

Application Form

SECTION A - DETAILS OF POLICY OWNER(S)

To be completed for ALL applications

	Policy Owner 1	Policy Owner 2
First Name/s or Company Name	<input type="text"/>	<input type="text"/>
Surname / Title	<input type="text"/>	<input type="text"/>
Maiden Name	<input type="text"/>	<input type="text"/>
Marital Status / Gender	<input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>	<input type="text"/> Male <input type="checkbox"/> Female <input type="checkbox"/>
I.D. Card / Passport / Company Reg No (if applicable)	<input type="text"/>	<input type="text"/>

Please provide a true authenticated photocopy of your I.D. card / Passport / Memorandum and Articles of Association. All your existing policies will be updated with the details completed in this section. If you DO NOT want these details updated please tick this box:

Policy Holder 1 Policy Holder 2

Date of Birth/ Country of Birth/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality / Dual Nationality	Nationality <input type="text"/>	Dual Nationality (if applicable) <input type="text"/>	Nationality <input type="text"/>	Dual Nationality (if applicable) <input type="text"/>
Residential Address	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	Country		Country	
Telephone (Home)	Country Code <input type="text"/>	<input type="text"/>	Country Code <input type="text"/>	<input type="text"/>
Telephone (Mobile)	Country Code <input type="text"/>	<input type="text"/>	Country Code <input type="text"/>	<input type="text"/>
Telephone (Work)	Country Code <input type="text"/>	<input type="text"/>	Country Code <input type="text"/>	<input type="text"/>
Email	<input type="text"/>		<input type="text"/>	
Preferred method of communication	<input type="checkbox"/> Electronic	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic	<input type="checkbox"/> Mail
Occupation	<input type="text"/>		<input type="text"/>	
Country of residence	<input type="text"/>		<input type="text"/>	

For joint life investment policies, MMSV Life will communicate with policy owners jointly using the correspondence address record held against Policy Owner 1.

Have you appointed an attorney having an address outside of Malta? Yes No if 'YES' please state which Country

Are you a Politically Exposed Person*? Yes No if 'YES' please complete Enhanced Due Diligence Form



***A Politically Exposed Person (PEP) is:**

- A person who has been or is entrusted with a prominent public function by the state (Head of State, Head of Government, Members of Parliament, Members of the Judiciary, Ambassadors etc), or holds such a similar position with an EU Institution or an international body, and/or
- An immediate family member of this person, including a spouse, partner, child and their spouse and/or parents, and/or
- Known close associates of this person who may include any individual known to have joint beneficial ownership of a legal entity or legal arrangement or other close business relations with persons, or who may have sole beneficial ownership of a legal entity or legal arrangement set up for the benefit of this person.

Is the Person Covered to be the Policy Owner And/Or The Joint Policy Owner Or a Third Party

If "Third Party", please state relationship to the Policy Owner

SECTION B – TAX IDENTIFICATION (FOR FATCA AND CRS PURPOSES)

Please complete this section if the Policy Owner is a natural individual. If the Policy Owner is an entity please DO NOT complete this section, complete our FATCA CRS Self-Certification Form for Entities.

We are obliged under Regulation 123.127 entitled "Cooperation With Other Jurisdiction on Tax Matters", to collect certain information about each policy owner's tax arrangements. Please complete the sections below as directed and provided. Please note that if your citizenship or your tax residence are not Maltese, MAPFRE MSV Life plc. (MAPFRE MSV) may be legally obliged to pass on your details and other financial information with respect to all policies held with MAPFRE MSV to the Inland Revenue and they may exchange this information with tax authorities of another jurisdiction(s) pursuant to intergovernmental agreements to exchange financial account information.

If any of the information below about your residence or FATCA/CRS Classification changes in the future, you are obliged to advise of these changes promptly. For more information on FATCA & CRS you can access MAPFRE MSV's website.

Each jurisdiction has its own rules for defining tax residence. In general, you may find that tax residence is the country/jurisdiction in which you live. Special circumstances may cause you to be resident elsewhere or resident in more than one country/jurisdiction at the same time (dual residency). For more information on FATCA and CRS please refer to Inland Revenue Malta website, the OECD CRS portal or consult your tax adviser.

Please complete the following table indicating (i) where the Policy Owner is tax resident and (ii) the Policy Holder's Tax Identification Number (TIN) for each country/jurisdiction indicated. **If one of your tax residences is Malta, your Maltese TIN is your I.D. Card Number.** If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below.

	Policy Owner 1	Policy Owner 2
Country / Jurisdiction of tax residence	<input type="text"/>	<input type="text"/>
Tax Identification No.	<input type="text"/>	<input type="text"/>
Reason if TIN is not available*	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>	A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
If Reason B is selected please explain	<input type="text"/>	<input type="text"/>

If the TIN is not available, you are required to provide a reason, from the options indicated hereunder:

- **Reason A** – The country/jurisdiction where the Policy Owner is resident does not issue TINs to its residents;
 - **Reason B** – The Policy Owner is otherwise unable to obtain a TIN or equivalent number (please explain why if you have selected this reason);
 - **Reason C** – No TIN is required (NB. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).
- If you have multiple countries / jurisdictions of tax residence, please tick the relevant box and provide the required information in **SECTION J - ADDITIONAL INFORMATION.**

Policy Owner 1

Policy Owner 2

SECTION C - DETAILS OF PERSON TO BE COVERED

To be completed if the person covered is different from the Policy Owner

If the Person Covered is a Third Party (i.e. not the same as the Policy Owner/s), please tick this box and complete **Section C**, which is a separate form.

SECTION D - DETAILS OF THE PLAN

To be completed for ALL applications

Plan Name - Please indicate which plan you would like to apply for.

- | | | |
|---|--|---|
| <input type="checkbox"/> Loan Protection Plan | <input type="checkbox"/> Flexi Plan | <input type="checkbox"/> Single Premium Plan |
| <input type="checkbox"/> Protection Plan | <input type="checkbox"/> Child Savings Plan Unit | <input type="checkbox"/> Investment Bond |
| <input type="checkbox"/> Whole of life Plan | <input type="checkbox"/> Linked Savings Plan | <input type="checkbox"/> Personal Pension Plan (With Profits) |
| | | <input type="checkbox"/> Personal Pension Plan (Unit Linked) |

Other

Is this plan to be used as security for a loan ?

If this plan is used as a security for a loan, please advise name of Bank and Branch below

YES NO

Bank

Branch

SUM INSURED - Tick here if MINIMUM SUM INSURED i.e. 101%

FIRST PREMIUM

INITIAL TOP-UP PREMIUM - if applicable

Basis of Life Cover - tick as appropriate Single Life Joint Life First Death Joint Life Second Death

METHOD OF PAYMENT - FIRST PREMIUM

FREQUENCY OF PAYMENT OF PREMIUM

POLICY TERM

- Cash
 Cheque / Bank Draft
 Bank Instructions
 Reinvestment of Maturity Proceeds

- Monthly Yearly
 Quarterly Single
 Half Yearly

Years

Other

Please remember to complete a Standing Order Form, if monthly premiums are selected, or if subsequent premiums are to be paid by Standing Order

SECTION E - ADDITIONAL BENEFITS AND LIFE INSURANCE TERM RIDERS

To be completed for applications which include Additional Life Cover ('Term Riders') or Additional Benefits to your plan.

Please select the type of Life Insurance Rider Required

- Level Term Rider Decreasing Term Rider

Please select who the rider applies to

- 1st Person Covered 2nd Person Covered

Please tick the required benefit/s from the list below, and to whom they should apply

- | | | |
|--|---|---|
| <input type="checkbox"/> Accidental Death * | <input type="checkbox"/> 1 st Person Covered | <input type="checkbox"/> 2 nd Person Covered |
| <input type="checkbox"/> Permanent Total Disability * | <input type="checkbox"/> 1 st Person Covered | <input type="checkbox"/> 2 nd Person Covered |
| <input type="checkbox"/> Injury Benefits * | <input type="checkbox"/> 1 st Person Covered | <input type="checkbox"/> 2 nd Person Covered |
| <input type="checkbox"/> Critical Illness - Additional * | <input type="checkbox"/> 1 st Person Covered | <input type="checkbox"/> 2 nd Person Covered |
| <input type="checkbox"/> Critical Illness - Prepayment * | <input type="checkbox"/> 1 st Person Covered | <input type="checkbox"/> 2 nd Person Covered |
| <input type="checkbox"/> Waiver of Premium * | <input type="checkbox"/> Policy Owner 1 | <input type="checkbox"/> Policy Owner 2 |
| <input type="checkbox"/> Premium Escalation Option | | |

Please specify the amount of cover required

Do you have any other life insurance policies (protection-only) issued by MAPFRE MSV Life on or after 1st August 2016?

- 1st Person Covered 2nd Person Covered

Some Additional Benefits are not available under some plans. To confirm availability, please refer to the Key Features Document.

*If you have opted to include this benefit, please complete APPLICATION FORM - SECTION N, which is a separate form.

Please tick this box if you have completed and attached Section N to this Application Form

SECTION F - GUARANTEED COVER QUESTIONS

To be completed for applications for :

- A Plan with a Term Rider, or a Protection or Loan Protection Plan with a Sum Insured of not more than €50,000 and:

1. You are between the ages of 18 and 55
2. Cover will end when you are not older than 65
3. You have no other policies for which you applied through "Guaranteed Life Cover" terms

I hereby declare that to my best knowledge and belief, I am in a good health, and do not currently or within the last 5 years suffer or suffered from any diseases or from any other physical or mental disorders. Furthermore I am not engaged in a dangerous occupation or participate in hazardous activities. I have never had any previous life insurance applications declined, postponed or accepted at special terms or increased premiums.

- Yes No

If No please proceed to SECTION N, which is a separate form. Please tick this box if you have completed and attached **SECTION N** to this Application Form.

SECTION G - CHOICE OF FUNDS

To be completed ONLY in the case of applications for Unit Linked Plans

I wish to link my investment amount to the following funds in accordance with the percentage indicated (Note: The Allocation should total 100%):

Fund Name	Allocation %	Fund Name	Allocation %
1) MMSV	%	6) MMSV	%
2) MMSV	%	7) MMSV	%
3) MMSV	%	8) MMSV	%
4) MMSV	%	9) MMSV	%
5) MMSV	%	10) MMSV	%

SECTION H - WITHDRAWAL OF BONUS

To be completed if you have applied for a Single Premium Plan or Investment Bond, and would like to withdraw bonuses

Withdrawal Frequency: Regular (every year following declaration)

One-off (first year only)

Withdrawal Amount: Full

Partial

Specify Amount

Please credit my Bank Account with the Bonuses when due (Please provide us with the Full IBAN in the space below).

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Account Holder Name

Bank and Branch

MMSV will only credit Bank Accounts held in the Policy Owner's name

SECTION I - DESIGNATION OF BENEFICIARIES

To be completed ONLY if you would like to designate Beneficiaries on your Plan.

I wish to designate the person(s) named hereunder as beneficiary under this policy

	Beneficiary 1	Beneficiary 2
First Name or Company Name	<input type="text"/>	<input type="text"/>
Surname / Title	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	Postcode	Postcode
Is Beneficiary 1 a Politically Exposed Person **?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is Beneficiary 2 a Politically Exposed Person **? Yes <input type="checkbox"/> No <input type="checkbox"/>
Beneficiary 1: ID Card, Passport or Company Registration No. (as applicable)	<input type="text"/>	Beneficiary 2: ID Card, Passport or Company Registration No. (as applicable)
Relationship to Policy Owner(s)	<input type="text"/>	<input type="text"/>

The Beneficiary(ies) above shall benefit under this policy in accordance with the entitlement portions hereunder:

	Death Benefit	Surrender Benefit	Bonus Withdrawal	Maturity
Beneficiary 1	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %
Beneficiary 2	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %	<input type="text"/> %

If the basis of Life Cover in this Application Form is Joint Life and the Policy Owners wish to appoint each other as their respective sole beneficiaries, please tick this box

You may include any special conditions specific to the beneficiary in the Additional Information section.

SECTION J - ADDITIONAL INFORMATION

Please tick this box if you have provided additional information separate to this form in relation to your application.

SECTION K - APPLICATION FOR TAX CREDITS

To be completed ONLY if you are applying for a Personal Pension Plan.

Application for tax credits available on Qualifying Contributions made into a MAPFRE MSV Life Qualifying Scheme as prescribed by Rule 4(2) of the Personal Retirement Scheme Rules (S.L. 123.163)

This application must be completed if, as a Qualifying Individual, you intend to make a claim for credit against the income tax chargeable in Malta in a particular year in relation to contributions or payments made by you to a Qualifying Scheme issued by MAPFRE MSV. This application is to be completed only in the year in which you first subscribe to the Qualifying Scheme, as it will automatically apply to subsequent years of assessment unless you cease to be a Qualifying Individual.

“PRS Rules” shall mean the Personal Retirement Scheme Rules (S.L. 123.163)

A “Qualifying Contribution” means a contribution made to a Qualifying Scheme in respect of which a credit against income tax chargeable in Malta may be claimed in terms of Article 57 of the Income Tax Act (Cap. 123).

A “Qualifying Scheme” includes long term contracts of insurance that fulfil the requirements of the PRS Rules, and which are approved by the Commissioner of Inland Revenue. This includes the Plan which you are subscribing to.

A “Qualifying Individual” is an individual contributing to a Qualifying Scheme and who may make a claim for credit against income tax chargeable in Malta as referred to in Article 57 of the Income Tax Act (Cap. 123). In order to be considered a Qualifying Individual, one must:

1. Be eighteen (18) years of age or over at the time when a contribution or payment is made; and
2. Be domiciled and/or resident for tax purposes in Malta; and
3. Possess a certificate issued by MSV Life, as detailed in Rule 4(1)(c) of the PRS Rules; and
4. Be included in a statement, referred to in Rule 7(2) of the PRS Rules, which MAPFRE MSV Life shall submit to the Commissioner each year, providing details concerning your identity and other information required for income tax purposes, as well as the amount contributed to the Qualifying Scheme.

Declaration by the Qualifying Individual:

I understand that in accordance with the PRS Rules, commencement of payment of benefits due under the Qualifying Scheme cannot be made before the Qualifying Individual reaches the age of sixty one (61), or not later than when the Qualifying Individual reaches the age of seventy (70) or any other ages specified in the pension rules applicable to Personal Retirement Schemes in terms of the Special Funds (Regulation) Act (Cap. 450) or any other law substituting this Act, except in those cases where the Qualifying Scheme under which I am applying provides that the payment is made by reason of the permanent invalidity or death of the Qualifying Individual. This means that I, as the Qualifying Individual, will have no right to access the funds unless the rules laid down are satisfied.

Furthermore, I understand that all benefits received by the Qualifying Individual from the Qualifying Scheme, other than any capital sum received by way of commutation of pension which may be exempt from taxation in accordance with the provisions of Article 12(1)(h) of the Income Tax Act (Cap. 123), will constitute pension income for the purposes of Article 4(1)(d) of the aforementioned Act.

I also understand that Maltese tax legislation and/or Retirement Directives and/or Pension Rules applicable to Personal Retirement Schemes issued by the Malta Financial Services Authority in terms of the Special Funds (Regulation) Act (Cap. 450) or any law substituting this Act may change in future.

I declare that I fall within the definition of a “Qualifying Individual” for the purposes of the PRS Rules. I undertake to inform MAPFRE MSV in a timely manner should my situation change and I no longer fall within the definition of a Qualifying Individual.

I declare that all contributions being made into the Qualifying Scheme which I am subscribing to shall be from my own assets or those of my spouse, and not of any other person.

First Year of Assessment to which this application relates: i.e. the calendar year following the year in which contributions were first made into the Qualifying Scheme

Year in which Qualifying Contributions are first made into the Scheme

Name

Surname

ID Card / Passport No.

Date of Birth

Residential Address:

Tax Registration No. of the person claiming the tax credit
(This may either be the applicant or his/her spouse; In case of individuals, the tax registration number will be their ID card number)

DATA PROTECTION

MAPFRE MSV Life may be required to submit information about your Qualifying Scheme to the Commissioner for Inland Revenue as required for the purposes stated in the PRS Rules, including but not limited to Rule 7(1)

SECTION L - PERSONAL DATA PROCESSING

The Applicant is hereby informed and expressly consents, by signing this document, to the processing of the data voluntarily provided in this document, as well as of any data which might be provided to MAPFRE MSV Life plc or "The Company" directly or through an Insurance Intermediary, and those obtained by recording telephone conversations or as a result of browsing through Internet webpages or by other means, for the enforcement of the agreement or regarding a quotation, application, or the contracting of any service or product, even after the end of the pre-contractual or contractual relation, including, if applicable, any communication or international data transfer which might be made for the purposes specified in the Additional Data Protection Information which is available from any MAPFRE MSV Life plc Office or through www.msylvlife.com/gdpr

The Applicant consents in turn to the recording of any telephone conversations with The Company regarding the insurance agreement.

MAPFRE MSV Life plc may view the Applicant's data in files regarding the fulfilment and non-fulfilment of monetary obligations.

Should the data provided pertain to physical persons other than the Applicant, the latter guarantees that he/she has obtained and has their prior consent for the communication of their data and has informed them, prior to their inclusion in this document, of the purposes of the data processing, communications, and other terms established herein and in the Additional Data Protection Information.

The Applicant declares that he/she is older than eighteen (18) years of age. Likewise, should the data provided belong to minors, as the minor's parent(s) or guardian(s), he/she expressly authorises the processing of the said data, including; if applicable, data pertaining to health, for the management of the purposes specified in the Additional Data Protection Information which is available from any MAPFRE MSV Life plc Office or through www.msylvlife.com/gdpr

The Applicant guarantees the accuracy and truthfulness of the personal data, including sensitive personal data provided, undertaking to keep them duly updated and to notify MAPFRE MSV Life plc of any changes in them.

Basic data protection information

Controller of Data:	MAPFRE MSV Life plc
Purposes for Collection of the Data:	Management of the insurance agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with the MAPFRE Group, and delivery of information and advertising on MAPFRE Group products and services.
Scope:	Execution of the project.
Recipients:	Data may be communicated to third parties and/or data transfers may be made to third-part countries in the terms stipulated in the Additional information.
Your Rights:	You can exercise your rights of access, rectification, removal, limitation, objection, and transferability, specified in the Additional Data Protection information.
Additional Information:	You can view the Additional Data Protection Information which is available from any MAPFRE MSV Life plc Office or through www.msylvlife.com/gdpr

Tick this box if you object to the processing and communication of your personal data by MAPFRE MSV Life plc for the delivery of information and advertising on of the Company products and services, of the various MAPFRE Group companies, and of third-party companies with which any MAPFRE Group company has entered partnership agreements.

If you do so, we will be unable to inform you of any discounts, gifts, promotions, and other benefits associated with the MAPFRE Group customer loyalty plans.

- | | |
|--|--|
| <input type="checkbox"/> Policy Owner 1 | <input type="checkbox"/> Policy Owner 2 |
| <input type="checkbox"/> Person Covered 1 (if different) | <input type="checkbox"/> Person Covered 2 (if different) |

In any case, your consent to the treatment of your data for these purposes is revocable, and you may withdraw your consent or exercise any of the rights mentioned at any time as specified in the Additional Data Protection Information which is available from any MAPFRE MSV Life plc Office or through www.msylvlife.com/gdpr

Before signing this document, please read the basic data protection information given in the PERSONAL DATA PROCESSING clause.

By signing this document, you consent to the processing of your personal data, including sensitive personal data in the terms and conditions stipulated in said clause.

SECTION M - DECLARATION - To be completed for ALL applications

I confirm that I have received and read the 'Key Features Document' and the 'Key Information Document' relevant to the product for which I am applying. I confirm that I have understood the product features and benefits. I understand that any revision to the Key Information Document will be published on MAPFRE MSV Life plc's (MAPFRE MSV) website.

If for underwriting reasons the terms and conditions change in the quote provided, MAPFRE MSV will advise you accordingly. I also understand that the contract will not be in force until the Application has been accepted by MAPFRE MSV in writing and the first premium has been paid in full and received by MAPFRE MSV. I acknowledge receipt of the Statutory Notice and understand my legal rights and the circumstances in which these rights shall apply.

I fully understand the nature of the questions including any health related questions and the importance of disclosing all material information to MAPFRE MSV. I declare that all answers I have given to the questions in the Application, including information as to the state of health, habits of the Life Covered are true and complete in every respect. I undertake to notify MAPFRE MSV of any change in the information with respect to the Life Covered subsequent to the submitting of this Application and before the acceptance of the risk by MAPFRE MSV. I understand that by signing this Declaration I attest to the veracity and accuracy of all the information contained in the Application. I understand that in the event of a finding of incomplete and/or non-disclosure of material information, MAPFRE MSV reserves the right to repudiate the claim or declare the policy void. I understand and agree that by signing this Declaration I will be bound by such statements and disclosures of material facts in the same manner and to the same extent as if I had completed a written application. I acknowledge that a material fact is one which is likely to influence MAPFRE MSV in the best assessment and acceptance of the Application. If in doubt as to whether a fact is material then it should be disclosed.

I acknowledge and agree that, unless I specifically request otherwise, MAPFRE MSV may contact and provide me with information by means of an email if I have provided an email address, or by means of a website if the website address and location of the information is communicated to me by MAPFRE MSV. I undertake to advise MAPFRE MSV of any changes to my email address.

I acknowledge and agree that MAPFRE MSV may store records in electronic format. This applies to all documentation, which I may have already completed and which I may complete in the future as well as any other document relating to me and in the possession of MAPFRE MSV. I further acknowledge that documents in paper format such as this declaration may be routinely destroyed and that records may be stored electronically through imaging, scanning or other secure technology used for storage of documentation and that the electronic copy shall for all purposes be recognised and admissible as evidence or otherwise of our agreement. I understand that MAPFRE MSV has no obligation to retain electronic records for a longer period of time beyond regulatory requirements.

I authorise MAPFRE MSV to collect from any third party any information it deems necessary and that may be relevant to the conclusion, furtherance and maintenance of this contract or to the settlement of any claim under this contract and the validity thereof. In particular I authorise the attending doctors, hospitals and clinics who I have consulted about my physical or mental health to give to MAPFRE MSV all information as is necessary and pertinent to the insurance contract. Furthermore I agree to reimburse MAPFRE MSV with any costs should such costs arise as a result of the withholding of information and/or the provision of incomplete or incorrect information by me or any person or organisation acting on my behalf.

I confirm that I have read and understood the FATCA CRS section of the application. I understand that if my citizenship or my tax residence are not Maltese, MAPFRE MSV may be legally obliged to pass on my details and other financial information with respect to all my policies held with MAPFRE MSV to the Inland Revenue and they may exchange this information with tax authorities of another jurisdiction(s), this in line with FATCA and CRS. I undertake to advise MAPFRE MSV should there be any change in circumstances which affects my tax residency status or causes the information contained in the application to become incorrect or incomplete and to provide MAPFRE MSV with a suitably updated self-certification promptly.

I declare that I have been informed of the implications of holding the status of a Politically Exposed Person (PEP) and that I bind myself to notify MAPFRE MSV should my PEP status or that of any designated beneficiary change to that effect.

I declare that the economic activity which generated my wealth and the source of funds from which the premium has been paid, or future premiums will be paid, are derived in their entirety from my occupation indicated in the Application or from my lifetime savings accrued from my occupation prior to my retirement, where applicable. I understand that I am obliged to inform the Company should my wealth or the source of funds not derive from my occupation indicated in the Application or from my lifetime savings accrued from my occupation prior to my retirement, if applicable. I confirm my Application is not in violation of any applicable law and neither my wealth nor the funds from which the premium will be paid do not arise from illegitimate sources.

I understand that a Market Value Reduction may be applied for investments made under Participating Plans (and investments under the with-profits option of unit-linked plans) in certain circumstances. I understand that my investment (in the case of an application for a Participating Plan or Unit Linked Plan) is a long-term investment and that I may not get back the amount originally invested, especially but not solely if the policy is surrendered after a short period following its commencement.

I acknowledge and accept that MAPFRE MSV may process the personal data, including any sensitive personal data that I provided in the Application in accordance with the General Data Protection Regulation, 2016/679 and with the Data Protection Policy of MAPFRE MSV (a copy of which is available from MAPFRE MSV's offices, website and Tied Insurance Intermediaries). I acknowledge that I have a right to request access to and rectification of such data as processed by MAPFRE MSV. Any such request must be signed by myself as the subject person to whom the personal data relates.

The Company reserves the right to decline, or offer alternative terms to those initially quoted for your Application for life insurance. I agree to pay the premium as finally quoted, including any premium loading that has been brought to my attention prior to signing this declaration, or prior to issuing the contract.

Application Date:

Signature of Policy Owner 1

Signature of Policy Owner 2

Intermediary Rubber Stamp

Signature

Intermediary Code

I declare that I am the Intermediary for this application and that the signature of the Policy Owner is authentic. I have explained the product details to the Policy Owner and also established his identity. To the best of my knowledge and belief the source of the funds used in the payment for this application is legitimate and I have taken all other measures in accordance with the regulations on the prevention of money laundering, including verification on whether the Policy Owner/s, or any designated beneficiary is a Politically Exposed Person.

Full Name of Policy Owner 1 (please specify designation if authorised person signing on behalf of a company).

Full Name of Policy Owner 2

Terms and Conditions

- The submission and acceptance of this application is regulated by the terms and conditions set out herein and those specified in the Policy Document.
- By delivering a completed Application Form, you
 - warrant that your remittance will be honoured on first presentation and agree that, if such remittance is not so honoured, you will not be entitled to receive the Policy Document
 - agree that the application and contract resulting therefrom will be governed by and construed in accordance with the Laws of Malta and that you submit to the jurisdiction of the Courts of Malta
 - warrant that you are legally capable to enter into a contract under your personal name, or if you are signing the Application Form on behalf of a company you have due authority to do so and to give all the warranties, undertakings, confirmations and declarations contained herein.
- Reference to the masculine includes the feminine and the singular includes the plural and vice versa, unless the context requires otherwise.
- MAPFRE MSV Life retains the right to refuse this application and to return premiums paid to the Policy Owner.