☐ New Insurance
☐ Alteration

Policy

Branch

Employee

Intermediary 207074605 Banco Comercial Português S.A

POLICYHOLDER

Name:		
Address:		Postal Code:
		City/Town:
Date of Birth:	Gender: ☐ M ☐ F	Marital Status:
CC/ID Card:	Taxpayer No.:	Profession:
Home Telephone:	Mobile:	Email:

IDENTIFICATION OF INSURED PERSONS

1	Name:		
	Address:		
	Date of Birth:	Gender: ☐ M ☐ F	Telephone:
	CC/ID Card:	Taxpayer No.:	Profession:
2	Name:		
	Address:		
	Date of Birth:	Gender: ☐ M ☐ F	Telephone:
	CC/ID Card:	TIN:	Profession:

QUESTIONNAIRE

GENERIC:

Do you have any Personal Protection insurance with another Insurer?
☐ No
☐ Yes
If the answer is yes, for which Insured Person and with which Insurer?
Insured Person: ☐ 1 ☐ 2 Insurer: _____

HEALTH:

Do any of the Insured Persons suffer or have suffered from paralysis, deafness, diabetes, epilepsy, illness, disability, physical defect or suffer from any medical condition?
☐ No
☐ Yes
If the answer is yes, who is the Insured Person?
Insured Person: ☐ 1 ☐ 2

Policyholder: _____

QUESTIONNAIRE (continued)

BICYCLE MODULE: (Fill out only when the optional Bicycle Module coverage has been underwritten)

Is the Bicycle shared by the insured persons? ☐ No ☐ Yes

If Yes, fill out the following data regarding the Insured Person 1's bicycle:

Make _____ Model_____ Serial Number: _____

If No, fill out the information regarding each insured person's bicycles:

Insured Person 1: Make _____ Model_____ Serial Number: _____

Insured Person 2: Make _____ Model_____ Serial Number: _____

Policyholder: _____

OPTIONS, COVERAGES AND INSURED CAPITALS - INSURED PERSON 1

Choose one of the following options (Simple, Regular and Top) and optional coverages, if any:

	Coverages	Simple	Regular	Top
Basic	Permanent Disability	€25 000 No Deductible	€50 000 No Deductible	€100 000 No Deductible
	Treatment and Repatriation Expenses	€5 000 No Deductible	€7 500 No Deductible	€10 000 No Deductible
	Assistance to Persons	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Family Médis Line	According to Special Conditions	According to Special Conditions	According to Special Conditions
Optional	Death (1)	€25 000 No Deductible	€50 000 No Deductible	€100 000 No Deductible
	Death or Permanent Disability Representatives (2)	€25 000 Deductible: Perm. Dis. 50 % = 100 % of capital	€50 000 Deductible: Perm. Dis. 50 % = 100 % of capital	€100 000 Deductible: Perm. Dis. 50 % = 100 % of capital
	Death or Permanent Disability Traffic Accident (2)	€12 500 Deductible: Perm. Dis. 50 % = 100 % of capital	€25 000 Deductible: Perm. Dis. 50 % = 100 % of capital	€50 000 Deductible: Perm. Dis. 50 % = 100 % of capital
	Family Civil Liability	€12 500 Deductible: 10 % on compens. (min €150)	€25 000 Deductible: 10% on compens. (min €150)	€50 000 Deductible: 10% on compens. (min €150)
	Daily Hospitalisation Allowance	€25/day Deductible: 4 days/person/incident	€50/day Deductible: 4 days/person/incident	€100/day Deductible: 4 days/person/incident
	Daily Allowance after Hospital Discharge	€25/day Deductible: 4 days/person/incident	€50/day Deductible: 4 days/person/incident	€100/day Deductible: 4 days/person/incident
	Amateur Extreme Sports	According to Special Conditions	According to Special Conditions	According to Special Conditions
Optional	Youth Assistance	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Bicycles (3)	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Travel (4)	According to Special Conditions	According to Special Conditions	According to Special Conditions

Policyholder: _____

OPTIONS, COVERAGES AND INSURED CAPITALS - INSURED PERSON 1 (continued)

Choose one of the following options (Simple, Regular and Top) and optional coverages, if any:

	Coverages	Simple	Regular	Top
Modules	Home Assistance	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Golf (5)	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Underwriting Options:			

(1) **Death** coverage is not available for minors under 18 years of age. For minors under 18 years of age, the Death or Permanent Disability of Representatives coverage is available. This shall be replaced by the Death coverage upon renewal immediately after the aforementioned age is reached.

(2) In case of **Permanent Disability of Representatives** or **Permanent Disability due to Traffic Accident**, devaluations equal to or greater than 50 % shall be considered to be equal to 100 %, based on the National Table for Assessment of Permanent Disabilities in Civil Law.

(3) Bicycle Module: Includes Bicycle Civil Liability (€50 000.00 capital/No deductible) and Bicycle Assistance.

(4) Travel Module: Includes Baggage (capital: 10% of the Permanent Disability coverage capital) and Travel Assistance.

(5) Golf Module: Includes Golf Civil Liability (€50 000.00 capital/No deductible), Theft of Golf Equipment (€1 250.00 capital/€125.00 deductible per claim), Damage to Golf Equipment (€1 250.00 capital/€125.00 deductible per claim/Limit: €400.00 per claim), Caddy Treatment Expenses (€750.00/No deductible), Hole-In-One Expenses (€500.00/No deductible) and Golf Assistance.

Do you want to underwrite Foreign Extension (Traineeships, Erasmus or other academic trips*)?

☐ Yes ☐ No

Country/Countries of Destination: _____

Start Date: End Date:

(In no case shall travel to countries where the risk of conflict is admitted, namely active war, acts of disturbance of public order and terrorism be guaranteed).

* This coverage has only one premium, which shall be charged on your start date.

Age Limit: Underwriting: the Insured Person(s) must be aged between 0 and 69.

Scope of Coverage: Extra-professional and professional risk (the premium shall depend on the risk associated with each profession). For minors under 18 years of age, students, retired and unemployed persons, only the extra-professional risk is guaranteed.

Amateur Extreme Sports covered by Volta: Hang gliding, mountaineering, martial arts, ballooning, mountain biking, bungee jumping, canoeing, equestrian sports, snow sports, speleology, American football, weightlifting, ice hockey, karting, kitesurf, diving, mountaineering, paintball, sky diving, paragliding, parkour, rafting, rapel, skysurf, all terrain, trekking.

Policyholder: _____

OPTIONS, COVERAGES AND INSURED CAPITALS - INSURED PERSON 2

Choose one of the following options (Simple, Regular and Top) and optional coverages, if any:

	Coverages	Simple	Regular	Top
Basic	Permanent Disability	€25 000 No Deductible	€50 000 No Deductible	€100 000 No Deductible
	Treatment and Repatriation Expenses	€5 000 No Deductible	€7 500 No Deductible	€10 000 No Deductible
	Assistance to Persons	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Family Médis Line	According to Special Conditions	According to Special Conditions	According to Special Conditions
Optional	Death (1)	€25 000 No Deductible	€50 000 No Deductible	€100 000 No Deductible
	Death or Permanent Disability Representatives (2)	€25 000 Deductible: Perm. Dis. 50 % = 100 % of capital	€50 000 Deductible: Perm. Dis. 50 % = 100 % of capital	€100 000 Deductible: Perm. Dis. 50 % = 100 % of capital
	Death or Permanent Disability Traffic Accident (2)	€12 500 Deductible: Perm. Dis. 50 % = 100 % of capital	€25 000 Deductible: Perm. Dis. 50 % = 100 % of capital	€50 000 Deductible: Perm. Dis. 50 % = 100 % of capital
	Family Civil Liability	€12 500 Deductible: 10 % on compens. (min €150)	€25 000 Deductible: 10% on compens. (min €150)	€50 000 Deductible: 10% on compens. (min €150)
	Daily Hospitalisation Allowance	€25/day Deductible: 4 days/person/incident	€50/day Deductible: 4 days/person/incident	€100/day Deductible: 4 days/person/incident
	Daily Allowance after Hospital Discharge	€25/day Deductible: 4 days/person/incident	€50/day Deductible: 4 days/person/incident	€100/day Deductible: 4 days/person/incident
	Amateur Extreme Sports	According to Special Conditions	According to Special Conditions	According to Special Conditions
Optional	Youth Assistance	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Bicycles (3)	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Travel (4)	According to Special Conditions	According to Special Conditions	According to Special Conditions

Policyholder: _____

OPTIONS, COVERAGES AND INSURED CAPITALS - INSURED PERSON 2 (continued)

Choose one of the following options (Simple, Regular and Top) and optional coverages, if any:

	Coverages	Simple	Regular	Top
Modules	Home Assistance	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Golf (5)	According to Special Conditions	According to Special Conditions	According to Special Conditions
	Underwriting Options:			

(1) **Death** coverage is not available for minors under 18 years of age. For minors under 18 years of age, the Death or Permanent Disability of Representatives coverage is available. This shall be replaced by the Death coverage upon renewal immediately after the aforementioned age is reached.
(2) In case of **Permanent Disability of Representatives** or **Permanent Disability due to Traffic Accident**, devaluations equal to or greater than 50 % shall be considered to be equal to 100 %, based on the National Table for Assessment of Permanent Disabilities in Civil Law.
(3) Bicycle Module: Includes Bicycle Civil Liability (€50 000.00 capital/No deductible) and Bicycle Assistance.
(4) Travel Module: Includes Baggage (capital: 10% of the Permanent Disability coverage capital) and Travel Assistance.
(5) Golf Module: Includes Golf Civil Liability (€50 000.00 capital/No deductible), Theft of Golf Equipment (€1 250.00 capital/€125.00 deductible per claim), Damage to Golf Equipment (€1 250.00 capital/€125.00 deductible per claim/Limit: €400.00 per claim), Caddy Treatment Expenses (€750.00/No deductible), Hole-In-One Expenses (€500.00/No deductible) and Golf Assistance.

Do you want to underwrite Foreign Extension (Traineeships, Erasmus or other academic trips*)?
☐ Yes ☐ No

Country/Countries of Destination: _____

Start Date: End Date:

(In no case shall travel to countries where the risk of conflict is admitted, namely active war, acts of disturbance of public order and terrorism be guaranteed).
* This coverage has only one premium, which shall be charged on your start date.

Age Limit: Underwriting: the Insured Person(s) must be aged between 0 and 69.

Scope of Coverage: Extra-professional and professional risk (the premium shall depend on the risk associated with each profession). For minors under 18 years of age, students, retired and unemployed persons, only the extra-professional risk is guaranteed.

Amateur Extreme Sports covered by Volta: hang gliding, mountaineering, martial arts, ballooning, mountain biking, bungee jumping, canoeing, equestrian sports, snow sports, speleology, American football, weightlifting, ice hockey, karting, kitesurf, diving, mountaineering, paintball, sky diving, paragliding, parkour, rafting, rapel, skysurf, all terrain, trekking.

Policyholder: _____

START DATE, CONTRACT TYPE AND PREMIUM PAYMENT

Start Date: According to legal provisions, in case this insurance proposal is accepted, the risk coverage is only effective after paying the due premium or instalment.

Duration: Year and Following

Premium Payment Frequency: ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

To the first premium or instalment payment referred to above accrues the Policy or Additional Rider cost and corresponding legal fees totalling €5.38 (legal fees already included).

BENEFICIARIES

The beneficiaries designated in this table are valid for coverage options that guarantee **Death** situations underwritten under this insurance, with the exception of the coverage of **Death or Permanent Disability of Representatives** in which the beneficiary is(are) obligatorily the insured person(s).

INSURED PERSON 1

In the event of Death:

Beneficiary 1:

Name:

Date of Birth: No. Citizen Card/Passport:

Taxpayer No.:

Address:

Postcode: City/Town:

Percentage:

INSURED PERSON 2

In the event of Death:

Beneficiary 1:

Name:

Date of Birth: No. Citizen Card/Passport:

Taxpayer No.:

Address:

Postcode: City/Town:

Percentage:

In the event of Permanent Disability:

The Insured Person

Authorisation from the Policyholder/Insured Person 1:

I authorise that, following article 5(2) and (3) of DL 384/2007, in the event of proven impossibility of contacting the Policyholder and the Insured Person for one year in a row, in case these are not the same person, the Insurer informs the beneficiary, within 30 days after the last communication addressed to the Policyholder and the Insured Person.

Policyholder/Insured Person 1: _____

Policyholder: _____

Insured Person 2 Authorisation:

I authorise that, following article 5(2) and (3) of DL 384/2007, in the event of proven impossibility of contacting the Policyholder and the Insured Person for one year in a row, in case these are not the same person, the Insurer informs the beneficiary, within 30 days after the last communication addressed to the Policyholder and the Insured Person.

Insured Person: _____

This designation shall only be valid after acceptance by the Insurer and corresponding issuance of additional minutes. Until then, the beneficiary(ies) in case of death shall be the rightful heirs of the insured person(s)

AUTHORISATION FOR PREMIUM PAYMENT (DIRECT DEBIT/BANK TRANSFER)

Account Holder:

I authorise the Bank to pay to AGEAS Portugal - Companhia de Seguros, S.A. the premium for the Insurance underwritten through this Insurance Proposal and for the agreed period, by direct debit pursuant to the authorisation or, if the payment of the initial premium or the first instalment thereof is not compatible with that payment service considering the insurance start date and the Bank mentioned below is, at the same time, the Insurance Intermediary of this Insurance, by credit transfer to the account held by AGEAS Portugal – Companhia de Seguros S.A., with IBAN PT50003300000000070606405, by debit to my below mentioned account.

Bank

Account number — IBAN

BIC SWIFT

Type of payment: Recurring payment or One-off payment

By underwriting this authorisation, you are hereby 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 in accordance with the instructions from AGEAS Portugal – Companhia de Seguros S.A. Your rights, regarding the authorisation above, are explained in a statement you can obtain from your Bank and include the possibility of requesting the refund of the debited amount from your Bank, under the terms and conditions agreed upon with your Bank. A refund must be claimed within eight weeks starting from the date on which your account was debited. We alert, however, that the fact that your Bank satisfies the refund request does not waive the obligation to pay the premium in question, nor any liabilities arising from the consequent Insurance contract breach.

In the event of payment of any amounts arising from this insurance contract, the credit shall be made to the same account, unless expressly instructed otherwise.

In case of underwriting on joint or mixed accounts, the joint holders have to explicitly agree on the underwriting terms and this payment order should be signed in accordance with the current account's operation conditions.

Place and Date: _____, _____ _____ _____

Signature of the Account Holder(s):

_____

_____

(According to the Signatures Form, or Identification Document, and in accordance with the current account's operation conditions)

Policyholder: _____

DECLARATIONS, CONSENTS, DATE AND SIGNATURES

For the purpose of entering into this/these insurance contract(s), the Applicant/Policyholder and the Insured Person(s) declare that:

1. They became aware of the insurance contract's terms and conditions and were provided with all the necessary and legally required clarifications, declaring having received the annexes hereto: Insurance product information document and General and Special Conditions.

2. If applicable, this contract may be concluded by means of digital signature, according to the underwriting agreement and digital signature previously entered into.

3. The risk you intend to insure has not been covered, in whole or in part, by any contract regarding which there is a premium, premium instalment or other amount due.

4. Omissions, inaccuracies and false statements, whether regarding to mandatory or optional data provision, shall be the responsibility of the Policyholder and/or the Insured Persons.

5. They also authorise the Insurer to collect personal data relating to their own health from physicians or other healthcare professionals and from public or private organisations such as hospitals, clinics, medical offices, health centres, institutes of forensic medicine, even after their death, for the purpose of confirming or complementing the information provided at the time of or after underwriting this insurance, in order to assess the risk of underwriting the insurance or to manage the subsequent contractual relationship, namely for the purpose of determining the origin, cause and development of any illness or accident that may eventually lead to death or disability, and that they understand the essential nature of this authorisation for the entry into force of this insurance contract.

The Applicant/Policyholder and the Insured Person(s) also become(s) aware that:

6. According to legal provisions, in case this Insurance Proposal is accepted, the risk coverage is only effective after paying the due premium or instalment.

7. 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 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.

Policyholder: _____

DECLARATIONS, CONSENTS, DATE AND SIGNATURES

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.

8. Complaints arising from the contract may be submitted in writing to the Insurer's claim management department, Non-Life Complaint Support (namely via the email: reclamacoes@ocidental.pt), in the Complaints Book, to the Customer's Ombudsman via the email provedor.ocidental@mm-advogados.com and to the Autoridade de Supervisão de Seguros e Fundos de Pensões [Insurance and Pension Funds Supervisory Authority] at www.asf.com.pt. In the event of a dispute, the parties may also use the Alternative Dispute Resolution Entity: CIMPAS – Centro de Informação, Mediação e Arbitragem de Seguros - www.cimpas.pt - or the Courts of Law. The Insurer's Customer Processing Policy and other information related to Complaints Management is available at www.ocidental.pt.

9. 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: centroatencaoaocliente@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.

Ageas Portugal - Companhia de Seguros, S.A. (Ocidental brand, hereinafter referred to as 'Ocidental') is the personal data controller of the Policyholder (if a natural person) or other Policyholder's representatives (if a legal person), other insured persons and/or beneficiaries ('Data Subjects'), within the scope of underwriting insurance products, collected by means of this document, as well as the ones to be provided in the future, namely within the scope of claiming an incident, even though this personal data has been collected from third parties. The provided personal data are required for underwriting and managing the insurance policy, namely to issue the policy, manage claims, and cancel the policy, and are processed solely for this(these) purpose(s). In this context, Ocidental handles the following categories of data: identification and contact data, health data, financial data and other data required to underwrite the insurance contract. In order to pursue the described purposes, Ocidental may communicate the personal data collected to subcontracting entities, business partners and entities in the insurance field, such as Associação Portuguesa de Seguradores [Portuguese Association of Insurers], insurance distributors and reinsurers. Ocidental may also communicate personal data when they deem such data communications as necessary or appropriate (i) in light of applicable law, (ii) in compliance with legal obligations/court orders, or (iii) to satisfy requests made by public or government authorities. The provision of products and services by Ocidental may entail the transfer of personal data to third party countries (outside the European Union or the European Economic Area). In such cases, Ocidental shall implement the necessary and appropriate measures to ensure the protection of any transferred personal data.

Policyholder: _____

DECLARATIONS, CONSENTS, DATE AND SIGNATURES

Ocidental shall keep the data for the duration of the established contractual relationship, except if required by law to keep the data for a longer period. Data Subjects may, at any time, request access to their personal data, as well as their rectification, erasure or limitation of processing, their data portability or oppose to their processing (except for data strictly necessary for providing the service) upon written request to Ocidental to the email address apoioaocliente@ocidental.pt or to the postal address Praça Príncipe Perfeito 2, 1990-278 Lisboa. If you wish to contact the Data Protection Officer, you can do so via the email address dpo@ocidental.pt. Without prejudice to any other administrative or judicial remedy, Data Subjects are entitled to submit a complaint to the CNPD (Portuguese Data Protection Authority) or to another competent supervisory authority pursuant to law, if they consider that their data is not being subject to a lawful processing by Ocidental. Ocidental may process personal data to assess the level of risk associated with insurance underwriting based on automated (i.e. without human intervention) personal data processing, substantiating decisions that may have legal implications for the policyholder, in particular regarding the price of the insurance. To this end, Ocidental undertakes to take appropriate measures to safeguard the rights, freedoms and legitimate interests of data subjects, in particular the right to human intervention provided by Ocidental, to express their point of view, and challenge the decision in question.

By providing third party data, namely that of the insured person(s) and or beneficiary(ies), the Policyholder (either a natural or legal person) undertakes to provide information regarding the above described personal data processing, and for ensuring any applicable consent is provided.

With your consent (in case of being a natural person), Ocidental shall use the data collected for sending promotional communications, disclose campaigns regarding products and services provided by Ocidental suitable to the data subject's profile.
With your consent, Ageas Portugal Group companies (namely: AGEAS Portugal – Companhia de Seguros, S.A. (Ocidental brand), 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 your personal data, for the purpose of sending promotional communications, advertising promotional campaigns regarding your own products and services tailored to your profile. Also, the companies above are individually responsible for the data processing they perform. You may, at any time, request access to your personal data, as well as the rectification, erasure or limitation of processing, your data portability or oppose processing upon written request to the companies responsible for the processing sent to the contact details above. You may also contact Ageas Portugal Group's DPO at dpo@ageas.pt. You can also manage any consents you have provided on your Reserved Area. If you would like to know more about how Ageas Portugal Group companies treat your personal data, please access the corresponding Privacy Policies on their respective websites.

The profile shall be created based on demographic data, such as age, gender, area of residence, indicated personal preferences and your products. The profile shall be adjusted over the course of the relationship you establish with any Ageas Portugal Group companies. Personal data shall be retained for marketing purposes until such time as the data subject withdraws their consent. All our communications contain a link for the data subject to withdraw their consent, at any time, without invalidating processing performed until the withdrawal date, based on previously granted consent.

Policyholder: _____

DECLARATIONS, CONSENTS, DATE AND SIGNATURES

Policyholder/Insured Person

☐ I consent that the companies belonging to Ageas Portugal Group (identified above) have access to my retained personal data within the scope of the relationship established with company(ies) belonging to Ageas Group, pursuant to the aforementioned provisions.

☐ I consent to the processing of my personal data by the companies belonging to Ageas Portugal Group (identified above), for the purpose of receiving marketing communications through different communication channels, whether physical or digital, namely electronic notifications, letters, text messages (SMS) or emails pursuant to the aforementioned terms, described in detail in the multiple Privacy Policies available on their websites.

Place and Date: _____

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., Head office: Praça D. João I, n.º 28, 4000-295 Porto - Share Capital 3.000.000.000,00 Euros - Single registration and Legal Person No. 501525882. Insurance Agent registered with No. 419527602, with the Autoridade de Supervisão de Seguros e Fundos de Pensões [Insurance and Pension Funds Supervisory Authority] - Registration Date: 21/01/2019. Authorisation for Life and Non-Life insurance brokerage. Information and other registration details can be checked at www.asf.com.pt. The Intermediary is not authorised to enter into any insurance contracts on behalf of the Insurer, nor are they allowed to receive insurance premium payments, handed over in order to be delivered at the Insurer. The Intermediary does not cover the risks inherent in the insurance contract, which are fully assumed by the Insurer.

OCIDENTAL grupo ageas

Insurer: Ageas Portugal - Companhia de Seguros, S.A., sede Praça Príncipe Perfeito 2, 1990-278 Lisboa. Matrícula / Pessoa Coletiva 503454109. CRC Porto. Capital Social 7.500.000 Euros. Registo ASF 1129, www.asf.com.pt.