

MYPROTECTION PASTI

MyProtection Death and Critical Illness Insurance ("MyProtection PASTI") is a traditional life insurance product with regular Premium payments offering the benefit of life and Critical Illness protection as well as cash benefits receivable at the end of the Policy Insurance Period if the Policy remained active and if the Insured is still alive at end of the Insurance Period.

This General Summary of Product and Service Information (RIPLAY) is intended to provide a brief explanation regarding the benefits and important aspects of the Policy You are about to purchase. Please seek direct clarification from Our Marketing Personnels before deciding to purchase the Policy.

"We/Our/Us/Insurer" means PT Asuransi Allianz Life Indonesia.

"You/Your/Policyholder" means the person whose name is set out in the Policy Data as the party entering into the Coverage with the Insurer.

"Insured" means the person whose life is covered under the Policy and whose name is set out in the Policy Data.

"Premium" means an amount payable by You or the Premium Payor (as the case may be) to Us in relation to the Coverage. Premium shall be payable on each Premium Due Date in accordance with the terms agreed in the Policy.

More definitions and information can be found in the Policy issued by Us.

What are the Benefits provided by this product?



Death Benefit

If the Insured passes away during the Insurance Period not as a result of an Accident or due to an Accident, We shall pay an Insurance Benefit to the Beneficiary in the amount of 2 (two) times the Sum Assured for Basic Insurance ("**Death Benefit**") as specified in the Policy Data or Endorsement (if any) and the Policy shall terminate.



Accidental Death Benefit

- a. If the Insured passes away during the Insurance Period:
 - i. as a result of an Accident, We shall pay an additional sum of 1 (one) time the Sum Assured to the Beneficiary and the Policy shall terminate; or
 - ii. as a result of an Accident when using Public Transport, We shall pay an additional sum of 2 (two) times the Sum Assured to the Beneficiary and the Policy shall terminate.
- b. This Accidental Death Benefit shall only be paid to the Beneficiary if the Insured passes away within 90 (ninety) calendar days from the date of the Accident.
- c. Sum Assured under this Accidental Death Benefit shall be paid in addition to the Sum Assured under the Death Benefit.
- d. This Accidental Death Benefit shall terminate on the anniversary of the Policy which is nearest to when the Insured reaches 70 (seventy) years old.



Critical Illness Benefit

- a. If, before the End of Coverage Date, the Insured suffers from or is diagnosed with one of the Critical Illnesses specified in the Definitions of 77 (seventy-seven) Critical Illnesses Coverage, We shall pay a Critical Illness Benefit in the amount of 1 (one) time the Sum Assured.
- b. Payment of this Critical Illness Benefit shall not cause the Policy to terminate. Therefore, to maintain the Policy in force, the Policyholder must pay subsequent regular Premiums in accordance with the Premium Payment Period option selected by the Policyholder.
- c. Payment of the Critical Illness Benefit shall only be made 1 (once) for any one of the 77 (seventy-seven) types of Critical Illness in accordance with the Definitions of 77 Critical Illnesses Coverage; and
- d. After payment of the Critical Illness Benefit, this Critical Illness Benefit shall automatically terminate.



Maturity Benefit

If the Insured is still alive on the End of Coverage Date, We shall pay a Maturity Benefit in the amount of 1 (one) time the Sum Assured to the Policyholder, and the Policy shall terminate.

Every Insurance Benefit shall be paid by Us after first deducting the Policy Loan Value, any outstanding Premium and other obligations (if any).

What are the Risks associated with this product?

Exclusion Risk

Coverage not applying to circumstances that fall under the exclusions as specified in the Policy.



PT ASURANSI ALLIANZ LIFE INDONESIA

MYPROTECTION PASTI

Death and Critical Illness Insurance Protection

Guaranteed Protection for Your Future

Product Name
MyProtection PASTI

Product Type
Traditional Individual Life Insurance Product

Insurance Product Line of Business
Combined Whole Life

Insurer Name
PT Asuransi Allianz Life Indonesia

Marketing Channel
PT Bank Maybank Indonesia Tbk

List of 77 Critical Illnesses

1	First Heart Attack	23	Chronic/End-Stage Lung Disease	44	Osteogenesis Imperfecta	63	Brain Metastases
2	Coronary Bypass Surgery	24	Chronic Liver Disease	45	Tuberculosis Meningitis	64	Rheumatic Fever with Heart Valve Damage*
3	Other Severe Coronary Artery Diseases	25	Deafness (loss of hearing function)	46	Accidental Fractures of the Spinal Column	65	Creutzfeldt - Jakob Disease (Mad Cow Disease)
4	Heart Valve Surgery	26	Blindness	47	Medullary Cyst Disease	66	Full Blown AIDS
5	Aortic Vessel Surgery	27	Aplastic Anaemia	48	Terminal Illness	67	Ebola Haemorrhagic Fever
6	Primary Pulmonary Arterial Hypertension	28	Fulminant Hepatitis	49	Motor Neuron Disease	68	Pheochromocytoma
7	Severe Eisenmenger Syndrome	29	Burns	50	Apallic Syndrome	69	Recurrent Severe Nephrotic Syndrome
8	Cardiomyopathy	30	Progressive Scleroderma	51	Cerebral Vascular Aneurysm requiring Surgery	70	Spinal Amyotrophy in Children with Type 1*
9	Infective Endocarditis	31	Severe Rheumatoid Arthritis	52	Brachialis plexus nerve root avulsion	71	Severe Haemophilia*
10	Cancer	32	Kidney Failure	53	Stroke requiring carotid artery surgery	72	Hand, Foot and Mouth Disease with severe/life threatening complications*
11	Stroke	33	Transplantation of Vital Body Organs	54	Idiopathic scoliosis surgery	73	Chronic Systemic Arthritis in Children (Still's Disease) *
12	Paralysis	34	Muscular Dystrophy	55	Recurrent chronic pancreatitis	74	Wilson's Disease
13	Multiple Sclerosis	35	Systemic Lupus Erythematosus	56	Chronic Elephantiasis	75	Insulin-dependent Diabetes Mellitus*
14	Alzheimer's Disease/Irreversible Degenerative Organic Brain Disorder	36	HIV from Blood Transfusion and Occupation	57	Loss of living independence	76	Hydrocephalus (fluid buildup in the brain)
15	Coma	37	Muteness (Loss of Speech Function)	58	Kawasaki Disease Leading to Heart Complications	77	Severe Dengue Fever*
16	Parkinson's Disease	38	Severe Colitis Ulcerative (Crohn's disease) Disease	59	Amyotrophic Lateral Sclerosis		
17	Bacterial Meningitis	39	Myasthenia Gravis	60	Acute Necrohemorrhagic Pancreatitis		
18	Benign Brain Tumours	40	Progressive Muscle Atrophy	61	Spinal Muscle Atrophy		
19	Encephalitis (Inflammation of the Brain)	41	Progressive Supranuclear Palsy	62	Brain Surgery		
20	Poliomyelitis	42	Chronic Autoimmune Hepatitis				
21	Severe Head Trauma	43	Chronic Adrenal Insufficiency				
22	Progressive Bulbar Palsy						

*) Only applies to Children up to 18 (eighteen) years old.

For more information on the 77 Critical Illnesses, please refer to the applicable Policy.

Summary of the Data

Including the characteristics and effective period of the product.

Entry age

Insured:

- Death Benefit & Critical Illness Benefit:
 - 1 month old - 70 years old (nearest birthday).
- Accidental Death Benefit:
 - 1 month old - 69 years old (nearest birthday).

Policyholder:

18 years old – no maximum age (nearest birthday).

Currency

Rupiah.

Insurance Period

- Non-Accidental Death & Critical Illness Benefits up to 86 years old.*
- Accidental Death Benefit up to 86 years old.*
- Maturity Benefit will be receivable upon the Insured reaching 86 years old.*

**) nearest birthday.*

Premium Payment Period

5, 10, 15, & 20 years or equal to Insurance Period.

Premium Payment Method

Premium payment scheme is Regular Premium (Annually, Semi-annually, Quarterly, and Monthly).

Premium

Minimum Regular Premium

Annually : Rp 3,000,000
 Semi-annually : Rp 1,560,000
 Quarterly : Rp 810,000
 Monthly : Rp 300,000

Sum Assured

Minimum: Rp100,000,000

Underwriting

Full Underwriting.

Premium Holiday

Not available.

Death Benefit for Insured under 5 years old

For Insured under and/or up to 5 years old, Death Benefit payable shall adhere to the following terms:

Age of the Insured at the time of death (years old)	Death Benefit payable
≤ 1	20%
2	40%
3	60%
4	80%
≥ 5	100%

How to Apply for Your Policy?

1. Complete and sign the Life Insurance Application Form (LIAF).
2. Sign the Personal Summary of Product and Service Information (RIPLAY).
3. Provide photocopies of valid identification documents and any other required documents of Yourself and the Insured.

Are You Allowed to Cancel the Policy?

1. As long as no claim for the Insurance Benefit has been submitted, You shall be entitled to cancel and return the Policy to Us if You do not agree to the terms and conditions specified therein within 14 (fourteen) calendar days from the date You receive the Policy (Cooling-Off Period).
2. Upon cancellation and return of the Policy, We shall refund at least the amount of Premium paid by You, minus fees (if any), within a maximum of 7 (seven) business days from the date We receive the complete and accurate application for cancellation along with the required supporting documents and the application for cancellation has been approved by Us, and thereafter the Coverage shall automatically be cancelled from the Policy Effective Date. The deducting fee components include but are not limited to stamp duty, administrative fee, and medical check-up fees (if any).

What are Your obligations as a Policyholder?

1. You must answer all questions in the Life Insurance Application Form (LIAF) completely and accurately. You shall be fully responsible for the accuracy and completeness of the data You provide to Us, as any errors or omissions in the requested data may result in the cancellation of Your Policy.
2. You must read and understand the Life Insurance Application Form (LIAF) and the Personal Summary of Product and Service Information (RIPLAY) before signing them and the General Summary of Product and Service Information (RIPLAY).
3. You must make timely payments of the Premium according to Your selected Premium payment method.

How to submit a Death Benefit or Critical Illness Benefit claim?

Death Benefit and Accidental Death Benefit claim submission procedure

- The Beneficiary must notify the claim in writing and provide the documents mentioned in the Policy to Us, no later than 60 (sixty) calendar days from the date of the Insured's death. The Beneficiary must provide the completed and correct claim form, duly signed, and submit the supporting documents as required in the claim form and the Policy to Us.
- The payment of the Death Benefit and Accidental Death Benefit claim shall be made within 14 (fourteen) business days from the date the claim form and supporting documents have been completely and properly received by Us and the claim is approved by Us*.

**Terms and conditions apply according to Policy.*

The submission of a claim for Death Benefit or Accidental Death Benefit must be accompanied with the following documents:

- Original Policy and original Policy Data for those who select non-electronic Policy.
- Death claim form fully and correctly completed by the Beneficiary.
- Death claim form fully and correctly completed by the attending Doctor of the Insured.
- Power of attorney form for the disclosure of medical information and data completed and signed on a stamp duty by the Beneficiary.
- Photocopy of the Death Certificate from the relevant Government Institution (excerpt of Death Certificate).

- Photocopy of the Police Report in case of unnatural, unknown or Accidental cause of death of the Insured, as well as autopsy or post-mortem examination (visum) from a Doctor.
- Statement letter explaining the chronological details of the Insured's death prepared thoroughly and correctly and signed by the Beneficiary (if the Insured passed away at home without treatment from a Doctor).
- Photocopy of all medical examination results in connection with the Policy/claim submission related to medical procedures, treatments and/or healthcare services received by the Insured.
- Notification form for the account number fully and correctly completed by the Beneficiary, and a photocopy of the Beneficiary's bank statement.
- Photocopy of the identification document of the Insured (in the form of birth certificate (children), electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults)).
- Photocopy of the identification document of the Beneficiary (in the form of birth certificate (children), electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults)).
- Photocopy of supporting documents describing the relationship between the Insured and the Beneficiary.
- Other documents (if necessary).

We shall also be entitled to request a post-mortem examination (autopsy) to obtain evidence of the cause of death of the Insured (if necessary); and (ii) be provided with/request other documents from the hospital and/or other parties.

Critical Illness Benefit claim submission procedure

- You must notify the claim in writing and provide the documents mentioned in the Policy to Us no later

than 60 (sixty) calendar days from the date on which the Insured is first, as the case may be (i) diagnosed with or experiences a Critical Illness as specified in the Definitions of 77 Critical Illnesses Coverage; or (ii) undergoes a surgery included in the "Critical Illness" category as specified in the Definitions of 77 Critical Illnesses Coverage. You must submit a claim form that has been duly completed and signed along with supporting documents in accordance with the terms specified in the claim form and the Policy to Us. Furthermore, medical supporting evidence must be provided by a specialist Doctor specified in the Definitions of 77 Critical Illnesses Coverage. If the evidence is not submitted to Us within the given time, We shall be entitled to reject the payment of the relevant claim.

- The payment of the Critical Illness claim shall be made within 14 (fourteen) business days from the date the claim form and supporting documents have been completely and properly received by Us and the claim is approved by Us*.

** Terms and conditions apply according to Policy.*

The submission of a claim for Critical Illness Benefit must be accompanied with the following documents:

- Critical Illness claim form completed and signed by the Policyholder.
- Medical Certificate Form in accordance with the Critical Illness submitted.
- Power of attorney form for the disclosure of medical information and data completed and signed on a stamp duty by the Insured.
- Photocopy of the identification document of the Policyholder (in the form of electronic Identity Card (KTP) for Indonesian citizens, and Passport for foreign citizens).
- Photocopy of the identification document of the Insured (in the form of birth certificate (children), electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults)).
- Photocopy of the medical examination results relating to this Policy/claim application in connection with the medical procedure, care and/or treatment underwent and/or received by the Insured.
- Medical documents evidencing that the Insured has undergone surgery if the claim submitted is related to surgery included in the Critical Illness Category as described in the Definitions of 77 Critical Illnesses Coverage.

- h. Notification form for the account number and photocopy of the Policyholder's bank statement.
- i. Other documents (if necessary).

For each submission of an Insurance Benefit Claim, You or the Beneficiary (as the case may be) must use the forms (whether in hardcopy, electronic or otherwise) that We have provided.

How to apply for Maturity Benefit claim?

- You may apply for Maturity Benefit and receive payment of the Maturity Benefit.
- In the event that You are legally incapacitated or have passed away (conditions which must be supported by evidence acceptable to Us), the Beneficiary shall be entitled to apply for the claim and receive the Maturity Benefit payment.
- You must notify the claim in writing and submit the documents mentioned in the Policy to Us, after you receive a maturity notice of the Maturity Benefit.
- The payment of the Maturity Benefit claim shall be made within 7 (seven) business days from the date Maturity Benefit the claim form and supporting documents have been completely and properly received by Us and the Maturity Benefit claim has been approved and become due*.

** Terms and conditions apply according to the Policy.*

The submission of a claim for Maturity Benefit must be made after the expiration of the Insurance Period and must be accompanied with the following documents:

- a. Application form for the payment of the Maturity Benefit fully and correctly completed by the Policyholder.
- b. Photocopy of the identification document of the Policyholder (electronic Identity Card (KTP) for Indonesian citizens and Passport for foreign citizens).
- c. Power of attorney form fully and correctly completed by the Policyholder (if You request Us to pay the Maturity Benefit to a person other than Yourself).

- d. Photocopy of the identification document of the attorney in the form of an electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults) (if You request Us to pay the Maturity Benefit to a person other than Yourself).
- e. Photocopy of supporting documents describing the relationship between the Policyholder and the attorney (if You request Us to pay the Maturity Benefit to a person other than Yourself).
- f. Other documents (if necessary).

For each submission of an Insurance Benefit Claim, You or the Beneficiary (as the case may be) must use the forms (whether in hardcopy, electronic or otherwise) that We have provided.

Note:

1. The Policyholder, Insured or Beneficiary (as the case may be) shall bear the fees of obtaining the necessary documents/evidence to support the claim submitted.
2. **We shall be entitled to reject the claim or cancel the Policy if the Policyholder, Insured or Beneficiary (as the case may be) fails to provide information as required by Us or provides Us with incorrect information when such information:**
 - a. Constitutes material facts — which have been inquired in the claim form and which We believe shall influence Our decision on whether to accept the claim application from the Policyholder, Insured or Beneficiary (as the case may be), or
 - b. Constitutes factual information known by the Policyholder, Insured or Beneficiary (as the case may be), or
 - c. Constitutes factual information that We reasonably expect to be disclosed by the Policyholder, Insured or Beneficiary (as the case may be).
3. **We shall also reject any claim made by the Policyholder, Insured or Beneficiary (as the case may be) if it is fraudulent, or if false representations or misinformation are made or used in support of fraud or if fraudulent ways are used by the Policyholder, Insured or Beneficiary (as the case may be) to receive benefits under the Policy. In such cases, all benefits or amounts that would have been payable shall be cancelled, and We shall also be entitled to take any or all of the following actions:**
 - a. Terminate the Policy immediately; and/or
 - b. Enforce additional terms and conditions as We may deem necessary; and/or
 - c. Claw back any Insurance Benefit that has been paid; and/or
 - d. Take legal action as We may deem necessary.
4. The submission of an application/claim for Insurance Benefit is valid if all the requirements mentioned in the Policy have been fully met and We shall be entitled to reject any application/claim for Insurance Benefit payment and/or refuse to pay Insurance Benefit if such requirements are not met.

5. Every Insurance Benefit shall be paid by Us after first deducting the Policy Loan Value, any outstanding Premium and other obligations (if any).
6. Payment of Insurance Benefit shall be made by taking into account any Fees and/or other liabilities that are in arrears under the Policy.
7. In the event that the Policyholder is not an individual, We shall apply additional terms and conditions (for example, additional documents for claim submission and other transactions), as specified in the Policy Special Terms and Conditions for Non-Individual Policyholders.

How to request a policy surrender?

Request for Policy surrender must be accompanied with the following documents:

- a. Policy surrender form that has been fully and correctly completed by the Policyholder.
- b. Photocopy of the identification document of the Policyholder (electronic Identity Card (KTP) for Indonesian citizens, and Passport for foreign citizens).
- c. Power of attorney form fully and correctly completed by the Policyholder (if You request Us to pay the Cash Value to a person other than Yourself).
- d. Photocopy of the identification document of the attorney-in-fact, in the form of an electronic Identity Card (KTP) for Indonesian citizens (adults), and Passport for foreign citizens (adults) (if You request Us to pay the Cash Value to a person other than Yourself).
- e. Photocopy of supporting documents explaining the relationship between the Policyholder and the attorney-in-fact (if You request Us to pay the Cash Value to a person other than Yourself).
- f. Other documents (if necessary).

- Upon submitting a Policy surrender that You have made and we have Approved, We will carry out the process of paying the Cash Value (if any), and after payment of the Cash Value by Us to You, the Policy shall terminate.
- Payment for the Policy surrender transaction shall be made within 7 (seven) business days after the required documents have been duly and completely received by Us, and the transaction has been approved by Us.

Note: Cash Value is the amount receivable by You upon Your surrender of the Policy in accordance with the terms and conditions of the Policy, after any outstanding Premium, Policy Loan Amount and fees (if any) for regular Premium.

- In the event that the Policyholder is not an individual, We shall apply additional terms and conditions (for example, additional documents for Policy surrender transaction), as specified in the Policy Special Terms and Conditions for Non-Individual Policyholders.
- For each submission of Policy surrender, You or the Beneficiary (as the case may be) must use the forms (whether in hardcopy, electronic or otherwise) that We have provided.

Grace Period

You or Premium Payor (as the case may be) must regularly pay the next Premium no later than the Premium Due Date during the Premium Payment Period. If the next regular Premium has not been fully paid on the aforementioned Premium Due Date, We shall grant You a 45 (forty-five) calendar days Grace Period starting from the latest Premium Due Date to pay the regular Premium in full. If You or the Premium Payor (as the case may be) has not fully paid the regular Premium after the expiry of the Grace Period, the terms stipulated in the Policy.

Discontinuation of regular Premium payment

If the regular Premium is not paid in full within the Grace Period after the last regular Premium Due Date, the following terms shall apply:

1. If (i) the Policy does not or has not accrued any Cash Value; or (ii) the Policy has accrued Cash Value but it is insufficient to pay the overdue Premium and other fees (if any), the Policy shall automatically terminate and We shall not be obligated to make any Sum Assured and/or Insurance Benefit payment or Premium refund;

2. If the Policy has accrued Cash Value that is sufficient to pay the overdue Premium and other fees (if any), the following shall apply:
 - a. We will automatically provide a Policy loan to You by deducting the existing Cash Value in the amount of the outstanding regular Premium and other fees (if any) ("**Automatic Premium Loan**");
 - b. Funds taken from the Cash Value to pay the outstanding regular Premium and other fees (if any) constitute a loan ("**Policy Loan Value**") payable by You in accordance with the procedures established by Us. The Automatic Premium Loan shall be subject to compound interest at a rate We may determine from time to time;
 - c. This Automatic Premium Loan process will continue as long as the Cash Value is sufficient to pay the outstanding Premium, other fees (if any) and the compound interest on the Policy Loan Value;
 - d. If the Cash Value is no longer sufficient to pay the Premium, fees (if any), and interest, the Policy shall automatically terminate, and We shall not be obligated to make any Sum Assured and/or Insurance Benefit payment or Premium refund; and
 - e. As long as the Automatic Premium Loan is still in effect and You have not repaid the Policy Loan Value, if there is any Insurance Benefit payable by Us under the Policy, such Insurance Benefit payment shall be deducted by the Policy Loan Value, any outstanding regular Premium, fees (if any) and interest.
3. You may repay the Policy Loan Value in accordance with the procedure established by Us. We shall inform You of the Policy Loan Value on every Policy Anniversary, or via other means that We use from time to time.

Policy Reinstatement

1. Policy which has terminated (lapsed) in accordance with the provisions of the Policy may be reinstated the Policy by Your submission of an application for reinstatement to Us no later than within 2 (two) years from the date of the Policy termination or cancellation, subject to the following terms and conditions:
 - a. We shall be entitled to determine whether the reinstatement of the Policy shall require a medical check-up and whether to exercise underwriting or not. Any fees incurred for the medical check-up shall be Your sole responsibility;
 - b. In the event that We approve the application for reinstatement, the Policy reinstatement shall only come into effect once You have fulfilled all of Your obligations under the Policy (if any);
 - c. All fees incurred in relation to the Policy reinstatement, shall be borne by You and become Your responsibility; and
 - d. Other terms of the Policy shall be reinstated from the date of Policy reinstatement.
2. If more than 2 (two) years have passed since the date of Policy termination (lapse) and if You fail to submit a request for Policy reinstatement, You shall be deemed to have surrendered the Policy. In such case, We shall refund the Cash Value (if any) after deducting any fees and obligations (if any) to You to Your last recorded account in Our system in accordance with Our applicable procedures. You must inform Us of any changes to that bank account number. We shall not be responsible for any negligence on Your part regarding this matter.

Exclusions

DEATH BENEFIT EXCLUSIONS

We shall not be obligated to pay the Death Benefit if the Insured's death is directly or indirectly caused by any of the following events:

- a. Within 1 (one) year from the Policy Effective Date or the date of the Policy reinstatement (whichever is later), the Insured passes away by suicide; or
- b. The Insured passes away during the Insurance Period as a result of capital punishment by the court, or intentionally committing or participating in a criminal act or an attempted criminal act, whether actively or not, or if the Insured passes away as a result of an insurance fraud committed by a party who possesses or together with other parties possesses an insurable interest in this Coverage. If the Insured passes away as a result of any of the abovementioned reasons, We will terminate the Policy and We will only refund the Cash Value (if any). In this case, We will not refund any Premium that has been paid to Us.

EXCLUSIONS FOR ACCIDENTAL DEATH BENEFIT

We shall not be obligated to pay the Accidental Death Benefit if the Insured passes away due to an Accident directly or indirectly caused by:

- a. Involvement in a duel (unless it is an act of self-defence), self-inflicted injury or attempted self-inflicted injury or suicide or attempted suicide, whether or not physically and mentally fit; or

- b. Criminal act committed intentionally by the Policyholder, Insured or the person designated as Beneficiary; or
- c. Flight accident in which the Insured is a passenger or crew member of a flight with an irregular schedule, or
- d. Risky occupations or professions of the Insured, such as military personnel, police officers, firefighters, miners or other high-risk occupations/professions, unless the risk Premium has been paid; or
- e. Dangerous sports or hobbies of the Insured, such as auto racing, motorcycle racing, horse racing, hang gliding, mountain climbing, boxing, wrestling and other dangerous and risky sports or hobbies, unless the risk Premium has been paid; or
- f. Accidents resulting from mental illness, illness affecting the nervous system, intoxication (the Insured being under the influence of alcohol), the use of narcotics and/or illicit drugs.

This Accidental Death Benefit coverage does not apply if the Insured has reached 70 (seventy) years old on the Policy Effective Date or the latest Policy reinstatement date, whichever is later.

EXCLUSIONS FOR CRITICAL ILLNESS BENEFIT

We are not required to pay the Critical Illness Benefit if the Insured suffers from a Critical Illness as a direct or indirect result of the following reasons:

- a. Any illness arising, whether directly or indirectly, from (i) self-harm done by the Insured; or (ii) attempted suicide by the Insured, whether or not the Insured is physically and mentally sound at the time; or

- b. Any illness caused directly or indirectly by AIDS (Acquired Immune Deficiency Syndrome) or AIDS-related complex (ARC), or illnesses related to AIDS (AIDS Related Complex/ARC), or HIV (Human Immunodeficiency Virus), unless expressly covered under the Policy, or
- c. All congenital illnesses; or
- d. Pre-Existing Conditions; or
- e. Being under the influence or involved in the use of narcotics or alcohol; or
- f. If within 80 (eighty) calendar days since the Policy Effective Date or date of reinstatement (whichever is later), the Insured (i) experiences, displays symptoms or signs, or is diagnosed with a Critical Illness/Condition; or (ii) requires or has undergone surgery included in the Critical Illness category.

Note:

Pre-Existing Conditions means all types of illness, condition or Injury, health condition, or existing disability, whether known or unknown, prior to the Policy Effective Date or the Policy reinstatement date (whichever is later), where:

- The Insured has consulted for the condition even without having received a diagnosis;
- The Insured has received a diagnosis for;
- In cases where, in general, a person would reasonably be aware of and/or attempt to seek a Doctor's diagnosis, treatment, medication and/or therapy for (regardless of whether or not such diagnosis, treatment, medication and/or therapy has actually been received);
- It has been advised by a Doctor to seek medical care or treatment (regardless of whether the care or treatment has actually been received); and/or
- The signs or symptoms have been experienced by the Insured, whether or not the Insured is thereof.

Policy Amendment

Based on the request submitted to Us and with Our approval, the Policy may be amended only in relation to the following:

- 1. Your Name (as long as You are not the Insured) who possesses an insurable interest in the Insured;

2. Your and/or the Insured's address;
3. Name of the Beneficiary, as long as (i) the Insured is alive and the Policy is still effective; and (ii) the new Beneficiary holds an insurable interest in this Policy/insurance;
4. Premium payment method; and/or
5. Other matters that do not affect the risk factors covered in the Coverage, whether directly or indirectly, as determined by Us from time to time.

Premium Due Date

Policy Effective Date and the same date in the subsequent 1 (one) month, 3 (three) months, 6 (six) months, or 12 (twelve) months after the Policy Effective Date, depending on the Premium payment method selected by the Policyholder as specified in the Policy Data, Endorsement or other documents specified by Us as part of the Policy.

Applicable Fees (other than Premium)

You are charged for stamp duty for the first Premium payment only.

Complaint procedure and dispute resolution

1. Complaint procedure
 - a. You may lodge a written or verbal complaint to Us through the complaint service line provided by Us.
 - b. We will follow up on Your complaint within the following periods:
 - (i) For verbal complaints: 5 (five) business days after Our receipt of the complaint (or such other period as may be determined from time to time by the regulations issued by the Indonesian Financial Services Authority ("OJK")).

- (ii) For written complaints: 10 (ten) business days after Our receipt of the complete supporting documents (or such other period as may be determined from time to time by the regulations issued by OJK).
 - c. In certain circumstances as set out in regulations issued by OJK, and with prior notice to You, We may (i) extend the periods specified in point (1.b); or (ii) follow up on the complaint beyond the periods specified in point (1.b).
 - d. Further information on complaint channel and complaint procedure is available to You on Our official website.
 - e. In the event that there is no agreement on the outcome of the complaint follow-up as mentioned in point (1), You may submit a complaint to OJK for complaint handling in accordance with OJK's authority or resolve the dispute related to the complaint in accordance with the provisions of point (2).

2. Dispute resolution

- a. In the event of a dispute between You and Us or any other interested party regarding the Policy, the dispute shall first be resolved through amicable discussions to reach a consensus.
- b. In the event that the dispute mentioned in point (2.a) cannot be resolved and no agreement is reached, We and You may settle the dispute outside of court or through a court of competent jurisdiction.
- c. Alternative dispute resolution as referred to in point (2.b) shall be conducted by an Alternative

Dispute Resolution Institution designated by the Indonesian Indonesian Financial Services Authority (OJK), including but not limited to the Alternative Dispute Resolution Institution for the Financial Services Sector or other authorised Alternative Dispute Resolution Institutions determined by the OJK from time to time.

Simulation

Customer A, 35 years old (Male), purchases the MyProtection PASTI product with a Sum Assured of Rp500,000,000 and a Premium Payment Period of 20 years.

The annual Premium the customer has to pay is **Rp16,575,000**.

Death Benefit

- In the event of non-Accidental death, the benefit receivable: **Rp1 billion** (200% of SA).
- In the event of Accidental death, the benefit receivable: **Rp1.5 billion⁽¹⁾** (300% of SA).
- In the event of Accidental death while using Public Transport, the benefit receivable: **Rp2 billion⁽¹⁾** (400% of SA).

Critical Illness Benefit

- If diagnosed with one of the 77 Critical Illnesses, the benefit receivable: **Rp500 million⁽²⁾** (100% of SA).

Maturity Benefit

- If the Insured is still alive until the age of 86 years old⁽³⁾ at the end of the Policy Coverage, the benefit receivable: **Rp500 million** (100% of SA).

(1) This Accidental Death Benefit shall only be paid to the Beneficiary if the Insured passes away within 90 (ninety) calendar days from the date of the Accident. This Accidental Death Benefit shall terminate on the anniversary of the Policy which is nearest to when the Insured reaches 70 (seventy) years old.

(2) Payment of the Critical Illness Benefit shall only be made once for any one of the 77 types of Critical Illness in accordance with the Definitions of 77 Critical Illnesses Coverage; and after payment of the Critical Illness Benefit above, this Critical Illness Benefit will automatically terminate.

(3) Nearest birthday.

Service, complaint & claim resolution

If you have any questions or complaints regarding Our products and/or services, please reach out to Our Customer Center:

Address:

PT Asuransi Allianz Life Indonesia
Customer Lounge
World Trade Centre 6, Ground Floor
Jl. Jenderal Sudirman Kav. 29-31
South Jakarta 12920, Indonesia

Corporate Number:

+ 62 21 2926 8888

AllianzCare:

1500 136

Email:

ContactUs@allianz.co.id

Website:

www.allianz.co.id

Important notes to consider:

- PT Bank Maybank Indonesia Tbk (“**Bank**”) is a Bank licenced and supervised by the Indonesian Financial Services Authority (OJK) & Bank Indonesia.
- PT Asuransi Allianz Life Indonesia is licensed and supervised by the Indonesian Financial Services Authority (OJK), and its Marketing Personnel holds the license from the Indonesian Life Insurance Association (Asosiasi Asuransi Jiwa Indonesia).
- Premium paid includes the commission for the Bank.
- A comprehensive explanation of insurance coverage may be found in the Policy. The insurance coverage is subject to the Exclusions stated in the Policy, which outline the specific circumstances or events that are not covered by the Policy.
- We shall inform You of any amendment to the provisions as set out in the Policy no later than 30 (thirty) business days before the effective date of such changes. The 30 (thirty) business days period shall not apply in cases where amendments are made by Us in an effort to comply with applicable laws and regulations.
- **MyProtection PASTI** is an insurance product issued by PT Asuransi Allianz Life Indonesia. The Bank may only act as referrer for **MyProtection PASTI**. **MyProtection PASTI** is not a product of the Bank and therefore the Bank shall not be responsible for any and all claims and any risks associated with the Policy issued by PT Asuransi Allianz Life Indonesia. **MyProtection PASTI** is not insured by the Bank and its affiliates and is not insured by the Government of the Republic of Indonesia or Deposit Insurance Corporation (“LPS”). The use of the name, logo and other indication of the Bank in the General Summary of Product and Service Information (RIPLAY) shall not be construed as the insurance product being a product of the Bank.
- You must carefully read and understand this General Summary of Product and Service Information (RIPLAY) before agreeing to purchase for the product and you may ask the Marketing Personnel about any matters related to this General Summary of Product and Service Information (RIPLAY).
- This General Summary of Product and Service Information (RIPLAY) does not constitute a contract or insurance agreement between PT Asuransi Allianz Life Indonesia and the customer, and therefore it does not bind PT Asuransi Allianz Life Indonesia/customer. Customers are fully bound by the terms of the Policy.
- This General Summary of Product and Service Information (RIPLAY) is for general information purposes only. Full terms and conditions of **MyProtection PASTI** are set out in the Policy. For more information, please contact Us or Your Marketing Personnel, or visit Our website at www.allianz.co.id. All our products are designed to provide benefit to customers, but they may not necessarily cater to Your specific needs. If you are still unsure on whether or not this product is suitable for You, we recommend that You contact Your Marketing Personnel.
- We reserve the right to reject Your Policy application if it fails to meet the requirements or to comply with regulations.

General RIPLAY is made in Indonesia Language and English Language, in the event of different interpretation between the text of Indonesia Language and English Language, the text of Indonesia Language shall prevail.