

Explicite consent clause

Explicite consent for collecting, storing and using data on health

Date of the Insurance Proposal: or Policy number:

The underwriting risk request and the policy to conclude require from its purchase or during its execution the processing of data on the health of the insured or of that of the persons for whom the signatory serves as legal representative. Please signal your explicite consent for this processing by ticking the box below.

- Yes, I expressly give my consent for the collection, storage and use of the data on my health and/or that of the persons for whom I am the legal representative for the purposes described in point 3 of the information notice*, which I acknowledge to have read. These data are accessible by the medical acceptance and management departments and, if necessary, by a reinsurer and medical experts.

If you do not tick the above box, Allianz Life Luxembourg S.A. will not be able to provide you with the insurance policy that you want to take out and cannot provide you with the cover that requires processing data on health.

<input type="checkbox"/> Mrs	<input type="checkbox"/> Mr	
Surname		
Surname at birth (if different)		
First name(s)		
Date of birth (dd/mm/yyyy)		<input type="text"/> <input type="text"/> <input type="text"/>
Birthplace (post code, town, country)		
Address of the principal residence (street, post code, town, country)		

Date (dd/mm/yyyy)

Signature of the Policyholder / Insured

*Protection of your personal data is an absolute priority for Allianz Life Luxembourg and all of the Allianz Group. If you want to know more about the way in which we use your personal data, you can visit our website <http://www.allianz.lu/life-en/documents/gdpr.php> or ask us for a paper copy by telephone on 00 352 47 23 46 -1