

LIFE CHOICE

LIBERTY **LIFE CHOICE**

Insurance
Application



QUESTIONNAIRE AND HEALTH STATEMENT OF THE INSURED
A. QUESTIONNAIRE

Occupation	Specify your activity		
Type of company	Dangerous activities at and outside of work		
Do you practice a dangerous sport or activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Which one?	How often?
Do you have life insurance of any kind?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sum insured, type of policy and company			
Do you have an insurance application pending or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sum insured, type of policy and company			
Have you had a life insurance application rejected or put on hold?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
When?	Why?		
Have you travelled or are you considering travelling outside of the EU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	When? For how long?
What type of motorcycle or moped do you ride?	<input type="checkbox"/> I do not ride a motorcycle or moped of over 125 cc. <input type="checkbox"/> I ride a motorcycle or moped of between 126 cc and 250 cc. <input type="checkbox"/> I ride a motorcycle of over 250 cc.		

B. HEALTH STATEMENT

Weight	kg	Size	cm	Arterial pressure	/
Do you smoke or have you smoked during the last 24 months? (cigarettes, cigars, pipe, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No					
How many per day?					
Do you consume alcoholic beverages, antidepressants, narcotics or any other type of medication with or without a prescription? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What are they and what is your daily intake?					
Do you or has one of your immediate family members (father, mother, sibling), before turning 64 years old, suffered from arterial or blood hypertension, diabetes, cancer, stroke, heart disease, cerebrovascular disease, a mental illness, a nervous system disease, kidney disease or any other hereditary illness? <input type="checkbox"/> Yes <input type="checkbox"/> No					
What are they? Indicate at what age symptoms appeared and relationship with that person.					
Do you consider yourself to be in a perfect state of health and suitable for working? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you or have you suffered from an illness, condition or restriction that has forced you to be under medical supervision or treatment during more than 10 days? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have a physical, psychic or functional limitation or alteration; have you been in a serious accident; have you undergone surgery or received a blood transfusion? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you or have you suffered from any blood condition, diabetes, liver problems, infectious diseases such as hepatitis or sexually transmitted diseases, HIV infection (AIDS or related)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you undergone or been advised to take the AIDS test? <input type="checkbox"/> Yes <input type="checkbox"/> No					
When?			Results		
Why?					
Have you been advised to consult a doctor, be hospitalised, or undergo treatment or surgical intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No					

IF YOU HAVE RESPONDED AFFIRMATIVELY TO ANY OF THE PREVIOUS QUESTIONS, FILL IN THE FOLLOWING DETAILS:

A. Nature of the suffering or injury
B. Approximate date and duration, as well as your current state of health and any after-effects
C. Names and addresses of the doctors or institutions that have attended to you. When? Why?

The policyholder and the insured are responsible for the truthfulness of the responses given above, which shall be used, where applicable, as a basis for calculating the premium and for acceptance of the guarantees requested. They also declare that no circumstances have been omitted which may influence assessment of the risk. Liberty Seguros reserves the right to accept or reject the risk for which coverage is requested.

This questionnaire application is hereby issued in _____

The applicant

The insured

The insurance agent

INSURANCE COST
TEMPORARY ANNUALLY RENEWABLE. TOTAL ANNUAL PREMIUM FOR EACH SELECTED MODULE.

A.				B.				C.			
MEN		WOMEN		MEN		WOMEN		MEN		WOMEN	
AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM	AGE	PREMIUM
25	118.65	25	77.62	25	222.86	25	181.83	25	255.41	25	216.59
26	117.42	26	79.37	26	221.63	26	183.59	26	256.35	26	221.88
27	116.49	27	81.16	27	220.70	27	185.38	27	258.24	27	227.55
28	115.90	28	83.00	28	220.11	28	187.21	28	258.89	28	231.38
29	116.80	29	86.06	29	221.02	29	190.27	29	261.78	29	236.69
30	116.93	30	88.05	30	221.15	30	192.27	30	264.08	30	240.37
31	117.47	31	90.16	31	221.69	31	194.38	31	266.47	31	244.06
32	118.44	32	92.38	32	222.65	32	196.60	32	269.16	32	247.17
33	121.00	33	95.89	33	225.22	33	200.11	33	273.89	33	251.38
34	124.05	34	99.57	34	228.26	34	203.78	34	280.29	34	256.03
35	127.58	35	103.41	35	231.80	35	207.62	35	286.26	35	260.18
36	132.71	36	108.50	36	236.93	36	212.71	36	295.09	36	265.67
37	137.36	37	112.66	37	241.58	37	216.87	37	303.59	37	270.54
38	143.79	38	118.07	38	248.01	38	222.28	38	316.77	38	281.24
39	150.90	39	123.52	39	255.12	39	227.74	39	330.64	39	291.73
40	159.92	40	130.11	40	264.13	40	234.33	40	347.30	40	304.99
41	169.64	41	136.57	41	273.86	41	240.79	41	365.90	41	317.99
42	180.31	42	143.03	42	284.52	42	247.24	42	385.71	42	331.82
43	193.05	43	150.53	43	297.27	43	254.74	43	407.24	43	347.19
44	206.81	44	158.04	44	311.03	44	262.25	44	429.88	44	362.73
45	223.11	45	167.12	45	327.33	45	271.33	45	455.50	45	380.74
46	239.66	46	175.54	46	343.87	46	279.76	46	481.94	46	399.23
47	257.98	47	184.88	47	362.19	47	289.09	47	510.77	47	419.78
48	279.22	48	196.30	48	383.44	48	300.52	48	543.10	48	442.07
49	301.47	49	207.97	49	405.69	49	312.18	49	575.91	49	463.72
50	328.18	50	223.35	50	432.39	50	327.56	50	614.27	50	491.07
51	358.44	51	241.63	51	462.66	51	345.84	51	655.23	51	520.61
52	392.57	52	263.02	52	496.78	52	367.23	52	700.30	52	554.10
53	431.69	53	288.28	53	535.90	53	392.50	53	757.04	53	595.00
54	473.73	54	314.92	54	577.94	54	419.13	54	817.94	54	638.69
55	519.86	55	343.70	55	624.08	55	447.91	55	885.15	55	685.48
56	570.41	56	374.50	56	674.62	56	478.72	56	957.55	56	735.41
57	626.54	57	408.10	57	730.75	57	512.31	57	1,937.09	57	788.93
58	687.14	58	442.97	58	791.36	58	547.19	58	1,128.09	58	844.21
59	753.59	59	480.06	59	857.80	59	584.28	59	1,227.74	59	902.10
60	824.85	60	517.95	60	929.07	60	622.16	60	1,335.75	60	961.98

The premiums shown above can be modified at the discretion of the Company, taking into account deteriorations of the risk due to occupation, health conditions and sports or hobbies practised by the insured.

INFORMATION STATEMENT

In accordance with that set forth in Article 60 of the revised text of the Regulation and Supervision of Private Insurance Act, approved by Royal Decree 6/2004 of 29 October, and Articles 104 and 105 of the regulations developed therein, the following is stated:

1. MEMBER STATE AND REGULATORY AUTHORITY

The member state that controls the insurance activity of the company is Spain and the controlling authority is the Directorate General for Insurance and Pension Funds of the Ministry of Economy and Treasury.

2. APPLICABLE LEGISLATION

Spanish legislation is applicable to the contract, in particular, the Insurance Contracts Act 50/80 of 8 October and the revised text of the Regulation and Supervision of Private Insurance Act, approved by Royal Decree 6/2004 of 29 October and the regulations set forth therein, as well as legislation currently in force regarding income tax.

3. VENUES FOR SETTLEMENT OF CLAIMS AND CLIENT PROTECTION.

LIBERTY SEGUROS, compañía de seguros y reaseguros, s.a. has a **Customer Service Department** and a **Customer Ombudsman** to handle and resolve complaints and claims arising from actions taken by the company itself or by its insurance agents or bank insurance brokers, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

- **Customer Service Department.** C/ Obenque 2, 28042 Madrid, Fax No. 91 301 79 98, E-mail atencionalcliente@libertyseguros.es
 - **Customer Ombudsman.** C/ Marqués de la Ensenada 2, 6ª planta, 28004 Madrid, Fax No. 91 308 49 91, E-mail reclamaciones@da-defensor.org

All complaints and claims will be handled and resolved within a period of two months after being submitted. Upon conclusion of this period, if the claimant has received no response, or in the event of disagreement, he/she may address his/her grievance to the **Insured Party and Pension Plan Participant Ombudsman.** Pº de la Castellana 44, 28046 Madrid. For the resolution of conflicts in court, the court in the insured's city of residence will hold jurisdiction. The Regulations for Customer Defence are available to customers at the offices of Liberty Group companies and detail the procedure for handling complaints and claims. These regulations are also available on the website: www.libertyseguros.es, or through your insurance agent.

4. NAME, LEGAL STATUS AND REGISTERED OFFICE OF THE ENTITY

The insurance entity LIBERTY SEGUROS, COMPAÑÍA DE SEGUROS Y REASEGUROS, S.A. has its registered address at C/Obenque 2, 28042 Madrid, Spain. It has the legal status as a joint stock company.

5. GENERAL DESCRIPTION OF COVERS

The policy in question is a temporary life insurance contract that's purpose is the indemnity of a sum insured in the case of death, permanent total disability of the insured or a serious illness.

1. Risk of death: in the event that the insured dies, the designated beneficiaries will receive:

1.1. Death: The indicated sum insured in the conditions for private customers. If the insured dies in an accident along with his/her spouse and they have children under 18 years of age, the beneficiaries will receive an additional sum insured of the same amount.

1.2. Death due to an Accident: An additional sum insured if the death is due to an accident covered in the policy.

1.3. Death due to a road-traffic accident: An additional sum insured if the death is due to a road-traffic accident covered in the policy.

2. Risk of permanent total disability for all types of work: if the insured is declared to have permanent total disability (for type of work) he/she will receive:

2.1. Disability: The sum insured set forth in the schedule.

2.2. Disability due to an accident: An additional sum insured if the permanent total disability is due to an accident covered in the policy.

2.3. Disability due to a road-traffic accident: An additional sum insured if the disability is due to a road-traffic accident covered in the policy.

3. Serious illnesses: The insured will receive a sum insured if he/she is diagnosed with one of the following serious illnesses or operations: Cancer, heart attack, Cardiovascular accident, Kidney failure, Bypass operation, Paralysis and Transplant of vital organs, in accordance with the terms established in the special conditions of the policy.

This is a first-loss policy, meaning that once any of the aforementioned covers are paid, it is cancelled for all relevant purposes, except in the case of serious illnesses (described in point 3). In this event all additional covers will be cancelled but the cover for death for any reason will remain but will be reduced in the amount that was paid for the serious illnesses.

6. INSURANCE PREMIUMS

Premium payments should be made by the insured on corresponding expiry dates as stipulated in Article 14 of the Act.

7. GROUNDS FOR THE TERMINATION OF THE AGREEMENT

The insurer may terminate the agreement, subject to the requirements and terms stipulated in Articles 10 to 12 of the Spanish Insurance Contracts Act, in case of wilful omission or misrepresentation in statements provided by the policyholder or insured prior to the conclusion of the agreement or in the event of an increase in risk produced while the policy is in force. Notwithstanding the foregoing, and in accordance with that set forth in Articles 89 and 90 of the aforementioned act, the insurer may not contest the agreement one year after the termination date thereof, except in the case of wilful misconduct by the policyholder or insured. In the event that the age declared by the insured was misstated, the insurer may only contest the agreement if the true age of the insured, on the date on which the agreement came into force, was higher than the admission limit stipulated therein. Pursuant to that set forth in Article 15 of the aforementioned act, should, for reasons attributable to the policyholder or insured, the first premium not be paid, or should the single premium not be paid by its due date, the insurer will be entitled to terminate the agreement or to demand the enforced payment of the outstanding premium as provided for in the policy.

8. RIGHT TO TERMINATE THE AGREEMENT – Article 83a of the Spanish Insurance Contracts Act.

The policyholder in an individual insurance agreement lasting longer than six months shall be unilaterally entitled to terminate the agreement without offering any cause and without any penalty within 30 days of the date on which the insurer provides the policyholder with the policy and the provisional cover document. The policyholder must exercise this unilateral entitlement to cancel the agreement by means of a written document issued within the stipulated period and it shall take effect as of the date of its issue. On this date, the risk cover taken out shall end and the policyholder shall be entitled to a refund of the premium paid, less the portion corresponding to the time during which the agreement was in force.

9. INSTRUCTIONS RELEVANT TO APPLICABLE TAX SCHEME

Notwithstanding any subsequent modifications that may be made during the valid term of the agreement, the agreement shall be subject to Spanish tax regulations and, in particular, to Act 35/2006 of November 28 regarding Personal Income Tax and the Act regarding Tax on Inheritance and Donations.

- The insured sum in the event of the death of the insured, where received by a beneficiary other than the insurance policyholder, will be taxed under the tax scheme governing Tax on Inheritance and Donations.
- The insured sums for which the beneficiary is also the policyholder are subject to personal income tax (IRPF) regulations and shall be classified as capital gains subject to withholdings.

INFORMATION ON THE EXCLUSIVE INSURANCE AGENT

Exclusive insurance agent (1):

DGSFP Record No.:

, for checking said registration.

Interest in the insurance company (2):

The agent acts as a mediator solely with Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., and is duly authorised by them to work as well with (3):

The agent may only process the personal details provided under the terms and conditions and with the scope stipulated the insurance agency contracts signed with LibertySeguros, Compañía de Seguros y Reaseguros, S.A., and always in the name and on behalf thereof.

(1) Identity (name and surname or company name, National ID No. or Tax ID No. and full address of the exclusive insurance agent.

(2) Indicate share percentage and the corresponding institution (this section can be added only if real shares exist).

(3) This last paragraph is for when authorization of Article 14 of the Mediation of Private Insurance and Reinsurance Act exists. Indicate the name of the insurance company.

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