

ADDITIONAL MEDICAL QUESTIONNAIRE

TURKEY

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost Luxembourg S.A.

Words in the singular include the plural and vice versa. A reference to one gender includes a reference to the other gender.

DECLARATION OF CONSENT FOR THE PROCESSING OF DATA, INCLUDING HEALTH RELATED PERSONAL DATA

(to be used with Additional Medical Questionnaire/Medical Examination Report)

INFORMATION NOTICE

In the context of the application for the life insurance Policy with number (the "**Policy**") with an additional death cover as defined in the contractual documentation, Utmost Luxembourg S.A., having its registered office at 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg (the "**Insurer**"), is acting as a data controller in accordance with EU General Data Protection Regulation 2016/679 ("**GDPR**").

Pursuant to article 6 and article 9 of GDPR, respectively on the lawfulness of processing and on the processing of special categories of personal data, the Insurer asks for your explicit consent to collect, process and communicate your personal data, including health related personal data, to the reinsurer, Hannover Rück SE, that acts as an independent data controller, with a registered office at Karl-Wiechert-Allee 50, 30625 Hannover, Germany, (the "**Reinsurer**"), for the purposes of the preparation, execution or termination of the Policy.

Before signing this declaration of consent, it is important that you understand which data the Insurer will collect, process and transfer and to read and understand the Reinsurer's "Data Privacy Statement pursuant to Art. 13 and 14 EU General Data Protection Regulation (GDPR)" available on: www.hannover-re.com/182774/data-privacy. The Data Privacy Statement explains how the Reinsurer and its subsidiaries and affiliates collect personal data and how they use it when they provide their services as a reinsurance business.

WHICH DATA, INCLUDING HEALTH RELATED PERSONAL DATA WILL THE INSURER COLLECT, PROCESS AND COMMUNICATE TO THE REINSURER?

The Insurer will provide the Reinsurer with:

- › the Additional Medical Questionnaire completed by you;
- › the Medical Examination Report (where applicable) completed by your designated physician or other health professional; and
- › the results of the requested medical examinations of a body part or bodily substance (where applicable), which together or independently may reveal information relating to your past, current or future physical or mental health status (the "**Data**").

WHY DOES YOUR DATA, INCLUDING HEALTH RELATED PERSONAL DATA, NEED TO BE COLLECTED AND PROCESSED?

The collection, processing and communication of your personal data is necessary for the conclusion and performance of the Policy with an additional death cover as indicated in the contractual documentation.

As the insurer of the Policy with an additional death cover, Utmost Luxembourg S.A. needs to assess the risks associated with the health and longevity of the Life Assured, as defined in the contractual documentation, in order to correctly calculate and apply the mortality charges (if applicable) to the Policy to guarantee the specific death cover required.

As the Insurer performs the medical underwriting together with the Reinsurer, this information shall be transferred to the Reinsurer and its delegated parties in order to perform the risk and claims assessment, control of risk accumulation, for the accounting, statistical or related reinsurance business purposes.

WHAT IS THE LEGAL BASIS UNDER WHICH YOUR HEALTH RELATED PERSONAL DATA WILL BE PROCESSED?

Pursuant to article 6 and article 9 of GDPR, respectively on the lawfulness of processing and on the processing of special categories of personal data, the lawfulness of the processing of your Data shall be based on the explicit consent given by you.

HOW LONG WILL YOUR DATA BE STORED?

The storage period and the applicable safeguards take into account the nature, scope and purposes of the Data processing and will be not shorter than the existence of the Policy for which the Data was collected and processed and not longer than the storage limitation as applicable from time to time. The Insurer and the Reinsurer shall take and maintain the appropriate technical and organisational measures to protect the personal data against any accidental or unlawful data breach.

WHAT ARE YOUR RIGHTS REGARDING YOUR DATA?

In addition to the rights as defined in GDPR concerning the right to access (Article 15) any of your personal data that has been collected and processed by the Insurer as data controller, the right to rectification (Article 16) of any inaccurate data, the right to erasure (Article 17) of personal data in addition to the restriction and/or the objection to processing (Article 21) as well as the right to data portability (Article 20), you have the right to withdraw your explicit consent as to the processing of your Data at any time.

This withdrawal will not affect the lawfulness of the processing of your Data based on your explicit consent before withdrawal. However, this may impact the conclusion or performance of your Policy. For example, it may result in the Insurer being unable to offer coverage or continue to administer the Policy.

Should you require additional information in relation to your rights and the consequences of your consent, or any other question related to your personal data you may contact the Insurer's Data Protection Officer ("DPO") at data.privacy@utmostgroup.lu or by post at the Insurer's address. You can make a written dated request addressed directly to the DPO together with an identity document and clear and precise description of your request regarding the exercise of your rights.

You have the right to lodge a complaint with a supervisory authority in the Member State of your habitual residence, place of work or place of the alleged infringement.

DECLARATION OF CONSENT

1. I have read and I understand the above Information Notice and Hannover Rück SE's "Data Privacy Statement".
2. I have had the opportunity to consider the information and ask questions and have had these answered satisfactorily.
3. I understand that I have the right to withdraw my consent at any time, without affecting the lawfulness of the processing based on the consent I have provided prior to withdrawal. However, I understand that this may impact the conclusion or performance of my Policy. For example, it may result in the Insurer being unable to offer coverage or continue to administer the Policy.
4. I authorise the Insurer to provide the Reinsurer with the Data and a copy of the Additional Medical Questionnaire, the Medical Examination Report and the medical examination or test results and related documents.
5. I understand that the Data will be subject to a medical underwriting assessment.

ADDITIONAL MEDICAL QUESTIONNAIRE

1 Name of Life Assured

2 Height Weight

Marital Status

3 Have you consulted a doctor during the last 5 years for any conditions other than minor ailments (A minor ailment is a condition which required no more than 2 consultations and for which any treatment lasted no longer than 10 days)? Yes No

4 Are you currently taking any drugs prescribed by a doctor or are you required to undergo regular checkups as a result of previous illness? Yes No

5 Have you ever had a blood test for HIV/AIDS or received counselling or advice on AIDS or any other sexually transmitted disease? Yes No

6 Has any proposal for life, accident or health insurance on your life been declined, postponed or accepted on special terms? Yes No

7 Occupation/field of study of Life Assured

8 Are you, as Life Assured, exposed to any special hazards in your occupation, field of study or avocation or do you travel to or have residence in countries with political or health related risks (e.g. work with explosives, flying other than as a fare-paying passenger, diving, parachuting, motor racing, ...)? Yes No

If yes please give details.

Could you please confirm the travelling destinations and durations in the last 24 months and any expected travel destinations and durations in the coming 24 months?

9 Name and address of current doctor

10 If any of the questions have been answered with "YES", please give full details below including dates.

By signing this Information Notice and Declaration of Consent, I voluntarily and unconditionally consent to the collection, processing and communication of my Data by the Insurer to the Reinsurer for the subsequent processing as described in the above Information Notice and in Hannover Rück SE's "Data Privacy Statement".

Life Assured

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Place

A WEALTH *of* DIFFERENCE

www.utmostinternational.com
Utmost Luxembourg S.A. is registered with R.C.S. under number B37604 and regulated by the Commissariat aux Assurances (CAA)
Registered office address: 4, rue Lou Hemmer, L-1748 Luxembourg, Grand-Duché de Luxembourg
Utmost Wealth Solutions is registered in Luxembourg as a business name of Utmost Luxembourg S.A.