GamaLife

Vida Segura Sénior

INFORMATION NOTE ON THE GENERAL TERMS AND CONDITIONS AND SPECIAL TERMS AND CONDITIONS VIDA SEGURA SÉNIOR

CONTRACT

Vida Segura Sénior is a life insurance policy entered into between the Policyholder and GamaLife - Companhia de Seguros de Vida, S.A., marketed through NOVO BANCO, S.A. A Policy will be issued for each Policyholder. This document constitutes the Contract entered into between the parties and sets out the agreed General, Special and Specific Terms and Conditions.

WHO IS THE POLICYHOLDER? The Policyholder is the Entity that enters the contractual agreement with the Insurer, and responsible for paying the premium;

WHO IS THE INSURED PERSON? The Insured Person is the person exposed to the risks which, under the agreed terms, constitute the purpose of this Contract;

WHO IS THE BENEFICIARY? The Beneficiary is the Entity on whose behalf the Contract is entered into, as identified in the Subscription Proposal.

WHAT DOES THE PREMIUM CONSIST OF? The Premium is the amount paid by the Policyholder to the Insurer in return for coverage of the Contract.

WHAT IS THE ACTUARIAL AGE?? The Insured Person's birthday closest to the date on which the insurance contract is entered into or renewed, i.e. if, on the date the insurance contract is entered into or renewed, the Insured Person is less than six months away from their next birthday, their actual age in whole years is considered, plus one year;

WHAT CONSTITUTES AN ACCIDENT? 'Accident' is defined as any sudden and unforeseen event occurring during the policy term, resulting from a violent, sudden, external cause beyond the control of the Insured Person, and which gives rise to a bodily injury subject to objective medical diagnosis.

WHAT ARE THE COVERAGES OF THE CONTRACT? The Vida Segura Sénior policy guarantees payment of the Insured Capital to the designated Beneficiary/Beneficiaries should any of the following situations occur during the term of the Contract:

Principal Insurance

» Death of the Insured Person: guarantees the payment of the Insured Capital to the designated Beneficiary/Beneficiaries.

Complementary Insurances

» Accidental Injuries: guarantees the payment of the Insured Capital to the Insured Person in the event of a diagnosis of any of the conditions or circumstances listed under the sub-paragraph 'What constitutes accidental injuries?'".

» Daily Hospitalisation Allowance for Accidental Injuries: Guarantees the payment of a daily allowance to the Insured Person if they are hospitalised as a result of an incident covered by the Accidental Injury Cover, as defined in the sub-paragraph 'What does the daily hospitalisation allowance for accidental injuries consist of?'

The Principal Insurance and Complementary Insurances must be taken out at the same time.

WHAT IS THE INSURED CAPITAL AMOUNT IN THE EVENT OF DEATH? In the event of death, the Insured Person will receive the following compensation, depending on their actuarial age:

Death of the Insured Person:

Age Bracket	Death Benefit
55 - 59	€3,000
60 -64	€2,500
65 - 69	€2,000
70 - 74	€1,500
75 - 79	€1,000
80 - 84	€500

The above insured capital amounts are based on the Insured Person's actuarial age at the time of death.

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WHAT IS NEEDED TO PAY OUT THE INSURED AMOUNTS IN THE EVENT OF THE INSURED PERSON'S DEATH?
Payment of the Insured Amounts shall be made by bank transfer to the account specified by the Beneficiaries after delivery, by the Policyholder or Beneficiaries, of the Insured Person's identification document, supporting documents proving the Beneficiary's status and the Insured Person's Death Certificate.
The Insurer may also require a medical certificate stating the causes and progression of the illness that led to the death, as well as request other documents relating to the death, such as police, court or hospital records.

WHAT ARE THE EXCLUSIONS IN THE EVENT OF DEATH?
The death cover provided under this Contract shall apply regardless of the cause of death, except when death of the Insured Person is caused by:

a) A criminal act in which the Beneficiary/Insured Person is the material or moral author, or to which they have been an accomplice;

b) Suicide, if it occurs within the first year of the policy;

c) Claims arising as a direct or indirect consequence of an intentional act by the Insured Person or committed with their complicity;

d) Aviation accidents, except when the Insured Person is a passenger on a commercial passenger aircraft duly authorised by IATA (International Air Transport Association);

e) Injuries or harm resulting from active participation in acts of kidnapping, riots, insurrection, uprisings, brawls, terrorism or sabotage, provided that the Insured Person was not acting in self-defence or in an attempt to rescue people or property;

f) Revolution, civil war and war with a foreign country, whether declared or not;

g) Alcoholism and the use of drugs when not medically prescribed;

h) Occurrence of nuclear risks;

i) High-Risk Sports such as car racing, motorcycling, hunting outside the European territory, spearfishing, scuba diving, mountaineering, caving, boxing, any form of martial arts, bungee jumping, motorcycling, caving, piloting non-commercial aircraft and, in general, all types of aerial vehicles, alpinism, exploratory travel, bullfighting, training of wild animals, parachuting, free flight, gliding, hang gliding, microlight aircraft flying, and, in general, any sport or recreational activity of a notoriously dangerous nature;

j) Claims arising from competitions, betting or attempts to break records and, in general, all acts of a notoriously dangerous nature that are not justified by any professional necessity or attempt to rescue persons.

WHAT CONSTITUTES ACCIDENTAL INJURIES? AND WHAT IS THE RESPECTIVE INSURED CAPITAL AMOUNT?
In the event of a diagnosis of any of the conditions or circumstances listed below, resulting from an accident covered by the policy, the Insured Person will receive the following compensation:

a) Sensory and/or Mobility Impairment:
- Total Unilateral Loss of Vision: €35,000;
- Complete Loss of Sensation in the Radial, Ulnar or Median Nerves: €25,000;
- Vertebral Fracture with Neurological Injury: €20,000;
Complete Unilateral Deafness: €20,000.

b) Burns:
-Third- degree burns: €10,000;
-Second- degree burns: €4,000.
Second- and third- degree burns must cover at least 1% of the body surface area, excluding the face and genitals.

c) Amputations:
- Amputation of an arm or a hand: €65,000;
- Amputation of a leg: €60,000;
- Amputation of a foot: €55,000;

- Amputation of four fingers on one hand: €50,000;
- Partial amputation of the foot, preserving the heel: €20,000;
- Amputation of the thumb on one hand: €20,000;
- Total amputation of the index finger or of two phalanges of the index finger: €15,000;
- Amputation of the big toe: €10,000;
- Amputation of a toe: €5,000;

-Total amputation of any other finger (excluding the thumb or index finger of one hand, or two phalanges of the same): €5,000.

d) Fractures:

- Fracture with dislocation of the knee: €20,000;
- Fracture with dislocation of the hip: €15,000;
- Fracture with dislocation of the displaced pubic symphysis: €12,000;
- Diaphragmatic rupture: €10,000;
- Fracture of the skull: €10,000;
- Non-displaced fracture of the femoral head, condyle or trochanter: €6,000;
- Fracture of the spine without neurological damage: €6,000;
- Fracture of the femoral shaft: €5,500;
- Fracture of the femoral condyle: €3,000;
- Trimalleolar fracture: €5,000;
- Fracture of the tibia and/or fibula: €3,000;
- Fracture of the radius and/or ulna: €3,000;
- Fracture of the pelvis: €6,000;
- Fracture of the calcaneus: €3,000;
- Fracture of the humerus: €3,000;
- Fracture of the tarsus or metatarsus: €2,500;
- Fracture of the unimalleolar ankle: €3,000;
- Fracture of the carpus or wrist: €2,000;
- Fracture of the scapulohumeral or shoulder blade: €2,000;
- Fracture of the phalanges or fingers: €1,000;
- Fracture of the metacarpus: €1,000;
- Fractures of the ribs or sternum, with or without organ damage: €1,500;

-Multiple serious trauma requiring hospitalisation for more than 30 days: €6,000;

-Traumatic pneumothorax and/or traumatic haemothorax: €2,500;

-Cerebral haemorrhage due to traumatic brain injury without fracture: €2,500;

-Open and ulcerated eye lesions: €2,000.

DOES COVER FOR ACCIDENTAL INJURIES HAVE COMPENSATION LIMITS? Yes, it does. The limits are as follows:

-In the event of a claim involving multiple injuries resulting from the same accident, the insurer shall only pay the insured capital corresponding to the injury with the highest compensation amount set out in the relevant scale.

- For each policy, the Supplementary Accidental Injury Cover guarantees payment, in each policy year of the insurance contract, of a maximum of €100,000. When, as a result of multiple claims, the total compensation amount in a policy year reaches €100,000, the annual guaranteed capital under this Supplementary Accidental Injury Cover for the current policy year shall be deemed to have been exhausted.

- Notwithstanding the above, the Supplementary Accidental Injury Cover guarantees, for each Policy, regardless of its duration, the payment of a maximum of €300,000. When, as a result of multiple claims, the total compensation amount since the start of this contract reaches €300,000, the global insured capital under this Supplementary Accidental Injury Cover shall be deemed to have been exhausted.

IN THE EVENT OF A CLAIM FOR AN ACCIDENTAL INJURY, WITHIN WHAT TIME FRAME MUST THE INSURER RESPOND TO THE

INSURED PERSON? Once the claim notification has been made and all supporting documents requested by the Insurer have been submitted, the Insurer **undertakes to notify the Insured Person, within a maximum of thirty (30) days, whether or not the claim is covered under the Contract.**

WHAT DOCUMENTATION IS REQUIRED WHEN REPORTING AN ACCIDENTAL INJURIES CLAIM?

In the event of accidental injuries, the following documents must be sent in writing to the Insurer within a maximum of 8 days from the date of their occurrence or becoming aware of them:

a) Document of the A&E Discharge Note or of Hospital Admission, if applicable;

b) Primary Healthcare Medical Report / Health Centre Report / Attending Physician Report, with a description of the injury(ies) sustained in the accident, if applicable;

c) Specialist Follow-Up Medical Report, if applicable.

WHAT ARE THE EXCLUSIONS IN THE EVENT OF AN ACCIDENTAL INJURY? Excluded Risks in the event of Accidental Injury are the same as those for the Insured Person's death, with the following exclusions:

a) Any condition or circumstance resulting from accidents not included under the sub-paragraph "What constitutes accidental injuries? And what is the respective insured capital amount?", even if caused by an accident;

b) Strokes and cardiovascular strokes, such as aneurysms, heart attacks, embolisms, haemorrhages, strokes and similar conditions. Under no circumstances are they covered, even where they are recognised as occupational accidents or occupational diseases by the competent assessment body or by a final court ruling;

c) Accidents occurring whilst riding or being a passenger on a moped or motorcycle with an engine capacity exceeding 125 cubic centimetres;

d) Osteoporosis, pathological fractures, or diseases of the bones or joints, if first diagnosed before the policy's effective date.

WHAT IS COVERED BY THE DAILY HOSPITALISATION ALLOWANCE FOR ACCIDENTAL INJURIES? If the Insured Person requires hospitalisation due to injuries resulting from an accident, a daily allowance will be paid under one of the following conditions:

- Daily Hospitalisation Allowance for Accidental Injuries: €100 per day.

- Daily ICU Hospitalisation Allowance for Accidental Injuries: €200 per day.

Payment of the allowance is guaranteed by the Insurer for the duration of the hospitalisation, commencing from its second day, up to a maximum of 365 days in each policy year.

WHAT DOCUMENTATION IS REQUIRED WHEN REPORTING A CLAIM FOR A DAILY HOSPITALISATION ALLOWANCE FOR ACCIDENTAL INJURIES? The Policyholder and/or Insured Person must send the following documents to the Insurer upon discharge from hospitalisation:

a) Hospital Discharge Note, which must include the date of admission and the diagnosis;

b) All necessary documentation to confirm the accidental injuries (see "WHAT DOCUMENTATION IS NEEDED AT THE TIME OF REPORTING A CLAIM FOR ACCIDENTAL INJURIES?").

WHAT IS NEEDED TO SUBSCRIBE? To subscribe to Vida Segura Sénior, the Insured Person must be aged between 55 and 79 (actuarial age). In order to take out this insurance, the Insured Persons and Policyholder must fully complete and sign the Insurance Subscription Proposal, which must include details of their civil and tax identification, as well as the Beneficiaries, per the guarantees of the Contract.

The Insurer reserves the right not to accept, under this insurance modality, any Insured Person who has already taken out another policy for this product.

In order to carry out a comprehensive risk assessment, the Insurer takes into account the Clinical

Questionnaire of the Insured Person. The Insurer may take one of the following decisions: a) Acceptance of the Insured Person in the insurance policy without reservation, resulting in the immediate issue of the Contract.
b) Complete rejection of the insurance proposal. The rejection referred to in sub-paragraph (b) must be notified within 30 days of the date of receiving the subscription proposal.

WHAT ARE THE EXCLUSIONS IN THE CASE OF A DAILY HOSPITALISATION ALLOWANCE?? Excluded Risks of the Supplementary Cover for Daily Hospitalisation Allowance due to Accidental Injuries are the same as those for Death and Accidental Injury of the Insured Person.

WHEN DOES THE CONTRACT COMMENCE? This Contract shall commence at midnight on the date specified in the Policy's Specific Terms and Conditions.

WHAT IS THE DURATION OF THE CONTRACT?
The Contract's duration is as stated in the Specific Terms and Conditions. The Contract is entered into for a period of one year, tacitly renewed for additional periods of the same duration, until the end of the policy year in which the Insured Person reaches the maximum age of permanence of the Contract.
The Insurer reserves the right not to renew this Contract at the end of the policy year in which Accidental Injury Cover ceases.

WHAT DOES THE INITIAL RISK DECLARATION CONSIST OF? When applying for the insurance, the Policyholder and the Insured Person must disclose, in all truth and honesty, all facts or circumstances: for an accurate risk assessment; (or) that may influence the acceptance of the application; (or) the proper determination of the applicable premium, or the acceptance of the cover provided.

WHAT IS THE TIME LIMIT FOR THE INCONTESTABILITY OF THE CONTRACT? Two (2) years after the date on which the Contract was signed, the Insurer may not rely on any negligent omissions or inaccuracies provided by the Policyholder or the Insured Person in the Initial Risk Declaration (this does not apply to coverage for Accidental Injuries and the Daily Hospitalisation Allowance due to Accidental Injuries, supplementary to the Life Insurance).

WHAT HAPPENS IN THE EVENT OF FRAUDULENT OMISSIONS OR INACCURACIES BY THE POLICYHOLDER OR THE
INSURED PERSON? In the event of any fraudulent omissions or inaccuracies in the Initial Risk Declaration made by the Policyholder or the Insured Person, the Insurer shall cancel the Contract by sending a notice to that effect to the Policyholder within three (3) months of becoming aware of the breach.
Any claims, whether before the Insurer has become aware of the fraudulent breach or within the period referred to above, shall not be covered by the Contract.

WHAT HAPPENS IN THE EVENT OF NEGLIGENT OMISSIONS OR INACCURACIES BY THE POLICYHOLDER OR THE
INSURED PERSON? In the event of any negligent omissions or inaccuracies in the Initial Risk Declaration made by the Policyholder or the Insured Person, the Insurer may: **a) Propose in writing to the Policyholder/Insured Person a contractual amendment establishing a time period of at least fourteen (14) days for the Policyholder/Insured Person to provide a statement. The Contract shall cease to be effective twenty (20) days after the receiving the proposed amendment, if the Policyholder/Insured Person does not agree to it;**
b) Reject the Contract, by written notice, if it is proven that the Insurer would not, under any circumstances, have entered into the Contract had it been aware of the omitted or inaccurately stated fact. The Contract shall cease to have effect thirty (30) days after receipt of the notice of termination.

WHAT IF I AM ON SICK LEAVE?
Insured Persons who, at the start of this insurance, are on sick leave will only be covered by the insurance upon their return to work, provided they meet the eligibility criteria set out above.

CAN I MAKE AMENDMENTS TO THE CONTRACT?
Any amendments to the Terms and Conditions of the Contract are subject to mutual agreement between the Policyholder and the Insurer.

HOW IS THE CONTRACT PREMIUM CALCULATED?
The premiums under the Contract (in accordance with the Insurer's current rates for the modality taken out, plus any statutory charges) are calculated based on the Insured Person's actuarial age. The insured capital for each guarantee is fixed, and is stated in this Information Note. A simulator is available for this purpose.
The premium amounts for the first five years are set out in the Subscription Proposal.
Since this entails an annual renewable insurance modality, premiums will be calculated on the Policy's anniversary date.
The Insurer reserves the right to amend the rate conditions during the policy term where such an amendment results from a material deviation in the portfolio's claims experience. Should this occur, the rates and technical bases used to calculate premiums may be updated, but only on the contract renewal dates and when justified by statistical evidence demonstrating a change in the claims experience trend. Changes to rates and the technical bases will be notified to the Policyholder at least 30 days prior to the contract renewal date.
The premium is subject to statutory charges, in particular the INEM (National Medical Emergency Institute) fee in force.

HOW IS THE PREMIUM PAID?
The premium, plus statutory charges, is payable annually by the Policyholder in advance, and will be debited from the Policyholder's bank account held with NOVO BANCO, S.A. This modality allows the Policyholder to pay the premium on a monthly basis.

WHAT HAPPENS IF THE PREMIUM IS NOT PAID?
Any failure to pay the premium within 30 days of the due date shall allow the Insurer, pursuant to the law, to proceed with policy termination by sending a notice simultaneously – when they are different persons – to the Policyholder and the Insured Person, at least 8 days prior to the effective date.

CAN A POLICY BE REINSTATED? The Policyholder may reinstate a policy that has been cancelled due to non-payment, under the original terms and conditions, within one (1) month of the termination date, upon payment of outstanding premiums and corresponding default interest.

CAN THE POLICYHOLDER TERMINATE THE CONTRACT? The Policyholder is entitled to terminate the Contract on the policy Anniversary Date with at least thirty (30) days' prior notice to the Insurer.

WHO IS THE BENEFICIARY OF THIS CONTRACT? In the event of death, the Policyholder is entitled to name the Beneficiaries, in accordance with the guarantees of the Contract, and to amend the Beneficiary Clause at any time up to the date on which the Beneficiary becomes entitled to the insured amounts. Such an amendment shall only be valid provided that the Insurer has received the relevant written notification with the Beneficiary's identification details, including their full name, address, and civil and tax identification numbers. In the event that the Beneficiary's identification details are incorrect or out of date, thereby preventing the Insurer from establishing their identity, payment of the share of the Benefit shall be suspended pending a claim from the

person concerned. Any change to the Beneficiary will result in an Additional Endorsement.

With regard to coverage for Accidental Injuries and Daily Hospitalisation Allowance, the beneficiary is always the insured person.

WHEN DOES THE INSURANCE COVERAGE END?

The cover provided under this Contract shall cease to have effect:

Death Cover a) In the event of the death of the Insured Person; b) On the date of Contract termination, c) At the end of the policy year in which the Insured Person reaches the actuarial age of eighty-five (85);

d) On the date of termination or cancellation of this Contract.

Accidental Injury Cover a) Due to the cancellation, expiry or termination of the Principal Insurance;

b) If the Insured Person causes or exacerbates their injury due to accident in any way;

c) At the end of the policy year in which the Insured Person reaches the maximum age of permanence under the contract, namely an actuarial age of eighty-five (85)years;

d) When, as a result of several claims under this Supplementary Accidental Injury Cover, the total amount paid out since the policy began reaches €300,000.

Daily Hospitalisation Allowance Cover. a) Due to the cancellation, expiry or termination of the Principal Insurance; b) If the Insured Person causes or exacerbates their injury due to accident in any way;

c) At the end of the policy year in which the Insured Person reaches the actuarial age of eighty-five (85).

WHAT IS THE TERRITORIAL SCOPE OF THE CONTRACT? The territorial scope of this Contract extends worldwide; however, the cover provided under this Policy may be subject to restrictions in the event of accidents caused by political risks and war risks.

WHAT DO POLITICAL RISKS AND WAR RISKS CONSIST OF? "Political risks and war risks" are defined as any direct or indirect consequences of riots, revolutions, kidnapping, civil war or war with a foreign country, whether declared or not, insurrection, uprisings, brawls, terrorism or sabotage as defined under Portuguese criminal legislation in force, regardless of where the events take place and who the perpetrators may be.

ARE THERE ANY RESTRICTIONS WHEN THE INSURED PERSON BELONGS TO THE ARMED FORCES? If the Insured Person has joined, or eventually joins, the armed forces or equivalent (such as paramilitary formations), whether on a voluntary or compulsory basis, and takes part in military operations or hostile situations of any kind, the cover provided under the Contract shall be suspended from the date of the declaration of war or, in the absence thereof, from the start of hostilities until six months after their cessation, except in the case of a special convention and payment of the relevant additional premium.

CAN I EXERCISE MY RIGHT OF WITHDRAWAL? The Policyholder is entitled to freely terminate the Contract, without having to provide any reason, and without entitlement to any claim for compensation or penalty from the Policyholder.

In the case of a Distance Contract relating to a specific financial service to which another distance contract is in any way attached, relating to financial services provided by a provider or by a third party on the basis of an agreement with that provider, the attached Contract shall be deemed automatically and simultaneously terminated, without penalty, provided that the Policyholder exercises the right of termination pursuant to the provisions of the preceding paragraph.

Where the Contract is signed with a duration of one (1) year or more, the Policyholder shall have, for the purposes of the right of withdrawal, a period of thirty (30) days from the date on which they are notified of its signing.
The termination of the Contract, pursuant to the above terms, must be notified to the Insurer in writing, either via hardcopy or another durable medium available and accessible to the Insurer.
The exercise of the right of withdrawal extinguishes the obligations and rights arising from the Contract or transaction, effective from the date of its signing. Where the Insurer has received any sums in payment, it shall be obliged to refund them to the Policyholder within 30 days of receiving notice of the right of withdrawal.
The consumer must return to the provider any sums or goods received from it within 30 days of sending the notice of the right of withdrawal.
The Policyholder is not obliged to pay for the service actually provided before the expiry of the right of withdrawal. This does not apply if the Policyholder has requested that the Contract start prior to the expiry of the right of withdrawal, in which case the Policyholder is obliged to pay the Insurer, as soon as possible, for the services actually provided, up to a maximum of the proportional value of those services within the scope of the contractually agreed transactions.
The payment referred to in the preceding paragraph may only be demanded if the Insurer proves that it has informed the consumer of the amount payable.

WHAT IS THE DOMICILE ASSOCIATED WITH THIS CONTRACT? For the purposes of this Contract, the Policyholder's domicile shall be deemed to be that specified in the Specific Terms and Conditions and/or, in the event of a change, any other domicile notified to the Insurer via registered letter with acknowledgement of receipt. A Policyholder who establishes their residence outside Portugal must designate a domicile within Portugal for the purposes of this Contract.

WHAT HAPPENS IN THE EVENT OF A DISPUTE?
In the event of a dispute between the Policyholder, the Insured Person and/or the Beneficiary with the Insurer with regard to assessing the risks covered by this Contract or determining the compensation amount, the parties may seek to resolve the dispute via the Medical Board.
The Medical Board shall consist of three doctors, one appointed by each of the parties and a third, who shall chair the board and have a casting vote, by mutual agreement between those appointed by the parties or, in the absence of such agreement, by the National Institute of Legal Medicine (office in the Insured Person's area of residence).

VIDA SEGURA SÉNIOR GENERAL TERMS AND CONDITIONS ANNUAL RENEWABLE TERM LIFE INSURANCE

ARTICLE 1. DEFINITIONS

1.1. The following definitions shall apply for the purposes of this Contract:

a) Insurer: GamaLife - Companhia de Seguros de Vida, S.A.;

b) Policyholder: the Entity that enters the contractual agreement with the Insurer, and responsible for paying the premium;

c) Insured Person: the person exposed to the risks which, under the agreed terms, constitute the purpose of this Contract;

d) Beneficiary: the Entity on whose behalf the Contract is entered into, as identified in the subscription proposal;

e) Policy: document representing the contract between the Policyholder and the Insurer, which includes the agreed General, Special, and Specific Terms and Conditions;

f) Premium: the amount paid by the Policyholder to the Insurer in return for coverage of the Contract;

g) Subscription proposal: a document to be completed and signed by the Policyholder and the Insured Person, containing the essential information required to for the proposed risk assessment and which, if accepted, will form the basis of the Contract;

h) Actuarial Age: the Insured Person's birthday closest to the date on which the insurance contract is entered into or renewed, i.e. if, on the date the insurance contract is entered into or renewed, the Insured Person is less than six months away from their next birthday, their actual age in whole years is considered, plus one year;

i) Accident: any sudden and unforeseen event occurring during the policy term, resulting from a violent, sudden, external cause beyond the control of the Insured Person, and which gives rise to a bodily injury subject to objective medical diagnosis;

j) Illness: any change in the state of health of the Insured Person, whose diagnosis and confirmation must be made by a legally recognised doctor, and whose first symptoms appear during the term of the insurance contract, requiring medical intervention.

1.2. Where the context so permits, the masculine form shall include the feminine, and the singular shall include the plural, and vice versa.

ARTICLE 2. CONTRACTUAL GUARANTEES

2.1. The Insurer undertakes, in the event of the Insured Person's death during the policy term, to pay the Insured Capital indicated in 9.1 (Insured Capital) to the Beneficiary designated by the Insured Person.

2.2. In addition to the Death cover, the supplementary covers set out in the Special Terms and Conditions annexed to these General Terms and Conditions of the Policy are also provided. The Principal Insurance and Complementary Insurances must be taken out at the same time.

ARTICLE 3. INCONTESTABILITY AND INITIAL RISK DECLARATION

3.1. Incontestability: Two (2) years after the date on which the Contract was signed, the Insurer may not rely on any negligent omissions or inaccuracies provided by the Policyholder or the Insured Person in the Initial Risk Declaration.

3.2. The provisions of the preceding paragraph do not apply to supplementary cover.

3.3. Initial Risk Declaration: When applying for the insurance, the Policyholder and the Insured Person must disclose, in all truth and honesty, all facts or circumstances: for an accurate risk assessment; (or) that may influence the acceptance of the application; (or) the proper determination of the applicable premium, or the acceptance of the cover provided. The declaration in question must include the facts and circumstances expressly requested in a questionnaire provided for this purpose by the Insurer. The statements made by the Policyholder and the Insured Person, in the subscription proposal and the relevant required questionnaires, shall comprise the basis of this Contract, which is binding once it enters into force, notwithstanding the provisions of the Articles below.

ARTICLE 4. FRAUDULENT OMISSIONS OR INACCURACIES BY THE POLICYHOLDER OR THE INSURED PERSON

4.1. In the event of any fraudulent omissions or inaccuracies in the Initial Risk Declaration made by the Policyholder or the Insured Person pursuant to Article 3 (INCONTESTABILITY AND INITIAL RISK DECLARATION), the Insurer shall cancel the Contract by sending a notice to that effect to the Policyholder within three (3) months of becoming aware of the breach.

4.2. Any claims, whether before the Insurer has become aware of the fraudulent breach or within the period referred to in the preceding paragraph, shall not be covered by the Contract. **4.3.** Notwithstanding the provisions of the above paragraphs, the Insurer is entitled to the premium due up to the end of the period referred to in (1) above or, when the fraudulent conduct of the Policyholder/Insured Person is intended to obtain an advantage, until the expiry of the Contract.

ARTICLE 5. NEGLIGENT OMISSIONS OR INACCURACIES BY THE POLICYHOLDER OR THE INSURED PERSON

5.1. In the event of any negligent omissions or inaccuracies in the Initial Risk Declaration made by the Policyholder or the Insured Person pursuant to Article 3(3) (INCONTESTABILITY AND INITIAL RISK DECLARATION), the Insurer may:

a) Propose in writing to the Policyholder/Insured Person an amendment to the Contract, establishing a time period of at least fourteen (14) days for the Policyholder/Insured Person to provide a statement. The Contract shall cease to be effective twenty (20) days after the receiving the proposed amendment, if the Policyholder/Insured Person does not agree to it;

b) Reject the Contract, by written notice, if it is proven that the Insurer would not, under any circumstances, have entered into the Contract had it been aware of the omitted or inaccurately stated fact. The Contract shall cease to have effect thirty (30) days after receipt of the notice of termination.

5.2. If the Contract is terminated, the premium will be refunded according to the time period remaining until the expiry date.

5.3. In the event of a claim arising prior to the termination or amendment of the Contract, where the claim's occurrence or consequences have been influenced by a fact subject to a negligent omission or inaccuracy, the Insurer shall:

a) Cover the claim proportionally to the difference between the premium paid and the premium that would be due if, at the time of signing the Contract, the Insurance Company had been aware of the omitted or inaccurately stated fact;

b) Refuse to cover the claim, demonstrating that it would not, under any circumstances, have entered into the Contract had it been aware of the omitted or inaccurately stated fact.

ARTICLE 6. COMMENCEMENT, CONTRACT DURATION AND EFFECT OF COVERAGE

6.1. This Contract shall commence at midnight on the date specified in the Policy's Specific Terms and Conditions.

6.2. Cover under this Contract cannot be granted before midnight on the day following that on which the Insured Person meets the eligibility criteria set out in Article 7 of these General Terms and Conditions: **(INSURANCE ELIGIBILITY AND** ACTIVATION CONDITIONS).

6.3. The Contract's duration is as stated in the Specific Terms and Conditions.

6.4. Notwithstanding the above, cover for the risks insured under this Contract shall only take effect from the moment the relevant premium or the initial instalment of the Contract is paid.

6.5. The Contract is entered into for a period of one year, renewable for additional periods of one year, until the end of the policy year in which the Insured Person reaches the Maximum Age of Permanence of the Contract, as set out in sub-paragraph c) of point 16.1. below.

6.6. The Insurer reserves the right not to renew this Contract at the end of the policy year in which Accidental Injury Cover ceases in accordance with the provisions of Article 5 of the relevant Special Terms and Conditions.

ARTICLE 7. INSURANCE ELIGIBILITY AND ACTIVATION CONDITIONS

7.1. In order to take out this insurance, the Insured Persons and Policyholder must fully complete and sign the Insurance Subscription Proposal, which must include details of their civil and tax identification, as well as the Beneficiaries, per the guarantees of the Contract.

7.2. Insured Persons who, at the start of this insurance, are on sick leave will only be covered by the insurance upon their return to work, provided they meet the eligibility criteria set out in the other paragraphs of this clause.

7.3. The Insurer reserves the right not to accept, under this insurance modality, any Insured Person who has already taken out another policy for this product.

7.4. In order to carry out a comprehensive risk assessment, the Insurer takes into account the Clinical Questionnaire of the Insured Person. After analysing the available information, the Insurer may take one of the following decisions:

a) Acceptance of the Insured Person in the insurance policy without reservation, resulting in the immediate issue of the Contract.

b) Complete rejection of the insurance proposal. The rejection referred to in sub-paragraph (b) must be notified within 30 days of the date of receiving the subscription proposal.

ARTICLE 8. AMENDMENT TO THE CONTRACT

8.1. Any amendments to the Terms and Conditions of the Contract are subject to mutual agreement between the Policyholder and the Insurer.

8.2. Amendments shall take effect on the policy Anniversary Date, provided they are notified in writing and received by the Insurer at least 60 days prior to that date. The anniversary date shall be the date specified in the Policy's Specific Terms and Conditions.

ARTICLE 9. INSURED CAPITAL

9.1. The insured capital in the event of the death of the Insured Person is:

Age Bracket	Death Benefit
55 - 59	€3,000
60 - 64	€2,500
65 - 69	€2,000
70 - 74	€1,500
75 - 79	€1,000
80 - 84	€500

9.2. The above insured capital amounts are based on the Insured Person's actuarial age at the time of death.

ARTICLE 10. CONTRACT PREMIUM

10.1. The premiums of the Contract are calculated based on the Insured Person's actuarial age, the risks covered and the Insured Capital, in accordance with the Insurer's current rates for the modality taken out, plus any legally required charges.

10.2. The Insurer reserves the right to amend the rate conditions during the policy term where such an amendment results from a material deviation in the portfolio's claims experience. Should this occur, the rates and technical bases used to calculate premiums may be updated, but only on the contract renewal dates and when justified by statistical evidence demonstrating a change in the claims experience trend. Changes to rates and the technical bases will be notified to the Policyholder at least 30 days prior to the contract renewal date.

10.3. Since this entails an annual renewable insurance modality, premiums will be calculated on the Policy's anniversary date.

10.4. The method for calculating the premium, as well as the relationship between the premium and the Insured Capital, comprises part of the pre-contractual information and is set out in the relevant Information Note.

10.5. The amount of the initial premium is as stated in the Specific Terms and Conditions.

10.6. The premium is subject to statutory charges, in particular the INEM (National Medical Emergency Institute) fee in force.

ARTICLE 11. PREMIUM PAYMENT

11.1. The premium, plus statutory charges, is payable annually by the Policyholder in advance, and may be paid monthly.

11.2. Premiums are paid in advance by direct debit from the Policyholder's bank account held with Novo Banco, S.A.

11.3. The Policyholder is entitled to change the Premium Instalment on the policy anniversary date. This change must be notified in writing and received by the Insurer at least 60 days before the anniversary date.

11.4. The premium is payable until one of the grounds for termination of the insurance contract occurs.

ARTICLE 12. FAILURE TO PAY PREMIUMS 12.1. Any failure to pay the premium within 30 days of the due date shall allow the Insurer, pursuant to the law, to proceed with Policy TERMINATION by sending a notice simultaneously – when they are different persons – to the Policyholder and the Insured Person, at least 8 days prior to the effective date, notwithstanding the provisions of 15.5. (BENEFICIARIES).

12.2. The exercise of the option granted in the preceding paragraph shall not prejudice the Insurer's right to the premium corresponding to the time period that has elapsed.

ARTICLE 13. REINSTATEMENT OF CONTRACT TERMINATED DUE TO NON-PAYMENT

13.1. The Policyholder may reinstate a policy that has been cancelled due to non-payment, under the original terms and conditions, within one (1) month of the termination date, upon payment of outstanding premiums and corresponding default interest.

13.2. The Insurer reserves the right, in such cases, to make the Policy revalidation conditional upon the Insured Person passing a medical examination. **The costs of medical examinations shall be borne by the Policyholder.**

13.3. Any renewal requested after the specified period will result in a new policy, which will be issued in accordance with the officially approved technical guidelines.

ARTICLE 14. RIGHTS AND OBLIGATIONS OF THE POLICYHOLDER AND INSURED PERSON 14.1. It is the Policyholder's responsibility to pay the premium within the time limits set by the Insurer.

14.2. The Policyholder is entitled to terminate the Contract on the policy Anniversary Date, subject to the provisions of 15.5 and 15.6. (BENEFICIARIES), with at least thirty 30 days' prior notice to the Insurer.

ARTICLE 15. BENEFICIARIES

15.1. The Policyholder is entitled to name the Beneficiaries in accordance with the terms of the Contract, and to amend the Beneficiary Clause at any time until the date on which the Beneficiary is entitled to the insured amounts, notwithstanding the provisions of the following paragraphs. Such an amendment shall only be valid provided that the Insurer has received the relevant written notification with the Beneficiary's identification details, including their full name, address, and civil and tax identification numbers.

In the event that the Beneficiary's identification details are incorrect or out of date, thereby preventing the Insurer from establishing their identity, payment of the share of the Benefit shall be suspended pending a claim from the person concerned. Any change to the Beneficiary will result in an Additional Endorsement.

15.2. Whenever the Policyholder and the Insured Person are different persons, the Beneficiary Clause may only be changed with the agreement and at the initiative of both.

15.3. The Beneficiary Clause shall be deemed irrevocable once the Beneficiary has accepted the benefit, and the Policyholder shall be prevented from making any changes to the Beneficiary Clause.

15.4. The Policyholder's waiver of the right to amend the Beneficiary Clause, as well as the Beneficiary's acceptance, must be set out in a written document, whose validity is subject to actual notification to the Insurer.

15.5. Given that this is an Irrevocable Beneficiary Clause, the Beneficiary's prior consent will be required for the Policyholder to terminate the Contract or exercise any right or power to amend contractual terms affecting the Beneficiary's rights.

15.6. The Beneficiary may replace the Policyholder in the event of the latter's death, provided that the Policyholder has previously notified the Insurer in writing and the Insured Person has given their written consent.

ARTICLE 16. CESSATION OF COVER 16.1. The cover provided under this Contract shall cease to have effect: a) In the event of the death of the Insured Person; b) On the date on which the Contract is terminated pursuant to Articles 21 (TERMINATION OF CONTRACT) and 22 (RIGHT OF WITHDRAWAL);
c) At the end of the policy year in which the Insured Person reaches the actuarial age of eighty-five (85);
d) On the date of termination or cancellation of this Contract.

ARTICLE 17. EXCLUDED RISKS
The death cover provided under this Contract shall apply regardless of the cause of death, except when death of the Insured Person is caused by:
a) A criminal act in which the Beneficiary/Insured Person is the material or moral author, or to which they have been an accomplice;
b) Suicide, if it occurs within the first year of the policy;
c) Claims arising as a direct or indirect consequence of an intentional act by the Insured Person or committed with their complicity;
d) Aviation accidents, except when the Insured Person is a passenger on a commercial passenger aircraft duly authorised by IATA (International Air Transport Association);
e) Injuries or harm resulting from active participation in acts of kidnapping, riots, insurrection, uprisings, brawls, terrorism or sabotage, provided that the Insured Person was not acting in self-defence or in an attempt to rescue people or property;
f) Revolution, civil war and war with a foreign country, whether declared or not;
g) Alcoholism and the use of drugs when not medically prescribed;
h) Occurrence of nuclear risks;
i) High-Risk Sports such as car racing, motorcycling, hunting outside the European territory, spearfishing, scuba diving, mountaineering, caving, boxing, any form of martial arts, bungee jumping, motorcycling, piloting non-commercial aircraft and, in general, all types of aerial vehicles, alpinism, exploratory travel, bullfighting, training of wild animals, parachuting, free flight, gliding, hang gliding, microlight aircraft flying, and, in general, any sport or recreational activity of a notoriously dangerous nature;
(j) Claims arising from competitions, betting or attempts to break records and, in general, all acts of a notoriously dangerous nature that are not justified by any professional necessity or attempt to rescue persons.

ARTICLE 18. TERRITORIAL SCOPE
18.1. The territorial scope of this Contract extends worldwide.
18.2. The cover provided under this policy shall be suspended if the Insured Person travels to countries where there are political risks and war risks, in which case cover for these risks shall be subject to the provisions of the following paragraphs:
18.2.1. For the purposes of this policy, “Political risks and war risks” are defined as any direct or indirect consequences of riots, revolutions, kidnapping, civil war or war with a foreign country, whether declared or not, insurrection, uprisings, brawls, terrorism or sabotage as defined under Portuguese criminal legislation in force, regardless of where the events take place and who the perpetrators may be.
18.2.2. If the Insured Person has joined, or eventually joins, the armed forces or equivalent (such as paramilitary formations), whether on a voluntary or compulsory basis, and takes part in military operations or hostile situations of any kind, the cover provided under the Contract shall be suspended (Principal Insurance and Complementary Insurances) from the date on which the Insured Person began participating in that military operation until the end of that participation, except in the case of a special convention and payment of the relevant additional premium.

18.2.3. Similarly, cover for the consequences of political risks or war will not be provided if such events occur in territories or countries where there is a declared state of conflict (civil war or war with a foreign country) or where the competent authorities formally advise against travel to or visits due to political or military activities, except in the case of a special convention and payment of the relevant additional premium. For this purpose, the competent authority is deemed to be the Ministry of Foreign Affairs similar authority in the country where the Policyholder has their habitual residence.

18.2.4. If the Insured Person wishes to travel to a country experiencing political instability or war and wishes to maintain the cover provided by this insurance, they must first notify the Insurer of the intended trip and its duration. The Insurer must respond within 30 days to indicate whether it refuses to provide cover or whether it accepts the cover and under what conditions, and any failure by the Insurer to respond shall be deemed as acceptance.

18.2.5. If, following their return, the Insured Person travels to that country or territory again, cover for the consequences associated with political or war risks will not be provided under the Policy whilst those countries or territories remain in a state of war or are not recommended by the competent authorities, except in the case of a special convention and payment of the relevant additional premium.

18.2.6. At the time of signing the Contract, the Policyholder and/or Insured Person must state the maximum duration of the trips they intend to make abroad in the Subscription Proposal.

18.2.7. The Specific Terms and Conditions may extend the cover provided under the Contract to certain countries or regions that fall within the scope of the above points, provided that the Conditions expressly state the terms under which such an extension of cover is accepted by the Insurer.

18.2.8. The Special Terms and Conditions for complementary coverage may specify a more limited territorial scope for such cover.

18.3. The Policyholder is entitled to a partial refund of the premium already paid, calculated on a pro-rata basis, for the period during which cover was suspended. The Insurer shall pay this amount to the Policyholder by crediting a bank account held with Novo Banco, S.A.

ARTICLE 19. SETTLEMENT OF INSURED AMOUNTS

19.1. Payment of the Insured Amounts shall be made by bank transfer to the account specified by the Beneficiaries after delivery, by the Policyholder or Beneficiaries, of the Insured Person's identification document, supporting documents proving the Beneficiary's status and the Insured Person's Death Certificate. The Insurer may also require a medical certificate stating the causes and progression of the illness that led to the death, as well as request other documents relating to the death, such as police, court or hospital records.

19.2. The insured amounts will be paid to the designated Beneficiary on the date of the Insured Person's death or, if the Insured Person has already died, to their heirs.

19.3. If no Beneficiary has been designated, the Insured Amounts will be paid per the following rules:

a) If no Beneficiary has been designated, to the Insured Person's heirs;

b) If the Beneficiary predeceases the Insured Person, to the Insured Person's heirs;

c) In the event that the Insured Person and the Beneficiary die at the same time, to the Beneficiary's heirs.

19.4. If the Beneficiary is a minor, the Insurer shall pay the compensation due by depositing it into a bank account in the name of the Beneficiary or their legal representatives.

19.5. Any discrepancies between the age stated in the Subscription Proposal and that shown on the identification document will result in adjustments to the insured amounts, in accordance with the premiums paid, taking into account the exact age and the rates in force on the date the Specific Terms and Conditions were issued.

19.6. In the circumstances in 19.5 above, the Insurer shall not be obliged to provide cover if it proves that it would never have accepted the application had it been aware of the circumstances at the time of the proposal or upon acceptance thereof. Under such circumstances, the policy shall be deemed voidable, and the Insurer shall be refunded all sums paid. The Insurer shall be obliged to refund to the Policyholder (where the latter is responsible for paying the premium), or to the Policyholder's heirs (should the Policyholder have died), all premiums paid, without interest, less any costs proven to have been incurred.

ARTICLE 20. PROFIT PARTICIPATION This modality does not provide for profit participation.

ARTICLE 21. TERMINATION OF CONTRACT

21.1. Subject to the provisions of 15.4 and 15.5, (BENEFICIARIES), this Contract may be terminated:

a) By the Policyholder on the policy anniversary date, by notifying the Insurer in accordance with the prior notice period of 30 days; b) By the Policyholder, in the event of non-acceptance of the change to the rate conditions in accordance with 10.2 (CONTRACT PREMIUM), by notifying the Insurer within 30 days of receiving the notification referred to in the above article.

21.2. The Contract may also be terminated by the Insurer under the conditions set out in 12.1. (FAILURE TO PAY PREMIUMS).

22. RIGHT OF WITHDRAWAL

22.1 The Policyholder is entitled to freely terminate the Contract, without having to provide any reason, and without entitlement to any claim for compensation or penalty from the Insurer.

22.2 In the case of a Distance Contract relating to a specific financial service to which another distance contract is in any way attached, relating to financial services provided by a provider or by a third party on the basis of an agreement with that provider, the attached Contract shall be deemed automatically and simultaneously terminated, without penalty, provided that the Policyholder exercises the right of termination pursuant to the provisions of the preceding paragraph.

22.3 Where the Contract is signed with a duration of one (1) year or more, the Policyholder shall have, for the purposes of the right of withdrawal, a period of thirty (30) days from the date on which they are notified of its signing.

22.4 The termination of the Contract, pursuant to the above terms, must be notified to the Insurer in writing, either via hardcopy or another durable medium available and accessible to the Insurer.

22.5 The exercise of the right of withdrawal extinguishes the obligations and rights arising from the Contract, effective from the date of its signing.

22.6 Where the Insurer has received any sums in payment, it shall be obliged to refund them to the Policyholder within 30 days of receiving notice of the right of withdrawal.

22.7 The Policyholder must return to the Insurer any sums received from it within 30 days of sending the notice of the right of withdrawal.

22.8 The Policyholder is not obliged to pay for the service actually provided before the expiry of the right of withdrawal.

22.9 This does not apply if the Policyholder has requested that the Contract start prior to the expiry of the right of withdrawal, in which case the Policyholder is obliged to pay the Insurer, as soon as possible, for the services actually provided, up to a maximum of the proportional value of those services within the scope of the contractually agreed transactions.

22.10 The payment referred to in the preceding paragraph may only be demanded if the Insurer proves that it has informed the Policyholder of the amount payable.

ARTICLE 23. RIGHT OF TERMINATION

The Right of Termination may be exercised pursuant to the law in force.

ARTICLE 24. DOMICILE AND COMMUNICATIONS AND NOTIFICATIONS BETWEEN THE PARTIES

24.1. For the purposes of this Contract, the Policyholder's domicile shall be deemed to be that specified in the Specific Terms and Conditions. A Policyholder who establishes their residence outside Portugal must designate a domicile within Portugal for the purposes of this Contract.

24.2. Any communications or notifications provided for in this Policy shall be considered valid and fully effective when done in writing or by any other means that leave a permanent record, sent to the Policyholder's last known address as stated in the Contract, to their email address, or to the Insurer's registered office or email address.

24.3. Any change to the address, registered office or email address of the Policyholder or the Insured Person must be notified to the Insurer or to NOVO BANCO, S.A., in writing or by any other means that leave a permanent record, within 30 (thirty) days of the change, failing which any communications or notifications sent by the Insurer to the known address or email address shall be deemed valid and effective.

24.4. Notwithstanding the provisions of the preceding paragraph, any update to the Policyholder's contact details associated with the account specified for the purposes of Article 5 (Payment of Premiums), namely their domicile, shall entail a change to those details held by the Insurer, with the policy address becoming the updated domicile held by the intermediary NOVO BANCO, S.A.

ARTICLE 25. PREVENTING AND COMBATING MONEY LAUNDERING AND THE FINANCING OF TERRORISM

To comply with its legal obligations to prevent and combat money laundering and the financing of terrorism, GamaLife is lawfully entitled to refuse the proposed insurance contract or any requested contractual transaction, as well as to terminate the contract effective immediately, whenever it becomes aware or suspects that it may be linked to offences involving money laundering or the financing of terrorism. The contract, or any transaction relating to it, will be rejected if the Insurer is not provided with all the information required by law regarding the identification of the Policyholder, Insured Persons and Beneficial Owners, as well as the source and destination of the relevant funds.

ARTICLE 26 - MEDICAL BOARD

26.1. In the event of a dispute between the Policyholder, the Insured Person and/or the Beneficiary with the Insurer with regard to assessing the risks covered by this Contract or determining the compensation amount, the parties may seek to resolve the dispute via the Medical Board.

26.2. The Medical Board shall consist of three doctors, one appointed by each of the parties and a third, who shall chair the board and have a casting vote, by mutual agreement between those appointed by the parties or, in the absence of such agreement, by the National Institute of Legal Medicine (office in the Insured Person's area of residence).

26.3. Where a Medical Board is required, the Insurer and the Policyholder or the Insured Person shall bear the fees and expenses of the doctor/arbitrator appointed by them, whilst those of the Chair shall be borne equally by both parties.

ARTICLE 27 - LEGISLATION AND JURISDICTION

27.1. This Contract shall be governed by Portuguese law.

27.2. Any omissions in this Contract shall be governed by applicable legislation.

27.3. The competent jurisdiction for settling any disputes arising from this Contract shall be that established by law.

VIDA SEGURA SÉNIOR SPECIAL TERMS AND CONDITIONS ANNUAL RENEWABLE TERM LIFE INSURANCE SUPPLEMENTARY ACCIDENTAL INJURY COVER

In addition to the Principal Insurance (Annual Renewable Term Life Insurance), as agreed and expressly stated in the Specific Terms and Conditions, the risk defined below may be covered in accordance with the relevant Articles.

The Supplementary Accidental Injury Cover is part of the Principal Insurance, without which it cannot exist. This cover is governed by the General Terms and Conditions and Specific Terms and Conditions of the Principal Insurance and, by secondary application, by these Special Terms and Conditions.

ARTICLE 1. GUARANTEES

1.1. Under this Supplementary Cover, the insurer guarantees, in the event of an injury caused by an accident, the payment of additional insured capital, as specified in Article 2 of these Special Terms and Conditions (INSURED CAPITAL), under the conditions set out and for the injuries listed therein.

1.2. The guarantees provided under the Supplementary Accidental Injury Cover apply to injuries resulting from accidents occurring during policy term.

1.3. "Accident" refers to any sudden and unforeseen event occurring during the policy term, resulting from a violent, sudden, external cause beyond the control of the Insured Person, and which gives rise to a bodily injury subject to objective medical diagnosis.

1.4. "Accidental Injuries" mean those which, resulting from an accident, are exhaustively listed in Article 2 of these Special Terms and Conditions. (INSURED CAPITAL).

1.5. Payment of the insured capital provided for in Article 2 of these Special Terms and Conditions does not result in the termination of this supplementary cover, unless the limits are met as referred to in Article 2.3. *below.*

ARTICLE 2. COVERS AND INSURED CAPITAL

2.1. In the event of a diagnosis of any of the conditions or circumstances listed below, resulting from an Accident covered under the policy, the Insured Person will receive the compensation shown, which varies according to the injury.

2.2. The insured capital to be paid is as follows:

a) Sensory and/or Mobility Impairment:

- Total Unilateral Loss of Vision: €35,000;
- Complete Loss of Sensation in the Radial, Ulnar or Median Nerves: €25,000;
- Vertebral Fracture with Neurological Injury: €20,000;
- Complete Unilateral Deafness: €20,000.

b) Burns:

-Third- degree burns: €10,000;
-Second- degree burns: €4,000.
Second- and third- degree burns must cover at least 1% of the body surface area, excluding the face and genitals.

c) Amputations:

- Amputation of an arm or a hand: €65,000;
- Amputation of a leg: €60,000;
- Amputation of a foot: €55,000;
- Amputation of four fingers on one hand: €50,000;
- Partial amputation of the foot, preserving the heel: €20,000;
- Amputation of the thumb on one hand: €20,000;
- Total amputation of the index finger or of two phalanges of the index finger: €15,000;
- Amputation of the big toe: €10,000;
- Amputation of a toe: €5,000;
- Total amputation of any other finger (excluding the thumb or index finger of one hand, or two phalanges of the same): €5,000.

d)) Fractures:

- Fracture with dislocation of the knee: €20,000;
- Fracture with dislocation of the hip: €15,000;
- Fracture with dislocation of the displaced pubic symphysis: €12,000;
- Diaphragmatic rupture: €10,000;
- Fracture of the skull: €10,000;
- Non-displaced fracture of the femoral head, condyle or trochanter: €6,000;
- Fracture of the spine without neurological damage: €6,000;
- Fracture of the femoral shaft: €5,500;
- Fracture of the femoral condyle: €3,000;
- Trimalleolar fracture: €5,000;

- Fracture of the tibia and/or fibula: €3,000;
- Fracture of the radius and/or ulna: €3,000;
- Fracture of the pelvis: €6,000;
- Fracture of the calcaneus: €3,000;
- Fracture of the humerus: €3,000;
- Fracture of the tarsus or metatarsus: €2,500;
- Fracture of the unimalleolar ankle: €3,000;
- Fracture of the carpus or wrist: €2,000;
- Fracture of the scapulohumeral or shoulder blade: €2,000;
- Fracture of the phalanges or fingers: €1.000;
- Fracture of the metacarpus: €1,000;
- Fractures of the ribs or sternum, with or without organ damage: €1,500;
- Fracture of the toe or phalanges: €1,000;
- Fracture of the patella: €3,000;
- Fracture of the clavicle: €2,000;
- Fracture of the lower jaw: €2,000;
- Fracture of the facial bones (excluding the lower jaw): €1,000.

e) Serious Injuries:

-Multiple serious trauma requiring hospitalisation for more than 30 days: €6,000;

-Traumatic pneumothorax and/or traumatic haemothorax: €2,500;

-Cerebral haemorrhage due to traumatic brain injury without fracture: €2,500;

-Open and ulcerated eye lesions: €2,000.

2.3. Payment of the insured capital is subject to the following limits:

2.3.1. In the event of a claim involving multiple injuries resulting from the same accident, the insurer shall only pay the insured capital corresponding to the injury with the highest compensation amount set out in the relevant scale.

2.3.2. For each policy, the Supplementary Accidental Injury Cover guarantees payment, in each policy year of the insurance contract, of a maximum of €100,000.

2.3.3. When, as a result of multiple claims, the total compensation amount in a policy year reaches €100,000, the annual guaranteed capital under this Supplementary Accidental Injury Cover for the current policy year shall be deemed to have been exhausted.

2.3.4. Notwithstanding the above, the Supplementary Accidental Injury Cover guarantees, for each Policy, regardless of its duration, the payment of a maximum of €300,000.

1.1.4. When, as a result of multiple claims, the total compensation amount since the start of this contract reaches €300,000, the global insured capital under this Supplementary Accidental Injury Cover shall be deemed to have been exhausted.

1.2.5. In the claim, the total computation of the capital payable to the Insured Person shall be subject to the limits set out in clauses 2.2 and 2.3 above; therefore, should the compensation amount exceed one of those limits, it shall be revised downward to the established limit.

ARTICLE 3. ENFORCEABILITY OF INSURED AMOUNTS

Once the claim notification has been made and all supporting documents requested by the Insurer have been submitted, the Insurer undertakes to notify the Insured Person, within a maximum of thirty (30) days, whether or not the claim is covered under the Contract.

ARTICLE 4. JUSTIFICATION AND RECOGNITION OF RIGHT TO INSURED AMOUNTS

4.1. In the event of accidental injuries, the following documents must be sent in writing to the Insurer within a maximum of 8 days from the date of their occurrence or becoming aware of them:

d) Document of the A&E Discharge Note or of Hospital Admission, if applicable;

e) Primary Healthcare Medical Report / Health Centre Report / Attending Physician Report, with a description of the injury(ies) sustained in the accident, if applicable;

f) Specialist Follow-Up Medical Report, if applicable.

4.2.The accident giving rise to the injury covered by the policy must occur during the term of this supplementary cover.

4.3. In the event of a claim, the Insurer reserves the right to request further information regarding the Insured Person's state of health; accordingly, the Insured Person undertakes to:

4.3.1. Undergo any additional medical examinations whenever required by the Insurer, with the associated costs being borne by the Insurer.

4.3.2. Authorise their attending physician to provide to the Insurer's medical representative, on a confidential basis, all medical information relating to the reported claim.

4.4. Any failure by the Insured Person to comply with the provisions of the preceding paragraphs shall result in suspension of the right to the insured amounts.

4.5. If the information provided to the Insurer is untrue, this will result in the loss of the right to the insured amounts.

4.6. The Insurer shall notify the Insured Person whether or not it accepts their claim after receiving the documents referred to above within the legal time limits established for this purpose.

ARTICLE 5. END OF COVERAGE For each Insured Person, this cover shall cease to apply:

a) Due to the cancellation, expiry or termination of the Principal Insurance;

b) If the Insured Person causes or exacerbates their injury due to accident in any way;

c) At the end of the policy year in which the Insured Person reaches the maximum age of permanence under the contract, namely an actuarial age of eighty-five (85)years;

d) When, as a result of several claims under this Supplementary Accidental Injury Cover, the total amount paid out since the policy began reaches €300,000.

ARTICLE 7. EXCLUDED RISKS

7.1. Excluded Risks from the Supplementary Accidental Injury Cover are the same as those set out in the General Terms and Conditions of the Annual Renewable Term Life Insurance.

7.2. The following exclusions also apply:

a) Any condition or incident resulting from an accident not covered by Article 2 (COVERS AND INSURED CAPITAL) of this Supplementary Cover, even if when caused by an accident;

b) Strokes and cardiovascular strokes, such as aneurysms, heart attacks, embolisms, haemorrhages, strokes and similar conditions. Under no circumstances are they covered, even where they are recognised as occupational accidents or occupational diseases by the competent assessment body or by a final court ruling;

c) Accidents occurring whilst riding or being a passenger on a moped or motorcycle with an engine capacity exceeding 125 cubic centimetres;

d) Osteoporosis, pathological fractures, or diseases of the bones or joints, if first diagnosed before the policy's effective date.

ARTICLE 8. FINAL PROVISIONS

In all cases not provided for in these Special Terms and Conditions, the General Terms and Conditions of the Principal Insurance and the legislation in force shall apply.

VIDA SEGURA SÉNIOR SPECIAL TERMS AND CONDITIONS ANNUAL RENEWABLE TERM LIFE INSURANCE SUPPLEMENTARY COVER FOR DAILY HOSPITALISATION ALLOWANCE DUE TO ACCIDENTAL INJURIES

In addition to the Principal Insurance (Life Insurance), as agreed and expressly stated in the Specific Terms and Conditions, the risk defined below is covered in accordance with the relevant Articles.

The Supplementary Cover for Daily Hospitalisation Allowance due to Accidental Injuries can only be taken out at the same time as the Supplementary Accidental Injury Cover, forming a single package with the Principal Insurance, without which it cannot exist. This cover is governed by the General Terms and Conditions of the Principal Insurance - Annual Renewable Term Life Insurance and by these Special Terms and Conditions.

GamaLife

Vida Segura Sénior

ARTICLE 1. GUARANTEES

1.1. Under this Supplementary Cover, the insurer guarantees, if the Insured Person requires hospitalisation due to injuries resulting from an accident, the payment of a daily allowance under one of the following conditions:

1.1.1. Daily Hospitalisation Allowance for Accidental Injuries: €100 per day.

1.1.2. Daily ICU Hospitalisation Allowance for Accidental Injuries: €200 per day.

1.2. Payment of the allowance is guaranteed by the Insurer for the duration of the hospitalisation, commencing from its second day, up to a maximum of 365 days in each policy year.

ARTICLE 2. HOSPITALISATION DUE TO ACCIDENT

Hospitalisation due to an accident suffered by the Insured Person is defined as their admission to a hospital for a period exceeding 24 hours, on medical prescription for diagnostic or therapeutic purposes, where qualified doctors and nurses provide continuous care, as a result of injuries caused by an accident. This excludes stays in sanatoriums, spas, convalescent homes and care homes for the elderly.

ARTICLE 3. JUSTIFICATION AND RECOGNITION OF RIGHT TO INSURED AMOUNTS

3.1. The Policyholder and/or the Insured Person undertake to provide the Insurer, upon discharge from hospital, with the following documents:

a) Hospital Discharge Note, which must include the date of admission and the diagnosis;

b) All documentation required to confirm the accidental injuries referred to in sub-paragraphs a) to c) of sub-paragraph 4.1. of the Special Terms and Conditions of the Supplementary Accidental Injury Cover.

3.2. This supplementary cover is subject to the provisions of Articles 4.2.to 4.6 of the Supplementary Accidental Injury Cover.

ARTICLE 4. EXCLUDED RISKS

4.1. Excluded Risks of the Supplementary Cover for Daily Hospitalisation Allowance due to Accidental Injuries are the same as those of the General Terms and Conditions of the Principal Insurance and the Special Terms and Conditions of the Supplementary Accidental Injury Cover.

ARTICLE 5. END OF COVERAGE

For each Insured Person, this cover shall cease to apply:

a) Due to the cancellation, expiry or termination of the Principal Insurance;

b) If the Insured Person causes or exacerbates their injury due to accident in any way;

c) At the end of the policy year in which the Insured Person reaches the actuarial age of eighty-five (85).

ARTICLE 6. FINAL PROVISIONS

In all cases not provided for in these Special Terms and Conditions, the General Terms and Conditions of the Principal Insurance, the Special Terms and Conditions of the Supplementary Accidental Injury Cover and the legislation in force shall apply.