

## REFUSAL TO PROVIDE INFORMATION AND POSSIBLE INADEQUACY OF THE PRODUCT

Client's name: \_\_\_\_\_

Client's birthdate: \_\_\_\_\_

### DECLARATION OF REFUSAL TO PROVIDE THE REQUIRED INFORMATION

- I hereby declare that I have voluntarily decided not to provide the required information, not to fill in the Questionnaire to assess Suitability and Appropriateness. Nevertheless, I am interested in the chosen insurance – based investment product and I insist on concluding the contract. I am aware of the fact that the role of the intermediary is to assess whether the product corresponds to my investment goals, financial situation, ability to bear losses, risk tolerance and my knowledge and experience with investments. I am aware of the fact that the requested information is to enable the intermediary to carry out activities with professional care and in my best interest. At the same time, I declare that I am aware that by not providing the relevant information I will not allow the intermediary to determine whether the selected insurance-based investment product is suitable for me.

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the client \_\_\_\_\_

### DECLARATION OF POSSIBLE INADEQUACY OF THE PRODUCT

- I hereby declare that I am requesting the realization of the chosen insurance - based investment product although this product or the product settings I require have not been recommended to me by the intermediary. I am aware of all the risks related to the required insurance - based investment product.

Product parametres, which are not in line with client's profile:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Place \_\_\_\_\_

Date \_\_\_\_\_

Signature of the client \_\_\_\_\_

Intermediary (financial agent/Insurer's employee)

Name \_\_\_\_\_

Company \_\_\_\_\_

Signature of the intermediary \_\_\_\_\_