for the following reason:

Occupation (if retired, please state and indicate last occupation):	Employer Name (if retired, most recent Employer):
Title and/or Responsibilities:	Average Annual Income \$ (if Retired, include pension and any other non-employment income):

Approximate Net Worth (US\$):

SOURCE OF WEALTH INFORMATION**Please describe, in detail the way in which the funds used to fund the Plan(s) were earned:**

☐ Business Profit: Name of Company: _____

Nature of Business Activities: _____

Website of Company: _____

If income/wealth was acquired through the sale of a business, please provide details: _____

☐ Salary/Bonus: Annual Salary: US\$ _____

☐ Real Estate Income: ☐ Rental of Property(s) Property(s) Name and Address: _____

☐ Sale of Property(s) _____

☐ Income from Spouse or Other:

Name: _____

Date of Birth: _____ Relationship to Payee: _____

Employer Name: _____ Occupation: _____

☐ Inheritance:

Name of Benefactor: _____

Relationship of Benefactor: _____

Amount: US\$ _____

☐ Other (please describe in details): _____

Please indicate the country(s) in which the wealth utilized to fund the Plan(s) were accumulated:

1B CO-PAYEE INFORMATION (REQUIRED, IF APPLICABLE)

First, Middle, Last Name:		
Residential Address:		
Residential City / Province / Postal Code / Country:		
Email:	Passport # & Expiry Date:	
Date of Birth (dd/mm/yyyy):	Place of Birth:	
<p>Are you currently or have you been a politician or public official or close associate/family member of either a politician or public official in the past 4 years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide the title, rank and description of duties or nature of relationship to PEP:</p>		
Country of Residence:	Country of Citizenship:	
1). Country of Tax Residency:	Tax Identification Number:	OR I cannot provide a TIN for the following reason:
2). Country of Tax Residency:	Tax Identification Number:	OR I cannot provide a TIN for the following reason:
Occupation (if retired, please state and indicate last occupation):	Employer Name (if retired, most recent Employer):	
Title and/or Responsibilities:	Average Annual Income \$ (if Retired, include pension and any other non-employment income):	
Approximate Net Worth (US\$):		
SOURCE OF WEALTH INFORMATION		
Please describe, in detail the way in which the funds used to fund the Plan(s) were earned:		
<input type="checkbox"/> Business Profit: Name of Company: _____ Nature of Business Activities: _____ Website of Company: _____ If income/wealth was acquired through the sale of a business, please provide details: _____		
<input type="checkbox"/> Salary/Bonus: Annual Salary: US\$ _____		
<input type="checkbox"/> Real Estate Income: <input type="checkbox"/> Rental of Property(s)		Property(s) Name and Address:
<input type="checkbox"/> Sale of Property(s)		_____
<input type="checkbox"/> Income from Spouse or Other:		
Name: _____		
Date of Birth: _____		Relationship to Co-Payee: _____
Employer Name: _____		Occupation: _____

Continued

1B CO-PAYEE INFORMATION (REQUIRED, IF APPLICABLE) CONTINUED

CO-PAYEE SOURCE OF WEALTH INFORMATION, Continued

☐ Inheritance:

Name of Benefactor: _____

Relationship of Benefactor: _____

Amount: US\$ _____

☐ Other (please describe in details):

2 PAYMENT OF PROCEEDS (REQUIRED)

Complete this section to provide wire instructions for the payment.

Wire Instructions:

Bank Name:	Bank Account Name (must be in the name of the Payee(s)):
Bank Address Line 1:	Bank Account Number / International Bank Account Number (IBAN):
Bank Address Line 2:	Nine Digit Bank ABA Number (for U.S. Banks):
Bank Branch:	SWIFT Code (for Non U.S. Banks):
Bank Contact:	For Further Credit to:
Bank Telephone Number:	Correspondent / Intermediary Bank Name (if applicable)
	Correspondent / Intermediary Bank SWIFT/ABA (if applicable)

3 AUTHORIZATION (REQUIRED)

By signing the below:

- I/We request disbursement of the Variable value payable from the above-referenced Plan(s).
- I/We represent that the information provided on this form is accurate and complete. I/We understand that this request is subject to review and approval by Omnia Ltd. (In Liquidation).
- I/We acknowledge that the bank will assess and deduct a banking fee from the wire amount.
- I/We acknowledge and agree that information contained in this form and information regarding my/our Plan(s) held within the Sub-Trust may be reported to the relevant authorities of the country in which the Plan(s) and Sub-Trust are maintained or the country or countries in which I/we reside for tax purposes. I/We acknowledge that the relevant authorities may provide the information to the country or countries in which I/we am/are resident for tax purposes.
- I/We confirm and understand that my/our information is collected/handled and/or held in accordance with Personal Information Protection Act ("PIPA") as reflected in the Company's privacy notice. For a copy of the Company's privacy notice, please visit www.omnialtdbr.com.

Signature of Payee (Electronic signatures are not permitted):

Date (MM/DD/YYYY):

Signature of Co-Payee (If applicable) (Electronic signatures are not permitted):

Date (MM/DD/YYYY):

4 NOTARY PUBLIC (VICECONSUL) (REQUIRED, IF NO ADVISOR ON RECORD)

On this (date) ____ / ____ / ____, before me personally came _____ who having proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and having acknowledged that she/he, being authorized to do so, have executed the foregoing document, for the purposes and uses therein contained.

Print Full Name:

Signature of Notary Public :

Notary Public Stamp

5 ADVISOR SIGNATURES (IF NO ADVISOR, COMPLETE SECTION 4)

I, as Advisor of record on the Contracts / Policies referenced herein, affirm that this request complies with the Anti-Money Laundering policies of the Intermediary, and to the best of my knowledge, does not involve any suspicious activity. I have verified the identity of the Plan Participant(s) and, if different, the authorized signors making this request. I have attached the required verification documentation.

Distributor Name:

Advisor Name:

Signature of Advisor Electronic signatures are not permitted):

Date (MM/DD/YYYY):

Advisor Telephone:

Advisor E-Mail Address:

SUBMISSION INSTRUCTIONS

Please email support@omnia.bm to request a secure submission link. Once received, you may upload your completed form and supporting documents through our secure portal.

The information provided here is distributed with the understanding that Omnia Ltd. (In Liquidation) is not providing professional advice of any type. If you have a question requiring professional advice, such as a question relating to law, tax or financial planning, please seek the advice of a qualified professional in the relevant field.

WEBSITE ACCESS REQUEST

INSTRUCTIONS

This form may be used to request website access. You may access contract information, statements, confirmations and correspondence online. You will receive e-mail notifications when documents are posted.

Ensure that all sections are complete and submit this form with the necessary notarized documents listed below. Please see submission instructions on the last page of this document.

☐ Provide the following:

- ☐ **Evidence of Identity:** A notarized copy of a current passport or other government issued identity document which must clearly show:

- Photograph
- Full name
- Date of birth
- Document number
- Issue date
- Expiration date
- Signature

- ☐ **Address Verification:** A notarized copy dated within the last three months with current residential address in the form of any of following documents:

- A utility bill; or
- A credit card bill or bank statement; or
- A communication from a tax authority

- ☐ **IRS Form W8-BEN:** if one of the following conditions apply:

- i. US residential address
- ii. US mailing address (Including US P.O. Box)
- iii. US 'in care of' address
- iv. US telephone number

- ☐ **IRS Form W9:** if you are a U.S. person, including a Resident Alien, under U.S. Internal Revenue Service (IRS) regulations.

1A USER INFORMATION (REQUIRED)

Role of Individual Requesting Web Access:

- ☐ Settlor
- ☐ Co-Settlor
- ☐ Beneficiary
- ☐ Authorized Individual (Complete all sections except the Country of Tax Residency section below)

PLAN Number(s):	
First, Middle, Last Name:	
Residential Address:	
Residential City / Province / Postal Code / Country:	
Email (This will be your username):	Passport # & Expiry Date:

Continued

1A USER INFORMATION (REQUIRED) Continued

Date of Birth (dd/mm/yyyy):	Place of Birth:	
Country of Residence:	Country of Citizenship:	
1). Country of Tax Residency:	Tax Identification Number:	OR I cannot provide a TIN for the following reason:
2). Country of Tax Residency:	Tax Identification Number:	OR I cannot provide a TIN for the following reason:

2 AUTHORIZATION (REQUIRED)

- I represent that the information provided on this form is accurate and complete. I understand that this request is subject to review and approval by Omnia Ltd. (In Liquidation). I acknowledge that the bank will assess and deduct a banking fee from the wire amount.
- I acknowledge and agree that information contained in this form and information regarding my Plan(s) held within the Sub-Trust may be reported to the relevant authorities of the country in which the Plan(s) and Sub-Trust are maintained or the country or countries in which I reside for tax purposes. I acknowledge that the relevant authorities may provide the information to the country or countries in which I am resident for tax purposes.
- I confirm and understand that my information is collected/handled and/or held in accordance with Personal Information Protection Act ("PIPA") as reflected in the Company's privacy notice. For a copy of the Company's privacy notice, please visit www.omnialtdbr.com.

Print Full Name of Requestor:

Signature of Requestor (Electronic signatures are not permitted):

Date (MM//DD/YYYY):

3 NOTARY PUBLIC (VICECONSUL) (REQUIRED, IF NO ADVISOR ON RECORD)

On this (date) ____ / ____ / ____ , before me personally came _____ who having proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and having acknowledged that she/he, being authorized to do so, have executed the foregoing document, for the purposes and uses therein contained.

Print Full Name:

Signature of Notary Public/Signature Guarantee:

Notary Public Stamp / Signature Guarantee

4 ADVISOR SIGNATURES (IF NO ADVISOR, COMPLETE SECTION 3)

I, as Advisor of record on the Contracts / Policies referenced herein, affirm that this request complies with the Anti-Money Laundering policies of the Intermediary, and to the best of my knowledge, does not involve any suspicious activity. I have verified the identity of the Plan Participant(s) and, if different, the authorized signors making this request. I have attached the required verification documentation.

Distributor Name:

Advisor Name:

Signature of Advisor:

Date (MM/DD/YYYY):

Advisor Telephone:

Advisor E-Mail Address:

INSTRUCTIONS

Please email support@omnia.bm to request a secure submission link. Once received, you may upload your completed form and supporting documents through our secure portal.