

Policy Number

(Existing policies only)

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i The Life Assured must answer to all questions.

Life Assured

Name	Social Security Number	Height (cm)	Weight (kg)
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Do you smoke? Yes No

If you answer yes to any of the questions below, please also answer the follow up questions.

1. Have you been admitted to hospital during the past two years? Yes No

2. Are you currently or have you during the past two years been prescribed any course of medication that had to be taken for three months or more? (You need not state contraceptives, occasional short- antibiotic treatments or antihistamine treatment) Yes No

3. Do you currently participate or do you intend on participating in any hazardous activity or activities, such as skydiving or motor sports? Yes No

4. Have you had a memory assessment? Yes No

Do you currently have or have you in the past had:

5. Cardiovascular disease such as arrhythmia, pain or chest tightness, myocardial infarction, hypertension, elevated blood lipid levels or stroke? Yes No

6. Cancer, malignant tumour or a blood disorder? Yes No

7. Diabetes or high blood sugar? Yes No

8. Lung disease, such as COPD? Yes No

9. Disease of the liver, kidneys or intestines such as hepatitis, or inflammatory bowel disease? Yes No

10. Neurological or rheumatic disease such as MS, ALS or rheumatoid arthritis? Yes No

11. Mental illness requiring hospitalization or examination or alcoholism that requires treatment or have you discussed your alcohol usage with a medical professional? Yes No

If you answered yes to any of the questions 1-11 please give details below:

State medical condition, injury or symptom. Outline the body part and which side (right or left) is affected.

Body part _____ Side _____

When did the illness/symptoms start?

Month/Year _____

State sick leave period.

Month/Year _____

Which medical establishment (state address also) and Doctor attended you?

What care/treatment have you received? State any operation, radiation therapy, medication etc. Please state which medication and dosage was used and the name of the doctor who prescribed the medicine.

Ref8140

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SEB Life International Assurance Company Designated Activity Company trading as SEB Life International is regulated by the Central Bank of Ireland. Registered in the Republic of Ireland. Registered office: SEB Life International, Bloodstone Building, Riverside IV, Sir John Rogerson's Quay, Dublin 2, Ireland. Registration number 218391. Past performance is not a reliable guide to future performance. The value of investments may go down as well as up. All information is correct as at August 2020 but is subject to change.

Do you have control appointments? If yes, Yes No
state the time for the next one.

Month/Year _____

If you have fully recovered and are not experiencing any symptoms, state the time of recovery.

Month/Year _____

If you haven't fully recovered and are experiencing symptoms, state which symptoms.

Other information (for example the latest blood pressure reading, if you have high blood pressure or information of a high risk hobby).

Warning

SEB Life International is entitled to terminate the policy if:

- 1) Policyholder or life assured has given prior to policy commencement given incorrect or incomplete information disclosed wilfully or through negligence which cannot be considered slight, where SEB Life International would not have granted the insurance had it been aware of the true circumstances
- 2) If the policyholder or the insured has acted in bad faith while fulfilling its duty of disclosure
- 3) If there has been a change in any circumstance relating to the insured that is of importance for the assessment of SEB Life International's liability and SEB Life International would not have granted the insurance if the circumstance relating to the insured had conformed to the change at the time the insurance was granted.

SEB Life International may also terminate the policy if:

- 1) The insured person has wilfully caused the occurrence of an insured event; or
- 2) The insured has after the occurrence of an insured event in bad faith given the SEB Life International incorrect or incomplete information that is of importance for the assessment of liability.

The Wealth Protector applied to the Policy is based on the information given in this application. Therefore it is extremely important that each question is answered truthfully and correctly. The applicant is responsible of the answers even when another person writes them on his/her behalf. Incorrect or insufficient information may lead to a situation where the insurance provider's responsibilities are limited according to the Insurance Contracts Act.

Data Protection

I hereby consent to: (a) SEB Life International holding, processing and using information and Personal Data in the manner outlined in the Privacy Policy; and (b) the processing and use of such information and Personal Data by those persons to whom it is disclosed. If I have provided to SEB Life International any information or personal data concerning any party other than me, I hereby confirm that I (i) have provided a copy of the Privacy Policy to them; and (ii) am in compliance with all data protection requirements applicable to me. If the undersigned is a corporate entity the person(s) signing for same is (are) hereby deemed to represent, warrant and undertake that such person(s) is or are duly authorised to do so.

Life Assured's Signature

X

Print Name

Date dd/mm/yy

Declaration

I, the life to be insured, declare that the above statements are, to the best of my knowledge and belief, true and complete. I have read and understand the note concerning disclosure of information and I understand that giving of information that is incomplete, incorrect or untruthful can compromise the right to benefits and may constitute grounds for rejection of a claim

It is understood that the assurance will not commence until the proposal has been accepted by the Company. If I, the life to be insured, suffer from any change in state of health or seek medical advice prior to the commencement of the assurance, I understand that the change in circumstances must be notified to the Company, who will have the right of withdrawing the acceptance.

I agree that doctors, hospitals, health centers, clinics, occupational healthcare specialists, mental health offices and private health care institutions, as well as other insurance companies and insurance and pension institutions who attended me, provide information about my medical condition to SEB Life International which may be needed to handle this application or a possible claim. I also agree that information about me can be searched from public sources of information. SEB Life International may give out information about my medical condition and identified data about my policy to the above parties. From the details of the Social Insurance Institution, my consent concerns only the information needed to handle the claim.

I hereby consent to: (a) SEB Life International holding, processing and using the above information in the manner described in the Privacy Policy, which I have read and understood; and (b) the processing and use of such information by those persons to whom it is disclosed.

I understand my electronic signature of this documentation has the same legal effect as an original hand-written signature and is evidence of my consent and intent to be legally bound by the Policy terms and conditions.

Life Assured's Signature

X

Print Name

Date dd/mm/yy