

## REFUSAL TO PROVIDE INFORMATION AND INADEQUACY FORM

| Client's name:                            | Client's birthdate:   |
|---|---|
| DECLARATION OF REFUSAL TO PROVIDE THE REQ | UIRED INFORMATION   |
| I am interested in the chosen insurance   | ecided not to provide the required information to assess Suitability and Appropriateness. Nevertheless — based investment product. Therefore, I voluntarily waive a consultation. At the same time, I declare e relevant information I will not allow the intermediary to determine whether the selected insuranceme. |
| Signature client                          |   |
| DECLARATION OF POSSIBLE INADEQUACY OF THE | CONTRACT  |
|   | alization of the chosen insurance - based investement product, although this product or the product settings<br>ne by the intermediary and that I was warned that it is not suitable and appropriate for me. I am aware of al<br>- based investment product.  |
| Reasons of inadequacy:                    |   |
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| Signature client                          |   |