
PENSION BENEFIT – Information Sheet

- 1. Who is eligible for a pension from Medlife?**
 - ➔ Any beneficiary of a MEDLIFE insurance contract may choose to receive the benefit payable to him as a pension.
 - ➔ Anyone who decides to start a new contract by investing a single premium in order to receive an instant pension.

- 2. For which rates is the pension benefit option available?**
 - ➔ It is available for all rates and for all benefits paid in the cases of contract expiry, death or permanent disability.
 - ➔ For a pension programme with instantly starting annuities after payment of a single premium.

- 3. When do I have to decide, whether I want my funds to be paid in a lump sum or as a pension in regular intervals?**
 - ➔ You may take this decision anytime, but at the latest when the benefit becomes payable.

- 4. How are pension payments effected?**
 - ➔ You may either choose to receive annuities for 10 or 15 years. Both of them provide a capital guarantee in the case of death.
 - ➔ Annuities may be received in annual, semi-annual or quarterly instalments – please consider that a change of mode of payment during term is not possible.
 - ➔ Each single instalment must exceed the amount of 100 USD/EUR.
 - ➔ Important: Please note that each transfer involves bank charges which are outside our reference and cannot be influenced by us.

- 5. What does “capital guarantee” mean?**
 - ➔ If the insured person dies during the pension period, it is guaranteed that the initial capital (single premium or proceeds from a life assurance contract) will be refunded less the amount of annuities paid. If at the moment of death the amount of annuities paid exceeds the amount of capital invested, the pension ends without further payments.

- 6. How to obtain a pension programme and which documents to submit:**
 - ➔ If you wish to know beforehand how much pension you get out of a certain amount of capital, please refer to our rate tables, which will be provided to you on demand by your agent or by our customer service.
 - ➔ In addition, we advise you to contact our customer service BEFORE submitting your application and ask for a specific proposal on basis of your personal data.
 - ➔ For your application please use the standard MEDLIFE proposal form and attach a copy of your passport. Indicate the chosen rate as described under point 7 of this information sheet and state the number of the policy from where the funds are taken in the case of a follow-up pension. Finally we ask you to attach the proposal you received from us with the schedule of payment you chose.
 - ➔ Please also fill in the “Enclosure for annuity proposal” (cf enclosure as below), which provides space to state your exact banking details for the transfer of the annuities, including the name of the account holder, the account number and the SWIFT-code of the receiving bank as well as the tax-number and –residence.

- 7. Which options are available when choosing a pension rate?**
 - ➔ PS0 – Instantly beginning pension – for the duration of 10 years (please indicate term in proposal)
 - ➔ PS0 – Instantly beginning pension – for the duration of 15 years (please indicate term in proposal)

- 8. What are the age limits for concluding a pension programme?**
 - ➔ The age at entry must be 18 years minimum and 75 years maximum.

- 9. Will a special policy be issued for recipients of a pension?**
 - ➔ Yes, it contains such information as the beneficiary’s name, the amount of the annuity and the schedule of payment.

- 10. How much is the annual increase of the annuity (valorisation)?**
 - ➔ The annual increase of the annuity by the main due date presently amounts to 0,5 % (valid for the year 2018).

- 11. Is it possible to cancel an existing pension agreement?**
 - ➔ There is no right of cancellation in the case of pension programmes.

Enclosure for Annuity proposal

Заявление на пенсию – дополнительный лист

(Please fill in and enclose this sheet to your annuity proposal /просьба заполнять и прикладывать при подаче заявления на пенсионный продукт)

Voucher-no / Ваучер-Nr: _____

Policyholder / Страхователь: _____
d.o.b. / Дата рождения: ___/___/_____

Insured Person /
Застрахованный: _____
d.o.b / Дата рождения: ___/___/_____

I enclose this sheet to my new proposal form and fill in and choose my proposed annuity details / Прикладываю данный лист к формуляру нового заявления и дополняю желаемыми мной данными по пенсии, заполняя и отмечая крестиком:

Rate/ Тариф:

PS0 temporary / на определенный срок

Duration / Срок: 10 years / лет
 15 years / лет

Mode of payment / quarterly / поквартально
Выбор выплаты: half-yearly / 2 раза в год
 annually / 1 раз в год

*Please consider that a change of mode of payment during term is not possible./
Изменение выбранного способа выплаты в течение срока действия договора невозможно.*

The transfer shall be made to the following account (transfer costs shall be born by receiver) / Сумма выплаты должна быть переведена на следующий счет (банковские сборы по денежному переводу несет получатель выплаты):

Name of bank / Название банка: _____
Adress of bank / Адрес банка: _____
Swift-Code of bank /SWIFT-код банка: _____
Account No / Номер счета: _____
Name of acct holder / Имя владельца счета: _____
Adress of acct holder / Адрес владельца счета: _____
Tax number / Налоговый номер владельца счета (ИНН): _____

Tax residence / Страна налогового резидентства владельца счета: _____

Date / Дата

Signature of applicant / Подпись заявителя