

ALLIANZ NEDERLAND LEVENSVZERKERING

AANVRAAGFORMULIER

ALLIANZ GROUP TERM LIFE INSURANCE

We would like to thank you for the trust you have placed in us. It is important that you answer all the questions completely, as precisely as possible and truthfully. After we have received the application form we will assess the risk and let you know immediately whether the insurance is to be accepted, under what conditions and for which premium.

Proposal number
Your financial adviser
Appointment number

Policyholder

Name of business
Registered address
Postcode
Town/City
Postal address
Postcode
Town/City
Chamber of Commerce number
SBI code

Contact person
Gender M F
Telephone number
Email address

Insurance details

Commencement date

The commencement date is subject to underwriting.

- All your employees (with the exception of employees/major shareholders) are insured mandatory.
- The employees must be able to perform 100% of their work.
- Employees who are ill or otherwise unable to perform their work will be insured as soon as they again start performing 100% of their work.
- In the declaration of validity in this application you indicate that the employees can fully perform their work.

The contract term is 3 years.

Insured amount per employee:

Up to a maximum of € 450,000 in conjunction with:

Gross annual salary x factor of (maximum of 3)

Up to a maximum of € 250,000 in conjunction with:

Fixed amount per employee: €

What does the annual salary consist of?

Cover upper age limit:
date

State pension (AOW) commencement
date

Proposal

Has a proposal been issued? Yes No

If Yes, please enclose the proposal signed as approved.

Is/are the employee/shareholder(s) included under the policy? Yes No

If Yes, please add a completed health declaration(s).

Are the details referred to in the proposed specification correct? Yes No

If no, please clarify

If you wish to receive a proposal on the basis of this application form, this will require the following details of your employees in an Excel spreadsheet:

- Number
- Name (initials and surname)
- Gender M F
- Date of birth
- Full-time salary
- Part-time factor
- Insured sum
- Date on which employment commenced
- Date of scheme inclusion (in conjunction with the start of the scheme this is the date on which the scheme starts)

Declaration on the work performed by employees

Describe the work performed by the employees:

Declaration of validity

The undersigned hereby declares that all employees to be insured:

1. are fully fit for work and do not experience any limitations when performing the work Yes No
2. are fully able to cope with the demands that the work places on them Yes No
3. have not been ill for longer than 2 consecutive weeks in the past year Yes No
4. have not undergone medical treatment during the past year or are being treated at this moment in time Yes No

The employees for whom no declaration of validity can be issued, must complete a health declaration. Allianz will use this as a basis to assess whether these employees can be included as participants in the Group Term Life Insurance. If that is the case, they will be included in the scheme as soon as they have resumed 100% of their work.

Name	<input type="text"/>
Date of birth	<input type="text"/>
Reason	<input type="text"/>
Date of commencement of illness	<input type="text"/>

Name	<input type="text"/>
Date of birth	<input type="text"/>
Reason	<input type="text"/>
Date of commencement of illness	<input type="text"/>

Name	<input type="text"/>
Date of birth	<input type="text"/>
Reason	<input type="text"/>
Date of commencement of illness	<input type="text"/>

The undersigned declares that the answers to the questions asked have been stated truthfully and to the best of his/her knowledge. The undersigned is aware that failing to disclose details or providing incorrect or incomplete information or statements may result in the insurance agreement being cancelled and/or the right to benefit lapsing.

Contact person's name	<input type="text"/>
Contact person's position	<input type="text"/>
Date	<input type="text"/>
Town/city	<input type="text"/>
Employer's signature	<input type="text"/>

Criminal past

Have you or another party involved in this insurance application been in trouble with the police or the law during the past 8 years, as a suspect or in the enforcement of an imposed (punitive) measure, in connection with:

- proceeds of crime, such as theft, embezzlement, deceit, fraud, forgery or any attempt thereto;
- unlawful prejudicing of others, such as vandalism or damage, mistreatment, extortion and blackmail, or any crime against another's personal freedom or life or (an) attempt(s) to that effect;
- violation of the Weapons and Ammunition Act (Wet wapens en munitie), the Opium Act (Opiumwet) or the Economic Offences Act (Wet op de economische delicten)? Yes No

If yes, please provide details, in an annex, of the offence, whether the matter was brought before the court, what the outcome was and whether any (punitive) measures have already been enforced. If the matter was not brought before the court, please state whether there was an out-of-court settlement with the public prosecutor and, if so, on the basis of which conditions the out-of-court settlement came about. If you wish you can submit this information confidentially to the board of management of Allianz.

Is this insurance being taken out by a legal entity, the question about a criminal past also applies to:

- the director(s)/manager(s) under the articles of association of the legal entity;
- the shareholder(s) with an interest of 33.3% or more and, if these shareholders are themselves a legal entity, their director(s)/manager(s) under the articles of association (and shareholder(s) with an interest of 33.3% or more).

General Final Question

Do you or another interested party have additional information which could be important for Allianz for the assessment of this insurance application and which has not been issued in the answers to the above questions?

Yes No

If so, what information is this?

Declaration by Financial Adviser

The policyholder must have a proposal which is based on the same points of departure as the insurance applied for. The financial adviser declares, in this context, that he has submitted a proposal to the policyholder(s) in which the points of departure as regards premium, term and any selection elements correspond to that which has been included on the application form. The financial adviser also declares that he is not aware of any circumstances which provide grounds for it not being possible to accept the insurance applied for.

Financial adviser's name	<input type="text"/>
Contact person's name	<input type="text"/>
Date	<input type="text"/>
Town/city	<input type="text"/>
Financial adviser's signature	<input type="text"/>

Personal data

We must process your personal data for the execution of your insurance agreement.

We do this for a number of reasons:

- For entering into, executing and managing your insurance agreement
- To prevent and combat fraud
- To be able to comply with legislation and regulations.

By applying for this insurance you agree with the processing of your personal data for these purposes.

For more information we recommend you to consult our privacy statement at HYPERLINK "<http://www.allianz.nl/privacy>" www.allianz.nl/privacy.

The Chamber of Commerce. identity of the legal entity/employer is to be determined on the basis of a certified extract from

The identities have been established by

Financial adviser's name	<input type="text"/>
Contact person's name	<input type="text"/>
Date	<input type="text"/>
Town/city	<input type="text"/>
Financial adviser's signature	<input type="text"/>

Proposal

The undersigned declares s/he has received and read the proposal relating to this insurance application and agrees with its content.

The undersigned also declares that s/he has read the documents accompanying the proposal which are available at www.allianz.nl/crv and agrees with their content.

Information

You also declare that you agree with the applicability of the General Terms and Conditions. You can consult these conditions via www.allianz.nl/crv or request a copy from Allianz. The conditions will be sent to you along with the policy document. The undersigned is/are aware that failure to fulfil the statutory obligation to disclose (sufficiently) may result in the entitlement to benefit being restricted or even lapsing. Failure to fulfil the statutory obligation to disclose may also result in the insurer cancelling the insurance.

Contact person's name	<input type="text"/>
Contact person's position	<input type="text"/>
Date	<input type="text"/>
Town/city	<input type="text"/>
Employer's signature	<input type="text"/>