

LifeSafe

Terms and conditions

Life and Disability cover 1st euro for EU official with Afiliatys

Contract n° 910.039/001 - Start date: 1st August 2025

As a member of the Afiliatys Association, you benefit from the 'Life and Disability' cover subscribed by the Afiliatys Association, hereinafter referred to as the Member Association, with AWP Health & Life S.A. under No. 910.039/001.

The terms and conditions of cover and the details of the benefits to which you are entitled from August 1, 2025, are defined in these terms and conditions.

At the request of Afiliatys, the terms and conditions have been translated from French into English. The parties hereto acknowledge that present English translation of the notice is not contractual and thus non-binding and will serve for informational purposes only. Any legal interpretations and applications of the law will be performed in application of the French version of the law. In case of conflict between the English translations and the French master contract, the master contract will prevail.

GENERAL INFORMATION

1. Membership

For the insured, enrolment in the insurance is evidenced by a membership form signed by the member, which includes the following information:

- a) the membership number,
- b) the effective date of the insurance,
- c) the category of insured persons,
- d) the category of beneficiaries,
- e) the chosen plan with details of the cover,
- f) the first amount of insured lump sum,
- g) the amount of premiums.

For the member, the insurance takes effect on the date mentioned on the membership certificate, and at the earliest on August 1, 2025, for a period ending

on July 31 of the current year. It is then automatically renewed each August 1 for a one-year period, unless terminated by the member via a registered letter with acknowledgment of receipt sent to the administrator, no later than two months before expiration. Termination becomes effective only after this period.

The membership certificate for this insurance contract may also end in one of the following cases:

- a) in case of non-payment of premiums by the member.
- b) following a reorganization or liquidation of Afiliatys.
- c) on the date the insured is no longer a member of Afiliatys following their express request.
- d) in case of termination of the group contract.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

Upon application for membership, the member agrees:

- a) to send to the administrator the switch form included at the beginning of this document, which lists the dependants to be insured and declared as such to the insurer.
- b) to certify their affiliation with Afiliatys by specifying their membership number.
- c) to appoint their beneficiaries in case of death.

The Insurer, if it believes it necessary, may request the completion of medical formalities or the production of any other information. Thus, a medical examination, at the insurer's expense, may be requested.

The Insurer reserves the right, having received the aforementioned documents and information, to restrict the covers or to revise the price shown in the application for membership or even to refuse membership.

Members, as well as their dependants, if applicable, become 'Insured Persons' once admitted to the insurance, and the cover takes effect according to the conditions detailed in this notice.

The member is obliged to accurately declare all circumstances known to them on the day of affiliation, allowing the insurer to assess the risk. The member must be able to justify their declarations at any time in case of a request from the insurer. When omission or inaccuracy is intentional at the time of affiliation, the insurer is not bound by its contractual obligations to the insured and their dependants and may, therefore, refuse to provide the benefit. The insurer is also entitled to request either the nullity or termination of the individual membership.

When omission or inaccuracy in the declaration is not intentional, the contract is not void. The insurer proposes, within one month from the day it became aware of the omission or inaccuracy; to modify the contract with effect from the day it became aware of the omission or inaccuracy. If the insurer proves that it would not have insured the risk under any circumstances, it may terminate the contract within the same period. If the proposal to modify the

contract is refused by the subscriber or if, after a period of one month from receipt of this proposal, it is not accepted, the insurer may terminate the contract within fifteen days.

During the contract term, the member agrees to:

- a) pay their premium according to the terms provided in this notice.
- b) inform the administrator in case of any change in their personal situation or that of their dependants.

2. Effect of the cover

Once the contract has come into effect, the cover will be effective for each Insured Person who obtains this status on the following dates:

Member at the time the contract takes effect:

- a) From this latter date, according to the terms and conditions of the group contract in force with the previous insurer at the time of their affiliation.

Member after the contract's effective date:

- a) From the day of acceptance of the membership application by the insurer. The cover for the dependants defined in this notice takes effect simultaneously with that for the member or, later, as soon as the individuals meet the required conditions.

The commencement of the cover is confirmed by the issuance of an insurance certificate by the administrator.

3. Cover duration

Except in cases of concealment, omission, or false or inaccurate declarations made in bad faith, the insured, once admitted, cannot be excluded from the insurance against their will as long as they belong to the category of members to be insured.

However, the cover ceases in any case:

- a) For each insured person:
 - On the date the insured is no longer a member of Afiliatys.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

- No later than one year from the date the insured is no longer an active official of a European Institution, except for the outstanding balance cover which ends at the loan's maturity.
 - In case of non-payment of premiums according to the terms described in this notice under the paragraph titled 'Payment of Premiums'.
 - At the latest when the insured person reaches the age of 67, except in cases of continuation upon cessation of functions as described in this notice or continuation beyond the maximum cover age as described in this notice.
- b) For all insured persons belonging to the category mentioned above: on the date of termination of this contract.

The cover for dependants ceases (or is suspended) at the same time as that of the member. Furthermore, the Death and Disability cover for the child(ren) ends when they reach the age of 26.

3.2 Continuation of Life Cover

3.2.1 Continuation upon cessation of functions

As provided in this notice, the principal insured may, despite the cessation of functions within the European Institutions, apply for continuation of the Life cover under the following conditions:

- a) This request must be made no later than one year from the date of cessation of their functions.
- b) Only the Life cover is supported, according to the age conditions set in this contract.
- c) The insured amount is limited to a maximum of the insured amount at the date of cessation of functions.

As long as the principal insured benefits from this continuation, their dependants may also continue to benefit from the Life cover, according to the age conditions set in this contract. In this case, the insured amount for the dependants' Life cover is limited to the maximum:

- That of the principal insured.
- The insured amount on their behalf at the date of the principal insured's cessation of functions.

3.3 Continuation of cover beyond the maximum age

As provided in this notice, the principal insured or their spouse may apply for continuation of the Life cover under the following conditions:

- a) This request must be made no later than before the end of the month in which they reach the age of 67.
- b) This request is subject to a medical questionnaire and, if applicable, the insurer reserves the right to require an additional medical examination to assess the continuation request.

Based on the documents and information provided, the administrator acting on behalf of the insurer reserves the right to refuse the continuation.

In case of acceptance by the administrator acting on behalf of the insurer, the continuation of cover granted under this article follows the following conditions:

- c) The insured amount is limited to a maximum of 50% of the insured lump sum on the eve of the insured person's 67th birthday.
- d) The continuation ceases at the latest on the principal insured's 80th birthday.

For 'Outstanding Balance' insurance, the cover remains automatically insured without a new health status questionnaire if the insured lump sum is at any time equal to the outstanding balance of the insured loan.

4. Cover and benefits

4.1 Cover Options

According to Article 6, upon enrolment, the member has the choice between a cover option:

- a) for the principal insured only, or

- b) for the principal insured and their dependants.

4.2 Principal Insured Only Option

This option offers two cover choices for the insured:

- 4.2.1 All-Cause Life Cover, with the lump sum payable either:
 - a) to the designated beneficiaries in case of the principal insured's death during the insurance period, or
 - b) if the 'Outstanding Balance' alternative option is chosen, a lump sum corresponding to the actual outstanding balance of the mortgage loan is paid to the credit institution appointed in the insurance certificate. The Life cover can be subscribed alone.
- 4.2.2 All-Cause Disability Cover, with the lump sum payable directly to the principal insured in case of total and permanent disability of the principal insured occurring during the insurance period.

Total disability is defined as when, due to illness, accident, or decline in mental or physical faculties of the insured person, it is medically established that they are completely unable to perform their profession or another profession corresponding to their training, experience, and skills, including outside the Institutions. Permanent disability is defined as when the insured's state of health is considered consolidated by the insurer, meaning it is medically established that continued medical treatment will not bring any significant improvement to work ability and the disability will be medically considered definitive and irreversible.

In the case of permanent and total disability due to a psychological illness, the lump sum paid by the insurer is equal to 75% of the insured lump sum for the Disability cover. There is no accumulation of Disability and Death benefits. The Life cover ceases when the disability lump sum is paid by the insurer.

4.3 Principal Insured and Dependants Option

In addition to the cover offered to the principal insured, this option offers dependants the possibility to choose between the following cover:

- 4.3.1 All-Cause Life cover, with the lump sum payable to the designated beneficiaries in case of the insured person's death during the insurance period. The Life cover can be subscribed alone.
- 4.3.2 All-Cause Disability Cover, with the lump sum payable directly to the insured person in case of total and permanent disability of the insured person occurring during the insurance period. Under this cover, disability is assessed as follows:
 - a) Total and Permanent Disability of the spouse or a child who has completed their studies:

Total disability is defined as when, due to illness, accident, or decline in mental or physical faculties of the insured person, it is medically established that they are completely unable to perform their profession, if they have one, or to engage in remunerative activity corresponding to their education, knowledge, and capabilities.

Permanent disability is defined as when the insured's state of health is considered consolidated by the insurer, meaning it is medically established that continued medical treatment will not bring any significant improvement to work ability and the disability will be medically considered definitive and irreversible.

In the case of permanent and total disability due to a psychological illness, the lump sum paid by the insurer is equal to 75% of the insured lump sum for the Disability cover.

- b) Total and Permanent Disability of a child who has not yet completed their studies:

Total disability is defined as when, due to illness, accident, or decline in mental or physical faculties of the insured person, it is medically established that they are completely unable to continue a school or

professional training intended to enable them, as an adult, to support themselves independently.

Permanent disability is defined as when the insured's state of health is considered consolidated by the insurer, meaning it is medically established that continued medical treatment will not bring any significant improvement to work ability and the disability will be medically considered definitive and irreversible.

In the case of permanent and total disability due to a psychological illness, the lump sum paid by the insurer is equal to 75% of the insured lump sum for the Disability cover.

There is no accumulation of Disability and Death benefits. The Life cover ceases when the disability lump sum is paid by the insurer.

4.4 Amount of Insured Lump sum

The amount of insured lump sum under the options described in this notice is freely chosen by the principal insured and their dependants among the following two options:

4.4.1 The insured lump sum is a fixed lump sum:

- a) The principal insured can freely choose the insured lump sums for the Death and Disability cover as fixed amounts in euro, up to a maximum of € 500,000.
- b) The insured lump sum for Disability cover cannot exceed the insured lump sum for Life cover.
- c) The spouse has the same choice of insured lump sum for the Death and Disability cover, provided that this lump sum does not exceed that of the principal insured.
- d) For the cover of a child over one year old, the death lump sum is at most equivalent to € 20,000. The disability lump sum can be equal to the insured lump sum on one of their parents, not exceeding € 500,000. In all cases, the insured lump sum stays unchanged during the insurance period, subject to the provisions of Article 16 of this contract.

In the case of permanent and total disability due to a psychological illness, the lump sum paid by the insurer is equal to 75% of the insured lump sum for the Disability cover.

4.4.2 The insured lump sum is an 'Outstanding Balance' amount (valid only for Life cover):

This cover can only be subscribed by the principal insured and their spouse.

With the membership proposal to this contract, the insured provides the loan contract accompanied by the amortization schedule or an equivalent document, showing the initial amount, annuities, interest rate, and loan duration. These documents are attached to the insurance certificate.

Cover options differ depending on whether the insured were previously covered under the Allianz UPFE contract (909.478) or not, according to the modalities defined below. Furthermore, it is specified that regardless of the subscribed option, the cover ceases once the loan is amortized.

4.4.3 For insured previously covered under the Allianz UPFE contract (909.478), the following cover options can be selected:

a) Annual Adjustment of Insured Lump sum:

The insured death lump sum is equal to the outstanding balance of the covered mortgage loan, without limit. The insured lump sum amount is adjusted annually considering the evolution of the outstanding balance. Only the credit institution can be designated as the beneficiary of the 'Outstanding Balance' death lump sum under the conditions provided in Article 14 of this contract. This option can be subscribed at any time during the insurance period.

b) Five-Year Adjustment of Insured Lump sum:

The insured death lump sum is equal to the outstanding balance of the covered mortgage loan, without limit. The insured lump sum amount is adjusted every five years considering the evolution of the outstanding balance.

The credit institution will be appointed as the beneficiary of the 'Outstanding Balance' death lump

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

sum under the conditions provided in Article 14 of this contract for the outstanding balance of the loan at the time of death. The difference between the insured lump sum and the outstanding balance of the loan at the time of death is attributed to the beneficiaries appointed by the Insured Person also under the conditions provided in Article 14 of this contract. This option can be subscribed at any time during the insurance period.

c) Fixed Lump sum:

Provided that the initial loan amount does not exceed € 250,000, the option to maintain a fixed lump sum throughout the loan term is offered at enrolment. The insured lump sum amount is then fixed during the insurance period.

The credit institution will be appointed as the beneficiary of the 'Outstanding Balance' death lump sum under the conditions provided in Article 14 of this contract for the outstanding balance of the loan at the time of death. The difference between the insured lump sum and the outstanding balance of the loan at the time of death is attributed to the beneficiaries appointed by the insured person also under the conditions provided in Article 14 of this contract.

This option can be subscribed for principal insured persons who have not reached the age of 56 at the time of the membership application.

4.4.4 For insured not previously covered under the Allianz UPFE contract (909.478), the following cover options can be selected:

a) Five-Year Adjustment of Insured Lump sum:

The insured death lump sum is equal to the outstanding balance of the covered mortgage loan, up to a maximum limit of € 1,000,000. The insured lump sum amount is adjusted every five years considering the evolution of the outstanding balance.

The credit institution will be appointed as the beneficiary of the 'Outstanding Balance' death lump sum under the conditions provided in Article 14 of this contract for the outstanding balance of the loan at the time of death. The difference between the insured lump sum and the outstanding balance of the loan at

the time of death is attributed to the beneficiaries appointed by the insured person also under the conditions provided in this notice.

This option can be subscribed at any time during the insurance period.

b) Fixed Lump sum:

Provided that the initial loan amount does not exceed € 500,000, the option to maintain a fixed lump sum throughout the loan term is offered at enrolment. The insured lump sum amount is then fixed during the insurance period.

The credit institution will be appointed as the beneficiary of the 'Outstanding Balance' death lump sum under the conditions provided in Article 14 of this contract for the outstanding balance of the loan at the time of death. The difference between the insured lump sum and the outstanding balance of the loan at the time of death is attributed to the beneficiaries designated by the insured person also under the conditions provided in this notice.

This option can be subscribed for principal insured persons who have not reached the age of 56 at the time of the membership application.

4.5 Modification of the Cover Option or Amount

The insurance option and the initially chosen insured lump sum can be modified during the insurance period, upon request of the principal insured, and if applicable, with the prior written consent of the insured person if they are of legal age.

In case of an increase in the cover amount, a new medical questionnaire, as well as a medical report and/or medical examinations, may also be requested by the administrator acting on behalf of the insurer.

The insurer reserves the right to refuse the request for an increase in the insured amount.

The change takes effect at the beginning of the second month following the insurer's acceptance of the modification request.

The insurance premium will be modified accordingly on this same date.

5. Insured Lump sum indexation.

The initial amount of the insured lump sum is subject to annual indexation by applying the annual adjustment rate of salaries published in the official journal of DGHR (eur-lex.europa.eu/oj/direct-access.html?locale=en) no later than December 15. The lump sum is then indexed on January 1 of each year.

However, in the event of contract termination or removal of the cover from which the benefit originates, subsequent changes in the rate cease to be taken into account. The level of revaluations is then maintained at the level reached on that date.

6. Exclusions and forfeiture of cover

6.1 Forfeiture of Cover

The insured person forfeits all rights to benefits if they voluntarily make a false declaration regarding the date, nature, causes, circumstances, consequences, or amounts of the claim.

Forfeiture is also applied if the insured person knowingly uses inaccurate documents as proof.

6.2 Excluded Risks

The following are excluded from all cover:

- a) Consequences of a claim resulting directly or indirectly from nuclear disintegration.
- b) Consequences of civil or non-civil war, insurrection, riot, attack, popular movement, or terrorist acts, regardless of where these events occur and regardless of the protagonists involved, unless the insured person does not take an active part in the event, or if they are called to perform maintenance or surveillance duties for the safety of people and property within the scope of their functions. It is specified that cases of self-defence and assistance to a person in danger are covered.

The insurer reserves the right to modify the cover in one or more specific territories, with a fifteen-day notice to Afiliatys. Afiliatys may refuse this modification and terminate the contract by sending

the insurer a registered letter with acknowledgment of receipt within 30 days from the date of receipt of the amendment sent by the insurer. Termination takes effect on the first day of the civil quarter following the notification of refusal.

7. Premium payments

Premiums must be paid directly by the principal insured, who remains solely responsible for their payment to the insurer, including for their dependants. Premiums are billed and collected by the administrator according to the payment frequency and method agreed upon by the administrator with the principal insured at the time of insurance enrolment.

7.1 Non-payment of Premiums

In the event of non-payment of premiums within the month following their due date, cover will be suspended, or the insured's membership may be terminated 30 days after the insurer sends a formal notice by registered letter or digitally.

This formal notice reminds the insured of the premium due date and its amount. It also outlines the consequences of failing to pay the premium within the 30-day period, the starting point of this period, and specifies that the suspension of cover or termination of the contract takes effect from the day after the period ends, without prejudice to the cover related to an insured event occurring prior.

8. Claims

Any event that may entitle the insured to benefits must occur during the effective period of the relevant cover and be declared within the deadlines set by the cover or, if no deadline is specified, within six months following the event.

Except in cases of force majeure, illnesses or accidents not declared within six months following the work stoppage will be excluded from cover and, as such, will not be compensated.

The information notice provided to each insured by the member association specifies the supporting documents to be sent to the insurer.

9. Medical assessment and arbitration

The doctors and experts appointed by the insurer have free access to the insured in order to assess their condition.

The insurer may refuse, interrupt, or reduce the right to benefits based on the conclusions of its doctors and experts, regardless of decisions made and payments made by Social Security or any other organization. Under penalty of suspension of benefits, the insured must provide all supporting documents and submit to any expertise or examination requested by the insurer.

The insurer's decisions based on the conclusions of the consulting physician are notified to the insured by the administrator via registered mail. The insured may contest the validity of these decisions within 30 days of notification according to the procedures described in Article 5.7.2 of this contract.

10. Recourse

In accordance with the Insurance Code, the beneficiary of the benefits grants subrogation to the insurer to initiate any recourse action against any responsible third party. The insurer waives any recourse action against the member company.

11. Procedures to Follow When Filing a Claim

Supporting Documents Required for Claim Payment

11.1 In case of death:

- The insurance certificate
- In case of continuation of cover, the insurance certificate issued before and after the continuation request, either for after 67 years or upon cessation of functions
- In case of continuation of Life cover after 67 years, a copy of the medical questionnaire provided with the continuation request
- Beneficiary designation

If no beneficiary designation:

- a) An official document from local authorities determining the insured's family situation at the time of death, or

b) A copy of the succession certificate,

- The death certificate
- A medical certificate determining the causes of death
- The birth certificate/identity card of the deceased insured
- The birth certificate/identity card of the beneficiary(ies)
- The bank account details of the beneficiary(ies)
- The last payslip/pension statement of the insured

11.2 In case of total permanent disability:

- The insurance certificate
- A medical report confirming total permanent disability
- The birth certificate/identity card of the insured
- The bank account details of the insured
- The last payslip provided the insured person is engaged in professional activity

11.3 In case of an accident-related claim:

- In addition to the documents mentioned above, a photocopy of the police or gendarmerie report or any other official document specifying the causes and circumstances of the accident.

The insurer may request any other supporting document to complete the file.

11.4 Claim File Assessment

As part of the assessment of a claim file, the insurer's medical advisor may request any necessary supporting document to process the claim. If the documents provided are incomplete or raise doubts, the insurer's medical expert may request data from the following organizations and individuals:

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

- Doctors
- Hospitals
- Other medical institutions
- Care homes
- Medical staff
- Other insurers
- Basic health insurance organizations
- Professional insurance organizations
- Official bodies

In the event that the insured, including dependants and/or beneficiaries as defined in this contract, explicitly reject the collection of their personal data in the context of claim processing or revoke their consent, the insurer cannot be held responsible for non-payment of benefits.

In any case, the insurer cannot be held responsible by Afiliatys for the inability to execute the benefits provided by this contract.

Any fraud, inaccuracy, or concealment related to any question affecting the insurance or related to a claim may result in the termination of the insurance contract and lead to non-payment of the related benefits.

12. Complaints

In case of difficulties, the subscribing association or the insured should first consult their usual contact, namely the administrator.

If the response does not meet the expectations of the insured or Afiliatys, they may send a complaint by simple letter or email to the insurer:

AWP Health & Life S.A.
Customer Relations
7 rue Dora Maar
93400 Saint-Ouen
France
Email: client.care@allianzworldwidecare.com

AWP Health & Life S.A. adheres to the insurance mediation charter. Therefore, in case of persistent and definitive disagreement, Afiliatys or the insured have the possibility, after exhausting the internal processing methods mentioned above, to appeal to the Insurance Mediator, whose postal contact details are as follows:

La Médiation de l'assurance
TSA 50 110
75 441 Paris Cedex 09
<https://www.mediation-assurance.org/>

This is without prejudice to other legal courses of action.

13. Protection of personal data

Personal data related to the parties to the contract, subject of this notice, the insured, if applicable, their dependants and/or beneficiaries or any identified or identifiable natural person, including the signatory of the contract, subject of this notice or any other contractual document related to it, are used solely for the purpose of executing and managing the contract, subject of this notice. These concerned persons are hereinafter referred to as 'Data Subject.'

The processing measures, whether automated or not, include the collection, processing, archiving, recording, organization, limitation and minimization of data, adaptation or alteration, conditions of withdrawal, use, consultation and transfers, dissemination or availability, the security of personal data, and are implemented in accordance with French law 78-17 of 06.01.1978 relating to data processing, files, and freedoms, and all applicable laws and regulations on the processing of personal data, including the General Data Protection Regulation (Regulation (EU) 2016/679) hereinafter 'the Regulation,' sectoral laws, and applicable guidelines and codes of practice published by supervisory authorities.

The Data Subject has, at any time, the rights of access, rectification, deletion, portability of their personal data, as well as the rights to restrict and

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

object to the processing of their personal data, as defined in the Privacy Statement available online at the following address:

www.allianzcare.com/en/pages/privacy/france.html

Furthermore, in the context of executing the contract, subject of this notice, the personal data processed may be subject to transfers outside the European Union. These transfers are carried out in compliance with various aspects of personal data protection and information security provided by the Regulation.

The terms used in this clause correspond to those used by the Regulation, and their definitions are included in the 'Definitions' section of the Privacy Statement. 'Personal data' refers to all personal and/or sensitive data concerning the Data Subject.

All necessary amendments, as applicable, to existing and future contracts, data protection agreements with subcontractors, and data transfer agreements, relating to the collection, processing, use, archiving, and transfers of data made available by the insurer to subcontractors or collected by them on behalf of the insurer, are concluded in compliance with various aspects of personal data protection and information security stipulated in the Privacy Statement provided by the Regulation.

If the Data Subject wishes to exercise these rights about personal data protection as provided by this clause, a request must be made to:

AWP Health & Life S.A.
Information Technology and Civil Liberties
7 rue Dora Maar 93400 Saint-Ouen
France
Email:
informatique.libertes@allianzworldwidecare.com

The insurer will review the corresponding requests within the scope of the Regulation and respond by justifying whether the request is granted or denied.

Data Subjects also have the right to file a complaint with the competent supervisory authority on personal data if they believe that the processing of their data is

unlawful or not aligned with the response provided following the exercise of their rights.

If the Data Subject has questions about the use of their personal and/or sensitive data in the context of this contract, they can contact the insurer by email or mail:

AWP Health & Life S.A.
Data Protection Officer
7 rue Dora Maar 93400 Saint-Ouen
France
Email: AWC.DataPrivacyOfficer@allianz.com

13.1 Supervisory Authority

Under Article 51 of the Regulation, the independent public authority set up by a Member State is competent to supervise the processing of personal data when:

- The controller or processor is set up in the territory of the Member State of this supervisory authority,
- The Data Subjects residing in the Member State of this supervisory authority are substantially affected or likely to be substantially affected by the processing, or
- A complaint has been lodged with this supervisory authority.

Personal data related to the contract, subject of this notice, are collected, processed, and used solely for the purpose of executing and managing the said contract and per obligations and regulations about personal data protection.

13.2 Obligations of the Parties

The parties commit:

- to process personal data only within the framework of their obligations defined in the contract, subject of this notice.
- to process personal data per obligations arising from data protection laws, including the Regulation.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

- to implement and maintain necessary technical and organizational security measures against risks of destruction, loss, alteration, or accidental or unlawful dissemination inherent to the processing of personal and sensitive data.
 - the subscriber commits to promptly provide the insured and, if applicable, their dependants and/or beneficiaries with the privacy statement provided by the insurer.
 - to set up procedures with their subcontractors having access to personal data that respect and maintain the confidentiality and security of said data. Anyone with access to these data must process them per applicable data protection laws, including the Regulation.
 - to ensure that personal data processing carried out both within and outside the European Economic Area (EEA) is governed by agreements ('Data Transfer Agreements') certifying the confidentiality and security of data as provided by regulations. No personal or sensitive data will be disclosed to individuals not authorized to process them. Complete and verified reports concerning personal data transfers outside the EEA must be set up and maintained to be provided upon request.
 - to delete (and ensure deletion by their subcontractors) the personal data of a Data Subject when they no longer meet this definition within the framework of the contract, subject of this notice, as long as and until the parties no longer need to retain such data, within limits provided by applicable laws on retention duration, including the Regulation.
 - in the event a Data Subject exercises their rights by directly sending a request to one of the parties, that party must inform at once the other party and indicate if it is able to process and respond to the request.
 - to promptly notify the other party of any unauthorized or unlawful processing or any security breach related to personal data.
 - in case of suspected data protection violations, data breaches, data losses, or any other significant incident, to inform the other party and its Data Protection Officer (DPO) without undue delay, and within 24 hours following.
 - except where prohibited by law, to notify the other party of any request related to personal data from a law enforcement authority before providing these data.
 - upon reasonable request from one of the parties, if applicable, the requested party agrees to submit its data processing facilities, data files, and necessary documentation for personal data processing to examination, verification, and/or certification by the requesting party (or inspection agents or auditors selected by the requesting party and to which the insurer cannot reasonably object) to ensure compliance with applicable data protection legislation, including the Regulation and this section, with reasonable notice and during normal business hours.
- Upon written request, and at most once a year, the parties may, if they wish:
- organize a meeting between their dedicated teams to address personal data security issues.
 - complete a questionnaire to assess the degree of compliance with applicable personal data protection laws, including the Regulation.

13.3 Confidentiality

Each party commits to never disclose to anyone and to consider as confidential all confidential information received or obtained directly or indirectly as a result of concluding or executing the contract subject of this notice, except with express written authorization from the other party.

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

Each party may, however, disclose confidential information:

- to its employees, officers, external auditors, professional advisors, consultants who need to know this information to enable the party to fulfil its obligations under the contract subject of this notice. The party must make reasonable efforts to ensure that its employees, officers, external auditors, professional advisors, consultants to whom it discloses confidential information comply with this section.
- when required by law, a court order, or a government or regulatory authority, provided that, subject to legal or regulatory obligations applicable to the receiving party, the receiving party informs the other party that it proposes to disclose the confidential information.
- when the confidential information is already or becomes public domain other than by breach of this section.
- when the confidential information is already known to the party in circumstances where it was not bound by any other form of confidentiality obligation.
- furthermore, the parties commit to consider strictly confidential all matters not generally in the public domain and, in particular, business secrets and the company of the other contracting party, information that can only be used within the framework of the contractual relationship and - insofar as they are not necessary to achieve the contract's objective - this information must not be recorded, disclosed, or used.
- in case of breach or suspected breach of its obligations under this section, the party must inform the other party as soon as possible and make all reasonable efforts, at its own expense, to remedy or mitigate the effects of such breach.
- to conduct its processing activities on personal data, the parties must only use employees who have received adequate

training and are subject to the individual obligation to respect data confidentiality. The parties must ensure that the confidentiality obligation persists beyond the end of the employment contract of said employees. Compliance with these obligations may be verified by each party, upon request, through a signed declaration form.

Each party ensures that their subcontractors and, if applicable, the subcontractors of these subcontractors, require their staff to adhere to the same confidentiality obligations and commit to verifying, upon request, compliance with this obligation vis-à-vis the concerned party.

13.4 Information Security

Each party must ensure compliance with necessary technical and organizational security measures to protect and secure personal data collected, processed, and used by each party and/or third-party data processors. These parties regularly verify compliance with these measures and provide adequate documentation to the requesting party.

Each party must implement and/or ensure the implementation by third parties who process or control data on their behalf of adequate security measures, including at least the following controls:

- To prevent unauthorized persons from accessing data processing systems to process or use personal data (access control).
- To prevent the use of data processing systems without authorization (access control).
- To ensure that persons authorized to use the data processing system have access only to the data they are authorized to process and that personal data cannot be read, copied, modified, or deleted without authorization, during processing, use, and after recording (access control).
- To ensure that personal data cannot be read, copied, modified, or deleted without authorization during electronic transfer or

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

transport or when recorded on a data storage medium and that it is possible to verify which parts of the data must be transferred using transmission facilities (disclosure control).

- To ensure that it is possible, after realization, to verify whether personal data has been recorded, modified, or deleted from data processing systems and, if applicable, by whom (entry control).
- To ensure that personal data processed on behalf of third parties are processed strictly per the instructions of the Data Controller (processing control).
- To ensure that personal data is protected against accidental destruction or loss (validity control).
- To ensure that data collected for different purposes can be processed separately.

Each party guarantees that compliance with these technical and organizational security measures will be ensured, regardless of where personal data processing activities are actually carried out.

All appropriate security measures necessary to properly protect and secure personal and sensitive data collected, processed, and used are implemented in accordance with law no. 78-17 of January 6, 1978, on information technology, data files, and civil liberties, and laws and regulations related to the protection and processing of personal data, and in particular sensitive data, if applicable, the implementation of medical data confidentiality processing in accordance with the Regulation, the AERAS Convention (insurance and loans at increased health risk), effective in 2006, revised on February 1, 2011, and February 2, 2015, and the code of conduct annexed to it, as well as the Medical Ethics Code.

14. Definitions

The terms and expressions used in this contract have the meanings mentioned below:

Accident

Any bodily injury unintentionally sustained by the insured, resulting from a sudden, unexpected, and external cause, excluding any acute or chronic illness.

Dependant

This refers to the spouse or partner of the insured and any unmarried children named on the insurance certificate as dependants. Cover for children ends the day before their 18th birthday, or the day before their 26th birthday if they are full-time students.

Insured Person

The insured and their dependants as shown on the insurance certificate.

Insurer

AWP Health & Life SA.

Member

Afiliatys Association.

Psychiatric Illness

An illness classified as such by the World Health Organization in the latest edition of its 'International Statistical Classification of Diseases and Related Health Problems' under the chapter 'Mental and Behavioural Disorders.' It is understood that, for the application of the provisions of this contract, only the pathology directly causing the disability is considered by the insurer for the allocation of the lump sum, not any previous medical history that may have contributed to the contraction of the psychiatric illness.

Beneficiaries in Case of Death

Upon enrolment, insured persons must complete a beneficiary designation form to allocate the benefit of their benefits in case of death to physical or legal entities of their choice.

A credit institution may be appointed as a beneficiary for all or part of the insured lump sum if option 12.2 has been chosen. In these cases, the insurer, through its administrator, is bound to establish an amendment to the insurance certificate distributing the benefit of

AWP Health & Life SA is regulated by the French Prudential Supervisory Authority located at 4 place de Budapest, CS 92459, 75 436 Paris Cedex 09.

The Underwriter of your insurance is AWP Health & Life SA, a limited company with a capital of € 95,551,314 governed by the French Insurance Code, with its registered office at 7 Rue Dora Maar, 93400 Saint-Ouen, France. Registered in France: 401 154 679 RCS Bobigny. VAT number: FR 84 401 154 679.

The Administrator of your insurance is AWP Health & Life Services Limited – Belgium Branch having its branch trading address at Bd Roi Albert II 32, 1000 Brussels, Belgium. VAT: BE 0843.991.159. RPM Bruxelles: 843.991.159.

the benefits to this credit institution up to the 'Outstanding Balance' of the loan.

In the absence of an express beneficiary designation or if it has become void, the guaranteed lump sum in case of the insured's death is distributed in order of preference:

- a) to the non-separated spouse of the married insured,
- b) failing that, to the partner linked to the insured by a PACS (civil solidarity pact),
- c) failing that, to the insured's children born or to be born, in equal shares among them, the share of the predeceased reverting to their own children or siblings if they have no children,
- d) failing that, to the father and mother, in equal shares between them, or to the survivor in case of predecease,
- e) failing that, to the heirs.

At any time, the insured may change the above order and appoint any physical or legal person(s) of their choice by private deed or authentic act. They must inform the insurer in writing of the beneficiary designation through the administrator.

Any changes to beneficiaries must be communicated to the administrator acting on behalf of the insurer in the same manner, and the beneficiary clause may be changed when it is no longer appropriate.

When the beneficiary is specifically appointed, the insured must provide the contact details of the beneficiary so that the administrator acting on behalf of the insurer can use them in case of death.

The designation of a beneficiary becomes irrevocable upon acceptance by the beneficiary. The acceptance, made by authentic act or private deed signed by the insured and the beneficiary, must be notified to the insurer through the administrator to take effect.

When the personal designation is void, the above standard designation applies.

Death benefits paid to physical persons are revalued under the conditions set in Article L. 132-5 of the French Insurance Code.

In accordance with Article L132-27-2 of the French Insurance Code, which the insurer is bound to comply with regardless of the law applicable to this contract, sums due under a life insurance contract that are not claimed for payment of the lump sum are deposited with the Caisse des Dépôts et Consignations after a period of 10 years from the date the insurer becomes aware of the insured's death. Six months before the transfer of sums due to the Caisse des Dépôts et Consignations, the administrator acting on behalf of the insurer informs the beneficiary(ies) by any means of this transfer. For 20 years from the transfer of sums due to the Caisse des Dépôts et Consignations, beneficiaries may approach the latter to claim the sums due to them. After this period, the sums are acquired by the State.

Personal Data and/or other sensitive data are necessary for the subscription, administration, and management of this contract. Beneficiaries as defined above are considered 'Data Subjects' for the purposes of applying the Data Protection Regulation as defined in this contract.