EXTRACT FROM CONDITIONS OF THE INSURANCE CONTRACT
"DEPOSITOR LIFE INSURANCE"

In accordance with the provisions of the Law No. 52, dated 22.05.2014 "On the insurance and re-insurance" and the Statue of the company, Life Insurance Company SiCRED sh.a., we provide this extract from the General Terms and Conditions of the Insurance Contract;

Depositor Life Insurance Contract is the contract in which the Insurer and the Insured agree that against the payment of the insurance premium in favor of the Insurer, in accordance with the general and specific (if any) terms and conditions of this contract, the Insurer will indemnify the Insured in the manner and extent provided in this contract, if the insurance event happens and is verified.

1.1 Definitions

a) The contract conditions for life insurance shall be referred to as **"Insurance Conditions".**
b) The Life Insurance Company SiCRED sh.a., shall be referred to as **"Insurer".**
c) The natural person whose life is insured shall be hereinafter referred to as **"Insured"**.
d) The bank institution which agrees to insure its depositor clients by this insurance contract is hereinafter referred to as **"Policy-holder".**
e) The natural or legal person, who signs the insurance policy, shall be referred to as **"Contractor"**.
f) The document that certifies the conclusion of the insurance contract, shall be hereinafter referred to as **"Insurance Policy".**
g) The natural or legal person, who benefits from the insurance contract as per the will of the Insured expressed in the Insurance certificate, shall be hereinafter referred to as **"Beneficiary".**
h) The amount of monetary means paid to the Insurer in conclusion of this contract, shall be hereinafter referred to as **"Insurance Premium".**
i) The maximum amount of monetary means defined in this contract that the Insurer commits upon verification of the occurrence/insurance event, shall be referred to as **"Sum Insured"**.
j) The death of the Insured, as well as total permanent disability, except when they belong to the excluded risks in accordance with this insurance contract, shall be referred to as **"Insurance event".**
k) The complete loss of the ability of the Insured to perform his/her duties in his/her profession or in any other given profession accompanied by the necessity of continues care from third parties, certified as such by the competent health authority, upon termination of the 52 weeks period, shall be referred to as **"Total permanent disability".**

1.2 The right to be Insured

a) Have the right to be insured with the Depositor Life Insurance Contract, as Insured, all bank customers that at the moment of the signing of this insurance contract and afterwards have or open a term-deposit at the "Policy-Holder".
b) Shall not have the right to be insured with "Depositor Life Insurance" Contract, the persons under the age of 18 or over 60 years old, that require permanent medical assistance, or that support their living on the care of third parties
c) The Insured that reach the limit age when the insurance contract is in force, will remain covered until the end of the period shown in this insurance contract.

1.3 Payable Benefits

The "Depositor Life Insurance" Contract provides cover for:

a) Risk of loss of life of the insured by natural causes
b) Risk of loss of life of the insured by accidental causes

c) Risk of total permanent disability of the insured caused serious accidental injuries.

1.4 Exclusions

1. War (if it is declared by the relevant bodies), military actions, civil war, rebellion, armed uprising, terrorist acts.
2. Usage of mass destruction weapons such as nuclear and bacteriological weapons.
3. Participating in alpinist climbing, flying on any kind of airplanes (unless when flying as a passenger), exercising winter sports, horse races, cars or motor races, etc.
4. Usage of explosive and corrosive substances, except when using them to perform professional duties.
5. Earthquakes, floods, land displacement or volcanos eruptions.
6. Involvement of the insured in illegal activities and criminal acts.
7. Suicide if it happens during the first two year or within the first year in case of reactivation of the contract.
8. Participation of the insured in violent acts, counteracts or activities caused by third parts, except when acting in self-defense and necessity.
9. Alcohol influence or drug usage.
10. Acts and activities intentionally caused by the Policyholder, Beneficiary, Partners, or legal heirs against the insured and that can cause the shortening of his life.
11. Venereal diseases, sexually transmitted diseases, the HIV virus and any related diseases.
12. Any kind of pre-existing physical or mental disorder, pathologic condition, diseases diagnosed prior to underwriting this contract or any disease related to them, unless when it is disclosed in written form from the Insured and it is accepted from the Insurer.
13. Consequences from a previous accident, for which the insured has underwent treatment or has taken medical consult within the 12 month from the beginning of the insurance policy. No benefit will be paid if the insurance event is caused from the above mentioned causes.
14. In case of loss of life, the Beneficiary will not benefit if the corpse cannot be found or cannot be exactly identified.
15. Injury or disease due to massive pandemic infection and bioterrorism.

1.5 The submission of documents for Claims Handling

a) Upon the occurrence of the Insurance event, the Beneficiary should inform the Insurer specifying the circumstances of the event and its consequences, and to follow the advices and orders issued by the Insurer.

b) For all claim benefit paid by the Insurer, the following documentation must be submitted:
   - I. The original insurance policy
   - II. Valid identity document
   - III. Death certificate of the insured
   - IV. The death report
   - V. The official medical death report, in case of accidental death
   - VI. Other documents requested by the Insurer depending on the occurred event.
   - VII. Court decision on heritage, in case when the Insured has not appointed a Beneficiary

c) The expenses for gathering the documents are not on the responsibility of the Insurer. The Insurer within 30 days, from the day of receiving the full requested documents is obliged to pay the benefit.

d) Any claim benefit will be paid at the policy-holder in favor of the Beneficiary.

1.6 Taxes and obligatory tariffs

a) Taxes and obligatory tariffs as per the current law are the responsibility of the Policy-holder and/or Beneficiaries.