

Application for life insurance indemnity

POLICY NO.

1. INFORMATION ON INSURANCE EVENT

Date of the insurance event . . at :

2. INFORMATION ON THE INSURANCE CONTRACT

Policyholder
(name, surname / legal entity name)

Personal ID/
Registration No.

Insured party
(name, surname)

personal ID No.

3. INFORMATION ABOUT THE RECIPIENT/ BENEFICIARY OF THE INDEMNITY

Recipient/beneficiary of the indemnity

Name, surname

Personal ID number¹

Date of birth . .

E-mail

Phone

Gender
 Male Female

Nationality
 Latvian Other²

Country of birth
 Latvian Other³

Registered residence address

Correspondence address (specify if different from the registered address)

¹ If the recipient of the indemnity is not a resident of Latvia, please also fill in the 'Know your client' questionnaire.

² Specify all if multiple. If the private individual is a US citizen, the W9 application form must also be filled in and submitted to ERGO (<http://www.irs.gov/pub/irs-pdf/fw9.pdf>).

³ If the answer indicates the person's association with the US, the person must also fill in the W8 application form and submit it to ERGO (<http://www.irs.gov/pub/irs-pdf/fw8ben.pdf>).

4. ASSOCIATION WITH A POLITICALLY EXPOSED PERSON (PEP⁴)

Is the recipient/beneficiary of the indemnity and/or his/her family member⁵ a PEP, or is the recipient/beneficiary of the indemnity a person closely related to the PEP⁶?

No Yes If the recipient/beneficiary of the indemnity is a PEP himself/herself, please indicate the name of the place of work and title of the job. If the family member of the recipient/beneficiary of the indemnity is a PEP, or if the recipient/beneficiary of the indemnity is a person closely associated with a PEP, please specify the PEP's name, surname, date of birth, country of residence, name of employer and position, as well as the nature of the recipient's/beneficiary's association with the PEP.

⁴A politically exposed person (PEP) is a private individual who, within the last 12 months, has occupied a significant public position in the Republic of Latvia or another EU member state, or third country, including a higher official of the national authorities, the head of a national administrative unit (municipality), the head of Government, Minister (Deputy Minister or Assistant to the Deputy Minister, if the country concerned has such position), the Secretary of State or another senior official in the Government or a national administrative unit (municipality), Member of Parliament or a similar legislative body, Board member of a political party, a judge of the Constitutional Court, the Supreme Court or another court (member of a judicial institution), member of the Board or Council of the supreme auditing institution, member of the Board or Council of a central bank, Ambassador, Chargé d'affaires, senior armed forces officer, member of the Board or Council of a state (municipal) company, the head of an international organisation (Director, Deputy Director) or a member of the Board or a person who holds an equivalent position in such organisation.

⁵A family member of a politically exposed person (PEP) is the spouse or a person equivalent to a spouse of a politically exposed person (person shall only be considered a person equivalent to a spouse if he or she is given such status in accordance with the legislation of the relevant state), child or a child of a spouse or a person equivalent to a spouse of a politically exposed person, his or her spouse or a person equivalent to a spouse, parent, grandparent, or grandchild, brother or a sister.

⁶A person closely associated with a politically exposed person (PEP) is a private individual, who is known to have a close relationship with the PEP, transactional or otherwise; who is a shareholder in the same company as the PEP; who is the sole owner of a legal entity that is known to have been effectively established for the benefit of the PEP.

5. DOCUMENTS ATTACHED:

- medical certification (certificate) on the cause of death A copy of the Death Certificate A copy of the certificate of inheritance
- A copy of passport or ID card other

6. DETAILS

Transfer the insurance indemnity to a bank account

Currency

Bank name and SWIFT / BIC code (to be filled in if the transfer is made outside Latvia)

Account owner

personal ID No

7. CERTIFICATE

By filling in and signing the application for indemnity, I certify that:

1. I have read the ERGO Life Insurance SE Latvian branch's (hereinafter referred to as - the Insurer) Privacy Policy for the Processing of Personal Data published on the Insurer's website <https://www.ergo.lv/lv/par--ergo/privatuma-politika>, and made available at the Insurer's sales points;
2. by filling in this application on behalf of another person, I have received permission from this person to transfer his or her personal data to the Insurer for the processing of personal data for the performance of obligations arising from the insurance contract;
3. the information provided in the application is true and I agree that by providing false or misleading information, the Insurer has the right not to pay or reduce the insurance indemnity and I can be held liable in accordance with the laws and regulations of the Republic of Latvia.

Name, surname of the applicant

personal ID No.

I agree that ERGO will send information related to the indemnity case by e-mail

Yes No

Date

Signature

A signature is not required if the document is submitted by using the self-service portal www.mansergo.lv

To be completed by the insurance representative

Total for payment, EUR

Date

Signature

The application was accepted, name, surname

Date