

ALLIANZ.HU

SUPPLEMENTARY FAMILY ACCIDENT INSURANCE AND SUPPLEMENTARY FAMILY LIFE INSURANCE TO THE ALLIANZ MYHOME INSURANCE

**EFFECTIVE FROM:
31.08.2021**

**Client Information and General
Terms and Conditions**

TABLE OF CONTENTS

Introduction to your supplementary insurance.....	3	II. Special terms and conditions of the Supplementary Family Life insurance	10
I. Special terms and conditions of Supplementary Family Accident insurance	4	1. Policyholder, insured person, beneficiary.....	10
1. Policyholder, insured person, beneficiary.....	4	2. Territorial scope and force	10
2. Territorial scope and force	4	3. Conclusion of the supplementary insurance.....	10
3. Conclusion of the supplementary insurance.....	4	4. Inception date of the supplementary insurance	10
4. Inception date of the supplementary insurance.....	4	5. Duration of the supplementary insurance	11
5. Duration of the supplementary insurance	4	6. Modification of the supplementary insurance.....	11
6. Modification of the supplementary insurance.....	5	7. Termination of the supplementary insurance	11
7. Termination of the supplementary insurance	5	8. Premium of the supplementary insurance.....	11
8. Premium of the supplementary insurance.....	5	9. Sum insured of the supplementary insurance.....	12
9. Sum insured of the supplementary insurance.....	5	10. Rules of indexation	12
10. Rules of indexation	5	11. Deductible	12
11. Deductible	5	12. Obligations of the insured and the beneficiary	12
12. Obligations of the insured and the beneficiary	5	13. Insured events.....	13
13. Insured events.....	7	14. Events, body parts, organs, and non-covered damage excluded from the scope of risk (Exclusions) 14	14
14. Events, body parts, organs, and non-covered damage excluded from the scope of risk (Exclusions)	7	15. Exemption of the insurer	14
15. Exemption of the insurer	8	16. Services provided by the insurer	14
16. Services provided by the insurer	8	17. Limitations	15
17. Limitations	9	18. Due date.....	15
18. Due date.....	9	19. Information about FACTA and other international legislation on tax compliance	15

INTRODUCTION TO YOUR SUPPLEMENTARY INSURANCE

Effective from: 31 August 2021

These General Terms and Conditions of Contract contain the provisions applicable to the covers of the Supplementary Family Accident insurance and the Supplementary Family Life insurance contracted in connection with the Allianz MyHome insurance (hereinafter referred to as Base Insurance) contracted between Allianz Hungária Zrt. (hereinafter Insurer) and the Policyholder provided that the cover was contracted with reference to these Terms and Conditions of Contract.

Information about the insurer, provisions of the governing law, information on the sale of insurance products (consultancy and remuneration), insurance contract provisions concerning the processing of personal data, insurance secrecy rules, complaint management information, distance marketing formation and e-contract rules are included in a separate document (Rules of Data Management and Supplement of Customer Information and General Terms and Conditions) completing the present product information and terms and conditions.

This Supplementary Family Accident insurance and Supplementary Family Life insurance may be contracted, at the discretion of the policyholder, either together or separately.

If these Terms and Conditions and the General Insurance Terms and Conditions of the Allianz MyHome insurance and the Special Insurance Terms and Conditions of the Property Insurance have divergent provisions, these Terms and Conditions will prevail.

Issues not regulated in these Terms and Conditions for Supplementary family accident insurance and Supplementary Family Life insurance, and the General and Special Insurance Terms and Conditions of the Allianz MyHome insurance will be governed by the provisions of Act V of 2013 on the Civil Code (hereinafter referred to as the Civil Code), the Insurance Business and the provisions of applicable Hungarian law.

I. SPECIAL TERMS AND CONDITIONS OF SUPPLEMENTARY FAMILY ACCIDENT INSURANCE

1. POLICYHOLDER, INSURED PERSON, BENEFICIARY

Policyholder

For this supplementary insurance, the policyholder will be the same as the policyholder of the Base Insurance, i.e. the policyholder specified in Section 1 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

Insured person

The insured person will be the same as the insured person of the Base Insurance, the individual specified in Section 1 of II. Special Insurance Terms and Conditions for Property Insurance of the Benefits Guide of the Allianz MyHome insurance.

Beneficiary

The Beneficiary will be the person who entitled to receive the insurance service if the insured event of death resulting from an accident occurs.

Unless otherwise provided for or if the beneficiary was not valid at the time the insured event occurred, the beneficiary of the death benefit will be the heir of the insured.

The policyholder may appoint a beneficiary in a written declaration addressed and submitted to the Insurer. A ratio of distribution will be established if multiple beneficiaries are appointed. In the absence thereof, the ratio of distribution will be regarded as equal.

The policyholder may replace any of the beneficiaries with another beneficiary in a written declaration addressed and delivered to the insurer still before the occurrence of the insurance event. The policyholder may, at any time, withdraw the appointment or designate another appointed beneficiary in a similar method.

The appointment and/or modification of the beneficiary will require the written consent of the insured, if the policyholder is different from the insured person. The provision appointing the beneficiary of a policy concluded without the consent of the insured will be void. In such a case, the beneficiary will be the insured or his/her heir, who will reimburse the policyholder the premiums paid by him/her and the costs he/she incurred in relation to the policy.

The policyholder may, with a written declaration to the insured and/or the beneficiary, assume the obligation to keep the appointment of the beneficiary continuously applicable. The policyholder will inform the Insurer about

such a declaration. The appointment of such a beneficiary will not be altered or withdrawn without the consent of the insured and/or the beneficiary.

Designation of a beneficiary will expire if the beneficiary dies or dissolves without succession before the occurrence of the insurance event. If the policyholder fails to make a new declaration on the beneficiary but has previously appointed multiple beneficiaries, then the relative proportions of the appointments still applicable will thereafter govern the benefit ratio.

2. TERRITORIAL SCOPE AND FORCE

The supplementary insurance will cover insured events occurring anywhere in the world during the indemnity period of the Base Insurance and after the inception date of the supplementary insurance. If the policyholder contracts the supplementary insurance at a later time, the Insurer will bear the risk starting with the date and time of the policy modification taking effect.

3. CONCLUSION OF THE SUPPLEMENTARY INSURANCE

3.1 This supplementary insurance is linked to the Base Insurance. As such, it may only be concluded during the term of the Base Insurance Policy, either simultaneously with or after the conclusion of the Base Insurance Policy.

3.2 If the supplementary insurance is contracted after the conclusion of the Base Insurance, then the date from which the supplementary insurance will apply will be the day following the day on which the statement concerning its conclusion is delivered to the Insurer.

4. INCEPTION DATE OF THE SUPPLEMENTARY INSURANCE

For this supplementary insurance, the inception date will be

- the same as the inception date of the Base Insurance, if concluded together with the Base Insurance Policy,
- the date and time specified on the statement concerning the conclusion of the supplementary insurance, in the absence thereof, it will be 00:00 AM on the day following the day on which the declaration is delivered to the Insurer, if this supplementary insurance is concluded subsequent to the already-existing Base Insurance Contract.

5. DURATION OF THE SUPPLEMENTARY INSURANCE

The supplementary insurance will be concluded, based on the agreement of the parties, for an indefinite period or for the same period as the Base Insurance.

6. MODIFICATION OF THE SUPPLEMENTARY INSURANCE

Provisions concerning the modification of the supplementary insurance are included in Section 5 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

7. TERMINATION OF THE SUPPLEMENTARY INSURANCE

7.1 All elements of the supplementary insurance will terminate simultaneously with the termination of the Base Insurance.

7.2 The policyholder may, at any time, terminate this supplementary insurance with the Base Insurance remaining in effect. The date of termination will be the day the policyholder specifies in his/her declaration on the termination of the supplementary insurance; in the absence thereof, it will be the day following the day on which the declaration is delivered to the Insurer.

7.3 Further provisions concerning the termination of the supplementary insurance based on ceasing of the insurable interest or impossibility to perform will be included in Section 6.A of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

8. PREMIUM OF THE SUPPLEMENTARY INSURANCE

The insurance premium will be paid together with and at the same frequency as the premium of the Base Insurance. If the supplementary insurance is contracted after the conclusion of the Base Insurance, the first premium of the supplementary insurance will be established according to Section 7.3.2 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

9. SUM INSURED OF THE SUPPLEMENTARY INSURANCE

9.1 The policyholder will determine the initial sum insured of the supplementary insurance.

9.2 The minimum initial sum insured of the supplementary insurance will be HUF 200,000, which might be multiplied up to HUF 2,000,000, in HUF 200,000 steps.

10. RULES OF INDEXATION

The sum insured and premium of the supplementary insurance will change simultaneously with, and proportionally to, the indexation of the insured sums and premiums of the Base Insurance; rules of indexation are otherwise included in Section 9 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

11. DEDUCTIBLE

The Insurer will not apply any deduction if it provides services based on the Supplementary Family Accident insurance.

12. OBLIGATIONS OF THE INSURED AND THE BENEFICIARY

12.1 Obligation to disclose and report changes

Rules concerning the obligation to disclose and report changes will be included in Section 11. A. b) of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance, as supplemented with the following Sections 12.2 and 12.3.

12.2 If information given to the questions of the Insurer proved to be false (breaching the obligation to disclose and to report changes), the payment liability of the Insurer will not apply

- a) for the insurance cover,
- b) for the difference between the sum insured before and after the increase, if the sum insured of the insurance cover is increased.

12.3 The payment liability of the Insurer will apply

- a) for the insurance cover,
- b) for the difference between the sum insured before and after the increase, if the sum of the insurance cover is increased,

if it is proved that the Insurer was aware of the withhold or non-notified circumstance at the inception of insurance cover or when the sum insured of the insurance cover was increased or when the term of the insurance cover was extended or these have not contributed to the occurrence of the insured event.

12.4 Obligation to report claims (insured events)

An insured event must be reported to the Insurer within 8 working days as from its occurrence. Further rules concerning claims notification will be included in Section 11. A. d) of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

12.5 Documents required to report claims (perform services)

The following documents will be submitted to the Insurer to prove the occurrence of the insured event and to determine the extent of the services to be provided:

A. Documents verifying actual death

- a copy of the death certificate,
- a medical or official certificate specifying the cause of death (post-mortem examination report).

B. Personal identification data

- Data of the official card certifying the home address and place of stay of the individual entitled to receive the services.

C. Documents issued by public authorities and other official documents

- on-site inspection records drawn up during any administrative procedure, inspection concerning the insured event notified, expert report and opinion, hearing records, notification(s) and certificate(s) of the authorities,
- final decisions made during the administrative proceedings initiated regarding the insured event notified and closing such proceedings,
- official documents related to traffic accidents (driving licence, registration certificate),
- if the person entitled to receive the services is the heir of the insured, then copies of the non-appealable decision of the civil-law notary or the court on the inheritance and the certificate of inheritance,
- if the person entitled to receive the payment is a minor, then a document certifying that the person acting in representation of that minor is entitled to act as his/her lawful representative,
- if the person entitled to receive the payment is under guardianship, then the decision of the guardian authority certifying the identity of the guardian acting in his/her representation,
- approval of the guardian authority of the payment, if so required by separate legislation.

D. Medical documents

- Copies of the master health record kept by the general practitioner/family doctor and medical treatment records; copies of the documents on specialist and hospital treatments,
- Certificates issued and data processed by the National Health Insurance Fund of Hungary and its legal predecessors,
- medical documents supporting any health-related harm, i.e. the last medical document prepared before the notification of the health-related harm and all medical documents prepared after the accident,
- copies of documents certifying hospital stay, discharge letters and outpatient treatment reports,
- document(s) supporting incapacity for work,
- copy of the autopsy report,
- official certificate of the result of the intoxication test,
- official medical document or decision by an administrative authority on the testing of the effect of any drug or stupefying substance,
- documents of medical diagnostic procedures (e.g. X-ray, MRI, CT),
- medical or official certificate to prove burns (decision of the fire brigade),
- copies of all documents related to medical care.

E. Policy-related documents

- medical report issued after the actual death,
- detailed notification describing the insurance event,
- power of attorney if a proxy is used.

F. Further documents necessary for payment

- identification data sheet,
- declaration on the beneficial owner,
- certificates, documents, data identifying the individual or the legal entity entitled to receive the service, i.e., in the case of an individual, a copy of the personal identification card or passport or driving licence card and tax identification document, e.g. tax card or, the tax residence certificate, not older than 30 days, issued by the tax authority of the tax-identification country or a valid certificate with the tax identification number, if the individual has tax domicile outside Hungary and does not have a Hungarian tax identification number, in the case of a legal entity, a document, not older than 30 days, with the company registration number or registration number and tax identification number, a tax-identification document, and the tax residence certificate, not older than 30 days, issued by the tax authority of the tax-identification country if the legal entity has tax domicile outside Hungary and does not have a Hungarian tax identification number,
- documents (e.g. power of attorney) supporting the right to act of the individual acting on behalf of the legal entity entitled to receive the service,
- copies of the personal ID card and the address card,
- declaration on politically exposed status,
- transfer order for the payment,
- a declaration of the individual with foreign residence address if the person has a foreign residence address and
- in case of foreign tax residency, the foreign tax identifier and the certificate containing it (bilingual certificate of the tax or other authority of the country of tax residency–“CERTIFICATE OF RESIDENCY”–with the tax identifier in that country).

If the insured event occurs abroad, the Insurer might request that certified Hungarian translations of the documents, prepared at the cost of the recipient of the services, are presented.

12.6 The Insurer will be entitled to verify the content of the medical documents submitted on account of the occurrence of the insured event and to review the health of the insured, the necessity of the medical procedure and the duration of the recovery.

12.7 The Insurer may, in individual cases, invite a medical expert to provide opinion. The insured will agree to subject himself/herself to the examination carried out by the Insurer.

12.8 The Insurer will have the right to retain insurance-related documents and the reports of the medical examinations carried out at the order of the Insurer according to the rules pertaining to data processing.

13. INSURED EVENTS

	Insured event	Services
	Death caused by an accident	100% of the insured sum
Lasting harm	Lasting harm due to accident, where the degree of health deterioration is between 25% to 100%	The percentage of the insured sum determined in Section Table no. 2.
	Lasting harm due to accident, where the degree of health deterioration is between 10% to 24%	The percentage of the insured sum corresponding to the degree of the lasting harm.
Temporary harm	Five-day long (continuously) or longer inpatient care in a medical facility, due to accident	3% of the insured sum
	Bone fracture	2% of the insured sum

13.1 Accident: will within these Terms and Conditions, accident will be an external impact suddenly occurring beyond the control of the insured, as a result of which the insured

- a) suffers temporary injury or
- b) dies within a year at the latest or
- c) develops a lasting harm within two years at the latest.

According to these Terms and Conditions, injuries caused by heavy lifting, strains, occupational diseases (injuries), frost, sunstrokes, heat-strokes, disc injuries, hernias, brain strokes and bleeding non-attributable to accidents **will not be accidents**. Suicide or suicide attempt will not be treated as accident as well, even if the insured commits it with disturbance of consciousness. Strains and/or ruptures of the Achilles tendon, twisted and/or bruised and/or sprained ankles will also not be accidents, except if they occur during a traffic accident.

14. EVENTS, BODY PARTS, ORGANS, AND NON-COVERED DAMAGE EXCLUDED FROM THE RISK (EXCLUSIONS)

14.1 **Organs and body parts that had suffered lasting harm or were not completely healthy** before the accident are excluded from the risk.

14.2 **The insurance will not extend to:**

- a) body parts, organs that were damaged, injured, mutilated or limited in their function for any reason before the accident,
- b) accidents that occur
 - due to the vehicle-driving of the Insured without a driving licence (excluding the case where the Insured holds a valid licence for the vehicle category in question but did not have it with himself/herself at the time of the accident),
 - due to the vehicle-driving of the insured with an expired driving licence or a driving licence that is not valid for the given vehicle category,
 - due to the medication of the insured without medical advice or not in the prescribed dose,

- due to condition of the insured caused by alcohol consumption, drugs or other stupefying substances,
- c) in a causal relationship with the mental or consciousness disturbance, unconsciousness for any reason, suicide or suicide attempt of the insured,
- d) as a result of a personal injury brought about due to a medical treatment and intervention made on the body of the insured either by himself/herself or by other, non-medically qualified persons with the consent of the insured (except if it has taken place due to an insurance event),
- e) accidents of the insured during sports activities (matches, competitions, trainings) pursued either as a professional¹ or an amateur athlete² and his/her accidents during organised mass-sports activities³ (sports accidents),
- f) any damage of teeth or dentures,
- g) bone cracks.

14.3 **The Insurer will not provide services in connection with this supplementary insurance if the insured event occurred**

- a) due to the active involvement of the insured in a terrorist activity,
- b) directly or indirectly as a result or in connection with any terrorist activity, except for the cases indicated in this Section, to the extent there indicated.

As regards the terrorist activity in Section points (a) and (b), the scope of risk will not include losses of any nature caused, whether directly or indirectly, by any terrorist activity, resulting from terrorist activity or occurring on account of terrorist activity, regardless of any causes or events contributing to it, whether occurring simultaneously or in succession.

For the purposes of these Terms and Conditions, terrorist activities will be any actions that are violent, threat with violence, put human life, material and immaterial goods and/or the infrastructure in danger, take a stand on politics or religious, ideological and/or ethnical goals, or aims at influencing the government or instilling fear in the society or a part of it or is capable thereof.

¹ **Professional athlete:** Professional athletes will be persons who do sports as gainful activity based on an employment relationship, other legal relationship aimed at work and under an agency contract with a sports organisation and have a professional athlete licence.

² **Amateur athlete:** Amateur athletes will be any person who holds a competition licence including a competition authorisation issued by any Hungarian or foreign sports club, sports federation, sport association or other sports organisation and authorising its holder to join the competition system and individual competitions, not gainfully employed.

³ **Organised, mass-sports activity:** Organised mass-sport activities will be all activities within the scope of which participants do sports activities and participation is subject to prior nomination or any other prior registration.

The Insurer will not take the risk of any loss that was, directly or indirectly, caused by, results from or occurs in connection with an activity to control, prevent, extinguish, mitigate the terrorist activity or any activity being in any connection with the terrorist activity.

Based on the terrorist activities in Section point (b), the Insurer will undertake to provide its services concerning an insured who injured due to a **terrorist activity** and has a valid personal insurance with the Insurer at the time of the terrorist activity **up to the amount of HUF 50,000,000 at maximum, regardless of the insured sums of the insurance covers.** If the service concerning all the insureds reaches the limit of HUF 1,000,000,000, then the Insurer will undertake to provide the insurance services up to the amount specified in the foregoing as proportionally distributed between the insureds based on the number of the injured insureds. Sums paid by the Insurer for each insured will not be proportioned any more. Any sum already paid by the Insurer will not be reclaimed.

Based on the terrorist activities in Section point (b), the Insurer will undertake to provide its services concerning all the insureds who injured due to a terrorist activity within a calendar year and have valid personal insurances with the Insurer at the time of the terrorist activity up to the amount of HUF 1,000,000,000 at maximum. If the service concerning all the insureds reaches the limit of HUF 1,000,000,000, then the Insurer will undertake to provide the insurance services up to the amount specified in the foregoing as proportionally distributed between the insureds based on the number of the injured insureds. Sums paid by the Insurer for each insured will not be proportioned any more. Any sum already paid by the Insurer will not be reclaimed.

15. EXEMPTION OF THE INSURER

15.1 The Insurer will be exempt from the obligation to provide its services if

- the insured event is related to an accident of the insured which was unlawfully caused by the insured or, willfully or with gross negligence, a relative living in the same household with the insured,
- the death of the insured was caused by the willful conduct of the beneficiary (the insured or his/her heir) entitled to the sum insured.

16. SERVICES PROVIDED BY THE INSURER

16.1 The Insurer will provide the services under this supplementary insurance according to Section 11.B, b) of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

16.2 In the case of a lasting harm due to an accident, the total amount paid by the Insurer may not exceed the

indemnification amount specified for the case of a lasting total harm.

16.3 If multiple insurance events that are considered temporary harm arise from the same accident, the Insurer will provide its services based on the higher indemnification amount.

16.4 The Insurer will provide the insurance service within 15 days as from the presentation of the necessary documents (according to Section 12.5 of these Terms and Conditions), within 15 days as from the establishment of the degree of the harm, if it is a lasting harm due to accident. The degree of the lasting harm due to an accident will be established within 15 days as from the presentation of the necessary documents if organs and/or body parts listed in Table 2 are lost. In cases not listed in Table 2 (including the loss of function, but not actual loss, of individual organs and/or limbs), the degree of the lasting harm will be established by the physician of the Insurer. Bank transfer will qualify as performance of the services of the Insurer. The date of payment will be the date when the payable amount is transferred from the account of the Insurer.

16.5 If the degree of the lasting harm due to accident may not be established within 6 months as from the claim, for the request of the Insured person, the insurer will pay 50% of the indemnification amount corresponding to the degree of the anticipated harm assumed by the own physician of the Insurer as advance payment. The Insurer will deduct the advance payment and the indemnification amount paid for temporary injury from the finally established indemnification amount. When establishing the degree of the harm, not the reduction of the capacity to work related to the occupation of the insured, but the general loss of function considered for any type of work¹ will be assessed.

16.6 If the insured does not agree with the degree of the lasting harm due to accident as established by the physician of the Insurer, then he/she may request a revision from the Insurer.

16.7 The sum paid based on this supplementary insurance will be independent from the establishments and services of social security bodies.

16.8 The insured(s) will be entitled to the insurance services to be provided in case of lasting harm due to accident, accident insurance for inpatient care and bone fracture.

16.9 In case of death resulting from an accident, the recipient(s) of the service(s) will be the beneficiary specified in the policy or, in the absence of a beneficiary, the heir(s) of the insured.

⁴ **Work:** In relation with this terms and conditions, the occupation or job position in which the insured worked directly preceding his/her incapacity for work. An insured will be disabled if he/she, as a result of an accident, cannot perform his/her work and cannot perform any other gainful activity due to his/her treatment necessary, in medical terms, in its own right.

TABLE NO. 2

Damage of body parts, sensory organs	Service in the percentage of the insured sum
loss of vision of both eyes, loss of both upper arms/forearms or hands, loss of one arm or hand or leg (mutilation of an upper limb and a lower limb)	100
loss of both legs	90
loss of one thigh, loss of one arm	80
loss of one leg, loss of one arm, complete loss of speaking ability, complete loss of hearing in both ears	70
loss of one hand (below the wrist)	65
loss of one foot (below the ankle)	40
complete loss of the vision of one eye	35
complete loss of hearing in one ear	25

In the case of partial mutilation of an organ, the extent of the reimbursement will be the corresponding portion of the reimbursement percentage in the table.

17. LIMITATIONS

Provisions concerning the limitations are included in Section 14.B of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

18. DUE DATE

For this supplementary cover, the due date of the claim for the services will be:

- a) the date of occurrence, in case of death due to an accident,
- b) the date of the accident, in the case of lasting harm due to an accident and bone fracture,
- c) the date on which the insured event occurred, in the case of inpatient care due to an accident.

II. SPECIAL INSURANCE TERMS AND CONDITIONS OF THE SUPPLEMENTARY FAMILY LIFE INSURANCE

1. POLICYHOLDER, INSURED PERSON, BENEFICIARY

Policyholder

For this supplementary insurance, the policyholder will be the same as the policyholder of the Base Insurance, the policyholder specified in Section 1 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

Insured person

In the policy concluded based on these Terms and Conditions, the insured will be the individual named in the policy and his/her spouse living with him/her at the place of risk coverage of the Property Insurance, his/her close relative living with him/her in the same household, **if this (these) person(s) has (have) been younger than 85 years at the time of inception date.**

According to these Terms and Conditions,

- person also living at the place of risk address will mean person(s) whose permanent address or valid temporary address is at the risk address of the property insurance.
- close relatives will mean the spouse, next of kin, adopted children, foster children, adoptive parents, foster parents and siblings.

Beneficiary

The Beneficiary will be the person who entitled to receive the insurance service if the insured event occurs.

Unless otherwise provided for or if the appointment of the beneficiary was not valid at the time the insured event occurred, the beneficiary of the death benefit will be the heir of the insured.

The Policyholder may appoint a beneficiary in a written declaration addressed and submitted to the Insurer. A ratio of distribution will be established if multiple beneficiaries are appointed. In the absence thereof, the ratio of distribution will be regarded as equal.

The Policyholder may replace any of the beneficiaries with another beneficiary in a written declaration addressed and delivered to the Insurer still before the occurrence of the insured event. The Policyholder may, at any time, withdraw the appointment or designate another appointed beneficiary in a similar method.

The appointment and/or alteration of the beneficiary will require the written consent of the insured, if the Policyholder is different from the insured. The provision appointing the beneficiary of a policy concluded without

the consent of the insured will be void. In such a case, the beneficiary will be the insured or his/her heir, who will reimburse the Policyholder the premiums paid by him/her and the costs he/she incurred in relation to the policy.

The Policyholder may, with a written declaration to the insured and/or the beneficiary, assume the obligation to keep the appointment of the beneficiary continuously applicable. The Policyholder will inform the Insurer about such a declaration. The appointment of such a beneficiary will not be altered or withdrawn without the consent of the insured and/or the beneficiary.

The appointment of the beneficiary will expire if the beneficiary dies or the legal entity dissolves without successor before the occurrence of the insurance event. If the Policyholder fails to make a new declaration on the beneficiary but has previously appointed multiple beneficiaries, then the relative proportions of the appointments still applicable will thereafter govern the benefit ratio.

2. TERRITORIAL SCOPE AND FORCE

The supplementary insurance will cover insured events occurring anywhere in the world during the indemnity period of the Base Insurance and after the inception date of the supplementary insurance. If the Policyholder contracts the supplementary insurance at a later time, then the Insurer will bear the risk as from the date and time from which the policy modification will be valid on the policy.

3. ESTABLISHMENT OF THE SUPPLEMENTARY INSURANCE

3.1 This supplementary insurance is linked to the Base Insurance. As such, it may only be concluded during the term of the Base Insurance Policy, either simultaneously with or after the conclusion of the Base Insurance Policy.

3.2 If the supplementary insurance is contracted after the conclusion of the Base Insurance, then the date from which the supplementary insurance will apply will be the day following the day on which the statement concerning its conclusion is delivered to the Insurer.

4. INCEPTION DATE OF THE SUPPLEMENTARY INSURANCE

4.1 For this supplementary insurance, the inception date will be

- the same as the inception date of the Base Insurance, if concluded together with the Base Insurance Policy,
- the date and time specified in the statement concerning the conclusion of the supplementary

insurance, in the absence thereof, it will be 00:00 AM on the day following the day on which the declaration is delivered to the Insurer, if this supplementary insurance is concluded subsequently to the already-existing Base Insurance Contract.

4.2 For this supplementary insurance, the risk coverage of the Insurer for a new insured will start to apply on the day when the new insured qualifies as insured according to Section 1 of Chapter II of the Special Insurance Terms and Conditions of the supplementary insurance, i.e. he/she officially announces the risk address of the Property Insurance for the purposes of cohabitation as his/her place of residence.

4.3 In the case of multiple subsequent supplementary insurances, the period of insurance will be regarded as continuous if the time gap between the supplementary insurances contracted to the Allianz MyHome insurance and covered with premiums is no longer than 60 days and the insured qualifies as being continuously insured.

4.4 For this **supplementary insurance, the Insurer** will stipulate **a waiting period of 6 months**, in connection with the insurance event from the inception date and from the date on which the insured sum is raised.

For the new insured, the waiting period will start on the applicable inception date.

If the insurance event

- occurs within the waiting period following the inception date, the Insurer will not perform the insurance service.
- occurs within the waiting period following the increasing of the insured sum, then the Insurer will provide its services based on the insured sum applicable before the increasing of the sum insured.
- occurs within the waiting period following the conclusion of a new policy, and the policy may be regarded as ongoing based on Section 4.3 of Chapter II, then the Insurer will provide its service based on the lower of the insured sums of the two policies.

5. CONTENT OF THE SUPPLEMENTARY INSURANCE

The supplementary insurance will be concluded, based on the agreement of the parties, for an indefinite period or for the same period as the Base Insurance.

6. MODIFICATION OF THE SUPPLEMENTARY INSURANCE

Provisions concerning the modification of the supplementary insurance are included in Section 5 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

7. TERMINATION OF THE SUPPLEMENTARY INSURANCE

7.1 This supplementary insurance will terminate simultaneously with the termination of the Base Insurance Contract.

7.2 The Policyholder may, at any time, terminate this supplementary insurance with the Base Insurance remaining in effect. The date of termination will be the day the Policyholder specifies in his/her declaration on the termination of the supplementary insurance; in the absence thereof, it will be the day following the day on which the declaration is delivered to the Insurer.

7.3 This supplementary cover will terminate for the insured concerned on his/her 85th birthday.

7.4 This supplementary insurance will not have any residual rights, i.e. the supplementary insurance policy does not have any surrender value and exemption from payment of premium is not an option.

7.5 The Policyholder may terminate the Supplementary Family Life insurance with a written declaration according to Section 6.B of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance within 30 days as from the establishment of the policy and/or the supplementary insurance. The Policyholder who is an individual and concludes the life insurance policy outside the scope of his/her occupation or business activity may terminate the Supplementary Family Life insurance with a written declaration, without assigning any reason, within 30 days as from the establishment of the supplementary insurance and the receipt of the information on the right of termination of the Policyholder. Within 15 days following receipt of the policyholder's written cancellation, the insurer will account for any and all payments made by the client in connection with the insurance policy and/or the supplementary insurance in question. No waiver of the cancellation right of policyholders will be considered valid.

7.6 Further provisions concerning the termination of the supplementary insurance based on ceasing of insurable interest or impossibility to perform will be included in Section 6.A of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

8. PREMIUM OF THE SUPPLEMENTARY INSURANCE

The insurance premium will be paid together with and at the same frequency as the premium of the Base Insurance; if the supplementary insurance is contracted after the conclusion of the Base Insurance, then the first premium of the supplementary insurance will be established according to Section 7.3.2 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

9. SUM INSURED OF THE SUPPLEMENTARY INSURANCE

9.1 The Policyholder will determine the initial sum insured of the supplementary insurance.

9.2 The minimum initial sum insured of the supplementary insurance will be HUF 200,000, which might be multiplied up to HUF 2,000,000, in HUF 200,000 steps.

10. RULES OF INDEXATION

The sum insured and premium of the supplementary insurance will change simultaneously with, and proportionally to, the indexation of the sum insureds and premiums of the Base Insurance; rules of indexation are otherwise included in Section 9 of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

11. DEDUCTIBLE

The Insurer will not apply any deduction if its services being provided are based on the Supplementary Family Life insurance.

12. OBLIGATIONS OF THE INSURED AND THE BENEFICIARY

12.1 Obligation to disclose and report changes

Rules concerning the obligation to disclose and report changes will be included in Section 11. A. b) of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance, as supplemented with the following Sections from 12.2 to 12.5.

12.2 The consent of the insured to the inception date of the insurance cover will also mean the assumption of the obligation to make the verification of the data provided possible for the insured (including the verification of the age of the insured as necessary for the payment of the insurance service).

12.3 Changes in the data of the insured will be a material circumstance in terms of risk-taking. The insurer may request information from the Policyholder and the insured in matters that are material in terms of risk-taking. Such material issue will be the data verification with a view to compliance with the Foreign Account Tax Compliance Act (FATCA) of the USA.

12.4 If information given to the questions of the Insurer proved to be false (breaching of the obligation to disclose), the payment liability of the Insurer will not apply

- a) for the insurance cover,
- b) for the difference between the sum insured before and after the increase, if the sum insured of the insurance cover is increased.

12.5 The liability of the insurer will apply

- a) for the insurance cover,
- b) for the difference between the sum insured before and after the increase, if the sum of the insurance cover is increased,
if it is proved that the Insurer was aware of the withhold or non-notified circumstance at the inception of insurance cover or when the sum insured was increased or when the term of the insurance cover was extended or these have not contributed to the occurrence of the insured event.

12.6 Obligation to notify claims (insured events)

An insured event must be reported to the Insurer within 8 working days as from its occurrence. Further rules concerning claims notification will be included in Section 11. A. d) of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

12.7 Documents necessary for claims notification (provision of the services)

The following documents will be submitted to the Insurer to prove the occurrence of the insured event and to determine the extent of the services to be provided:

A. Documents verifying actual death

- a copy of the death certificate,
- a medical or official certificate specifying the cause of death (post-mortem examination report).

B. Personal identification documents

- Data of the official card certifying the home address and place of stay of the individual entitled to receive the services.

C. Documents issued by public authorities and other official documents

- on-site inspection records drawn up during any administrative procedure, inspection concerning the insured event notified, expert report and opinion, hearing records, notification(s) and certificate(s) of the authorities,
- final decisions made during the administrative proceedings initiated regarding the insured event notified and closing such proceedings,
- official documents related to traffic accidents (driving licence, registration certificate),
- if the person entitled to receive the services is the heir of the insured, then copies of the non-appealable decision of the civil-law notary or the court on the inheritance and the certificate of inheritance,
- if the person entitled to receive the payment is a minor, then a document certifying that the person acting in representation of that minor is entitled to act as his/her lawful representative,
- if the person entitled to receive the payment is under guardianship, then the decision of the guardian

authority certifying the identity of the guardian acting in his/her representation,

- approval of the guardian authority of the payment, if so required by separate legislation,
- documents supporting the insured status (e.g. title deed), verifying that the insured is a person whose registered place of residence is at the risk address of the Property Insurance.

D. Medical documents

- Copies of the master health record kept by the general practitioner/family doctor and medical treatment records; copies of the documents on specialist and hospital treatments,
- Certificates issued and data processed by the National Health Insurance Fund of Hungary and its legal predecessors,
- copy of the autopsy report,
- official certificate of the result of the intoxication test,
- official medical document or decision by an administrative authority on the testing of the effect of any drug or stupefying substance,
- documents of medical diagnostic procedures (e.g. X-ray, MRI, CT),
- medical or official certificate to prove burns (decision of the fire brigade),
- copies of all documents related to medical care.

E. Policy-related documents

- medical report issued after the actual death,
- detailed notification describing the insurance event,
- power of attorney if a proxy is used,
- documents necessary for the establishment of the extent of the tax deductible by the insurer, in case of taxable insurance service(s).

F. Further documents necessary for payment

- identification data sheet,
- declaration on the beneficial owner,
- certificates, documents, data identifying the individual or the legal entity entitled to receive the service, i.e., in the case of an individual, a copy of the personal identification card or passport or driving licence card and tax identification document, e.g. tax card or, the tax residence certificate, not older than 30 days, issued by the tax authority of the tax-identification country or a valid certificate with the tax identification number, if the individual has tax domicile outside Hungary and does not have a Hungarian tax identification number, in the case of a legal entity, a document, not older than 30 days, with the company registration number or registration number and tax identification number, a tax-identification document, and the tax residence certificate, not older than 30 days, issued by the tax authority of the tax-identification country if the legal entity has tax domicile outside Hungary and does not have a Hungarian tax identification number,
- documents (e.g. power of attorney) supporting the right to act of the individual acting on behalf of the

legal entity entitled to receive the service, copies of the personal ID card and the address card,

- declaration on politically exposed status,
- transfer order for the payment,
- a declaration of the individual with foreign residence address if the person has a foreign residence address and
- in case of foreign tax residency, the foreign tax identifier and the certificate containing it (bilingual certificate of the tax or other authority of the country of tax residency—"CERTIFICATE OF RESIDENCY"—with the tax identifier in that country).

If the insured event occurs abroad, the insurer might request that certified Hungarian translations of the documents, prepared at the cost of the recipient of the services, are presented.

12.8 The Insurer will be entitled to verify the content of the medical documents submitted on account of the occurrence of the insured event and to review the health of the insured, the necessity of the medical procedure and the duration of the recovery.

12.9 The Insurer may, in individual cases, invite a medical expert to provide opinion. The insured will agree to subject himself/herself to the examination carried out by the physician of the insurer.

12.10 Unless otherwise provided for by the Special Insurance Terms and Conditions, the insurer will pay the service to the person entitled to receive it within 15 days as from the receipt of the documents listed in Section 12.7. Bank transfer will qualify as performance of the services of the Insurer. The date of payment will be the date when the payable amount is transferred from the account of the Insurer.

12.11 The Insurer will have the right to retain insurance-related documents and the reports of the medical examinations carried out at the order of the Insurer according to the rules pertaining to data processing.

13. INSURED EVENTS

13.1 According to these Terms and Conditions, the insured event will be the death, due to any cause, of the insured during the indemnity period, with the stipulation that death occurring within 2 years from the inception date may only qualify as an insured event if

- a) at the time the policy was concluded, the insured did not have a diagnosed medical condition the direct consequence of which is death, or if
- b) the death resulted from an illness already diagnosed at the time of policy conclusion, and the insured qualified as insured on an ongoing basis in the 2 years preceding the date of his/her death.

14. EVENTS, BODY PARTS, ORGANS, AND NON-COVERED DAMAGE EXCLUDED FROM THE SCOPE OF RISK (EXCLUSIONS)

14.1 The Insurer will not provide the services in the case of this supplementary insurance cover if the insured event occurred

- a) due to the active involvement of the insured in a terrorist activity,
- b) directly or indirectly as a result or in connection with any terrorist activity, except for the cases indicated in this Section, to the extent there indicated.

As regards the terrorist activity in Section points (a) and (b), the scope of risk tolerance of the Insurer will not include losses of any nature caused, whether directly or indirectly, by any terrorist activity, resulting from terrorist activity or occurring on account of terrorist activity, regardless of any causes or events contributing to it, whether occurring simultaneously or in succession.

For the purposes of these Terms and Conditions, terrorist activities will be any actions that are violent, threat with violence, put human life, material and immaterial goods and/or the infrastructure in danger, take a stand on politics or religious, ideological and/or ethnical goals, or aims at influencing the government or instilling fear in the society or a part of it or is capable thereof.

The Insurer will not take the risk of any loss that was, directly or indirectly, caused by, results from or occurs in connection with an activity to control, prevent, extinguish, mitigate the terrorist activity or any activity being in any connection with the terrorist activity.

Based on the terrorist activities in Section point (b), the Insurer will undertake to provide its services concerning an insured who injured due to a terrorist activity and has a valid personal insurance with the Insurer at the time of the terrorist activity up to the amount of HUF 50,000,000 at maximum, regardless of the insured sums of the insurance covers. If the service concerning all the insureds reaches the limit of HUF 1,000,000,000, then the Insurer will undertake to provide the insurance services up to the amount specified in the foregoing as proportionally distributed between the insureds based on the number of the injured insureds. Sums paid by the Insurer for each insured will not be proportioned any more. Any sum already paid by the Insurer will not be reclaimed.

Based on the terrorist activities in Section point (b), the Insurer will undertake to provide its services concerning all the insureds who injured due to a terrorist activity within a calendar year and have valid personal insurances with the Insurer at the time of the terrorist activity up to

the amount of HUF 1,000,000,000 at maximum. If the service concerning all the insureds reaches the limit of HUF 1,000,000,000, then the Insurer will undertake to provide the insurance services up to the amount specified in the foregoing as proportionally distributed between the insureds based on the number of the injured insureds. Sums paid by the Insurer for each insured will not be proportioned any more. Any sum already paid by the Insurer will not be reclaimed.

15. EXEMPTION OF THE INSURER

15.1 The insurer will be exempt from the obligation to provide, on whatever grounds, the services of whole-life insurance, if the death of the insured

- a) was caused by the willful conduct of the insured, the beneficiary (the heir of the insured),
- b) occurred as a result of, or in connection with, the unlawful, willful serious criminal offence of the insured, or
- c) occurred due to his/her suicide committed within 2 years as from the inception date applicable to him/her.

16. SERVICES PROVIDED BY THE INSURER

16.1 The Insurer will provide the services under this supplementary insurance according to Section 11.B, b) of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

16.2 The insurer will, against the payment of the insurance premium specified in the policy, assume the obligation to provide the following lump-sum service for the person entitled to receive such service, for each insured, if the insured event occurs during the temporal scope of the insurance (the indemnity period):

- a) in case of death due to any cause, the actual sum insured (as valid at the occurrence of the insured event and as increased by the consumer price index applied during the period of insurance) or a part of it as follows. The amount of the service of the insurer will depend on the age of the insured.

Age of the insured (at the occurrence of the insurance event)	Services provided by the insurer
younger than 30	200% of the actual sum insured
30 years old or older, but younger than 40 years old	150% of the actual sum insured
40 years old or older, but younger than 55 years old	100% of the actual sum insured
55 years old or older, but younger than 65 years old	50% of the actual sum insured
65 years old or older, but younger than 85 years old	20% of the actual sum insured

b) In case of death due to any cause and qualifying as insured event based on Section 13. b) of Chapter II, the insured sum of the Supplementary Family Life insurance of the Allianz MyHome insurance valid 2 years prior to the day of the occurrence of the insurance event, or a part thereof, as follows:

Age of the insured (at the occurrence of the insurance event)	Services provided by the insurer
younger than 30	200% of the sum insured applicable 2 years earlier
30 years old or older, but younger than 40 years old	150% of the sum insured applicable 2 years earlier
40 years old or older, but younger than 55 years old	100% of the sum insured applicable 2 years earlier
55 years old or older, but younger than 65 years old	50% of the sum insured applicable 2 years earlier
65 years old or older, but younger than 85 years old	25% of the sum insured applicable 2 years earlier

17. LIMITATIONS

Provisions concerning the statute of limitations are included in Section 14.B of I. General Insurance Terms and Conditions of the Benefits Guide of the Allianz MyHome insurance.

18. DUE DATE

For this supplementary insurance, the due date of the claim for the services is the day on which the insured dies.

19. INFORMATION ABOUT FACTA AND OTHER INTERNATIONAL LEGISLATION ON TAX COMPLIANCE

19.1 FATCA is the Foreign Account Tax Compliance Act of the USA.

19.2 Other tax-compliance legislation: Convention on Mutual Administrative Assistance in Tax Matters of the Organisation for Economic Co-operation and Development (OECD) and the European Union.

19.3 With a view to compliance with the provisions of Act XXXVII of 2013 on International Administrative Cooperation in Matters of Taxation and Other Compulsory Payments (hereinafter referred to as IACA), which includes provisions concerning both the FACTA and other international legislation on tax compliance, the insurer hereby informs the Policyholder about the following measures.

19.4 In relation of this supplementary insurance, the insurer will inspect the tax residency of the beneficiary at the performance of the service(s) and, in cases specified in the IACA, will provide data to the Hungarian tax authority to meet its reporting obligations.

19.5 Inspection of tax residency means that the beneficiary will provide a declaration on the country of his/her tax domicile; if the beneficiary is a legal entity, it will provide a declaration on the country in which it was established. If the tax residency is in another country, these persons will provide the numeric identifiers the tax authority having jurisdiction over them gave them.

19.6 Based on the results of the inspection of tax residency, the insurer will report data to the Hungarian tax authority in the cases and within the time limits specified in the IACA.