



# SEB Life International Wealth Protector Application Form

Policy Number *(existing policies only)*

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This information is required for underwriting purposes. This benefit is only available for Single Life policies. If this option is selected, there will be a Life Cover Charge applied to the Policy Fund. Please see the Additional Conditions for Wealth Protector for details of this charge.

### Applicant

Name	Social Security Number / Company Registration Number
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### Life Assured *(If different to Applicant)*

Name	Social Security Number
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### Protection Details

Add Life Cover Benefit       Remove Life Cover Benefit       Reduce Life Cover Benefit

Protection Percentage *(% of Policy Value at the Life Cover Start Date)*:       100%       95%       90%

### Maximum Benefit limits

Unless specified below, the maximum amount of the Life Cover Benefit will be limited to the Policy Value (existing policies) or Premium invested (new policies) at the date that the application is received.

If you wish to apply for a maximum amount that is **less than or more than the Policy Value or Premium Invested**, please specify the maximum amount of cover here: \_\_\_\_\_

**Note:**

- This amount will affect the level of underwriting conducted by SEB Life International and places an absolute limit on the additional benefit in case of death. Please refer to the Policy Conditions for further details.
- Amounts in excess of the Policy Value or Premium invested should only be selected by those intending to invest additional sums within the next 3 years and who wish to avoid additional underwriting in respect of such Premium invested.
- Any amount requested is subject to limits and acceptance by SEB Life International.

## Simple Health Declaration

All questions are to be answered by the life to be insured.

Please only answer the health declaration when adding Wealth Protector or if you wish to apply for a higher Maximum Cover Amount on an existing Wealth Protector.

Simple health declaration is applicable to persons aged between 18 and 50 who wish to protect a maximum of 1.5MEUR, persons aged between 51 and 64 who wish to protect a maximum of 1MEUR and persons aged between 65 who 75 and wish to protect a maximum of 500 000 EUR.

If you wish to apply for a higher cover than above please fill in the long health declaration.

1.	Do you smoke?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.	Have you been treated or diagnosed for the following in the past two years: stroke, diabetes, cholesterol, high blood pressure, HIV, liver, cancer, heart, kidney or blood disorders or mental health problems?	<input type="checkbox"/> Yes <i>(If Yes, please fill out Long Health Declaration)</i>	<input type="checkbox"/> No
3.	Are you using or have you used a prescription drug continuously for at least three months in the past two years? <i>(No need to report individual antibiotics, allergy medicines or contraceptives)</i>	<input type="checkbox"/> Yes <i>(If Yes, please fill out Long Health Declaration)</i>	<input type="checkbox"/> No
4.	Do you or do you intend to participate in a high risk sport such as parachuting or motor sports?	<input type="checkbox"/> Yes <i>(If Yes, please fill out Long Health Declaration)</i>	<input type="checkbox"/> No

Following this application, SEB Life International may choose to:

- accept the application;
- accept the application subject to further conditions (such as a Loading); or
- decline the application.

Please tick if you wish to proceed with your Policy Application without Wealth Protector, if Wealth Protector Application is declined *(new policies only)*

### 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 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/we 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/we have provided to SEB Life International any information or personal data concerning any party other than me/us, I/we hereby confirm that I/we (i) have provided a copy of the Privacy Policy to them; and (ii) am/are in compliance with all data protection requirements applicable to me/us. 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.

Applicant's Signature

**X**

Print Name	Place	Date dd/mm/yy

Life Assured's Signature

**X**

Print Name	Place	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 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 SEB Life International. 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 SEB Life International, who will have the right of withdrawing the acceptance. I have read and understand the note concerning disclosure of information.

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 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	Place	Date dd/mm/yy