

SEB Life and Pension Baltic SE Estonian Branch Terms and conditions

Valid from 01.10.2018

Terms and conditions give you an overview about the principles of life insurance and definitions used in insurance. Please take the time to read through them. If you have any questions, please do not hesitate to contact our customer support on 665 8020 or visit a SEB branch.

Contents

Definitions	2
General provisions	2
Validity of general terms and conditions	2
Applicable law and jurisdiction	2
Establishment and amendment of the general and insurance terms and conditions and price list	2
Identification	3
Representation	3
Requirements for documents	3
Signature	3
Establishment of client relationships	4
Entry into a contract	4
Entry into force and expiry of the contract	5
Prevention of money laundering and terrorist financing	5
Insurance premium and service fee	5
Processing of client data	5
Exchange of information	5
Insurer's notices	6
Examination of the state of health	6
Withdrawal from the contract and cancellation of the contract	6
Reporting an insured event and disbursement of benefit	7
Liability	7
Settlement of disputes	8

Definitions

Insurance benefit is the sum insured or the amount of money calculated on its basis payable by the insurer to the beneficiary upon an insured event.

Insured person is a person who is subject of the insurance contract.

Insurance year and pension year start on every calendar year with the start date of the insurance contract and end on the same date in the next calendar year.

Insurer is SEB Life and Pension Baltic SE Estonian Branch.

Insured event is an event specified in the insurance contract upon the occurrence of which the insurer is liable to pay the insurance benefit.

Insurance contract (hereinafter the contract) is an agreement between the insurer and the policyholder, under which the policyholder commits to pay insurance premiums and the insurer commits to disburse the insurance benefit after an insured event. An insurance contract comprises the general terms and conditions, insurance terms, insurance cover terms, a price list, an application, and documents listed in the policy.

Insurance premium is a payment made by the policyholder under the insurance contract.

Insured risk is a risk against which insurance cover is taken.

Sum insured is a sum of money agreed upon in the insurance contract.

Policyholder is a person who enters into the insurance contract.

Client is a person to whom the insurer provides services, i.e. the policyholder, insured person, beneficiary, representative and a person who has contacted the insurer for the purpose of using such services.

Policy is a certificate regarding the insurance contract.

SEB Group is the insurer and legal entities belonging to the same consolidation group as the insurer, i.e., Skandinaviska Enskilda Banken AB, all of its subsidiaries and the subsidiaries of these.

Beneficiary is the person appointed in the insurance contract who will receive the benefit upon an insured event.

Consumer is a natural person who performs transactions that are not related to the performance of independent economic or professional activity.

General provisions

Validity of general terms and conditions

1. General terms and conditions apply on the contract and other legal relations between the insurer and the client.
2. Insurance terms are only valid together with the general terms and conditions. In case of discrepancies between the terms and conditions and the insurance terms, the insurance terms prevail. In the case of discrepancies between the insurance terms and general terms and conditions, the insurance terms prevail.
3. The general terms and conditions, insurance terms as well as the price list are available on the homepage of SEB www.seb.ee and at SEB branches.
4. In case of discrepancies in the Estonian and other language versions of the terms and conditions and the price list, the Estonian text prevails.

Applicable law and jurisdiction

5. The insurer and the client are guided in their relations by the legislation of the Republic of Estonia and the principles of good faith and common sense. The law of a foreign country shall apply if it so arises from law or international agreements.
6. Any disputes arising from the insurance contract are settled by an Estonian court. A dispute with a consumer permanently residing in the European Union is settled at a court of their residence, except if they had their residence in Estonia at the time of entering into the contract. In such a case, the dispute is referred to an Estonian court.

Establishment and amendment of the general and insurance terms and conditions and price list

7. The insurer has the right to establish the general terms and conditions, the insurance terms, the terms and conditions of insurance cover, the price list and the procedure for transactions. The special conditions and covenants of the agreement are agreed upon between the policyholder and the insurer.

8. The insurer submits the insurance terms and information related to the contract to the client on the SEB website, via the Internet Bank, or by e-mail. If the client does not have an Internet Bank agreement and an e-mail address, the bank submits the information to the client on paper. The client agrees to receive the information in the above manner.
9. The insurer has the right to unilaterally amend the general terms and conditions, the insurance terms, the terms and conditions of insurance cover, the price list and the procedure for transactions, if:
 - amendments arise from applicable legislation or requirements established by a supervisory authority;
 - amendments are necessary in order to protect the interests of the policyholder or improve its situation;
 - amendments are necessary in order to protect the interests of the insurer and do not significantly damage the interests of the policyholder.
10. The insurer shall inform of the amendments, which create more obligations to the policyholder, at least within 30 days before entry into force of the amendment.
11. The insurer shall inform the policyholder of amendments in the terms and conditions on the homepage of SEB, at the postal address, e-mail address of the policyholder, in SEB's internet Bank or at the branch offices of SEB.
12. The policyholder has the right to terminate the contract before the change takes effect if they do not accept the change. To this end, the policyholder notifies the insurer in a format that can be reproduced in writing.
13. The policyholder is deemed to have accepted the changes if they do not exercise their right to terminate the contract before such changes take effect.

Identification

14. For identification, the client needs to present the following data and documents to the insurer: for a natural person, documents specified in current legislation; for a legal entity registered in Estonia, an extract from a relevant register; for a legal entity registered outside Estonia, an extract from a register of the country concerned, a registration certificate, etc.
15. After initial identification of the client, the insurer and client can use digitally signed documents and SEB Internet Bank for communication purposes.

Representation

16. Policyholder who is a natural person enters into the insurance contract personally; other transactions and actions may be performed by their representative.
17. A legal entity performs transactions and actions through its representative.
18. Insurer has no obligation to accept documents certifying the rights of representation if the intention of the person being represented is not clear.
19. A document proving right of representation is original and in the form required. A letter of authority executed outside an SEB branch is notarised or similarly attested.
20. The principal promptly informs the insurer of the cancellation or voiding of a letter of authorisation even if the notice is published in Ametlikud Teadaanded.

Requirements for documents

21. A document proving the identity of a natural person is an original.
22. The policyholder provides the insurer with original documents or notarised or similarly attested copies of them.
23. Documents issued in a foreign state are legalised or attested with certification (apostille) in lieu of legalisation, unless provided otherwise in an agreement between countries.
24. The insurer may demand that a document is translated into Estonian or another language. The translation is prepared by a sworn translator or the translator's signature is notarised.
25. The insurer presumes the authenticity, validity and accuracy of any documents so provided. In cases of doubt, the insurer has the right to refuse to effect a transaction and require the provision of additional documents.

Signature

26. The insurer accepts hand-written signatures, digital signatures, electronic signatures corresponding to the insurer's requirements or electronic codes used in SEB Internet Bank.
27. The insurer may reject a digitally signed document. In this case the client signs the document in their own hand or use the electronic codes of SEB Internet Bank.
28. The insurer has the right to require the provision of a signature at an SEB branch, or the notarisation of a signature.

Establishment of client relationships

Entry into a contract

29. A client relationship is established with the submission of an application or with entry into an insurance contract. The format of communication is specified in the insurance contract or by law.
30. The client provides the insurer with accurate, complete, and truthful data and documents about themselves and any other persons named in the insurance contract when establishing a client relationship.
31. Persons connected to a natural person are:
 - all persons whose authorised representative the person is;
 - legal entities in the directing body of which the person is a member;
 - legal entities in which the person holds at least 25% of shares or votes.
32. Persons connected to a legal entity are:
 - natural persons who are members of its directing body or their authorised representatives;
 - legal entities in which the person holds at least 25% of shares or votes.
 - persons who hold at least 25% of shares or votes in the legal entity.
33. The insurer may decide with whom to enter into a contract with. In particular, the insurer may refuse to enter into the insurance contract if the client or a person connected to them:
 - has not submitted data or documents to a SEB group company required for identification and for the performance of other due diligence measures or if they are inaccurate, incomplete or bear marks of forgery;
 - has not submitted data and documents to a SEB group company required to verify the nature of their business or professional activities, goals, and origin of the assets used for transactions, or the insurer becomes suspicious of money laundering or terrorist financing;
 - has for a period of five years prior to applying for the contract received a negative response from an SEB group company to an application to enter into a contract or if an SEB group company has terminated the client relationship due to the impossibility of performing due diligence measures or due to suspected illegal activities, money laundering, or terrorist financing;
 - is in default on the performance of their obligations toward an SEB group company, for example, has an outstanding loan repayment, interest payment, fine for delay, service fee or other debts;
 - has caused damages to an SEB group company or created a real danger of such damage;
 - is the subject of international sanctions.
34. The insurer may refuse to enter into an insurance contract with a non-resident client who does not have a reasonable connection with Estonia.
35. A natural person has a connection with Estonia in particular if
 - they reside, study or work in Estonia;
 - their spouse, children, parents live in Estonia or
 - they own real estate in Estonia.
36. A person active in economic and professional activity has a connection with Estonia in particular if
 - the legal person is owned by residents of Estonia,
 - the person's business activity is connected to Estonia (e.g. a production unit located in Estonia, or clients or contractual partners located in Estonia) or
 - the person has investments in Estonia (ownership in business undertakings, real estate).
37. The insurer may refuse to enter into an insurance contract or perform a transaction with a client from the United States of America (hereinafter referred to as the US).
38. The policyholder may request that the client provides proof of their justified interest and connection to Estonia, including if necessary, right of legal residence in the European Union.
39. For instance, a natural person is a US client if:
 - their temporary or permanent residence is in the US;
 - they study or work in the US;
 - their contact address is in the US.
40. A legal entity, including a representation or subsidiary is a US client, for instance, if:
 - it has been founded in the US and operates under US laws;

- its postal address is in the US;
 - its business activities take place in the US.
41. Upon refusing to enter into the insurance contract, the insurer considers the facts in every respect and makes a decision on the basis of the principle of common sense.

Entry into force and expiry of the contract

42. The contract enters into force on the starting date provided in the policy.
43. The contract expires:
- on the basis and in due dates set out in the contract;
 - on the basis provided in the law.

Prevention of money laundering and terrorist financing

44. To prevent money laundering and terrorist financing, the insurer has the right to:
- request additional data from the client about their business activities, including data about their contracting partners, turnover, proportions of cash/cash-free transactions, frequency of transactions, ultimate beneficial owners and the like;
 - request from the client documents underlying the transaction, e.g. contracts of sale, contracts for services, etc., and data about a transaction partner or other related person for the purposes of establishing the legal origin of the money or assets used in the transaction;
 - demand data and documents required for identification of the client and following of diligence measures, and to verify their correctness.
45. The client is required to submit the aforementioned data and documents to the insurer. If the data and information is not submitted, the insurer has the right to refuse a transaction and cancel the insurance contract.

Insurance premium and service fee

46. The insurer calculates the insurance premium based on the rates and the price list, proceeding from the data of the insured person in the insurance contract, amount of the sum insured and the term of validity of the insurance contract.
47. If the contract amendment is initiated by the policyholder, the insurer calculates a new insurance premium on the basis of valid rates and the price list.
48. In case the insurance risk increases or decreases, the insurer may change the insurance premium or cancel the cover from the moment it became aware of the change.
49. The policyholder pays the insurance premium by the provided payment date to the insurer's account. The payment order must indicate a reference number. Payment is made at the expense of the policyholder.
50. If the insurance premium is not paid by the due date, the insurer will send a reminder to the policyholder, giving a new deadline and outlining the consequences of debt.
51. If the policyholder does not pay the insurance premium by the new due date provided on the reminder, the liabilities of the insurer will be limited to the premium-free sum insured. If there is no premium-free sum insured, the insurer is entitled to withdraw from the contract upon the arrival of the new due date.
52. The policyholder pays for the service on the basis of the price list or contract.

Processing of client data

53. The principles of processing client data and the rights and obligations of the insurer in processing the client data have been described in the document "Rules on Processing Client Data in SEB Estonia companies" (hereinafter the Rules on Processing Client Data), which shall be inseparable part to the general terms and conditions.
54. The insurer may forward client data to the third parties specified in the Rules on Processing Client Data.
55. Rules on Processing Client Data can be examined on the SEB's homepage at seb.ee and at the branch offices. The policyholder confirms to have examined the Rules on Processing Client Data and agrees to these.

Exchange of information

56. The statements, applications, etc., specified in the terms and conditions of insurance, are submitted by the client in a format that can be reproduced in writing unless the general terms and conditions, insurance terms or law do not foresee the written form. The insurer may request that the client submit a statement, application, etc., via SEB Internet Bank.

57. The client notifies the insurer promptly if there are changes:
- in the data presented in the insurance contract or related documents. For instance, name, address, postal address, e-mail, telephone, residence and residence for tax purposes, individuals and representatives connected with the contract; revocation of letters of authorisation;
 - circumstance that increases the insurance risk. This is change of country of residence or employment, profession, area of activity, sports field and hobby;
 - that may cause the policyholder to qualify as a US client, see more in [clause 36](#);
 - that may affect the performance of an obligation arising from the insurance contract.
58. A legal person also notifies the insurer about its merger, division, transformation, declaration of bankruptcy, initiation of a compulsory dissolution or liquidation proceedings, deletion from the register.
59. The client may request copies of statements, applications, etc., submitted by them.

Insurer's notices

60. The insurer notifies the client via media, the SEB homepage or at SEB branches. If needed, the policyholder is sent a personal message.
61. To send a personal message, the insurer selects, based on the content of the message, the best communication channel from amongst:
- SEB Internet Bank if the client has a relevant contract;
 - e-mail;
 - text message;
 - post;
 - telephone.
62. The insurer may send to the client documents that need to be signed by the client via SEB Internet Bank or other electronic channels of SEB.
63. The insurer may decline to send a personal message if the contact data are incomplete or wrong, e.g., a letter sent is returned with the inscription that the addressee does not live at this address.
64. A personal message is deemed to have been received and the notification obligation met if sent to the contact data of the client or to SEB Internet Bank.
65. A personal message sent to the client is deemed to have been received on the fifth day as of its posting. A personal message sent via some other communication channel is deemed to have been received the same day.
66. Information about the insurance contract is available to the client in SEB Internet Bank.
67. In case of a contract with profit sharing, the insurer sends a notice once a year about surplus dividends awarded to the contract during the year and how much the amounts to be disbursed have changed because of that.
68. The insurer has effective organisational measures to prevent and manage conflicts of interest arising from the provision of a life insurance contract with an investment risk. If the established organisational measures do not guarantee adequate protection for the client, the insurer informs the client in the event of a conflict of interest about the general nature of the conflict of interest and the source of the conflict.
69. Reports on the insurer's principles of paying salaries to sales employees, solvency, and financial status can be viewed on SEB's homepage.

Examination of the state of health

70. Upon entering into the insurance contract, increasing the sum insured, upon occurrence of an insured event and making a claim decision, the insurer may send the insured person for a medical examination or health assessment. The insurer may make enquiries about the insured person with medical institutions.
71. Upon entering into the insurance contract or increasing the sum insured, the insurer compensates the insured person the health examination costs, based on supporting documents.

Withdrawal from the contract and cancellation of the contract

72. The policyholder may cancel the contract at any time by submitting an application.
73. The policyholder may withdraw from the contract within 30 days after entry into force of the contract by submitting an application to the insurer.
74. The insurer may withdraw from the contract within 14 days if the policyholder does not pay the insurance premium by the first payment date.

75. The insurer may withdraw from the insurance contract with one month's advance notification, if the client has, at the time of entering into the insurance contract or upon increasing the sum insured, intentionally provided inaccurate or incomplete information that may have impacted the insurer's decision.
76. The insurer may cancel the insurance contract without advance notice, if:
 - the client fails to provide proper notice about the increase in insurance risk;
 - the client has given notice about an increased insured risk but the insurer cannot provide insurance cover;
 - it is impossible to continue to provide the service due to other reasons;
 - the client is in material breach of a contractual obligation.
77. A material breach of a contractual obligation is in particular a situation where the client violates an obligation whose non-performance makes it impossible for the insurer to perform its obligations. For example:
 - failure to provide accurate, complete and true data and documents for the identification and for the compliance with other diligence measures as laid down by law;
 - the client or a related person does not provide data or documents verifying the purpose and nature of its business activity or the transaction or the legal origin of the money or other assets used in the transaction at the request of an SEB group company, or if the data or documents presented do not remove the suspicion of illegal transactions, money laundering or terrorist financing;
 - the client or a person related to them is using front men in making the transactions, or the insurer has a suspicion of money laundering or terrorist financing in relation to the client or a person related to the client for some other reason.
78. When cancelling the insurance contract, the insurer considers the facts in every respect and make a decision on the basis of the principle of common sense.
79. In case of cancellation, the insurer pays the policyholder the reimbursement value or accumulated reserve specified in the contract, less the disbursement fee and the calculated share of profit if this is due for payment.
80. In case of withdrawal or cancellation of the contract, the insurer makes the disbursement within 10 working days.

Reporting an insured event and disbursement of benefit

81. The client must notify the insurer about the insured event at the first possibility.
82. In case of an insured event the client must submit required documents to the insurer. The insurer submits the list of required documents after being notified of the insured event.
83. The insurer may make additional inquiries for the purpose of paying out the insurance benefit.
84. The insurer may withhold international bank transfer costs related to the benefit or pension payment, if the policyholder wishes the disbursement to be transferred to a current account in a foreign country.
85. The insurer pays the insurance benefit, or its first instalment within one month provided that all the facts of the insured event have been clarified and documents submitted.
86. The benefit is disbursed to the current account. The disbursement is made in the official currency of the Republic of Estonia.
87. The insurer may reduce the benefit or refuse from payment if:
 - information submitted upon establishing a client relationship are not correct, complete or true;
 - after the insured event it becomes clear that the client has not notified about a circumstance that increases the insurance risk;
 - notification of the insured event does not take place within a period of three years of its occurrence.
88. The insurer may refuse to make the disbursement to the client, if:
 - the amount of disbursement is less than one euro;
 - the insurer has no information about the client's contact data and current account and the insurer has made reasonable efforts for obtaining the information.

Liability

89. The insurer and the client perform their obligations properly, in good faith and according to the principle of common sense, as well as in keeping with good practice.
90. The insurer and the client are not liable for a breach of their obligations if it is due to force majeure. Force majeure includes any circumstances that are beyond the control of the insurer or the client, incl. moratorium, power failure, breakdown of communication lines, general disruption of computer systems, acts of state or

governmental action as well as illegal disruption of operations by third parties, e.g., a bomb threat, robbery, strike and the like.

91. If the insured person and policyholder are different persons, the insurer considers that the contractual obligations of the insured person also apply to the policyholder.
92. Insurer is not liable:
 - for the services of third parties mediated by it;
 - for damages caused by changes in exchange rates or investment activities;
 - damages suffered by the client due to cancellation of the contract and refusal to perform a transaction.
93. The insurer presumes that the information at its disposal is correct. If the client fails to perform the notification obligation, the insurer shall not be liable for the damages caused by this to a third party or the policyholder.
94. The policyholder compensates the insurer for the damage caused by submission of false information or violation of the information obligation.

Settlement of disputes

95. Any disputes between the insurer and the client are settled by negotiations.
96. The client may lodge a complaint about the insurer or insurance agent either in writing or via SEB Internet Bank. The complaint indicates the circumstances that caused discontent. The procedure for the settlement of complaints is available on the website of SEB.
97. The insurer responds to the complaint in writing within 15 days from receipt of the same. The insurer may extend the deadline for replying if the preparation of a reply requires the establishment of the circumstances in a more thorough manner. The insurer explains to the person submitting the complaint the reasons for extending the due date for response.
98. The client may lodge a complaint with a supervisory body, e.g., Financial Supervision Authority, Consumer Protection Board, independent insurance conciliation body operating by the Estonian Union of Insurance Companies, and also to apply to courts. The Consumer Protection Board is located at Rahukohtu 2, Tallinn 10130. The Estonian Union of Insurance Companies is located at Mustamäe tee 46, Tallinn 10621.
99. In the case of an electronically concluded contract, the client may submit a complaint in the online dispute resolution system ec.europa.eu/odr.
100. Oversight of the activities of the insurers are carried out by the Financial Supervision Authority with offices at Sakala 4, Tallinn 15030.