

WHOLE OF LIFE PLAN

This Key Features Document contains a summary of the main features of your Plan. Please read it carefully so that You understand what You are buying and the risks involved.

Plan Description

- A Regular Premium Plan that provides for the payment of a guaranteed Death Benefit in the event of death of one or more Persons Covered by the Plan.
- It pays a lump sum on death, whenever this may occur.
- The Plan provides protection only and does not have a cash value.
- You choose the amount of the guaranteed Death Benefit.
- It has been designed to help You protect your family from the financial costs arising on death, such as funeral expenses, taxes and other duties, but can also be used to help maintain your family's lifestyle or simply to leave as a legacy.
- By naming a beneficiary the proceeds of the policy fall outside of your testamentary estate and can be paid directly to whoever You want, avoiding the need to confirm this intention in a Will.

Its Aims

- To pay a Death Benefit to You, your estate or a designated beneficiary upon the death of the Person Covered.
- To pay the lump sum early if You are diagnosed with a terminal illness.¹

¹Terminal illness is defined as life expectancy medically certified to be less than 12 months

Your Commitment

- To pay the required premium for the rest of your life;
- To give Us all the information We ask for in the application process and at time of claim.

Risk Factors

- The Plan has no cash-in value at any time. Once your right to cancel has ended, if You decide to stop your Plan at any time, there will be no refund of premiums.
- Depending on how long the Plan lasts, your total premiums may be more than the life insurance payable on death.
- If You do not truthfully provide all the information We ask for We may not pay the benefits.
- If You stop paying the required premiums your cover will stop after 30 days from the date that the premium is due.
- Your circumstances may change, affecting your ability to continue paying the premiums.

Key Features

Premium Payment Frequency

Annually, half-yearly, quarterly or monthly

Policy Fee

€5 monthly, €15 quarterly, €30 half-yearly and €60 annually.

Basis of Life Cover

Single Life only or Joint Life First Death or Joint Life Second Death

Minimum Life Cover

€40,000

Duration of the Plan

Whole of Life

Age limits of Person Covered

The Person Covered must be between the ages of 18 and 69 when the Plan starts.

Policy Owner

The Policy Owner can be any natural person aged at least 18 years old or any corporate entity.

Beneficiary

You can appoint one or more beneficiaries to receive the benefit under the Plan, when this is due. There is no charge for this arrangement to be implemented and it requires only the completion of a simple form. The appointment of a beneficiary (and acceptance thereof) under a life insurance contract does not need to be confirmed in a will and it also supersedes the provisions of a will if there is any conflict between the two.

Plan Benefits**Death Benefit**

Payment of the guaranteed lump sum that You choose at the start of the Plan in the event of death of the Person Covered while the Plan is active.

Terminal Illness Benefit

Payment of up to 75% of the Death Benefit as a pre-payment of the Death Benefit if the Person Covered is diagnosed to be terminally ill while the Plan is active.

Funeral Expenses Benefit

Payment of the cost of funeral expenses [subject to a maximum of €2,500] in the form of a partial pre-payment of the Death Benefit.

Optional Additional Benefits (against payment of an additional premium)

All Optional Additional Benefits will cease once a Person Covered attains the age of 65 years. At this time, your premium will be reduced by the amount charged for the Optional Additional Benefit.

Accidental Death Benefit

Payment of an additional amount equal to the Death Benefit if death occurs as a result of an accident.

Permanent Total Disability (including Waiver of Premium)

If You are unable to work due to an accident or illness, then We may consider payment of the Death Benefit Sum Insured. After a waiting period of 6 months from the event, We will waive the premium until We are able to confirm your condition. We will advise you within 24 months of the event whether We are satisfied that You are permanently and totally disabled. Upon payment of this benefit, the Plan will be terminated.

Critical Illness Benefit

Payment is made if a Person Covered is diagnosed with a critical illness defined under the Plan. This benefit may be on a Prepayment or Additional Payment Basis and is only available if the basis of life cover is Single Life:

- Prepayment: Any payment made for a Critical Illness Claim will reduce the Sum Insured for the Death Benefit
- Additional Payment: Payments of a Critical Illness Claim will not affect the Sum Insured of the Death Benefit.

Any optional addition benefits selected will expire once a Person Covered reaches the age of 65.

Questions and Answers**Who should consider this Plan?**

This Plan could be for You if you want to leave a lump sum if You were to die while the policy is in force. Its most common use is for protection of the family or dependents from financial burdens caused by the death of the Person Covered, such as:

- Replacing lost income;
- Paying associated bills and expenses;
- Staying in the home they love;
- Maintaining their lifestyle;
- Keeping plans for the future in place.

It may also be used to protect a business or partnership against the death of a Key Person or Partner whose death may result in serious financial loss to the business.

When will my Plan start?

- We will underwrite your application using the information You provide Us with. This means that We will make an assessment as to whether We can accept your application and if so on what terms and conditions. Depending on your personal circumstances, We may need to contact You, or your doctor for further information, or arrange for You to attend a medical examination or tests. If this is required, We will not be able to issue the Plan before We receive all requested information and results.
- When We have completed Our assessment We will write to You. If We can accept your application at the standard premium and terms that We quoted, We will start the Plan immediately and send You the policy. If not, We may ask You to pay an increased premium, notify You of different terms that We may be prepared to offer, postpone Our decision to a later date or decline your application.
- We undertake to conclude Our assessment and send You the policy or communicate Our decision to You within 5 business days from the day that We receive the last information or document that We may need.

How much will it cost?

- The cost of your life insurance will depend on the following factors:
 - The amount of cover You choose;
 - Your age;
 - Your health and medical history;
 - Your occupation;
 - Whether You engage in any dangerous activities;
 - Any lifestyle habits that affect your health, including smoking;
 - Any Optional Additional Benefits that You select.
- You will receive a quote showing the premium for standard rates which will then be subject to Our underwriting procedures.

How much does the Plan pay out?

You decide how much Benefit You would like the Plan to pay out, subject to the minimum of €40,000. The amount of the Benefit will determine your premium.

When will the Plan pay out?

- If the Basis of Life Cover is Single Life, the Plan will pay out when the Person Covered dies. If the Basis of Life Cover is Joint Life First Death, the Plan will pay out when the first of the two Persons Covered dies. If the Basis of Life Cover is Joint Life Second Death, the Plan will pay out when both Persons Covered die.
- The Plan will only pay out the Death Benefit once. So you can only make one valid claim for the Death Benefit.
- The Plan will end after the Death Benefit has been paid.

When will the Plan not pay out?

We will not pay the Benefits under the Plan if:

- You and/or the Person(s) Covered do not truthfully provide (or disclose fully) all the information We ask for when You apply for the Plan;
- The Plan has terminated due to non-payment of premium;
- The Person(s) Covered commit suicide in the first 12 months of the Plan.

The full extent of the cover provided by the Plan (including any specific exclusion that We may include) will be explained in your policy document.

Are there any additional charges?

The premium shown in your illustration includes all the costs of administration, underwriting and claim expenses.

Will my premiums ever go up?

Your premium is guaranteed. This means that your premium will not change throughout the duration of the Plan provided that You pay the premium when it is due. If your Plan needs to be reinstated (because the premium was not paid when due), then your premium may increase.

If You have selected any optional Additional Benefits, We may review the amount payable for those benefits only, by giving 3 months prior notice in writing.

What if I stop paying?

If You stop paying premiums, your life insurance will continue for 30 days after your last payment was due, then your Plan and the cover it provides will stop. Your Plan and cover will end and You will not get any of your payments back.

Can I restart the Plan?

You have the option to restart your Plan at any time within 12 months from the date the cover stopped provided that all premiums and interest due are paid and provided that We receive satisfactory proof of the continued eligibility for insurance of the Person(s) Covered.

What if I need more life insurance in the future?

If You need more life insurance in the future, then You may apply to increase the life cover under your Plan, or You may apply for a separate policy, subject to Our normal terms and conditions and underwriting requirements at the time.

Can the policy be pledged to cover a loan or overdraft facility?

Subject to the lenders agreement You may pledge the policy to cover any debts you have arranged.

What is my tax position under the Plan?

Under current legislation, payment of the Death Benefit under the Plan is not taxable. Please note however that tax legislation may change in future, and We suggest that You contact your professional tax advisor for specific advice on your personal tax status.

Can I change my mind?

You can change your mind within 30 days from when you get your Policy Document. If You decide, for any reason, within this period that You don't want to proceed with the Plan, We will give You your money back. If You wish to exercise your right to cancel, You should complete and return the Statutory Notice that We send You.

Further Information

Advice

This document is not designed to offer financial advice and should not be used in isolation when making a decision about your financial planning. You may wish to seek financial advice before starting a long term savings contract.

Mapfre Msv Life p.l.c. does not distribute this product on the basis of advice. Likewise, the intermediaries of Mapfre Msv Life p.l.c. do not distribute this product on the basis of advice.

However, there may be occasions where certain intermediaries of Mapfre Msv Life p.l.c. distribute this product on the basis of advice, in which case the said intermediaries must inform You of this sales methodology separately and specifically..

Additional Information for Plans concluded through a Tied Insurance Intermediary (TII)

The only TII having a significant (10% or more) financial interest in Mapfre Msv Life is Bank of Valletta p.l.c.

Mapfre Msv Life does not have a significant financial interest in any of its TIIs.

TIIs act on behalf of Mapfre Msv Life, and conduct their insurance distribution activities in relation to long term contracts of insurance which they are authorized to distribute exclusively for products of Mapfre Msv Life.

A TII works on the basis of commission, which remuneration is settled directly by Us, at no additional cost to you.

Additional Information for Plans concluded through an Insurance Broker

More information must be obtained directly from your Insurance Broker.

Additional Information for Plans concluded directly by employees of Mapfre Msv Life

Employees of Mapfre Msv Life may receive remuneration from the Company, which is mainly paid in the form of commission, on the basis of the sale of this Plan to You.

Conflicts of Interest

It is imperative for us to act honestly, fairly and professionally in accordance with your best interests and so seek to avoid any conflicts of interest in so far as this is possible, as set out in the conflicts of interest policy.

Solvency and Financial Condition Report (SFCR)

As part of Our statutory reporting requirements, every year, We produce a publicly available Solvency and Financial Condition Report (SFCR). An SFCR is a report on the solvency condition of Our company that takes into account both the current financial status, as reflected in the balance sheet, and an assessment of the ability of Our company to survive future dynamic risk scenarios. A copy of Our SFCR can be downloaded from Our website or We can provide you with a copy on request.

How to complain

We are committed to providing You with a high level of service. It is therefore very important that You inform Us when the level of services does not meet your expectations. Should You have any cause for complaints about Our services please do not hesitate to contact Us. Complaints should be sent in writing, either by email at complaints@msvlife.com or by mail at the address indicated below:

The Chief Executive Officer,
Mapfre Msv Life p.l.c,
The Mall,
Triq il-Mall,
Floriana FRN 1470, Malta

If You are not completely satisfied with Our response You have the right to take your complaint to:
The Office of the Arbiter for Financial Services,
First Floor,
St Calcedonius Square,
Floriana FRN1530, Malta

You are advised to consult Our Complaints Policy which can be accessed via Our website portal at <https://www.mapfre.com.mt/contact/complaints/> Making a complaint will not affect your legal rights.

Terms & Conditions

This Key Features Document is intended to provide a brief overview of the Whole of Life Plan. The full terms and conditions are explained in more detail in the Policy Document, a copy of which is available from Our offices.

Effective Date

The features outlined in this Key Features Document are applicable to the Protection Plans on or after the 9th June 2023.

Compensation

In the unfortunate event of insolvency of any company licensed to carry on Insurance Business in Malta, You may be entitled to limited compensation under the Protection and Compensation Fund.

Applicable Law and Place of Jurisdiction

This Plan and any non-contractual matter arising therefrom shall be governed by and construed in accordance with the laws of Malta.

Any dispute, controversy or Claim arising out of or relating to this Plan, or the breach, termination or

invalidity thereof, or relating to any non-contractual matter arising from this Plan, shall be referred to and determined by Maltese Courts, or by any other adjudicating body in Malta, as the case may be, which shall have exclusive jurisdiction on the matter.

Glossary / Definition of Terms

Company/ We/Us/Our/Mapfre Msv mean Mapfre Msv Life p.l.c.

Payer means the party to the life insurance contract appointed as having the obligation to effect all premium payments as they fall due .

Person Covered means the person specified in the policy, whose death will result in the Death Benefit under the Plan becoming payable. The Person Covered can only be a natural person and cannot be a corporate entity.

Plan/Policy means the Mapfre Msv Life Whole of Life Plan.

Regular Premium means the money paid by You under the Policy.

You/Policy Owner means the person who owns the Policy and controls its use.

Mapfre Msv Life p.l.c. (C-15722) is authorised by the Malta Financial Services Authority (MFSA) to carry on long term business under the Insurance Business Act. Mapfre Msv Life p.l.c. is regulated by the MFSA.

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