

MYPROTECTION LEGACY

MyProtection Legacy is a traditional life insurance product with regular premium payments that provides Death Benefit until the Insured reaches the age of 100, Basic Insurance Premium Waiver Benefit, and Sum Assured Booster Benefit when the Insured reaches the age of 75.

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 Representatives before deciding to purchase this policy.

"We/Our/Us/Insurer" (*Kami/Penanggung*) refer to PT Asuransi Allianz Life Indonesia.

"You/Your/Policyholder" (*Anda/Pemegang Polis*) refer to the Individual whose name is specified in the Policy Data as the party entering into the Coverage with the Insurer.

"Insured" (*Tertanggung*) means the person whose life is covered under this Policy and whose name is specified in the Policy Data.

"Premium" (*Premi*) means a sum of money that You or the Premium Payor (as the case may be) pay to Us in relation to the Coverage, which includes the Basic Insurance Premium and Rider Premium (if any). The Premium shall be payable on each Premium Due Date as agreed upon in the Policy.

For more detailed definitions and information, you may refer to the Policy issued by Us.

WHAT ARE THE INSURANCE BENEFITS PROVIDED BY THIS PRODUCT?



Death Benefit and Sum Assured Booster Benefit

If the Insured dies during the Insurance Period, We shall pay the Death Benefit to the Beneficiary in the amount of the Sum Assured for the Basic Insurance.

When the Insured reaches the Age of 75 (seventy-five) years, We will provide booster benefits in the form of an increase in Sum Assured for Basic Insurance under the following conditions:

- The Sum Assured for Basic Insurance will be increased to 50% (fifty per cent) of the Sum Assured for Basic Insurance stated in the Policy Data ("**50% Sum Assured Booster**"), provided that the Policyholder has met all of the following criteria*.

or

- The Sum Assured for Basic Insurance will be increased by 25% from the Sum Assured for Basic Insurance stated in the Policy Data if (i) the Policyholder fails to satisfy any one of the Sum Assured Booster Requirements*; or (ii) has satisfied the Sum Assured Booster Requirements, and has received a Sum Assured Booster Benefit in the form of an increase in Sum Assured to 50% Sum Assured Booster, but no longer meets any of the Sum Assured Booster Requirements.

*The Sum Assured Booster Requirements: (i) The Policyholder chooses to pay Premium by means of automatic debit via credit card or savings account; (ii) The Policyholder chooses to send and receive correspondence via email; (iii) The Policyholder chooses the electronic version of the Policy book; (iv) If the Policyholder has chosen in LIAF to pay the Premium by automatic debit via credit card or savings account, the Policyholder will not make any changes to the payment method during the Insurance Period; (v) Since the Policy Effective Date, no Premium has been settled after the expiry of a Grace Period; and (vi) The Policyholder has never changed the Policy into a Reduced Paid-Up Policy.

The Sum Assured Booster Requirements set out in points (i), (ii) and (iii) above must be met during the submission of LIAF, as stated in LIAF.

The Death Benefit payment shall be deducted first by other outstanding obligations (if any) from You to Us.

The coverage shall become void if there are circumstances that fall under the exclusions for Death Benefit as specified in the Policy.



PT Asuransi Allianz Life Indonesia

MYPROTECTION LEGACY

Protection for the future welfare of Your family.

Product Name
MyProtection Legacy

Product Type
Traditional Individual Life Insurance Product

Insurance Product Lines
Term Death

Insurer Name
PT Asuransi Allianz Life Indonesia

Marketing Channel
PT Bank Maybank Indonesia Tbk

WHAT ARE THE INSURANCE BENEFITS PROVIDED BY THIS PRODUCT?**Basic Insurance Premium Waiver Benefit**

If the Insured suffers from any one of the Critical Illnesses/Conditions, and the claim for the Basic Insurance Premium Waiver Benefit has been approved by Us, We will provide the Basic Insurance Premium Waiver Benefit in the form of a waiver of Basic Insurance Premium payment, starting from the next Premium Due Date (after the date of the claim is approved by Us) until the end of the Premium Payment Period.

This Basic Insurance Premium Waiver Benefit shall apply if the Insured meets all of the following requirements:

- a. Signs or symptoms of Critical Illness/Condition experienced by the Insured or date of diagnosis of Critical Illness/Condition of the Insured did not occur within 80 (eighty) days since the Policy Effective Date or date of recovery, whichever is later;
- b. The Insured is diagnosed with any one of the Critical Illnesses/Conditions during the Premium Payment Period in accordance with the provisions of this Policy;
- c. You or the Premium Payor (as the case may be) must continue to pay Premium until the date this Basic Insurance Premium Waiver Benefit claim is approved.

Payment of this Basic Insurance Premium Waiver Benefit shall have no impact on the Booster Benefit Sum Assured.

Death Benefit for the Insured aged under 5 Years Old

For the Insured under and/or up to the Age of 5 (five) years old, the Death Benefit in the amount of the paid Sum Assured payable shall be made under the following terms:

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

BASIC TERMS

Including the characteristics and effective period of the product.

Entry Age:

Insured

Premium Payment Period of 5 or 10 years:

Insured's Entry Age starts from 1 month to 70 years old (nearest birthday).

Premium Payment Period of 15 years:

Insured's Entry Age starts from 1 month to 59 years old (nearest birthday).

Policyholder

18 years - no maximum age (nearest birthday).

Insurance Period

Until the Insured reaches the age of 100.

Premium Payment Period

5, 10, or 15 years.

Currency

Rupiah and US Dollar.

Premium Payment Method:

The scheme for paying the Premium is by regular Premiums (annually, semi-annually, quarterly, and monthly)

Sum Assured for Basic Premium

Minimum: Rp200,000,000/ USD 20,000

Maximum Sum Assured for Children (up to the age of 17 years): Rp 3,000,000,000 / USD 240,000

Underwriting

Full Underwriting

HOW TO APPLY FOR YOUR POLICY?

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

WHAT ARE YOUR OBLIGATIONS AS A POLICYHOLDER?

1. You must answer all questions on the Life Insurance Application Form (LIAF) completely and accurately. You shall be fully

responsible for the accuracy and completeness of the data provided to us, as any errors or omissions in the requested data may result in the cancellation of your Policy. We reserve the right to reject your Policy application if it does not meet the required criteria and regulations.

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, as well as this General Summary of Product and Service Information (RIPLAY).
3. You must pay the regular Premium on time.

ARE YOU ALLOWED TO CANCEL THE POLICY?

1. You shall be entitled to cancel and return the Policy to Us if You do not agree with the terms and conditions stated therein within 14 calendar days from the date You received Your Policy.
2. Upon cancellation and return of the Policy, We shall refund at least the amount of Premium that You have paid, minus fees, (if any), within a maximum of 7 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 deducted fees include but are not limited to stamp duty, medical examination fee (if any).

Example of Cancellation during the Cooling-Off Period of the Policy:

Wibowo (Male, 40 years old) purchased a Policy with the Basic Insurance Sum Assured of Rp1,000,000,000 and required regular Premium for Basic Insurance of Rp15,600,000 with a Premium Payment Period of 10 years. Wibowo has already made the first regular Premium payment for the Basic Insurance to Allianz. During the Cooling-Off Period, Wibowo decides to cancel the Policy. Therefore, Wibowo is entitled to a refund of the Premium amount: of **Rp15,600,000, minus fees (if any)**.

HOW TO APPLY FOR DEATH BENEFIT CLAIM?

1. The Beneficiary must notify the claim in writing and provide the documents mentioned in the Policy to Us, no later than 60 calendar days from the date of the Insured's death. The Beneficiary must provide a completed and correct claim form, duly signed, and submit the supporting documents as required in the claim form and this Policy to Us.

2. The Death Benefit claim must be completed with these following files:

- a. (i) original Policy and original Policy Data; or (ii) original Policy Data (for those who select electronic/digital Policy).
- b. Death claim form that must be filled out completely and correctly by the Beneficiary.
- c. Death claim form that must be filled out completely and correctly by the attending Doctor of the Insured.
- d. Power of attorney form for the disclosure of medical information and data that has been filled out and signed on a stamp duty by the Beneficiary.
- e. Photocopy of the Death Certificate from the relevant Government Institution (excerpt of Death Certificate).
- f. Photocopy of the Police Report in case of an unnatural, unknown or accidental cause of death of the Insured, as well as autopsy or post-mortem examination (visum) from a Doctor.
- g. Statement letter explaining the chronological details of the Insured's death prepared thoroughly and correctly and signed by the Beneficiary (if the Insured died at home without treatment from a Doctor).
- h. Photocopy of all medical examination results related to medical procedures, treatments and/or healthcare services received by the Insured during their lifetime.
- i. Notification form for the account number filled out completely and correctly by the Beneficiary, and a photocopy of the Beneficiary's bank statement.
- j. 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)).
- k. 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)).
- l. Photocopy of supporting documents describing the relationship between the Insured and the Beneficiary.
- m. Other documents (if necessary).

3. The payment of the Death Benefit claim shall be made within 14 business days from the date the complete and correct claim form and supporting documents are received by Us and the claim is approved by Us.*

*Terms and conditions applicable in accordance with the Policy

HOW TO APPLY FOR BASIC INSURANCE PREMIUM WAIVER?

You must notify the claim in writing no later than 60 (sixty) calendar days since the Insured is diagnosed for the first time with any of the Critical Illness/Conditions as defined in the Policy Terms. The submission of a claim for Basic Insurance Premium Waiver must be accompanied with the following documents:

- a. Critical Illness claim form completed and signed by the Policyholder.
- b. Original certificate from the specialist Doctor conducting initial diagnosis.
- c. Power of attorney form for the disclosure of medical information and data completed and signed on stamp duty by the Insured.
- d. Photocopy of the identification document of the Policyholder (in the form of electronic Identity Card (KTP) for Indonesian citizens, and Passport for foreign citizens).
- e. 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)).
- f. Photocopy of the medical examination results carried out on the Insured.
- g. Notification form for the account number and photocopy of the Policyholder's bank statement.
- h. Other documents (if necessary).

EXCLUSIONS OF DEATH BENEFIT

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

1. Within 1 year from the Policy Effective Date or the date of the Policy reinstatement, the Insured dies by suicide.
2. The Insured dies during the Insurance Period as a result of capital punishment by court, or intentionally committing or participating in a criminal act or an attempted criminal act, whether actively or not, or if the Insured dies as a result of an insurance fraud committed by a party who holds or is participating in interest in this Coverage.

If the Insured passes away as a result of any of the abovementioned reasons, We will terminate the Policy. In this case, we will not refund any Premium that has been paid to Us.

EXCLUSIONS OF BASIC INSURANCE PREMIUM WAIVER BENEFIT

We shall not be obligated to pay any Basic Insurance Premium Waiver Benefit if the Insured suffers from a Critical Illness/Condition as a direct or indirect result of the following matters:

- a. Any Illness arising, directly or indirectly, due to (i) an intentional wound; or (ii) a suicide attempt by the Insured, whether physically and mentally sound or not, 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 this Policy, or
- c. All congenital illnesses, or
- d. 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 occurs the later (Pre-Existing Conditions) which:
 - i. The Insured has consulted on, even when they have not received a diagnosis; or
 - ii. The Insured has received a diagnosis for; or
 - iii. In general, a person would reasonably attempt to seek Doctor's diagnosis, treatment, medication or therapy for; or
 - iv. Has been advised by a Doctor to seek medical treatment for, regardless of whether the treatment has been actually received; or
 - v. Has been accompanied by signs or symptoms that the Insured is aware or unaware of.
- e. Being under the influence or involved in the use of narcotics or alcohol; or
- f. Critical Illness/Condition in which the signs or symptoms of Critical Illness/Condition experienced by the Insured or the date of diagnosis of Critical Illness/Condition of the Insured occur within 80 (eighty) days since the Policy Effective Date or date of reinstatement, whichever occurs the later.

WHAT ARE THE RISKS ASSOCIATED WITH THIS PRODUCT?

1. Risk of changes in economic and political conditions
Risks associated with changes in economic conditions, political policies, laws, and government regulations related to investment and business, both domestically and internationally.
2. Operational Risk
Risks arising from inadequate/failing internal processes, or from employee behaviour and operational systems or from external events that may impact the company's operational activities.
3. Credit Risk

Risks associated with Allianz's ability to pay its obligations to its customers. Allianz continually maintains its performance to exceed the minimum capital adequacy requirements set by the Government.

4. Exclusion Risk

Risks associated with the terms where Allianz is unable to provide Insurance Benefits as stated in the Exclusion terms of the Policy.

POLICY SURRENDER TERMS

1. You shall be entitled to surrender the Policy at any time, in adherence to the provisions of the Policy and other terms and procedures determined by Us from time to time.
2. In the event that the surrender of the Policy is approved by Us, the Policy shall terminate, and We shall pay the Surrender Value, the amount of which will be calculated under the following formula:
 - a. Policy Surrender within the Premium Payment Period
Surrender Factor x (1 – MPP/MA) x total Premium paid at the time of surrender.
 - b. Policy Surrender after the Premium Payment Period
Surrender Factor x (1 – MPP/MA) x total Premium paid at the time of surrender x (MA – (t-(1-y/12))/MA)

Description:

MPP : Premium Payment Period
MA : Insurance Period (in years)
t : Policy year when the Policy is surrendered
y : the number of months passed in the current Policy year when the Policy is surrendered

HOW TO REQUEST A POLICY SURRENDER?

The surrender of this Policy must be accompanied with the following documents:

- a. Policy surrender form 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 entire withdrawal of Investment Value to someone other than Yourself).
- d. Photocopy of the identification document of the recipient of the power of attorney, such as an electronic Identity Card (KTP) for

Indonesian citizens (adults), and Passport for foreign citizens (adults) (if You request Us to pay the entire withdrawal of Investment Value to someone other than Yourself).

- e. Photocopy of supporting documents explaining the relationship between the Policyholder and the recipient of the power of attorney (if You request Us to pay the entire withdrawal of Investment Value to someone other than Yourself).
- f. Other documents (if necessary).

WHAT ARE THE APPLICABLE FEES?

You will only be subject to a stamp duty charge for the initial Premium payment.

COMPLAINT PROCEDURE & DISPUTE RESOLUTION

1. In the event of a dispute between You and Us or any other party of interest regarding the Policy, the dispute shall first be resolved through amicable discussions to reach a consensus.
2. You/Policyholder is entitled to lodge a complaint to Us, and We shall promptly follow up and resolve the complaint in accordance with the procedures and regulations stipulated by the Indonesian Financial Services Authority.
3. In the event the complaint mentioned in paragraph (1) of this Clause cannot be resolved, and no agreement is reached, We and You may settle the dispute by alternative dispute resolution outside of court or through a court of competent jurisdiction.
4. Alternative dispute resolution, as referred to in paragraph (3) of this Clause shall be conducted by an Alternative Dispute Resolution Institution designated by the 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.

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

SERVICE, COMPLAINT, AND CLAIM RESOLUTION

Brandon (Policyholder & Insured):

Male, 35 years old.

Premium Payment Period of choice:

15 years.

Sum Assured for Basic Insurance:

Rp1,000,000,000

Annual Regular Premium for Basic Insurance:

Rp10,380,000

Premium Payment of choice **autodebet from savings account**, Policy book of choice **electronic version** and correspondence of choice through **email**.

**BASIC
INSURANCE
PREMIUM
WAIVER⁽¹⁾**

If the Insured suffers from one of the
77 Critical Illnesses/Conditions⁽²⁾.



Age

35 Years old

45 Years old

50 Years old

75 Years old

77 Years old

100 Years old

Premium Payment Period

Sum Assured Booster Benefit⁽³⁾

Basic Insurance Premium Waiver period.⁽¹⁾



If the Insured dies

Notes:

1. Basic Insurance Premium Waiver Benefit, starting from the next Premium Due Date (after the date of the claim is approved by Us) until the end of the Premium Payment Period.
2. If the Insured suffers any one of the 7 Critical Illnesses/Conditions as referred to in the Policy Special Terms, and the claim for the Basic Insurance Premium Waiver Benefit has been approved by Us.
3. The Sum Assured for Basic Insurance will be increased to 50% of the Sum Assured for Basic Insurance stated in the Policy Data, provided that the Policyholder has met all of the following criteria of the Sum Assured Booster Requirements as stipulated in the Policy.

- In the event that the Policyholder fails to satisfy any one of the Sum Assured Booster Requirements, the Sum Assured for Basic Insurance will be increased by 25% (twenty-five per cent) from the Sum Assured for Basic Insurance stated in the Policy Data ("25% Sum Assured Booster"); or no longer satisfies any of the Sum Assured Booster Requirements, the 50% Sum Assured Booster will be adjusted and reduced to 25% Sum Assured Booster.
- The Death Benefit payment shall be deducted first by other outstanding obligations (if any) from the Policyholder to Us.
- Payment of this Basic Insurance Premium Waiver Benefit shall have no impact on the Booster Benefit Sum Assured.

APPENDIX - POLICY SURRENDER FACTOR TABLE

Policy Year as of the Surrender	Surrender Factor	Policy Year as of the Surrender	Surrender Factor
1	0%	9	24%
2	0%	10	28%
3	0%	11	32%
4	4%	12	36%
5	8%	13	40%
6	12%	14	44%
7	16%	15 and onwards	50%
8	20%		

Important Notes:

- PT Bank Maybank Indonesia Tbk ("Bank") is a Bank licenced and under the supervision of the Indonesian Financial Services Authority.
- PT Asuransi Allianz Life Indonesia is a licensed insurance company regulated by the Indonesian Financial Services Authority, and its Marketing Representatives hold licenses from the Indonesian Life Insurance Association.
- The Premium paid includes the commission for the Bank.
- A comprehensive explanation of insurance coverage may be found in the Policy. The insurance coverage shall be 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 changes to the provisions set out in this Policy no later than 30 business days before the effective date of such changes.
- MyProtection Legacy** is an insurance product issued by PT Asuransi Allianz Life Indonesia. Bank only acts as a referrer for **MyProtection Legacy**. **MyProtection Legacy** is not a Bank product 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 Legacy** is not guaranteed by the Bank or its affiliates and is not covered by the Indonesian Government's guarantee programme or the Deposit Insurance Agency ("LPS"). The use of the name, logo and other attributes of the Bank in the General Summary of Product and Service Information (RIPLAY) does not imply that the insurance product is a Bank product.
- You are required to read and understand this General Summary of Product and Service Information (RIPLAY) carefully before agreeing to purchase the product, and you shall be entitled to ask the Marketing Representative about any matters related to this General Summary of Product and Service Information (RIPLAY).
- This General Summary of Product and Service Information (RIPLAY) is not a contract or insurance agreement between PT Asuransi Allianz Life Indonesia and the customer, therefore it does not bind PT Asuransi Allianz Life Indonesia/customer. Customers are fully bound by the provisions stated in the Policy.
- This General Summary of Product and Service Information (RIPLAY) is for general information purposes only. The complete terms and conditions of **MyProtection Legacy** are specified in the Policy. For more detailed information, please contact us or your Marketing Representative, or visit our website at www.allianz.co.id. All our products are designed to provide benefits to customers, but they may not necessarily meet your specific needs. If you are still unsure whether this product suits your needs, we recommend that you contact Your Marketing Representative.
- We reserve the right to reject your Policy application if it does not meet the applicable requirements and terms.

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