

APPLICATION FOR CONCLUSION OF AN INSURANCE CONTRACT Life insurance (identification code Ri_L)

The insurer is ERGO Life Insurance SE (registered in Lithuania), which offers services in Estonia through ERGO Life Insurance SE Eesti filiaal (hereinafter also: the Insurer). This application is filled in by the policyholder or their authorised representative. The writer of the application is obliged to present correct and complete information in the application and to notify the Insurer of all circumstances known to him/her which may have an impact on the Insurer's decision to conclude a contract or to do so under agreed upon additional terms and conditions. If the requested information does not fit on the application, we kindly ask that you provide them on a separate sheet of paper.

POLICYHOLDER

First and last name / Name of company _____ Personal identification code/ registry code _____
Address _____
Street, house, apartment (farm, village), postal code, city or rural municipality and county
Telephone _____ E-mail _____
I am a politically exposed person I am a non-resident I would like to receive the invoice via e-mail I would like to receive the invoice by post

INSURED PERSON

Is completed if the policyholder is not an insured person

First name and last name _____ Personal identification code _____
Address _____
Street, house, apartment (farm, village), postal code, city or rural municipality and county
Telephone _____ E-mail _____
The insured person is a politically exposed person The insured person is a non-resident

BENEFICIARY (IES) Heirs Individually

First and last name / Name of company	Personal identification code / registry code	Part of the disbursement
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

INSURANCE

Start of the insurance period _____ Day, month, year Method of payment Annual payment Half-year payment Quarterly payment Monthly payment

	Sum insured	Selected method of payment instalment in the first insured year
<input type="checkbox"/> Life insurance	_____	_____
<input type="checkbox"/> Critical Illness	_____	_____
<input type="checkbox"/> Lack of capacity for work	_____	_____
<input type="checkbox"/> Hospital daily allowance	_____	_____
<input type="checkbox"/> Accident		
Permanent disability indemnity	_____	_____
Death case indemnity	_____	_____
Daily allowance	_____	_____
<input type="checkbox"/> Critical Illness for children (form AV.0151.16)	_____	_____

Insurance premium total _____

INFORMATION FOR THE POLICYHOLDER

By signing this application, I confirm that I have examined the general terms and conditions for life insurance contracts from ERGO Life Insurance SE Eesti filiaal, the special conditions of the main insurance that I have chosen and the conditions of the extra cover, and I agree with them. I am aware that the application is valid for a period of three months as of its submission. If an insurance contract is not concluded within that three month period, the application shall no longer be valid. I confirm that ERGO Life Insurance SE Eesti filiaal has informed me of the right of withdrawal from the insurance contract within 14 days as of the conclusion of the insurance contract. If I am not satisfied with the activities of the Insurer, I have the right to contact the Financial Supervision Authority at Sakala 4, 15030 Tallinn.

I confirm that I have received and examined the information sheet accompanying the conclusion of the contract.

POLICYHOLDER

First and last name / Name of company _____

Signature _____ Date _____
Day, Month, Year

INSURER'S REPRESENTATIVE

Signature _____

INSURED PERSON

First and last name / Name of company _____

Signature _____