



New Insurance Alteration Policy

Start Date

Intermediary 207074605 Banco Comercial Português S.A.



INSURANCE POLICYHOLDER

Name:

Address:

Postal Code: -

City/Town:

Date of Birth:

Gender: M F

Marital Status:

Identity Card:

Taxpayer Number:

Occupation:

Telephone (home):

Telephone (work):

Mobile:

Email:

IDENTIFICATION OF THE INSURED ANIMALS (Dog/Cat)

Name	Date of Birth	Breed	Gender	Identification number (1)

(1) Indicate the number of the micro-chip or compulsory council license for dangerous breeds.

QUESTIONNAIRE

Is the policyholder or their minor descendant, spouse or living partner the owner of the animal?	Yes	No
Is the animal in good health?	Yes	No
Is the animal's vaccination plan up to date in the vaccination record book?	Yes	No
Does the animal have any disability or injury?	Yes	No
Is there any record of damage caused by the animal to third parties?	Yes	No

Policyholder: _____

TABLE OF OPTIONS AND PÉTIS COVERAGE

Plan/Option	Basic <input type="checkbox"/>	Plus <input type="checkbox"/>	Platinum <input type="checkbox"/>	Premium <input type="checkbox"/>
CIVIL LIABILITY				
Capital per claim and annuity 10 % Deductible min €150.00 max €500.00	● €50 000.00	● €50 000.00	● €50 000.00	● €50 000.00
ASSISTANCE				
Miscellaneous Information – no deductible	-	● Unlimited	● Unlimited	● Unlimited
Search for a missing pet (capital per annuity) - no deductible	-	● €500.00	● €500.00	● €500.00
Insured Animal Custody - no deductible	-	● Unlimited (maximum 5 days)	● Unlimited (maximum 5 days)	● Unlimited (maximum 5 days)
Search for Pet (capital per annuity) - no deductible	-	● €500.00	● €500.00	● €500.00
Legal Defence (capital per claim and annuity) - no deductible	-	● €500.00	● €500.00	● €500.00
Veterinary and Medication Assistance (capital per annuity) - 10 % deductible on the expense, minimum of €25.00	-	● €600.00	● €1 200.00	● €2 200.00
Organisation of Funeral Services - no deductible	-	● Unlimited	● Unlimited	● Unlimited
Funeral and Euthanasia (capital per claim and annuity; with a 90-day grace period) - no deductible	-	-	● €100.00	● €100.00

Policyholder: _____

TABLE OF OPTIONS AND PÉTIS COVERAGE (cont.)

OPTIONAL COVERAGE				
Vaccines (capital per claim and annuity; with a 90-day grace period) - €25.00 deductible, on the first use in each annuity	-	○ <input type="checkbox"/> €100.00	○ <input type="checkbox"/> €100.00	○ <input type="checkbox"/> €100.00
TYPE OF ANIMALS				
Pets	<input type="checkbox"/>			
Dangerous Dog Breeds (*)	<input type="checkbox"/>			
COVERAGE EXTENSIONS (TRAVEL PERIOD NOT EXCEEDING 30 DAYS)				
Territorial Extension Assistance - European Union	-	○ <input type="checkbox"/>	○ <input type="checkbox"/>	○ <input type="checkbox"/>
EXTENSIONS NOT AVAILABLE FOR DANGEROUS DOG BREEDS				
Territorial Extension Civil Liability - Spain	○ <input type="checkbox"/>	○ <input type="checkbox"/>	○ <input type="checkbox"/>	○ <input type="checkbox"/>
Participation in Competitions and Exhibitions (Civil Liability)	○ <input type="checkbox"/>	○ <input type="checkbox"/>	○ <input type="checkbox"/>	○ <input type="checkbox"/>
Hunting Extension (Accident)	-	○ <input type="checkbox"/>	○ <input type="checkbox"/>	○ <input type="checkbox"/>

● **Coverage Included**

- **Coverage Not Included**

○ **Optional Coverage**

(*) Mandatory documentation:

- Copy of the term of responsibility according to enclosed model to Decree-Law no. 315/2009, of 17 December
- Copy of the criminal record of the pet's owner
- Copy of proof of electronic identification (microchip)

START DATE, DURATION AND PAYMENT OF PREMIUMS

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

Premium Payment Periodicity:

Monthly Annual

The first payment of the premium or instalment is increased by the cost of the Policy or Endorsement and respective legal costs of the value of €5.35 (legal fees already included).

Policyholder: _____

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 authorisation 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 PT5000330000000070606405, 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.

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

Place and Date: _____, _____

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)

Policyholder: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

For purposes of the conclusion of the present insurance contract(s), the Applicant/Insurance Policyholder declare(s) 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. I(we) authorise the treatment, done with or without automated methods, of the specific personal details provided and record of accesses, consultations, instructions and other information regarding this contract, as well as the treatment of information relative to the above persons gathered indirectly from other sources. The collected personal data shall be processed and stored electronically, being intended for use in the contractual relations with the Insurer, which is responsible for its treatment. Without prejudice to the duties and limits established in the data protection and competition laws, the Insurer may provide access to or convey this information or data to persons, natural or legal, under public or private law, subcontracted for purposes of collaboration in the conduct of statistical research and studies, market surveys or in feasibility studies on the execution of the contracts, which includes the Portuguese Insurers' Association (as well as reinsurers or entities which lawfully frame or carry out actions of cooperation, data compilation, prevention and combat of fraud, or statistical or technical-actuarial studies). Any omissions, inaccuracies or falsities, whether regarding the data provided on a compulsory or optional basis, are the responsibility of the Applicant(s)/Insurance Policyholder.
5. Furthermore, the Bank/Linked Insurance Intermediary is authorised to keep a record by electronic, digital or other means, of conversations held in the context of specialised telephone channels, including the Customer's encoded identification and instructions conveyed by the Customer, whether aimed at clarification of doubts, or to be submitted for judgement in the case of disputes.
6. The Bank/Linked Insurance Intermediary is hereby authorised to use this data to update the respective records, where this same entity, or the business groups incorporated by this entity or the companies controlled by it or in which it has a stake, including companies, branches and representation offices established abroad to which this entity may convey the collected and recorded details, is responsible for the inherent data treatment. The ultimate purpose of the treatment of this last type of data is exclusively to gain knowledge on the Applicant(s)/Insurance Policyholder with a view to the management of the contractual relationship and pursuit of the insurance mediation activity, management of contacts and accomplishment of promotional actions.
7. I(we) am aware that I(we) am(are) assured, under the legal terms, the right to access, correction, addition or elimination of personal details, through personal contact with my(our) account manager or at any branch of the Bank/Linked Insurance Intermediary as well as by written communication addressed, according to the case, to this same institution or the Insurer.

The Applicant/Insurance Policyholder is(are) also aware that:

8. Under legal terms, accepting the current proposal, the risk coverage shall be confirmed only with the respective premium payment or instalment.
9. Banco Comercial Português, S.A. (Millennium bcp) acts in the name and on behalf of the Insurer and its participation involves the provision of assistance throughout the term of the insurance contract. In the insurance contract there is no intervention from other insurance intermediaries. Millennium bcp holds an indirect interest of more than 10 % in the share capital of Ocidental – Companhia Portuguesa de Seguros de Vida, S.A. and Ageas – Sociedade Gestora de Fundos de Pensões, S.A. companies. On the other hand, Fosun International Holdings Limited, that holds an indirect interest of more than 10 % in the share capital of Millennium bcp, indirectly holds qualified interest in several insurance companies belonging to Fidelidade Group, including Fidelidade – Companhia de Seguros, S.A., a Companhia Portuguesa de Resseguros, S.A. and Multicare - Seguros de Saúde, S.A. However, Millennium bcp does not sell

Policyholder: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES

insurance products from insurance companies belonging to Fidelidade Group. Millennium bcp provides advice. The information provided by the Policyholder regarding their requirements and needs is specified in the insurance proposal and/or in the application proposal, as well as in any additional simulations and questionnaires, and such requirements and needs have guided the advice provided, which is based solely on the analysis of the insurance contracts between distributors with whom the agent has close relationships. Millennium bcp, as insurance intermediary, has a contractual obligation to exclusively perform insurance distribution activities for the following insurers: Ocidental - Companhia Portuguesa de Seguros de Vida, S.A., AGEAS Portugal - Companhia de Seguros S.A. (Ocidental brand) and Médis - Companhia Portuguesa de Seguros de Saúde, S.A. as well as Ageas – Sociedade Gestora de Fundos de Pensões, S.A. However, in certain cases, pursuant to the contractually foreseen terms and conditions, Millennium bcp may carry out the insurance distribution activity for other Insurers. The Intermediary is not directly remunerated by the Policyholder for distribution activities.

The Intermediary shall receive part of the management fee from the Insurer, as a remuneration fee regarding the insurance contract, notwithstanding the Insurer being able to grant benefits, which may or may not be of an economic nature, to individuals directly involved in the insurance distribution activity, benefits that are not granted based on a specific insurance contract. The Policyholder has the right to request information on the Intermediary's remuneration for the distribution service provision, and so, whenever requested, such information shall be provided to the Policyholder.

10. Complaints arising from the contract can be submitted in writing to the complaint's management department of the Non-Life Claims Insurer (namely through the email: reclamacoes@ocidental.pt), in the Complaints Book, to the Customer Ombudsman by email - provedor.ocidental@mm-advogados.com - and to the Insurance and Pension Fund Supervisory Authority at www.asf.com.pt. In the events of disputes, the parties can also appeal to the Alternative Dispute Settlement Entity: CIMPAS – Insurance Information, Mediation and Arbitration of Insurance Centre - www.cimpas.pt - or to the judicial courts. The Insurer's Policy on Handling Customers and all other information on the Management of Complaints is available at www.ocidental.pt.
11. In the event of a complaint regarding the conduct of Millennium bcp you may contact your bank branch or Customer Service Department through the email: centroatencaocliente@millenniumbcp.pt or through the Contact Center by phones 91 827 24 24 / 93 522 24 24 / 96 599 24 24 (cost of a call to the national mobile network) and (+ 351) 21 005 24 24 (cost of a call to the national fixed network). 24-hour personalized service. The cost of communications depends on the tariff agreed with your operator. You can also contact the Customer's Ombudsman, located at Praça Dom João I, nº 28 - Piso 4, 4000-295 Porto via e-mail provedoria.cliente@millenniumbcp.pt. Millennium bcp's Complaints Management Policy and other related information are available at www.millenniumbcp.pt.

Policyholder: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES (continuation)

AGEAS Portugal – Companhia de Seguros, S.A. (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 underwriting 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 underwriting 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). In these cases, Ocidental shall implement the necessary and appropriate measures considering the applicable law to ensure the protection of the personal data being transferred. Ocidental keeps the data throughout the established contractual period, unless it is duty bound by law to keep the data for a longer period. 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 (with the exception of data strictly necessary for the provision of the service) through written request addressed to Ocidental to the email apoioaocliente@ocidental.pt or postal address Praça Príncipe Perfeito 2, 1990-278 Lisboa. If you wish to contact the Data Protection Officer (DPO), please do so via the email dpo@ocidental.pt. Without prejudice to any other form of administrative or judicial appeal, Data Subjects are entitled to the right to submit a complaint to the National Data Protection Commission (CNPD) or to another supervisory authority that is competent under the terms of the law, if they consider that their data is not being processed legitimately by Ocidental. Ocidental may process personal data in order to assess the level of risk associated to the insurance underwriting based on automated processing (i.e. without human intervention) of personal data, substantiating a decision which could take effect in the legal sphere of the Data Subject, namely with respect to the pricing of the insurance. In this respect, Ocidental undertakes to take the appropriate measures to safeguard the rights, freedoms and legitimate interests of the Data Subjects, namely the right to obtain human intervention by Ocidental, express their point of view and contest the decision in question.

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).

With the Data Subject's consent (if a natural person), Ocidental shall use the collected data for sending promotional communications, disclosing campaigns relative to Ocidental products and services suited to the Data Subject's profile.

With the Data Subject's consent, the entities of the AGEAS Portugal Group (namely: 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.) shall 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 shall 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.

Policyholder: _____

STATEMENTS, CONSENTS, DATE AND SIGNATURES (continuation)

They may also contact the DPO of the AGEAS Portugal Group through the email dpo@ageas.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.

The profile shall be created based, in particular, on demographic variables such as age and gender, area of residence, personal preferences indicated, as well as the underwritten products, with the profile being adjusted throughout the relations established with any of the entities of the AGEAS Portugal Group. The personal data shall 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.

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: _____

Policyholder: _____

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. 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