

Client's name: _____

Client's birthdate: _____

INVESTMENT GOALS AND RISK TOLERANCE

1. Would you like to mitigate the risk of devaluation? Yes No

2. Please define the purpose of purchasing insurance-based investment product:

- A. Long-term capital growth while accepting possible losses
- B. Investment purposes with need to preserve capital
- C. Capital preservation with no possibility of losses
- D. Protection in the event of death, critical illness or disability
- E. Building up resources for pension
- F. Other: _____

3. For how long would you like to keep this product?

- A. 0 – 5 years B. 6 – 10 years C. 11 – 20 years D. 21 – 30 years E. 31 and more years

4. Please choose the statement that best describes your risk tolerance:

- A. I do not want my investments to be at any risk of losing value.
- B. I do not want my investments to be at significant risk but I can tolerate a short or midterm insignificant loss to have the possibility to gain higher returns.
- C. I would tolerate risk of losses in order to get attractive returns.
- D. I am looking for opportunities for significant growth of investment even if it means bearing significant risk of losses including the possibility of total loss of invested capital.

FINANCIAL SITUATION AND ABILITY TO BEAR LOSS

5. Please provide information about your financial circumstances:

5a. Free usable monthly income*:

Source of regular income:

5b. How long may your financial reserves cover your financial needs in case of loss of regular income:

- A. Less than 1 month B. 1 - 2 months C. 3 - 5 months D. 6 - 8 months E. 9 months or more

*Your net income less household expenses, mortgage payments, insurance premiums, loans and other regular monthly costs (see below on foreseeable future financial obligations)

KNOWLEDGE AND EXPERIENCE

6a. What is your highest level of education?

- A. Basic education (0 points)
- B. Secondary education (1 point)
- C. University education - 1st level (e.g. Bachelor's degree program) (2 points)
- D. University education - 2nd level (e.g. Master's degree program) (4 points)
- E. Higher education - 3rd level (e.g. PhD studies) (6 points)

6b. Is your highest education in the field of „economics“?

- A. Yes (2 points)
 B. No (0 points)

7. Please rate your knowledge of the unit-linked life insurance products or UCITS funds on the scale 0 – 3:
(0 – no knowledge, 1 – basic knowledge, 2 – good knowledge, 3 – very good knowledge)

A. Unit-linked life insurance with prevailing investments into bonds

B. Unit-linked life insurance with prevailing investments into shares

C. UCITS funds with prevailing investments into bonds

D. UCITS funds with prevailing investments into shares

8. Please mark the unit-linked life insurance products or UCITS funds that you have used during the last 5 years (including period, kind, number, value and frequency):

- | | | |
|---|--------------------------------------|-------------------------------------|
| <input type="radio"/> A. Unit-linked life insurance with prevailing investments into bonds | <input type="radio"/> Yes (2 points) | <input type="radio"/> No (0 points) |
| <input type="radio"/> B. Unit-linked life insurance with prevailing investments into shares | <input type="radio"/> Yes (2 points) | <input type="radio"/> No (0 points) |
| <input type="radio"/> C. UCITS funds with prevailing investments into bonds | <input type="radio"/> Yes (2 points) | <input type="radio"/> No (0 points) |
| <input type="radio"/> D. UCITS funds with prevailing investments into shares | <input type="radio"/> Yes (2 points) | <input type="radio"/> No (0 points) |

9. Please rate your knowledge of sustainable investments (e.g. knowledge of ESG criteria or Principles of Responsible Investments by UN or Impact investing) on the scale 0-3: _____ (0 – no knowledge, 1 – basic knowledge, 2 – good knowledge, 3 – very good knowledge)

Hereby I confirm by my signature the correctness, truthfulness and completeness of the data processed in this Questionnaire for Assessment of Suitability and Appropriateness, and I confirm that I have received a copy of this questionnaire from the intermediary. I am aware that incorrect or missing data may lead to a incorrect recommendation, and I understand that missing or incomplete data will make it impossible to assess whether the product is suitable and appropriate for me.

Place: _____

Date: _____

Signature of the client _____

Intermediary

Name: _____

Company: _____

Signature of the Intermediary _____