

General Terms and Conditions M-P

Insurance of mortality risks within the Pensions Act

January 2017 version

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Introduction

Article 1 Definitions

The following are a number of terms that recur frequently in the insurance contract and in these general terms and conditions. An explanation of precisely what we mean is provided for each term:

1.2 We / us / our:

The insurer: Elips Life AG, established in Triesen, Liechtenstein. The Dutch office is located in Amstelveen.

1.3 You / your:

The policyholder: the legal entity with which we have concluded the insurance contract.

1.4 Participant:

The employee you employ who does the work that he has agreed with you in a contract. The participant has signed a pension agreement with you. In these terms and conditions, any reference we make to 'he' means 'the participant'. We do this in order to keep the text easy to read. It goes without saying that a participant can also be a woman.

1.5 Beneficiary:

The person for whom the benefit is intended. The insurance contract states which person is the beneficiary. This can be a company (a legal person) or an individual (a natural person). If a partner or child of the participant is the beneficiary, we mean:

Partner:

1. the participant's spouse or registered partner;
2. the unmarried person with whom the participant runs a joint household on a long-term basis. That person may not be related by blood or marriage to the participant in the direct line. We recognise that there is a long-term and joint household if:
 - a) a cohabitation contract has been recorded by a civil-law notary; or
 - b) there is proof that the participant has been registered at the same address as his partner for a period of six months or longer.

A participant can only have one partner.

Child:

Legitimate children of the participant who are eligible for an orphans' pension under the administration agreement and the pension regulations.

1.6 Mortality benefit:

The present value of a benefit based on this insurance.

1.7 Surviving dependants' pension:

Partner's pension and/or orphans' pension as described in the pension regulations.

1.8 Administration agreement:

An agreement between an employer and an insurer. The purpose of this agreement is to administer the pension agreement that the employer has concluded with its employee(s). Article 1 of the Pensions Act [*Pensioenwet*] also defines what kind of agreement is involved.

1.9 Liability:

The liability is the maximum amount that we insure for each participant. This maximum is the sum of all insured amounts for each participant, of all insurance contracts between you and us. You will find this amount in your insurance contract. You cannot insure the participants for an amount in excess of the liability.

1.10 Statement:

A statement is a list of all participants. We will provide you with a form that you can complete for this purpose.

1.11 Location:

A building or group of buildings connected to each other by a passage. A parking garage or ventilation system is an example of a passage.

1.12 Employee:

Someone who is employed by you, does work for you, and receives a salary for that purpose. Trainees do not fall under the definition of employee. Directors and major shareholders are also not employees.

1.13 Insurance contract:

An agreement in which we commit to reimbursing the loss suffered by the participant. You pay a premium for this agreement. We only reimburse the loss if you and the participant fulfil the conditions.

Article 2 General

2.1 Purpose of the insurance

If a participant dies, his surviving relatives receive a benefit

If a participant dies during the term of this insurance, his surviving dependants receive a lifelong or temporary surviving dependants' pension. That is the purpose of this insurance.

2.2 Our agreements

We have committed all our agreements with you to paper

We will provide you with two or three different documents. These documents contain all the agreements we make with you about your insurance policies. Any verbal agreements or agreements in other documents are no longer applicable. These documents are:

1. The insurance contract. You will always receive this.
2. The special terms and conditions. You will only receive these for certain types of insurance.
3. The general terms and conditions. You will always receive these.

The order of importance is also set out above.

This insurance contract takes precedence over the special and general terms and conditions. The special terms and conditions take precedence over the general terms and conditions. For example, if the insurance contract and general terms and conditions contradict each other, the provisions of the insurance contract will apply.

2.3 Changes to the pension regulations

Let us know if anything changes in the pension regulations

The pension regulations are the basis for the insurance contract. We assume that the pension regulations will not change. However, if something changes and we believe this has consequences for the insurance contract, we will talk to you again about the terms and conditions. We will then work with you to see whether we should terminate the insurance or need to adapt the terms and conditions. If we choose to amend the insurance contract and you agree, the amendment will apply only if we have confirmed it to you in writing.

2.4 Passing on your rights

You cannot pass on your rights from this insurance contract to another person

That means you cannot:

- borrow money on these rights;
- alienate these rights;
- relinquish these rights;
- or use them as collateral.

This is allowed only if it is stated in the Pensions Act.

We may commute a small pension that has commenced

Article 12 sets out the conditions under which we may do this.

2.5 Informing participants

We send the participants all the information they need

Participants receive information from us on four occasions:

- a. At the start of the insurance, they receive their Pension 1-2-3.
This provides them with all the information that is important at that time.
- b. Every year, they receive a uniform pension statement.
- c. If a participant no longer participates,
he receives all the information that is important at that time.
- d. If a participant receives a pension benefit,
he is given a summary of the pension benefits to which he is entitled.

2.6 Changes in participants

You must notify us of new participants within two months.

You must notify us of all participants within two months of the start of the insurance contract. Notice of new employees must be given within two months of their first working day. If you do not do this on time, we cannot send the new participants their Pension 1-2-3 in time. We are obliged to do this by law. The supervisory authority can fine us for sending the Pension 1-2-3 late. If this happens, we will pass on the fine to you and hold you responsible for these costs.

You must notify us of changes to the participants within two months

Notice of all participants who terminate their employment must be given to us within two months.

2.7 Limits for tax purposes

The insurance contract implements a pension scheme that remains within the limits for tax purposes

The pension scheme remains within the limits of the Wages and Salaries Tax Act 1964 [*Wet op de loonbelasting 1964*]. Articles 10, 11 and the Chapter IIB of this Act are particularly important. If the pension scheme appears to fall outside these limits, we will adapt it in such a way that it falls within them again. For the part that falls outside the limits, we are looking for a solution together with the Dutch Tax and Customs Administration and the participants. If you have to pay extra payroll taxes to the Tax and Customs Administration as a result of this, you can set these off against the pension scheme participants.

Participants and acceptance

Article 3 Term of the insurance contract

3.1 Beginning and end of the insurance

The start and end date of the insurance can be found in the insurance contract

After the end date, we will renew the insurance contract automatically. The period by which we will renew the insurance contract is also stated in the insurance contract.

The insurance stops automatically in the event of war in the Netherlands

The insurance contract stops as soon as the Dutch Central Bank [*De Nederlandsche Bank*] determines that the Netherlands is in a state of war.

3.2 Terminating the insurance contract

You may give notice of termination of the insurance contract up to two months before the end date

For example, if your insurance contract runs until 31 December, you are allowed to cancel it up to and including 31 October. In that instance, you must send us a letter or email cancelling the insurance. The insurance will then stop after the end date. The reverse also applies. We are also allowed to cancel up to two months in advance by letter or email.

In exceptional circumstances you are allowed to cancel the insurance contract with immediate effect

By this we mean if you or we are put into liquidation or apply for a suspension of payments. If such circumstances occur in your or our situation, the party affected is obliged to inform the other party as soon as possible.

Article 4 Offer and acceptance of mortality risks

4.1 Notification and acceptance of participants in the event of compulsory participation

You must notify us of all participants

The participants are your employees.

We automatically accept all those participants up to the free acceptance limit.

The free acceptance limit is an amount that we agree with you. You will find this amount in your insurance contract.

The participants are insured up to no more than the liability.

The liability is the maximum amount that we insure for each participant. This maximum is the sum of all insured amounts for each participant, of all insurance contracts between you and us. You will find this amount in your insurance contract. You cannot insure the participants for an amount in excess of the liability.

If you fail to register employees and we pay out, you will have to repay those amounts

If an employee dies, but was not registered, we may still have to pay out. In this case, you must repay that amount to us. We may also claim additional compensation from you.

4.2 Notification and acceptance of participants in the event of voluntary participation

We accept all voluntary participants who register themselves on time.

If employees are not obliged to take out this insurance, yet wish to be insured, they must register at their employer. The employer give us notice of them within three months of:

- the start of this insurance;
- the employee taking up employment;
- the employee becoming a partner;
- the employee having a child.

4.3 Late registration

A participant must submit medical data if he registers late

We may request medical information or a medical examination. The circumstances in which an examination by a general practitioner or internist is required are specified on [our website](#) (under downloads). We are also allowed to have an additional examination performed and to request extra clarification from a doctor. You will have to pay the costs of the medical examination. If the mortality risk is greater, we may increase the premium and additional conditions could apply.

Someone who has changed his mind must also submit medical information

A person who has changed his mind is someone who initially did not want or only wanted to be partially insured for surviving dependants' pension in the event of death, but now wants to be fully insured. In that case, we are also allowed to have an additional examination performed and to request extra clarification from a doctor. You will have to pay the costs of the medical examination. If the mortality risk is greater, we may increase the premium and additional conditions could apply.

4.4 Increasing participants' income

We automatically accept an increase in participants' income

We accept the increase to the level of the liability. The liability is the maximum amount that we insure for each participant. This maximum is the sum of all insured amounts for each participant, of all insurance contracts between you and us. You will find this amount in your insurance contract. You cannot insure the participants for an amount in excess of the liability.

We do not accept an increase in participants' income if:

- a. It involves one or more salary increases of more than 25% per year.
- b. The increase relates to a participant who reverses an earlier choice.

4.5 Expansion due to merger or takeover

We do not automatically accept new employees after a merger or takeover

We will first make written agreements with you for the insurance of these new employees.

4.6 Risks not covered by this insurance

We do not insure risks that are not covered by this insurance

If you have paid premium for risks which are not covered by the insurance or by the terms and conditions, or if you have paid premium for participants whom we should not have accepted, and we have received this premium, we will still not insure the risks in question. We will refund the excess premium that you have paid.

Article 5 Commencement of risk and duration of cover

5.1 From when are participants insured?

Participants are immediately covered after automatic acceptance

This also applies in the event of an automatically accepted increase in income.

If a medical examination is required, the insurance only applies afterwards.

We will notify you in a letter or e-mail when the insurance commences. We will then also send you the insurance conditions.

5.2 Term of the insurance

An insurance policy is always valid for one calendar year

We automatically renew it on 1 January of each year. If the insurance starts halfway through the year, it will apply up to and including 31 December. On 1 January we will extend that insurance policy by one calendar year. Article 4 of these terms and conditions also apply in the event of renewal.

5.3 Insured and uninsured

You are insured up to the amounts that we agree with you

You will find these amounts in the insurance contract.

We do not pay for participants if it transpires they were already dead at the start of the insurance

It does not matter whether or not you knew the participant had already died.

You are not insured for costs relating to legal liability

If you or a participant are legally liable for something and you must incur costs as a result, we will not reimburse you. For example, in the event of compensation or a fine that you have to pay in court.

An participant is no longer insured if:

- a. you stop the insurance contract for this participant or all participants;
- b. the participant no longer belongs to the insured group of employees. The insurance contract specifies which employees belong to the insured group;
- c. the participant reaches the termination age. Details of the termination age are included in the insurance contract.
- d. the participant no longer participates in the pension scheme, unless this is due to incapacity for work and a premium waiver is also insured for that purpose. In that case, the participant is still insured;
- e. the participant retires early.

Former participants with benefits under the Unemployment Insurance Act [*Werkloosheidswet*] are entitled to a partner's pension.

There are two options:

- a. The participant makes use of the partner's pension scheme.
We then calculate the partner's pension based on the number of years of service until resignation or dismissal, divided by the maximum number of years of service until retirement date.
- b. Alternatively, the participant uses the Surviving Dependents Act [*Anw*] shortfall insurance, if you have taken this out.
We calculate the partner's pension within the *Anw* shortfall insurance as follows: $\text{Anw amount in the year of resignation or dismissal} \times (\text{number of years of service between the commencement date of the } \textit{Anw} \text{ shortfall scheme and the date of resignation or dismissal} / \text{number of years of service between the commencement date of the } \textit{Anw} \text{ and retirement date})$.

Article 6 Duty of disclosure and consequences

6.1 Your duty to provide all relevant information

You must provide us with all the information we need

We base this insurance on the information you provide to us, or that we receive from the participants. It is therefore your duty to provide us with any information that you know, think, and could know is important for this insurance.

6.2 Consequences if we do not receive all the relevant information

If we do not receive all, or receive the incorrect, information, that will also have consequences

The consequences differ for each situation:

- a. The participant intentionally does not give all or gives incorrect information.
In this case, we may adjust the benefit. The participant's surviving dependants will then receive less or no benefit at all.
- b. If you intentionally do not give all or give incorrect information,
we will assume that the participant was not at fault and pay as normal. You must then repay that amount to us.

Article 7 Statements and information

7.1 Statement

You must send us a statement within two months of the following situations:

- At the start of the contract;
- 1 January of each year the contract is in force;
- Commencement of employment of a new participant;

- End of employment of a participant;
- A participant becomes a partner or has a child.

We may increase the premium by a maximum of 5% if you submit the annual statement after 1 March

If your contract is profit-sharing that year, we will not take the premium increase into account for the profit-sharing calculation.

7.2 Relevant information

You must send us all relevant information and/or documents as soon as we request them

We will let you know which information and/or documents we need in order to implement the insurance properly.

The information that you send us must be complete, accurate, not misleading, and truthful at that point in time

This applies at the beginning of the insurance, during the term of the insurance, and during claim settlement.

7.3 Incorrect settlements

We rectify incorrect settlements in the subsequent settlement

This is what happens if a settlement is incorrect or incomplete.

7.4 No risk

In a year without insured participants, you will not pay any premium

However, you will pay for our expenses. We will agree a reasonable amount with you.

Article 8 Exclusions

We do not pay if the participant dies:

- due to a crime committed by a beneficiary for which the beneficiary has been convicted under criminal law;
- by suicide or the consequences of an attempted suicide, within one year of the start of this insurance policy.
However, if participation is compulsory, we will pay out in the event of death by suicide or the consequences of an attempted suicide.
- during or as a result of participating in a foreign armed service;
- during or as a result of acts of war in which the participant was actively involved;
- as a result of acts of war in an area outside the Netherlands, where the participant was at that time. This exclusion applies if that area was already in a state of war when the participant knowingly entered this area;
- as a result of acts of war in an area outside the Netherlands, where the participant was at that time. When the participant knowingly entered the area, it was not yet at war. However, when war broke out, the participant ignored the instructions of the Dutch or local government. He did not leave the area in time, although he had the opportunity to do so;
- as a result of a nuclear reaction, irrespective of how this arises;
- as a result of civil unrest. By civil unrest we mean:
 - An armed conflict, which means any instance in which states or other organised parties fight each other, or at least one fights the other, using military force. Armed conflict also means armed action by a United Nations peacekeeping force.
 - Civil war, which means a more or less organised violent conflict between residents of one and the same state, involving a significant number of the residents of that state.
 - Uprising, which means organised violent resistance within a state directed at the public authorities.
 - Domestic civil unrest, which means more or less organised violent actions which occur at various places within a state.
 - Riot, which means a more or less organised, local, violent movement directed at the public authorities.
 - Rebellion, which means a more or less organised, violent movement of members of some armed power, directed at the governing authorities.
- by being in an area designated as an orange or red code area by the Dutch government. The rules in this regard are set out in Article 15.1 of these general terms and conditions.

We will pay if the participant dies:

due to radioactive nuclides which, in accordance with their purpose, are outside a nuclear facility and are used or are intended to be used for industrial, commercial, agricultural, medical, scientific, educational, or non-military, security purposes, provided that a valid permit has been issued by a competent authority (insofar as necessary) for the manufacture, storage and disposal of radioactive substances. The term 'nuclear facility' means a nuclear installation within the meaning of the Nuclear Incidents (Third Party Liability) Act [*Wet Aansprakelijkheid Kernongevallen*] (Bulletin of Acts, Orders and Decrees [*Staatsblad*] 1979-225), as well as a nuclear installation on board a ship.

Article 9 Maximum liability per event

9.1 Paying the maximum amount

We pay a maximum of €50,000,000 per event (fifty million euros)

This is a total amount that we pay for all your insurance policies with us. We can also agree another maximum amount with you. You will find this amount in the insurance contract. If your insurance is on an interest basis, the maximum is the present value of the benefits we expect to pay out in the future.

We pay the maximum amount in the following situations:

- a. Several participants die as a result of one event.
- b. Several participants die as a result of a series of connected events. We will pay for participants who die within one year of the first event in the series. We determine the date of the first event. We refer to a series if:
 - the events have the same cause; or
 - the events are the result of circumstances that have persisted for a long time; or
 - the events are the result of recurring circumstances; or
 - the events are the result of circumstances relating to each other; or
 - the events collectively form a systematic whole, even if they occur in different places and at different times.

If €50,000,000 is not enough, we will reduce the payment for each beneficiary

We then reduce the benefits proportionately, as follows:

Step 1: $50,000,000 / \text{the total amount of all benefits to which the beneficiaries are entitled.}$

Step 2: We multiply the result of step 1 by the individual, full benefit for each beneficiary.

9.2 Increasing the maximum amount

We can increase the maximum amount for each location

If you can provide us with a list of the participants and the postal code showing each location where they are based during working hours, we will see if we can increase the maximum amount. This can be done for each building or group of buildings connected to each other by a passage. A parking garage or ventilation system is an example of a passage.

Article 10 Failure to comply with obligations

If you fail to fulfil your obligations resulting from this insurance contract, this will have consequences for the payment

If you fail to fulfil your obligations, or you do so late or only partially, and that is to our disadvantage, we may opt not to pay the benefit, or only to pay a partial benefit. If you have deliberately misled us, you will not receive any benefit.

Benefits

Article 11 Claim notification, payment of the mortality benefit and surviving dependants' benefits

11.1 Death of a participant

Let us know as soon as possible if a participant dies

Send us valid proof of death, and enclose any other documents that you know or think we will need to arrange the benefit.

11.2 Payments abroad

We only pay the benefit into a bank account in the Netherlands

However, we can make an exception to this rule. If we give permission for the payment to be made to a foreign account, we may impose additional requirements. These will be related, for example, to tax rules, other legislation or legal feasibility.

11.3 Levies and revision interest

We may set off government levies and revision interest against the future benefit payment

If we have already paid benefits, we may recover the levies and revision interest from the beneficiary. The beneficiary must repay us the amount as quickly as possible after our request.

Article 12 Commutation of small pensions that have commenced

We may commute small pensions that have already commenced for the beneficiary

This is possible in case of a lifelong partner's pension or a temporary orphan's pension that has already commenced. We will comply with the Pensions Act in this regard.

Premium

Article 13 Determination of the insurance premium

13.1 Determining the premium

We determine the premium

We agree a premium rate with you for this purpose. We take into account all policy conditions and additional conditions that could apply on medical grounds. We determine the premium based on the age of a participant when the insurance starts. Our calculation is done in whole years. We then adjust the premium on 1 January of each year based on the participant's age at that time, again taking into account all policy conditions and additional conditions that could apply on medical grounds.

13.2 Notification of changes

Changes in the participants must be communicated as soon as possible.

These changes will affect your premium. You can read more about your obligations to send information in Article 7. We use this information to calculate your premium. At the end of a calendar year, we set off your premium against the advance premium you have paid. You will either receive a refund or need to pay in.

Article 14 Premium payments

14.1 Payment

You pay the premium on 1 January of each year

You will receive an invoice from us during December. You pay in advance, i.e. for the following year. If we have agreed a different payment date with you, this will be specified in the insurance contract.

Your premium is based on the number of participants on the payment date

We proceed on the basis of the last statement you have submitted. If you have not submitted a statement by the time we send the invoice, your advance payment could be 110% of your previous annual payment.

You pay the premium as an advance

If you send us another statement or a supplementary statement after the premium has been paid, and your premium changes as a result, you will receive a further invoice from us. You will either receive a refund or pay in. If you have to pay extra, you must do so within 30 days of the invoice date. If you are entitled to a refund, you will also receive this within 30 days of the invoice date.

14.2 Non-payment or late payment

If you fail to pay or pay late, the cover expires

This applies to payment of the advance premium as well as to additional invoices.

In the event of premium arrears, we comply with the rules laid down in the Pensions Act.

This means that we will do our utmost to get the unpaid premium from you. We can also show that we have tried our best. If we cannot obtain payment of the unpaid premium, we will inform the participants of the premium arrears amount.

All participants are then still insured for a maximum of three months. After these three months, we stop the contract. You must pay the premium for those three months as normal.

If the insurance is stopped because you did not pay your premium, we may demand compensation

After all, we are then missing out on income. If we charge compensation for lost income, we will determine an amount that is reasonable and fair.

Change of the risk

Article 15 Change of the risk

15.1 Insured abroad

If the participant works in a dangerous area, there are consequences for this insurance

In that case we are allowed to stop the insurance for that participant or change the premium and conditions. We determine whether an area is dangerous by studying the government's travel recommendations. The government uses colour codes:

Green:	No particular risks to safety;
Yellow:	Please note, risks to safety;
Orange:	Only essential trips;
Red:	Do not travel to this area.

More information is available at rijksoverheid.nl/onderwerpen/reisadviezen. We base our decision on the colour code on the first day that the participant stays in the area.

Participants who work in an area with a green or yellow code are insured

There are no consequences for this insurance.

Participants who work in an area with an orange or red code are not insured

This applies unless we have made different agreements with you. In that case we are allowed to impose other conditions or demand a different premium for these participants.

If the colour code changes while the participant is in a particular area, the following rules will apply:

If the colour code changes from green or yellow to orange or red, the participant will have four weeks to leave the area. He will still be insured during those four weeks. After that, he will no longer be insured.

If the colour code changes from orange or red to green or yellow, the participant will be insured again.

If a participant dies abroad, we will always check the colour code

You must provide us with all the information we need.

15.2 Merger or sale

You must notify us if some participants leave your organisation as a result of a merger or sale.

You must let us know if this concerns at least 5% of all participants who were in the group of participants on 1 January, and if this then involves at least five participants. We may then adjust the terms and conditions and premium for all participants.

Revision of rates and/or terms and conditions

Article 16 Revision of rates and terms and conditions

16.1 Interim change

We may make interim changes to the premium and the terms and conditions

An interim change applies to all insurance policies covered by these general terms and conditions. We only make interim changes to the premium or terms and conditions if there is a good reason for doing so, for example, if the law, regulations or other stipulations change and that has a major effect on how our insurance policies work.

An interim change does not apply to beneficiaries of deceased participants

If a beneficiary already receives a benefit from us, the conditions will not change for him.

16.2 Rejection of interim change

You may reject an interim change to the premium or terms and conditions

In the event of an interim change, we will send you a letter detailing what we are changing and when it is going to take effect. You will then have 60 days after the date on which the letter is sent to respond. If you inform us in a letter or email that you wish to reject the interim change, the insurance contract will stop when the interim change takes effect. If you do not respond, we will assume that you agree to the interim change.

Other provisions

Article 17 Risk of terrorism

The participants are insured for death caused by terrorism

However, this only applies if the insurance contract includes the 'terrorism cover' clauses schedule. We have re-insured loss due to terrorism with the Dutch Terrorism Risk Reinsurance Company [*Nederlandse Herverzekeringsmaatschappij voor Terrorismeschaden N.V.*] (NHT). The NHT decides whether loss due to terrorism is insured and, if so, for which amount. You can read more about this in the terrorism cover clauses schedule.

Article 18 Currency and applicable law

The monetary amounts in this insurance contract are in euros.
This insurance contract is subject to Dutch law.

Article 19 Protection of personal data

19.1 Privacy

We treat all data relating to you and the participants as confidential

We use that data:

- to assess and accept clients;
- to conclude and perform insurance contracts;
- to maintain relationships with clients;
- to make and receive payments;
- to protect us and other banks and insurers against fraud;
- to comply with the law;
- in order to make anonymised statistics.

We comply with the Code of Conduct for the Processing of Personal Data by Financial Institutions [*Gedragcode Verwerking Persoonsgegevens Financiële Instellingen*]

This code of conduct has been drawn up by the Dutch Association of Insurers [*Verbond van Verzekeraars*]. The full text can be consulted on www.verzekeraars.nl, or you may request it from the Dutch Association of Insurers by sending a letter to P.O. Box 93450, 2509 AL The Hague or calling +31 (0)70 33 38 500.

19.2 Personal Data Protection Act [*Wet bescherming persoonsgegevens*]

You ensure that we comply with the Personal Data Protection Act

You should therefore only give us data which you are allowed to provide in accordance with that Act. This is your responsibility. If you nevertheless contravene the rules of this Act, we will not be liable.

Article 20 Complaints and disputes

If either you or the participant have a complaint about how the insurance came about or is implemented, please let us know

We would be happy to assess the best solution with you or the participant. Please send us a letter or email detailing the complaint or call us to discuss it.

Elips Life AG

P.O. Box 191
1180 AD Amstelveen
Telephone no. +31 (0)20 75 59 800
Email: klachten@elipslife.com

If we are unable to resolve the issue together, the participant can contact the Kifid

The Financial Services Complaints Institute [*Klachteninstituut Financiële Dienstverlening*] (Kifid) will decide whether the complaint is justified and whether we have dealt with it properly.

Klachteninstituut Financiële Dienstverlening (Kifid)

P.O. Box 93257
2509 AG The Hague
Telephone +31 (0)70 333 89 99
www.kifid.nl

The participant can also contact the Pensions Ombudsman

The Pensions Ombudsman then decides whether the complaint is justified and whether we have dealt with it properly.

Pensions Ombudsman

P.O. Box 93560
2509 AN
The Hague
Telephone +31 (0)70 349 96 20
www.ombudsmanpensioenen.nl

You (or the participant) can also always take the matter to court

This would be possible, for example, if you or the participant disagree with us, the Kifid or the Pensions Ombudsman, or if the Kifid or Pensions Ombudsman finds the complaint to be 'inadmissible'.

Disclaimer

Please note that this document is a translation of the Dutch original. In the event of any inconsistency or ambiguities in the meaning of any word or phrase in this translated version, the Dutch version of the General Conditions will prevail. You cannot derive rights from the content of this English version of the General conditions.