

**OCIDENTAL**  
grupo ageas☐ New Insurance  
☐ Alteration Policy

Branch

Employee

Intermediary 207074605 Banco Comercial Português S.A.

**Millennium**  
bcp**INSURANCE POLICYHOLDER**

Name:

Address:

Postal Code:

City/Town:

Date of Birth:

Gender: ☐ M ☐ F

Marital Status:

Citizen Card:

Taxpayer Number:

Occupation:

Telephone (home):

Telephone (work):

E-mail:

☐ **ANNUAL OPTION**☐ **DAILY OPTION****IDENTIFICATION OF THE INSURED PERSONS**

1	Name:		
	Address:		
	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone:
	Citizen Card:	Taxpayer Number:	Occupation:
2	Name:		
	Address:		
	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Telephone:
	Citizen Card:	Taxpayer Number:	Occupation:

## QUESTIONNAIRE

### GENERAL:

Has this risk ever been insured before or is it currently insured?

☐ No      If yes, for which Insured Person      Insured Person:      Insurer: \_\_\_\_\_  
☐ Yes      and at which Insurer?      ☐ 1 ☐ 2

### MEDICAL:

Does any of the Insured Persons suffer or has suffered from paralysis, deafness, diabetes, epilepsy, illness, incapacity or disability, physical defect, or been affected by any disability that, due to its nature, might determine, exacerbate its consequences or delay its cure?

☐ No      If yes, which Insured      Insured Person:      In case of Disability, what  
☐ Yes      Person?      ☐ 1 ☐ 2      percentage?      \_\_\_\_\_ %  
What  
motive? \_\_\_\_\_

## COVERAGE, INSURED SUMS AND MEANS OF TRANSPORT

### Indicate the desired Coverage and Capital:

#### Coverage

☒ Permanent total disability and Death due to Accident

☒ Personal Travel Assistance **(1)**

☐ Treatment and Repatriation Expenses due to Accident

☐ Third party liability

☐ Daily Allowance due to Hospital Internment

☐ Personal Baggage

- Includes filming equipment, cameras or similar?

☐ No ☐ Yes

- If yes, indicate the value of these objects **(2)**

☐ Winter sports (Snow Ski and Snowboard)

Of the affected  
coverage

<sup>(1)</sup> In case of accident or illness occurred abroad

<sup>(2)</sup> Value included in the Personal Baggage capital (maximum  
of 50% of the value of the Personal Baggage coverage)

### Indicate the means of transport to be used:

☐ Bus

☐ Car

☐ Taxi

☐ Boat (Licensed Collective Transport)

☐ Aircraft

☐ Train

☐ Cruise Ship

☐ Other (specify):

TRAVEL DESTINATION	
Annual Option	Daily Option
All over the world <input type="checkbox"/>	Continent(s):
Continent(s):	Country(ies):
Country(ies):	
<b>Age Limit</b> <b>• for Subscription:</b> 79 years old. From the age of 70 years old of the Insured Person, only Death and Personal Baggage coverage can be subscribed.	

SCOPE OF THE CONTRACT	
Professional and extra-professional risk: guarantees professional activities that do not involve specific danger, above that of the normal traveller.	
Serious Professional Risk. If this is the case, indicate the professional: (Professions involving Serious Professional Risk: namely, aircraft and navy crew, military forces, professional sports, civil construction work, mines, public works, drivers)	Insured Person 1:
	Insured Person 2:

START DATE, DURATION AND PREMIUM PAYMENT FREQUENCY (ANNUAL OPTION)	
Start Date:	
Under the legal terms, upon acceptance of the present proposal, the risk coverage shall only occur with the payment of the premium or instalments due.	
Duration: Year and Following	Annual Total Premium: €
Premium Payment Frequency:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Six-monthly <input type="checkbox"/> Annual (The first payment of the premium or instalment is increased by the cost of the Policy or Endorsement of the value of €5 + Legal Charges)

INSURED PERIOD AND PREMIUM PAYMENT (DAILY OPTION)	
Travel Start Date:	Travel End Date:
Under the legal terms, upon acceptance of the present proposal, the risk coverage shall only occur with the payment of the premium or instalments due.	
Total Premium: € (The first payment of the premium or instalment is increased by the cost of the Policy or Endorsement of the value of €5 + Legal Charges.)	Premium Frequency: <input checked="" type="checkbox"/> Single

CREDIT CARD		
Do you have a Credit Card? <input type="checkbox"/> No <input type="checkbox"/> Yes	Which?	Will the travel be purchased with a credit card? <input type="checkbox"/> No <input type="checkbox"/> Yes

## BENEFICIARIES

The beneficiaries named in this table are valid for the coverage which assures situations of **Death** contracted under this insurance, except for **Tutor Death or Permanent total disability** coverage when the beneficiary(ies) must be the insured person(s).

### INSURED PERSON 1

#### In case of Death:

Beneficiary 1:

Name:

Date of Birth:

CC/Passport:

Taxpayer

Number: Address:

Postal Code: City/Town:

Percentage:

### INSURED PERSON 2

#### In case of Death:

Beneficiary 1:

Name:

Date of Birth:

CC/Passport:

Taxpayer

Number: Address:

Postal Code: City/Town:

Percentage:

#### In case of Permanent total disability:

The Insured Person

#### Authorisation of the Insurance Policyholder/Insured Person 1:

I authorise, pursuant to numbers 2 and 3 of article 5 of DL 384/2007, in the case of the confirmed impossibility of contacting the Insurance Policyholder and Insured Person during an entire year, in the case that they are not the same person, the Insurer to inform the beneficiary, within the period of 30 days after the last communication addressed to them.

Insurance Policyholder/Insured Person 2: \_\_\_\_\_

#### Authorisation of Insured Person 2:

I authorise, pursuant to numbers 2 and 3 of article 5 of DL 384/2007, in the case of the confirmed impossibility of contacting the Insurance Policyholder and Insured Person during an entire year, in the case that they are not the same person, the Insurer to inform the beneficiary, within the period of 30 days after the last communication addressed to them.

Insured Person: \_\_\_\_\_

This designation shall only take effect after the Insurer's acceptance and corresponding issue of an endorsement. Up to this time, the beneficiary(ies) in case of death shall be the legal heirs of the Insured Person(s).

**AUTHORISATION TO THE PREMIUM PAYMENT (DIRECT DEBIT/TRANSFER)**

Account Holder:

I authorise the Bank to pay Ageas Portugal – Companhia de Seguros S.A. the premium of the Insurance contracted through the current Proposal and at the agreed periodicity, by direct debit under the terms of the authorization or, if the payment of the initial premium or the first instalment is not compatible with this payment service due to the insurance start date and the Bank mentioned below is simultaneously the intermediary of the current insurance, by credit transfer to the account of Ageas Portugal – Companhia de Seguros S.A. with IBAN PT50003300000000070606405, by debiting my account below mentioned.

Bank

Account Number – IBAN

BIC SWIFT

Type of payment: Recurring payment or One-off payment

By undersigning this authorisation you are authorising (i) Ageas Portugal – Companhia de Seguros S.A. to send instructions to your Bank to debit your account, and (ii) your Bank to debit your account, pursuant to the instructions of Ageas Portugal – Companhia de Seguros S.A.

Your rights, relative to the authorisation referred to above, are explained in a statement that can be obtained from your Bank and include the possibility of requesting your Bank to reimburse the debited amounts, under the terms and conditions agreed with your Bank. The reimbursement should be requested within a period of eight weeks, counted from the debit date in your account. However, please note that the fact that your Bank complies with your request for reimbursement does not extinguish the obligation to pay the premium in question, nor any liabilities derived from the consequent breach of the Insurance contract.

The payment of any amounts derived from the present insurance contract should be made by credit in the same account, unless you are explicitly instructed otherwise.

Subscription in joint or mixed accounts requires the explicit agreement of the co-holders to the terms of the subscription, hence the present payment instruction must be signed in accordance with the conditions for movement of the current account

Place and Date: \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_ of \_\_\_\_\_

Signature of the Account Holder: \_\_\_\_\_

(In conformity with the Signature Form or Identification Document and pursuant to the conditions for movement of the current account)

## STATEMENTS, CONSENTS, DATE AND SIGNATURES

**For the purposes of the conclusion of the present insurance contract(s), the Proposer/Insurance Policyholder and the Insured Person(s) declare that:**

1. We have been informed of the conditions of the insurance contract and all the necessary and legally required clarifications have been provided and declare having received for this effect the annex to this proposal: Document of information about the insurance product and the General and Special Conditions.
2. If applicable, the current contract can be granted with the electronic signature, under the terms of the accession convention for the electronic signature that is previously registered.
3. The risk that is intended to be insured against was not covered, totally or partially, by any contract relative to which there is a premium, instalment of a premium or other amount in debt.
4. Any omissions, inaccuracies or falsities, whether regarding the data provided on a compulsory or optional basis, are the responsibility of the Insurance Policyholder and/or Insured Persons.
5. I(we) also authorise the Insurer to collect personal data relative to health from medical advisory boards or other health professionals and public or private bodies such as hospitals, clinics, offices, health centres, institutes of legal medicine, even after death, with a view to confirming or supplementing the information provided herein or after subscription of the present insurance, for the purposes of assessment of the risk of subscription of the insurance or management of the subsequent contractual relationship, namely for the effect of determining the origin, cause and evolution of any illness or accident that may give rise to death or disability, and which are essential for this authorisation to enable conclusion of the present insurance contract.

**The Proposer/Insurance Policyholder and Insured Persons(s) is(are) also aware that:**

6. Under legal terms, accepting the current proposal, the risk coverage shall be confirmed only with the respective premium payment or instalment.
7. Banco Comercial Português, S.A. (Millennium bcp) acts on behalf and on account of the Insurer and its intervention involves the provision of assistance throughout the duration of the insurance contract. There will not be any involvement of other insurance intermediaries in the insurance contract. Millennium bcp holds an indirect stake of more than 10% in the share capital of the entities Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. In turn, Fosun International Holdings Limited, which holds an indirect stake in the share capital of Millennium bcp of more than 10%, indirectly holds qualifying stakes in various insurance companies of the Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., Companhia Portuguesa de Resseguros, S.A. and Multicare – Seguros de Saúde, S.A. Nevertheless, Millennium bcp does not sell insurance products of the Fidelidade Group's insurance companies. Millennium bcp provides advice. The information provided by Insurance Policyholders relative to their requirements and needs are specified in the insurance proposal and/or in the application proposal, as well as any additional simulations and questionnaires, and guide the advice provided, which is only based on the analysis of the insurance contracts of distributors with which the intermediary has close relations. Millennium bcp, as an insurance intermediary, is contractually bound to conduct its insurance distribution activity exclusively for the following insurers: Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Ageas Portugal - Companhia de Seguros S.A. and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. As well as for Ageas – Sociedade Gestora de Fundos de Pensões S.A. Notwithstanding this, in certain cases, under the contractually established terms, Millennium bcp can carry out insurance distribution activity for other Insurers. The Intermediary is not remunerated directly by the Insurance Policyholder for the distribution activity. The Intermediary will receive a management fee from the Insurer, as remuneration in relation to the insurance contract, without prejudice to the Insurer being able to attribute benefits, that may or may not be of economic nature, to the persons directly involved in the insurance distribution activity, which shall not be granted according to a given insurance contract.

The Insurance Policyholder has the right to request information about the Intermediary's remuneration for providing the distribution service; therefore, whenever requested, you will be given this information.

## STATEMENTS, CONSENTS, DATE AND SIGNATURES

8. Complaints arising from the contract may be submitted in writing to the Insurer's complaint-management department (namely via e-mail: [reclamacoes@ocidental.pt](mailto:reclamacoes@ocidental.pt)), in the Complaints Log, to the Customer Ombudsman (namely via e-mail: [provedor.ocidental@mm-advogados.com](mailto:provedor.ocidental@mm-advogados.com)) and to the Insurance and Pension Funds Supervisory Authority, at [www.asf.com.pt](http://www.asf.com.pt). In the event of a dispute, in addition to resorting to the other Alternative Dispute Resolution Entities, under the terms of applicable legislation, the parties may resort to CIMPAS - the Insurance Information, Mediation and Arbitration Centre, of which the insurer is a member - [www.cimpas.pt](http://www.cimpas.pt) - or to the courts. The Insurer's Customer Handling Policy and other information on Complaints and Dispute Management is available at [www.ocidental.pt](http://www.ocidental.pt).
9. In the event of a complaint relating to the conduct of Millennium bcp, you can contact your Branch or the Customer Service Centre via email at [centroatencaoaocliente@millenniumbcp.pt](mailto:centroatencaoaocliente@millenniumbcp.pt), or the Contact Centre via telephone: (+351) 21 005 24 24 (call to the domestic mobile network) and (+351) 91 827 24 24 / (+351) 93 522 24 24 / (+351) 96 599 24 24 (call to the domestic landline network). 24-hour personalised service. You can also contact the Customer Ombudsman, located at Rua Augusta, nº 84 - Piso 2, 1100-053 Lisboa at the email [provedoria.cliente@millenniumbcp.pt](mailto:provedoria.cliente@millenniumbcp.pt). In the event of a dispute, in addition to having recourse to other Alternative Dispute Resolution Entities, the parties may also resort to CIMPAS – Centro de Informação, Mediação e Arbitragem de Seguros [Insurance Information, Mediation and Arbitration Centre] - [www.cimpas.pt](http://www.cimpas.pt) - or to the courts. Millennium bcp's Complaints Management Policy and other related information are available at [www.millenniumbcp.pt](http://www.millenniumbcp.pt).

Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental, Hereinafter referred to as "Ocidental") is the entity responsible for processing the personal data of the insurance policyholder (if a natural person) or the representative(s) of the insurance policyholder (if a legal person), all the other insured persons and/or beneficiaries ("Data Subjects"), in the context of the subscription of insurance products, collected through this document, as well as any that are provided subsequently, namely during the reporting of a claim, even if they have been collected from third parties. The personal data provided are necessary for the subscription and management of the insurance, including the issuance of the policy, management of the policy, management of claims and annulment of the policy, and are processed only for this(these) purpose(s). In this regard, Ocidental processes the following categories of data: identification and contact data, health data, financial data and all other data required for concluding the insurance contract. For the pursuit of the purpose(s) described above, Ocidental may communicate the collected data to subcontractors, business partners and entities of the insurance sector, such as the Portuguese Association of Insurers, insurance distributors and reinsurers. Ocidental may also communicate personal data when it deems that this disclosure of data is necessary or appropriate (i) considering the applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to respond to requests from public or governmental authorities. The provision of products and services by Ocidental could imply the transfer of personal data to third countries (which do not belong to the European Union or European Economic Area).

With the Data Subject's consent, the entities of the Ageas Portugal Group (namely: Ageas Portugal - Companhia de Seguros, S.A. (brand Ocidental), Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., Médis - Companhia Portuguesa de Seguros de Saúde, S.A., Ageas - Sociedade Gestora de Fundos de Pensões, S.A.) will have access to the Data Subject's personal data for sending promotional communications, disclosing campaigns relative to Ocidental products and services suited to the Data Subject's profile. These entities will act as autonomous processors for the processing that each carries out. Data Subjects can, at any time, request access to their personal data, as well as their data's rectification, elimination or limitation to their processing, the portability of their data, or object to their processing through written request addressed to the entities responsible for the processing (processors) to the contacts indicated above. They may also contact the DPO of the Ageas Portugal Group through the email [dpo@ocidental.pt](mailto:dpo@ocidental.pt). You can also manage the consents that have provided through your Reserved Area.

If you wish to know more about how the entities of the Ageas Portugal Group process your personal data, please see their Privacy Policies presented on the website of each entity.

## STATEMENTS, CONSENTS, DATE AND SIGNATURES (continuation)

The profile will be created based, in particular, on demographic variables such as age and gender, area of residence, personal preferences indicated, as well as the subscribed products, with the profile being adjusted throughout the relations established with any of the entities of the Ageas Portugal Group. The personal data will be kept for marketing purposes as long as the Data Subject does not withdraw consent. All our communications contain a link through which the Data Subject can, at any time, withdraw consent. However, this does not invalidate the processing that has been done up to that date based on the previously given consent.

The Insurance Policyholder (natural or legal person), by providing third party data, namely insured person(s) and/or beneficiary(ies), undertakes to provide information relative to the processing of personal data described above, as well as the collection of any applicable consent(s).

### Proposer/Insurance Policyholder and the Insured Person

☐ I consent to the entities of the Ageas Portugal Group (identified above) having access to my personal data kept in the context of the relationship established with the entity(ies) of the Ageas Group, under the terms previously referred.

☐ I consent to the processing of my personal data by the entities of the Ageas Portugal Group (listed above), for purposes of sending marketing communications through the different communication channels, whether physical or digital, namely electronic notifications, letters, SMS or email, suited to my profile, under the terms previously referred and described in more detail in the various Privacy Policies available on their websites.

Place and Date: \_\_\_\_\_

Insurance Policyholder/ Insured Person: \_\_\_\_\_

The 1st Insured Person: \_\_\_\_\_

The 2nd Insured Person: \_\_\_\_\_

The Branch: \_\_\_\_\_

The present document is a translation of the Portuguese version. In case of discrepancy between the versions, the Portuguese version shall prevail. Does not exempt consultation of the legally required pre-contractual and contractual information.

**Insurance Intermediary:** Banco Comercial Português, S.A., Registered Office: Praça D. João I, nº 28, 4000 - 295 Porto – Share Capital EUR 3,000,000,000.00 – Single registration and TIN 501525882. Insurance agent registered under nr. 419527602, with the Insurance and Pension Funds Supervision Authority - Registration Date: 21/01/2019. Authorization for the brokerage distribution of the life and non-life insurance. For information and further registration details, please consult: [www.asf.com.pt](http://www.asf.com.pt). The Insurance Intermediary is not authorized to sign insurance contracts on behalf of the Insurer or receive any insurance premiums payable to the Insurer. The Insurance Intermediary does not assume liability regarding any risks covered by the insurance contract, which shall be fully assumed by the Insurer.

**OCIDENTAL**  
grupo ageas

**Insurer:** Ageas Portugal - Companhia de Seguros, Public limited company, with head office at Praça Príncipe Perfeito n.º 2, 1990-278 Lisboa. Legal Person No. 503454109. Porto Trade Register. Share Capital of 7.500.000 Euros. Registration ASF 1129, [www.asf.com.pt](http://www.asf.com.pt)