

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

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

Based on the information which you provided in the **Questionnaire for Assessment of Suitability and Appropriateness**, please find below the description of the offered recommendations regarding the insurance-based investment products:

- We recommend NOVIS Life Savings Plan as suitable for your needs and your risk profile**
- Our product/s are not suitable for your needs and your risk profile

**Appropriate holding period for this product which also suits your needs and your risk profile is:** \_\_\_\_\_ **years**

**Please note that the maximum premium which you should use for this product is:**

Regular premium: \_\_\_\_\_

Single premium: \_\_\_\_\_

**Your recommended allocation into offered insurance funds is shown below:**

**Conservative**

We recommend you to allocate significant part of your investment into funds with low risk level and major part of investment into funds with maximum medium-low risk level.

Therefore at least 30 % of your investment shall be invested into NOVIS Fixed Income Insurance Fund and more than 50 % of your investment shall be invested into NOVIS Fixed Income Insurance Fund or NOVIS Global Select Insurance Fund.

**Balanced**

We recommend you to allocate major part of your investment into funds with maximum medium-low risk level.

Therefore at least 50 % of your investment shall be invested into NOVIS Fixed Income Insurance Fund or NOVIS Global Select Insurance Fund.

**Risk taking**

We recommend you to choose the insurance funds with higher risk level but according to your risk profile, no restrictions on allocation ratio applies.

Risk level of funds is based on standardized risk indicator that takes into account both the volatility of a financial instrument (market risk) and the creditworthiness of the issuer (credit risk) calculated based on PRIIPs KID regulation.

**We inform you that recommended product NOVIS Life Savings Plan is likely to require you to seek a periodic review of its arrangements.**

**Please note that the Insurer does not provide and make a regular assessment of the suitability and appropriateness of the insurance product recommended to you.**

**We inform you that a situation of conflict of interest may arise if you have terminated your previous insurance contract prior to its expiration for a new similar contract as the intermediary receives a new commission, it may be a disproportionate burden for you.**

### SUITABILITY DECLARATION

**I, the undersigned Client, declare that:**

- I had enough time to read and interpret this „Suitability Statement“ prior to making my decision.
- I understood this „Suitability Statement“ prior to the conclusion of the insurance contract and received one copy.
- I understand that the recommendations provided to me during this insurance sale do not constitute investment advice.
- I understand that the intermediary advised me based on the information I provided in writing.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Signature client \_\_\_\_\_

Intermediary

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Signature intermediary \_\_\_\_\_