

LIFE INSURANCE

**LIFE INSURANCE
WITH PREMIUM
REFUND
CURRENCY-
INDEXED and with
ADDITIONAL
COVERAGE**



TÜRKİYE HAYAT EMEKLİLİK

Gücü, adında.

INFORMATIVE TEXT ON THE PROCESSING OF PERSONAL DATA

Data Controller Information

Data Controller	: Türkiye Hayat ve Emeklilik Anonim Şirketi
Mersis No	: 0434005145200019
Address	: Levent Mah. Çayır Çimen Sok. No:7 34330 Levent - Beşiktaş / İSTANBUL
Telephone & Fax No	: 0212 310 37 00 & 0212 310 39 99
Contact Center	: 0850 202 20 20
E-Mail	: bilgi@turkiyehayatemeklilik.com.tr
KEP Address	: turkiyehayatemeklilik@hs02.kep.tr
Web Page	: www.turkiyehayatemeklilik.com.tr

As Türkiye Hayat ve Emeklilik Anonim Şirketi ("the Company"), in our capacity as the "Data Controller," we would like to inform you, in accordance with the Personal Data Protection Law No. 6698 ("Law No. 6698"), about the purposes of processing your personal data, the legal grounds, and your rights. The Company takes all necessary measures to ensure that your personal data is collected, stored, shared, and protected with the highest level of security in compliance with Law No. 6698.

I. Purposes of Processing Personal Data

Your personal data and special categories of personal data may be processed and transferred by our Company in accordance with the principles specified in Article 4 of Law No. 6698, and in line with the provisions in Articles 5/2 and 6/3 of the Law. This processing and transfer can be conducted, particularly, for the purpose of establishing and performing a contract, as explicitly provided by laws, and for the establishment, use, and protection of a right.*

- Establishment, performance, and execution of all processes related to the individual pension and life insurance contracts offered by our company within the scope of the contractual relationship,
 - Fulfillment of our company's obligations under the Turkish Commercial Code, Insurance Law, Law on Individual Pension Savings and Investment System, Law on the Prevention of Laundering of Crime-Related Proceeds, Turkish Civil Code, and other relevant legislation,
 - Ensuring that insurance and individual pension activities are carried out in accordance with the Company's procedures and/or relevant legislation,
 - Execution of business and transactions with business partners and/or suppliers within the scope of providing the Company's products and services, and, if applicable, carrying out and developing additional benefit services,
 - Execution of risk assessment and claims payment processes related to the provided insurance policies, as well as the preparation and renewal of policies, and obtaining expert opinions when necessary,
 - Execution of activities of reassuring the risks, reinsurance and coassurance ,
 - Electronic (internet branch, mobile app, ATM's, call center, social media etc.) or issuing of all records and documents that will be the basis of the transaction in paper form,
 - Recording of informations such as identity and address verification, occupation, income status, and the purpose of conducting transactions with our Company, in order to fulfill our obligations to know our customers in accordance with the applicable regulations,
 - To manage customer relationships related to our Company's products and services and ensuring customer satisfaction,
 - Local mail services for adress confirmation and updating , getting information from national address database (Central Population Administration System "MERNİS") or similar institutions,
 - Managing of business and transactions conducted with our Company's main shareholders and affiliated companies,
 - Planning and execution of work activities and operational processes
 - To manage institutional sustainability, institutional management ve strategical planning processes,
 - Planning, auditing, and execution of information security processes,
 - Processing of online visitor data in accordance with the relevant legislation,
 - Execution of membership processes on our online platforms,
 - Recording of video footage with security cameras at our Company's headquarters and service units, in accordance with workplace security practices and legal obligations,
 - Execution and planning of marketing, sales, and post-sales support service activities,
 - Within the scope of your explicit consent and permission for the sending of commercial electronic communications, enhancing service quality and/or conducting marketing analyses, promotion and marketing of applications, products, and services based on your preferences and likes through targeting, profiling, and analysis, conducting cross-sales, as well as conducting surveys, statistical analyses, and market research,
 - Sharing with brokers and reinsurance companies located abroad for the purpose of risk reinsurance, based on your explicit consent.
 - The collection of your special categories of personal data, including health data, from you and/or public or private healthcare providers, registering them in the Company's data recording system, and storing them for the periods prescribed by legislation.
- Compliance with the obligations of notification and reporting to official and administrative authorities, such as the Ministry of Treasury and Finance of the Republic of Turkey, the Central Bank of the Republic of Turkey, the Insurance and Private Pension Regulation and Supervision Agency, the Capital Markets Board, the Central Securities Depository Inc., the Association of Insurance, Reinsurance and Pension Companies of Turkey, the Insurance Arbitration Commission, the Insurance Information Center, the Pension Monitoring Center, the Financial Crimes Investigation Board, and the Credit Registry Bureau, if requested.
- The management of lawsuits and enforcement proceedings in which our Company is a party.
 - The planning and execution of audit activities.
 - The processing of data received for determining insurance coverage limits during the production stage (for life insurance), and the processing of your data in accordance with risk acceptance conditions, even if you are not an insured person/customer.

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- Establishment, performance, and execution of all processes related to the individual pension and life insurance contracts offered by our company within the scope of the contractual relationship,
 - Fulfillment of our company's obligations under the Turkish Commercial Code, Insurance Law, Law on Individual Pension Savings and Investment System, Law on the Prevention of Laundering of Crime-Related Proceeds, Turkish Civil Code, and other relevant legislation,
 - Ensuring that insurance and individual pension activities are carried out in accordance with the Company's procedures and/or relevant legislation,
 - Execution of business and transactions with business partners and/or suppliers within the scope of providing the Company's products and services, and, if applicable, carrying out and developing additional benefit services,
 - Execution of risk assessment and claims payment processes related to the provided insurance policies, as well as the preparation and renewal of policies, and obtaining expert opinions when necessary,
 - Execution of activities of reassuring the risks, reinsurance and coassurance ,
 - Electronic (internet branch, mobile app, ATM's, call center, social media etc.) or issuing of all records and documents that will be the basis of the transaction in paper form,
 - Recording of informations such as identity and address verification, occupation, income status, and the purpose of conducting transactions with our Company, in order to fulfill our obligations to know our customers in accordance with the applicable regulations,
 - To manage customer relationships related to our Company's products and services and ensuring customer satisfaction,
 - Local mail services for adress confirmation and updating , getting information from national address database (Central Population Administration System "MERNİS") or similar institutions,
 - Managing of business and transactions conducted with our Company's main shareholders and affiliated companies,
 - Planning and execution of work activities and operational processes
 - To manage institutional sustainability, institutional management ve strategical planning processes,
 - Planning, auditing, and execution of information security processes,
 - Processing of online visitor data in accordance with the relevant legislation,
 - Execution of membership processes on our online platforms,
 - Recording of video footage with security cameras at our Company's headquarters and service units, in accordance with workplace security practices and legal obligations,
 - Execution and planning of marketing, sales, and post-sales support service activities,
 - Within the scope of your explicit consent and permission for the sending of commercial electronic communications, enhancing service quality and/or conducting marketing analyses, promotion and marketing of applications, products, and services based on your preferences and likes through targeting, profiling, and analysis, conducting cross-sales, as well as conducting surveys, statistical analyses, and market research,
 - Sharing with brokers and reinsurance companies located abroad for the purpose of risk reinsurance, based on your explicit consent.
 - The collection of your special categories of personal data, including health data, from you and/or public or private healthcare providers, registering them in the Company's data recording system, and storing them for the periods prescribed by legislation.
- Compliance with the obligations of notification and reporting to official and administrative authorities, such as the Ministry of Treasury and Finance of the Republic of Turkey, the Central Bank of the Republic of Turkey, the Insurance and Private Pension Regulation and Supervision Agency, the Capital Markets Board, the Central Securities Depository Inc., the Association of Insurance, Reinsurance and Pension Companies of Turkey, the Insurance Arbitration Commission, the Insurance Information Center, the Pension Monitoring Center, the Financial Crimes Investigation Board, and the Credit Registry Bureau, if requested.
- The management of lawsuits and enforcement proceedings in which our Company is a party.
 - The planning and execution of audit activities.
 - The processing of data received for determining insurance coverage limits during the production stage (for life insurance), and the processing of your data in accordance with risk acceptance conditions, even if you are not an insured person/customer.

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INFORMATIVE TEXT ON THE PROCESSING OF PERSONAL DATA

II. Transfer of Your Personal Data

Your personal data and special categories of personal data may be transferred, for the purposes stated in Article 1 of this Clarification Text, in accordance with the provisions on the transfer of personal data to domestic and international parties as specified in Articles 8 and 9 of Law No. 6698. This transfer may be made to the Ministry of Treasury and Finance of the Republic of Turkey, the Central Bank of the Republic of Turkey, the Insurance and Private Pension Regulation and Supervision Authority, the Capital Markets Board, the Central Securities Depository Inc., the Association of Insurance, Reinsurance and Pension Companies of Turkey, the Insurance Arbitration Commission, the Insurance Information Center, the Pension Monitoring Center, the Financial Crimes Investigation Board, the Credit Registry Bureau, and other official and administrative authorities, including but not limited to those listed here; our shareholders and direct/indirect affiliates; subsidiaries; insurance/pension companies; agencies, brokers, and intermediaries that we work with or collaborate with; financial institutions; investment/portfolio companies; reinsurance companies; hospitals for informational purposes in various processes including claims; actuaries and expert institutions involved in death and disability processes; suppliers; third parties involved with program partners; and reinsurance and retrocession companies located abroad, based on your explicit consent.

III. Method and Legal Grounds for Collection of Personal Data:

Your personal data may be collected by our Company through verbal, written, or electronic means using automated or semi-automated methods via the General Directorate Units, Regional Directorates, Contact Offices, Agencies, Intermediaries, Brokers, Insurance and Pension Companies, official institutions and organizations, policy and contract parties, call centers, digital platforms (such as online branches, mobile applications, social media, etc.), and cookies in these environments, the Identity Sharing System, and other similar channels. The collection of personal data is conducted in accordance with the personal data processing conditions specified in Articles 5 and 6 of Law No. 6698 and for the processing purposes outlined in Article 1 of this Clarification Text. The data collection may be necessary for the establishment and performance of a contract, as explicitly provided by law, when it is mandatory for the establishment, use, or protection of a right, to fulfill legal obligations, for the legitimate interests of our Company, or based on your explicit consent in cases requiring it, including when you have given permission for commercial electronic communication.

IV. Rights of the Data Subject:

If you submit requests regarding your rights listed below to our Company, your request will be processed and concluded as soon as possible and no later than thirty days, through written or secure electronic communication channels, free of charge, following identity verification. However, if the process incurs an additional cost, the fee schedule determined by the Personal Data Protection Board will be applied by our Company.

Since it is important that the personal data we hold about you is accurate and up-to-date, it is important that you notify our Company when there is a change in your personal data.

As the data subject;

- To learn whether personal data is being processed,
- To request information if personal data has been processed,
- The right to learn the purpose of processing personal data and whether it is being used in accordance with that purpose,
- To know the third parties to whom personal data has been transferred, both domestically and internationally,
- The right to request the correction of personal data if it has been processed incompletely or incorrectly, and to request that the correction be communicated to third parties to whom the personal data has been transferred,
- The right to request the deletion or destruction of personal data, even if it has been processed in accordance with Law No. 6698 and other relevant legal provisions, when the reasons for processing no longer exist, and to request that the deletion or destruction be communicated to third parties to whom the personal data has been transferred,
- To object to the emergence of a result to the detriment of the person himself/herself by analyzing the processed data exclusively through automated systems,
- In case of damage due to unlawful processing of personal data, you have the right to demand compensation for the damage.

For more information and to review our policies you can click our address; <https://www.turkiyesigorta.com.tr/yasalbilgilendirme/kisisel-verilerin-korunmasi/emeklilik> and you can access our entire disclosure text and policies, you can also submit your requests regarding your rights listed in Article 11 of the Law No. 6698 by filling out the "Relevant Person Application Form" at this address, and you can submit your rights regarding your personal data within the scope of Law No. 6698 with documents certifying your identity and your petition containing your request to our above-mentioned address in person or through a notary public, to our KEP address by using secure electronic signature, mobile signature or your e-mail address previously notified to our Company and registered in our system.

INSURED :
DATE :
SIGNATURE :

INSURER :
DATE :
SIGNATURE :

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INFORMATIVE TEXT ON THE PROCESSING OF PERSONAL DATA

II. Transfer of Your Personal Data

Your personal data and special categories of personal data may be transferred, for the purposes stated in Article 1 of this Clarification Text, in accordance with the provisions on the transfer of personal data to domestic and international parties as specified in Articles 8 and 9 of Law No. 6698. This transfer may be made to the Ministry of Treasury and Finance of the Republic of Turkey, the Central Bank of the Republic of Turkey, the Insurance and Private Pension Regulation and Supervision Authority, the Capital Markets Board, the Central Securities Depository Inc., the Association of Insurance, Reinsurance and Pension Companies of Turkey, the Insurance Arbitration Commission, the Insurance Information Center, the Pension Monitoring Center, the Financial Crimes Investigation Board, the Credit Registry Bureau, and other official and administrative authorities, including but not limited to those listed here; our shareholders and direct/indirect affiliates; subsidiaries; insurance/pension companies; agencies, brokers, and intermediaries that we work with or collaborate with; financial institutions; investment/portfolio companies; reinsurance companies; hospitals for informational purposes in various processes including claims; actuaries and expert institutions involved in death and disability processes; suppliers; third parties involved with program partners; and reinsurance and retrocession companies located abroad, based on your explicit consent.

III. Method and Legal Grounds for Collection of Personal Data:

Your personal data may be collected by our Company through verbal, written, or electronic means using automated or semi-automated methods via the General Directorate Units, Regional Directorates, Contact Offices, Agencies, Intermediaries, Brokers, Insurance and Pension Companies, official institutions and organizations, policy and contract parties, call centers, digital platforms (such as online branches, mobile applications, social media, etc.), and cookies in these environments, the Identity Sharing System, and other similar channels. The collection of personal data is conducted in accordance with the personal data processing conditions specified in Articles 5 and 6 of Law No. 6698 and for the processing purposes outlined in Article 1 of this Clarification Text. The data collection may be necessary for the establishment and performance of a contract, as explicitly provided by law, when it is mandatory for the establishment, use, or protection of a right, to fulfill legal obligations, for the legitimate interests of our Company, or based on your explicit consent in cases requiring it, including when you have given permission for commercial electronic communication.

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Since it is important that the personal data we hold about you is accurate and up-to-date, it is important that you notify our Company when there is a change in your personal data.

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- To object to the emergence of a result to the detriment of the person himself/herself by analyzing the processed data exclusively through automated systems,
- In case of damage due to unlawful processing of personal data, you have the right to demand compensation for the damage.

For more information and to review our policies you can click our address; <https://www.turkiyesigorta.com.tr/yasalbilgilendirme/kisisel-verilerin-korunmasi/emeklilik> and you can access our entire disclosure text and policies, you can also submit your requests regarding your rights listed in Article 11 of the Law No. 6698 by filling out the "Relevant Person Application Form" at this address, and you can submit your rights regarding your personal data within the scope of Law No. 6698 with documents certifying your identity and your petition containing your request to our above-mentioned address in person or through a notary public, to our KEP address by using secure electronic signature, mobile signature or your e-mail address previously notified to our Company and registered in our system.

INSURED :
DATE :
SIGNATURE :

INSURER :
DATE :
SIGNATURE :

This form has been prepared in two copies, and one copy of the form will remain with the participant.

TEXT OF EXPLICIT CONSENT FOR THE PROCESSING OF PERSONAL DATA

I hereby accept and declare that I have been fully and clearly informed by Türkiye Hayat ve Emeklilik Anonim Şirketi ("Company") about the processing of my personal and sensitive personal data within the scope of the Law No. 6698 on the Protection of Personal Data and that I have read and understood the relevant text.

I hereby accept and declare that I am aware that my personal and sensitive personal data collected and to be collected within the scope of the provision of individual pension and life insurance products and services offered by the Company may be processed within the scope of Articles 5 and 6 of the Law No. 6698 on the Protection of Personal Data ("Law No. 6698") and may be transferred based on my explicit consent within the scope of Article 9 of the Law in the presence of the conditions specified in these articles.

In this context, I hereby accept and declare that my personal and special categories of personal data will be processed for the purpose of conducting transactions with brokers and reinsurance companies abroad in order to carry out reinsurance activities within the scope of life insurance products and services.

I hereby accept and declare that my personal and special categories of personal data collected will be shared by the Company with insurance and pension companies, intermediaries, brokers, reinsurers and retrocessionaires located abroad and companies providing cloud storage services within the scope of the above-mentioned purposes.

☐ I Accept

☐ I Decline

INSURED

Name, Surname:

Date:

Signature:

INSURER

Name, Surname:

Date:

Signature:

TEXT OF EXPLICIT CONSENT FOR THE PROCESSING OF PERSONAL DATA

I hereby accept and declare that I have been fully and clearly informed by Türkiye Hayat ve Emeklilik Anonim Şirketi ("Company") about the processing of my personal and sensitive personal data within the scope of the Law No. 6698 on the Protection of Personal Data and that I have read and understood the relevant text.

I hereby accept and declare that I am aware that my personal and sensitive personal data collected and to be collected within the scope of the provision of individual pension and life insurance products and services offered by the Company may be processed within the scope of Articles 5 and 6 of the Law No. 6698 on the Protection of Personal Data ("Law No. 6698") and may be transferred based on my explicit consent within the scope of Article 9 of the Law in the presence of the conditions specified in these articles.

In this context, I hereby accept and declare that my personal and special categories of personal data will be processed for the purpose of conducting transactions with brokers and reinsurance companies abroad in order to carry out reinsurance activities within the scope of life insurance products and services.

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☐ I Accept

☐ I Decline

INSURED

Name, Surname:

Date:

Signature:

INSURER

Name, Surname:

Date:

Signature:

PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please fill in the Application Form legibly using capital letters.

PRODUCT CODE : 04-4314

Policy Start Date : / /

Policy End Date: / /

BROKER INFO

Name/Title :

Agency No :

Technical Personnel/ Full Name :

Technical Personnel No :

Sales Person Name Surname :

Sales Person No :

INSURED CANDIDATE (If the Insurer and INSURED Candidate are the same person, do not fill in the INSURED Candidate information.)

Nationality T.R. ☐ Others ☐ T.R. Identity No⁽¹⁾

Name Surname :

Passport No⁽²⁾ :

Tax ID No⁽³⁾ :

Tax Office⁽³⁾ :

Place of Birth : Date of Birth: / /

Gender : F ☐ M ☐ Marital Status: Married ☐ Single ☐ Number of children

Father Name :

Mother Name : Mother's maiden name:

Job ⁽⁴⁾/Company of Employment :

Telephone No : Fax No:

GSM :

Correspondence Address :

Province/District : Postcode:

E-Mail : @

Preferred Contact Address : ☐ E-Mail ☐ SMS ☐ Mail

Identity information has been arranged by seeing the original identity document presented.

⁽¹⁾ It is compulsory for Turkish Citizens. ⁽²⁾ ⁽³⁾ Foreign Nationality field is compulsory when Other option is selected.

⁽⁴⁾ The Insurance Company may make a risk assessment based on the profession of the insured. It may apply a surcharge/refusal to the application.

INSURER

Nationality T.R. ☐ Others ☐ T.R. Identity No⁽¹⁾

Name Surname :

Passport No⁽²⁾ :

Tax ID No⁽³⁾ :

Tax Office⁽³⁾ :

Place of Birth : Date of Birth: / /

Gender : F ☐ M ☐ Marital Status: Married ☐ Single ☐ Number of children

Father Name :

Mother Name : Mother's maiden name:

Occupation ⁽⁴⁾/Company of Employment :

Insured Candidate Name-Surname:

Date and Signature

Insurer Name Surname

Date and Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please fill in the Application Form legibly using capital letters.

PRODUCT CODE : 04-4314

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Policy End Date: / /

BROKER INFO

Name/Title :

Agency No :

Technical Personnel/ Full Name :

Technical Personnel No :

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Sales Person No :

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Name Surname :

Passport No⁽²⁾ :

Tax ID No⁽³⁾ :

Tax Office⁽³⁾ :

Place of Birth : Date of Birth: / /

Gender : F ☐ M ☐ Marital Status: Married ☐ Single ☐ Number of children

Father Name :

Mother Name : Mother's maiden name:

Job ⁽⁴⁾/Company of Employment :

Telephone No : Fax No:

GSM :

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Occupation ⁽⁴⁾/Company of Employment :

Insured Candidate Name-Surname:

Date and Signature

Insurer Name Surname

Date and Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please fill in the Application Form legibly using capital letters.

Telephone No	:		Fax No:	
GSM	:			
Address Province / District	:			
Province/ District	:		Postcode:	
E-Mail	:		@	
Preferred Contact Address	:	☐ E-Mail	☐ SMS	☐ Post

*Identity information has been prepared by viewing the original identity document presented.

(1) It is mandatory for Turkish citizens. (2)(3) When the other option is selected, the Foreign National field is mandatory. (3) It is mandatory for legal entities.

COVERAGE AND PREMIUM INFORMATION

Guarantees	Coverage Options	Coverage Amount (TRY)
Death Due To an Accident	☒	
Critical Illnesses	☒	
State of Living	☒	

Policy Term: (Minimum 10 years, maximum 20 years) **Money Currency:** USD**Total Premium Amount:****PAYMENT INFO: Premium**

Payment Method	:	☐ Credit Card	☐ ATM / Account Instruction Payment		
Premium Payment Period	:	☐ Monthly Payment	☐ Quarterly Payment	☐ Biallual Payment	☐ Annual Payment

Insurance premium payments are indexed to foreign currency, and the payments will be converted into Turkish lira based on the USD effective selling rate announced by the Central Bank of the Republic of Türkiye one day prior to the payment date and will be processed accordingly.

ACCOUNT INFO

Bank Name	:	
Bank Branch Code	:	
Bank Account No	:	
Iban No (TR)	:	
Account Owner	:	
First Payment Withdrawal Date	:	/ /
	:	☐ Subsequent payments will be made on the of the month.

CARD INFO

(The policyholder and the cardholder must be the same person)

Card No	:	
Bank Name	:	
Card Owner	:	
Expiration Date	:	/
First Payment Withdrawal Date	:	/ /
	:	☐ Subsequent payments will be made on the of the month.

Card Type: ☐ Visa ☐ Master ☐ Troy

Contributions made via credit card are transferred to individual retirement contracts and directed towards investment after the blocking period set based on the agreement between the bank where the POS transactions are performed and our Company. These contributions are also subject to government incentives. The blocking period for your individual retirement payments made via credit card ranges from 1 to 41 calendar days. Blocking periods may vary depending on agreements with banks. For detailed information, you can visit :

<https://www.turkiyesigorta.com.tr/>**Insurer Name Surname**

Date and Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) APPLICATION FORM

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Please fill in the Application Form legibly using capital letters.

Telephone No	:		Fax No:	
GSM	:			
Address Province / District	:			
Province/ District	:		Postcode:	
E-Mail	:		@	
Preferred Contact Address	:	☐ E-Mail	☐ SMS	☐ Post

*Identity information has been prepared by viewing the original identity document presented.

(¹) It is mandatory for Turkish citizens. (²)(³) When the other option is selected, the Foreign National field is mandatory. (³) It is mandatory for legal entities.

COVERAGE AND PREMIUM INFORMATION

Guarantees	Coverage Options	Coverage Amount (TRY)
Death Due To an Accident	☒	
Critical Illnesses	☒	
State of Living	☒	

Policy Term: (Minimum 10 years, maximum 20 years) Money Currency: USD

Total Premium Amount:

PAYMENT INFO: Premium

Payment Method	:	☐ Credit Card	☐ ATM / Account Instruction Payment		
Premium Payment Period	:	☐ Monthly Payment	☐ Quarterly Payment	☐ Biallual Payment	☐ Annual Payment

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ACCOUNT INFO

Bank Name	:	
Bank Branch Code	:	
Bank Account No	:	
Iban No (TR)	:	
Account Owner	:	
First Payment Withdrawal Date	:	/ /
		☐ Subsequent payments will be made on the of the month.

CARD INFO

(The policyholder and the cardholder must be the same person)

Card No	:					
Bank Name	:					
Card Owner	:					
Expiration Date	:	/	Card Type:	☐ Visa	☐ Master	☐ Troy
First Payment Withdrawal Date	:	/ /				
		☐ Subsequent payments will be made on the of the month.				

Contributions made via credit card are transferred to individual retirement contracts and directed towards investment after the blocking period set based on the agreement between the bank where the POS transactions are performed and our Company. These contributions are also subject to government incentives. The blocking period for your individual retirement payments made via credit card ranges from 1 to 41 calendar days. Blocking periods may vary depending on agreements with banks. For detailed information, you can visit :

<https://www.turkiyesigorta.com.tr/>.

Insurer Name Surname

Date and Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please fill in the Application Form legibly using capital letters.

COMMITMENT LETTER

I declare that, by completing this life insurance application form in full, Türkiye Hayat ve Emeklilik A.Ş. is not under any obligation. I confirm that I have read and fully completed the questions in this application form and health declaration, and I acknowledge that if I do not, I will lose all my rights, and this has been explained to me. I authorize Türkiye Hayat ve Emeklilik A.Ş. to collect the premium amounts for the relevant period from the credit card/account I have specified above until I provide an alternative instruction. I acknowledge that Türkiye Hayat ve Emeklilik A.Ş.'s obligations will commence with the start date specified in the policy and, in any case, with the payment of the premium or the first installment.

I have read and received the information text attached to this application form. I accept and declare that all the features of the product have been explained to me by the insurer.

PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) APPLICATION FORM

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PREMIUM REFUNDABLE LIFE INSURANCE (CURRENCY INDEXED & ADDITIONAL COVERAGE) APPLICATION FORM

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HEALTH DECLARATION OF THE INSURED APPLICANT

Please answer each question by checking the “Yes” or “No” box. Additionally, the provided answers must be clear and understandable.

1	Do you have any diagnosis/treatment/surgery related to cancer, COPD, kidney failure, paralysis, brain diseases, cirrhosis, or insulin-dependent diabetes? Have you undergone surgery related to heart disease? (*)
	☐ No ☐ Yes Please specify.
2	Have you ever had or are you currently experiencing a health issue that requires you to undergo regular health check-ups?
	☐ No ☐ Yes Please specify.

INSURED Name - Surname

Date and Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (CURRENCY INDEXED & ADDITIONAL COVERAGE) APPLICATION FORM

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PREMIUM REFUNDABLE LIFE INSURANCE (CURRENCY INDEXED & ADDITIONAL COVERAGE) APPLICATION FORM

PRIVATE AND CONFIDENTIAL

Please fill out the Application Form legibly, using capital letters.

OTHER QUESTION RELATED TO THE INSURED'S STATEMENT:

Do you have any applications or active policies with other insurance companies?

(Life, Personal Accident, Critical Illness, Disability)

No ☐

Yes ☐

Please specify if "yes"

Name of Insurance Company :

Policy Coverage Type :

Total Coverage Amount:

I have read all the information in this application form and answered all questions completely and accurately; I have not made any false or incomplete statements; I have not concealed any matter that Türkiye Hayat ve Emeklilik A.Ş. should know; otherwise, Türkiye Hayat ve Emeklilik A.Ş. will not be under any liability in disputes that may arise; Türkiye Hayat ve Emeklilik A.Ş. does not undertake any commitment due to this Insurance Application Form that I have filled in completely and it does not mean that I am accepted for insurance by Türkiye Hayat ve Emeklilik A.Ş.; The prepayment I have made to the accounts of Türkiye Hayat ve Emeklilik A.Ş. is a down payment, the company is not responsible for the payments I have made outside the specified accounts, if the application is accepted by Türkiye Hayat ve Emeklilik A.Ş. and the policy is issued, it will be a premium payment and will be offset against my premium payments, and if I am accepted for insurance, the answers and statements I have given will form the basis of the proposed contract and the policy to be issued, I hereby declare, accept and undertake that the address specified in the application form is my notification address unless I notify a change in writing and that notifications to this address are valid, and that I authorize Türkiye Hayat ve Emeklilik A.Ş. to obtain information from doctors, health institutions and other relevant persons and to conduct research about me in all matters I have specified and in all cases where Türkiye Hayat ve Emeklilik A.Ş. deems necessary.

INSURED Name Surname

Date and Signature

Insurer Name Surname

Date and Signature

Insurance Consultant / Agency /

Bank Branch Name Surname

Date and Signature

PLEASE DO NOT FORGET TO SIGN AND DATE.

PREMIUM REFUNDABLE LIFE INSURANCE (CURRENCY INDEXED & ADDITIONAL COVERAGE) APPLICATION FORM

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INSURED Name Surname

Date and Signature

Insurer Name Surname

Date and Signature

**Insurance Consultant / Agency /
Bank Branch Name Surname**

Date and Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATIVE TEXT

This text, which has been prepared in at least two copies, has been prepared in accordance with the Regulation on Information in Insurance Contracts published in the Official Gazette dated 14.02.2020 in order to provide general information on some important issues regarding the Insurance Contract to be made to other persons who want to be a party to the Insurance Contract and who will benefit from the insurance.

A. INFORMATION ABOUT THE INSURER

1. The insurance agent mediating the contract;

Trade Title :

Address :

Tel & Fax No. :

2. The insurer providing the coverage;

Trade Title : TÜRKİYE HAYAT VE EMEKLİLİK AŞ / Mersis No: 0434005145200019

Address : Levent Mah. Çayır Çimen Sokak, No:7 34330 Levent - Beşiktaş / İSTANBUL

Tel & Fax No. : 0212 310 37 00 - 0212 310 39 99

B. GUARANTIES

Accidental Death Coverage

Without prejudice to the provisions of the General Terms and Conditions of Life Insurance and the General Terms and Conditions of Personal Accident Insurance, in the event of the death of the Insured immediately or within 1 year from the date of the accident due to an accident occurring within the policy coverage and within the insurance period, the amount shall be paid to the beneficiary(ies) specified on the Policy in TL based on the US Dollar effective selling rate of the Central Bank of the Republic of Turkey announced on the business day preceding the payment date.

Survival Coverage (End of Term Premium Refund)

Provided that the insured is alive at the end date of the insurance (no death indemnity payment has been made) and all premiums due have been paid within the scope of the insurance contract and special conditions and the policy has not been terminated during the insurance period, the total amount of all premiums paid during the insurance period will be paid to the Policyholder after deducting the deductions that may be made within the scope of tax legislation. The Survival Coverage shall be paid in TL based on the effective selling rate of the US Dollar of the Central Bank of the Republic of Türkiye announced one day before the payment date.

Dangerous Diseases Coverage

When the risk occurs, the policy coverage amount shall be evaluated within the framework of the special conditions of this coverage and the General Terms and Conditions of Life Insurance, when the insured provides written proof that the insured has been diagnosed or operated for the first time in his/her life with one of the dangerous diseases described in detail below on a date after the coverage start date. The commencement date of the coverage is 90 days after the policy start date. If this coverage is continued annually with the same conditions, the coverage starts without the 90-day period. The sum assured shall be paid at the end of 60 days following the date of surgery for coronary artery disease surgery and organ transplantation surgery, and at the end of 30 days following the date of definitive diagnosis, except for coronary artery disease surgery and organ transplantation surgery, if the insured is still alive. The coverage ends after the payment of the dangerous illness indemnity. If the insured dies during the postponement period, the dangerous illness indemnity is not paid.

Waiting Period: 3 months (90 days). (No indemnity payment will be entitled if the risk occurs in the above coverages (except for major burns) within the first 3 months from the start of the policy).

Vesting Period (Deferral Period): 60 days (The coverage amount is paid at the end of 60 days following the date of surgery for coronary artery disease surgery and organ transplant surgery, if the insured is still alive. If the insured dies within the 60-day period, no dangerous illness indemnity is paid).

Vesting Period (Deferral Period): 30 days (Except for coronary artery disease surgery and organ transplant surgery. This is the minimum period that the insured must live from the date of diagnosis in order to be entitled to compensation).

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

1. Cancer:

Any malignant tumour positively diagnosed by histological confirmation and characterised by the uncontrolled growth and invasion of tissue by malignant cells. The diagnosis must be confirmed by a Specialist. Unless specifically excluded, leukaemia, malignant lymphoma and myelodysplastic syndrome are included in this definition.

For the above definition, the following are not included:

- Any tumour histologically classified as premalignant, non-invasive or carcinoma in situ (including canalic or lobulated breast carcinoma in situ and cervical dysplasia (CIN-1, CIN-2 and CIN-3)
- Prostate cancer of any type unless histologically classified with a Gleason score greater than 6 or progressed to at least clinical TNM classification T2NOM0.
- Chronic lymphocytic leukaemia unless progression to at least Binet Stage B.
- Basal cell carcinoma and squamous cell carcinoma of the skin and malignant melanoma stage IA (T1aNOM0) unless there is evidence of metastasis
- Papillary triot cancer less than 1 cm in diameter and histologically defined as T1NOM0
- Papillary bladder microcarcinoma histologically defined as Ta
- Polycythemia rubra vera and basic thrombocythemia
- Monoclonal gammopathy of indeterminate significance
- Gastric MALT Lymphoma if the condition can be treated with Helicobacter eradication
- Gastrointestinal stromal tumour (GIST) stage I and II according to AJCC Cancer Staging Manual, Seventh Edition (2010)
- Cutaneous Lymphoma as the condition requires treatment with chemotherapy or radiation
- Microinvasive breast carcinoma (histologically classified as T1mic), unless the condition requires breast surgery, chemotherapy or radiation
- Microinvasive carcinoma of the cervix uteri (histologically classified as stage IA1), unless the condition requires hysterectomy, chemotherapy or radiation.

2. Myocardial infarction (heart attack):

Myocardial infarction is the death of heart tissue due to prolonged obstruction of blood flow. Within the scope of this definition, myocardial infarction is evidenced by an increase and/or decrease in cardiac biological indicators (troponin or CKMB) to levels accepted as the diagnosis of myocardial infarction, with at least two of the following criteria:

- Symptoms of ischaemia (such as chest pain)
- Electrocardiogram (ECG) changes indicative of new ischaemia (new ST-T changes or new left bundle branch block)
- Development of pathological Q waves on ECG The diagnosis must be confirmed by a qualified Cardiologist.

For the above definition, the following are not included:

- Acute coronary syndrome (stable or unstable angina)
- Troponin elevations in the absence of overt ischaemic heart disease (e.g. myocarditis, apital ballooning, cardiac contusion, pulmonary embolism, drug toxicity)
- Myocardial infarction with normal coronary arteries or due to coronary vasospasm, myocardial bridging or drug use
- Myocardial infarction occurring within 14 days after coronary angioplasty or bypass surgery.

3. Stroke:

Brain tissue death due to an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage) resulting in persistent symptoms, or embolism from an extracranial source, with

- Clinical examination revealed acute new neurological symptoms and
- Onset of new objective neurological deficits¹ (defects). The neurological deficit must last longer than 3 months from the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by imaging findings.

For the above definition, the following are not included:

- Transient Ischaemic Attack (TIA) and Prolonged Reversible Ischaemic Neurological Deficit (PRIND);
- Traumatic injury to brain tissue or blood vessels
- Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention
- Incidental imaging findings (CT- or MRI-scan) without clearly associated clinical symptoms (silent stroke)
- Death of the optic nerve or retina or vestibular organ tissue

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

(1) Neurological defect: Includes symptoms of nervous system dysfunction present on clinical examination. Included symptoms include numbness, hyperesthesia (including sensitivity), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

For the above definition, the following are not included:

- An abnormality seen on CT or MRI scans or other imaging techniques without definite associated clinical symptoms
- Neurological signs without symptomatic abnormalities, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin

4. Coronary Artery Bypass Surgery:

Cardiac surgery to correct narrowing or blockage of two or more coronary arteries with a bypass graft to treat multivessel coronary artery disease. Heart surgeries with a full sternotomy (vertical division of the breastbone) and minimally invasive (interventional) procedures (partial sternotomy or thoracotomy) are included. The surgery must be deemed medically necessary by a Specialist Cardiologist or Cardiac Surgeon and supported by coronary angiogram findings.

For the above definition, the following are not included:

- Bypass surgery to treat narrowing or blockage of a coronary artery
- Coronary angioplasty or stent placement, balloon angioplasty, laser technique and other intravascular interventions

5. End Stage Renal Failure:

Requires continuous dialysis. Chronic and irreversible failure of both kidneys as a result of which either regular haemodialysis or peritoneal dialysis is initiated or kidney transplantation is performed. Dialysis must be medically necessary and confirmed by a Specialist Nephrologist.

For the above definition, the following are not included:

- Acute reversible renal failure with temporary renal dialysis.

6. Basic Organ, Composite Tissue or Bone Marrow Transplantation:

Transplantation of major organs such as heart, lung, liver, kidney, pancreas and bone marrow. In this organ transplantation, the person must be the recipient. Situations where the person is a donor are excluded from the coverage.

Being an allograft or isograft recipient of one or more of the following:

- Heart
- Kidney
- Liver (including split liver or living donor liver transplantation)
- Lung (including living donor lobe transplantation or single lung transplantation)
- Bone marrow (allogeneic haematopoietic stem cell transplantation with prior total bone marrow ablation)
- Small intestine
- Pancreas
- Partial or complete face, hand, arm or leg transplantation (composite tissue allograft transplantation) is also included in this definition. The condition leading to the transplantation must have been confirmed by a specialist physician and deemed incurable by any other means.

For the above definition, the following are not included:

- Other organ, body part or tissue transplants (including cornea and skin)
- Other cell transplants (stem cells other than islet cells and haematopoietic stem cells)

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For the above definition, the following are not included:

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For the above definition, the following are not included:

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For the above definition, the following are not included:

- Acute reversible renal failure with temporary renal dialysis.

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Transplantation of major organs such as heart, lung, liver, kidney, pancreas and bone marrow. In this organ transplantation, the person must be the recipient. Situations where the person is a donor are excluded from the coverage.

Being an allograft or isograft recipient of one or more of the following:

- Heart
- Kidney
- Liver (including split liver or living donor liver transplantation)
- Lung (including living donor lobe transplantation or single lung transplantation)
- Bone marrow (allogeneic haematopoietic stem cell transplantation with prior total bone marrow ablation)
- Small intestine
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- Partial or complete face, hand, arm or leg transplantation (composite tissue allograft transplantation) is also included in this definition. The condition leading to the transplantation must have been confirmed by a specialist physician and deemed incurable by any other means.

For the above definition, the following are not included:

- Other organ, body part or tissue transplants (including cornea and skin)
- Other cell transplants (stem cells other than islet cells and haematopoietic stem cells)

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

7. Joint Paralysis

Complete and irreversible. Total and irreversible loss of muscle function associated with all 2 joints as a result of spinal cord or brain injury or disease. The joint is defined as the whole arm or the whole leg. Paralysis must be present for more than 3 months, diagnosed by a Specialist Neurologist and supported by clinical and diagnostic findings.

For the above definition, the following are not included:

- Paralysis due to self-harm or psychological disorders
- Guillain-Barré-Syndrome
- Periodic or hereditary paralysis

8. Vision Loss

Refractive correction is the deep irreversible loss of vision in both eyes caused by disease or trauma that cannot be corrected by medication or surgery. Deep visual loss is evidenced either by a visual acuity of 3/60 or less (0.05 or less in decimal notation) in the better eye after best correction or by a visual field of less than 10 degrees in the better eye after best correction. The diagnosis should be confirmed by a Specialist Ophthalmologist.

9. Heart Valve Surgery

Surgery to replace or repair one or more defective heart valves, including minimally invasive (interventional) and catheter-based procedures.

The following procedures are included under this definition:

- Replacement or repair of a heart valve by full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy
- Ross-Procedure
- Catheter-based valvuloplasty
- Transcatheter aortic valve implantation (TAVI)
- The surgery must be deemed medically necessary by a Specialist Cardiologist or Cardiac Surgeon and supported by echocardiogram or cardiac catheterisation findings.

For the above definition, the following are not included:

- Transcatheter mitral valve clipping

10. Aortic Surgery

Minimally invasive (interventional) procedures included Surgery for the treatment or investigation of aortic narrowing, obstruction, aneurysm. Minimally invasive (interventional) procedures such as endovascular repair are included in this definition. The surgery must be deemed medically necessary by a Specialist Surgeon and supported by imaging findings.

For the above definition, the following are not included:

- Surgery on any of the branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Aortic surgery in connection with inherited connective tissue disorders (e.g. Marfan syndrome, Ehlers-Danlos syndrome)
- Surgery following traumatic aortic injury

11. Multiple Sclerosis (MS)

It is a slowly progressive disease in which there is 'damage' to the sheath of the central nervous system (brain, spinal cord) that provides electrical current in the nerves and many neurological symptoms, from numbness in the limbs to visual disturbances. The diagnosis is made by neurologists (neurosurgeons) by detecting more than one well-defined neurological attack (exacerbation of symptoms) accompanied by persistent symptoms that indicate involvement of the optic nerve, brainstem and spinal cord, together with impairments in coordination, motor (movement-related) and sensory functions. The person does not have to be dependent on a wheelchair. Causes permanent symptoms. The diagnosis of multiple sclerosis must be confirmed by a specialist neurologist and must be supported by all of the following criteria.

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

7. Joint Paralysis

Complete and irreversible. Total and irreversible loss of muscle function associated with all 2 joints as a result of spinal cord or brain injury or disease. The joint is defined as the whole arm or the whole leg. Paralysis must be present for more than 3 months, diagnosed by a Specialist Neurologist and supported by clinical and diagnostic findings.

For the above definition, the following are not included:

- Paralysis due to self-harm or psychological disorders
- Guillain-Barré-Syndrome
- Periodic or hereditary paralysis

8. Vision Loss

Refractive correction is the deep irreversible loss of vision in both eyes caused by disease or trauma that cannot be corrected by medication or surgery. Deep visual loss is evidenced either by a visual acuity of 3/60 or less (0.05 or less in decimal notation) in the better eye after best correction or by a visual field of less than 10 degrees in the better eye after best correction. The diagnosis should be confirmed by a Specialist Ophthalmologist.

9. Heart Valve Surgery

Surgery to replace or repair one or more defective heart valves, including minimally invasive (interventional) and catheter-based procedures.

The following procedures are included under this definition:

- Replacement or repair of a heart valve by full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy
- Ross-Procedure
- Catheter-based valvuloplasty
- Transcatheter aortic valve implantation (TAVI)
- The surgery must be deemed medically necessary by a Specialist Cardiologist or Cardiac Surgeon and supported by echocardiogram or cardiac catheterisation findings.

For the above definition, the following are not included:

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- Clinical impairment of motor or sensory function, which must have lasted for a continuous period of at least 6 months
- Magnetic resonance imaging (MRI) of the brain or spinal cord showing at least two demyelinating lesions characteristic of multiple sclerosis

For the above definition, the following are not included:

- Possible multiple sclerosis and neurologically or radiologically isolated syndromes implying but not diagnosed multiple sclerosis
- Isolated optic neuritis and neuromyelitis optica

12. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

It results in permanent loss of physical ability. A definitive diagnosis of amyotrophic lateral sclerosis (ALS) is required. The disease must result in a complete inability to perform at least 3 out of 6 activities of daily living independently without a reasonable chance of recovery for a continuous period of at least 3 months.

The activities of daily living are:

- Bathing: the ability to bathe in a bath or shower (including getting in and out of the bath or shower) or otherwise to bathe adequately.
- Dressing and undressing: the ability to put on, take off, secure and loosen all clothing and, if necessary, all laces, artificial joints or other surgical appliances.
- Self-feeding: the ability to feed oneself when food is prepared and made available.
- Maintaining personal hygiene: The ability to maintain adequate personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Moving between rooms: The ability to move from room to room on a level surface.
- Getting in and out of bed: The ability to get up from bed to an upright chair or wheelchair and to lie down again. The diagnosis should be made by a Specialist Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not included:

- Other forms of motor nerve disease
- Multifocal motor neuropathy (MMN) and inclusion body myositis
- Post-polio syndrome
- Spinal cord-related muscle atrophy
- Polymyositis and dermatomyositis

13. Benign Brain Tumour

Diagnosis of a definite benign (non-malignant) brain tumour located on the roof of the skull and arising from brain tissue, meninges or cranial nerves. The tumour must be treated with at least one of the following

- Complete or incomplete surgical removal
- Stereotactic radio surgery
- External beam radiation If none of the treatment options is optional for medical reasons, the tumour must have caused a permanent neurological deficit¹ that must be documented for a period of at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Specialist Neurologist or Neurosurgeon and supported by imaging findings.

For the above definition, the following are not included:

- Diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain
- Hypofiz gland tumours
- (1)Neurological defect: Symptoms of nervous system dysfunction present on clinical examination. Symptoms included are numbness, hyperaesthesia (including sensitivity), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma. For the above definition, the following are not included:
 - An abnormality seen on CT or MRI scans or other imaging techniques without definite associated clinical symptoms
 - Neurological symptoms without symptomatic abnormalities, e.g. brisk reflexes without other symptoms
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14. Coma

It results in persistent symptoms. It is diagnosed as a state of absolute unconsciousness with no reaction or response to external stimuli or internal needs, causing

- A score of 8 or less on the Glasgow coma scale for at least 96 hours requires the use of life support systems and results in a permanent neurological deficit¹ that requires assessment for at least 30 days after the onset of the coma. The diagnosis should be confirmed by a Specialist Neurologist.

For the above definition, the following are not included:

- Medically induced (induced) coma
- Any coma due to self-mutilation, alcohol or drug abuse
- (1)Neurological defect: Symptoms of nervous system dysfunction present on clinical examination. Symptoms included are numbness, hyperaesthesia (including sensitivity), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma. For the above definition, the following are not included:
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15. Deafness

Permanent and irreversible. It is the definitive diagnosis of permanent and irreversible hearing loss in both ears as a result of disease or accidental injury. The diagnosis should be confirmed by a Specialist ENT specialist and supported by a mean auditory threshold of greater than 90db at 500, 1000 and 2000 hertz using a pure tone audiogram in the better ear.

16. HIV infection acquired in specified occupation

A definitive diagnosis of Human Immunodeficiency Virus (HIV) resulting from a case that occurred during normal employment duties for the following specified occupations:

- Medical doctor or dentist
- Nurse or midwife
- Physician assistant or dental assistant
- Laboratory worker or laboratory technician
- Fire service member
- Ambulance service member
- Hospital administrator or hospital maintenance worker
- Police officer
- Prison officer

HIV infection must be proven by all of the following:

- The incident must have occurred after the inception of the policy.
- The case must have been reported, investigated and documented in accordance with the current guidelines of the appropriate authorities (e.g., workers' compensation board)
- An HIV-negative blood test must have been taken within 5 days of the case.
- HIV seroconversion must have occurred within 12 months of the case.
- The case must have occurred during the performance of an above occupation. For the above definition, the following are not included:
 - HIV infection resulting from sexual activity or any other form of transmission, including drug use

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17. Joint Loss

It is the definitive diagnosis of complete separation of two or more joints at or above the wrist or ankle as a result of accident or medically necessary amputation. The diagnosis must be confirmed by a Specialist.

For the above definition, the following are not included:

- Loss of joints due to self-inflicted injuries

18. Loss of Speech

Permanent and irreversible. Definitive diagnosis of total and irreversible loss of speech ability as a result of physical injury or illness. The condition must have been present for a continuous period of at least 6 months. The diagnosis must be confirmed by a Specialist ENT doctor.

For the above definition, the following are not included:

- Loss of speech due to psychiatric disorders

19. Major Burns

It covers 20 per cent of the body surface area. Burns involving full depth skin destruction down to the underlying tissue (third degree burns) and covering at least 20 per cent of the body surface area as measured by the 'Nines Rule' or the 'Lund and Browder Table'. The diagnosis must be confirmed by a specialist.

For the above definition, the following are not included:

- Third degree burns due to self-mutilation
- All kinds of first or second degree burns

C. TAX APPLICATION

If you are liable to pay income tax, you can deduct the life insurance premiums you pay for yourself, your spouse and your children under the age of 18 from your income tax base. Thus, you will both secure your future and reduce the cost of the premium you will pay for your life insurance.

WHAT IS INCOME TAX ADVANTAGE?

Tax Deduction for Salaried Employees

According to Article 63/3 of the Income Tax Law, if you are a salaried employee, you can use all of the premiums you pay for personal insurance policies such as death, accident, health, illness, disability, unemployment, maternity, maternity and education for yourself, your spouse and your minor children as a tax deduction.

Note: The total of the premiums to be deducted in determining the taxable wage base cannot exceed 15% of the wage earned in the month in which it is paid and the annual amount of the minimum wage annually.

Tax Reduction for the Self-Employed

According to Article 89/1 of the Income Tax Law, if you are self-employed; death, accident, health, illness, disability, unemployment, maternity, birth and education of yourself, your spouse and minor children

You can use all of the premiums you pay for personal insurance policies such as personal insurance policies for tax deduction.

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D. GENERAL INFORMATION

1. The indemnity to be paid by the Insurer shall, in principle, be freely determined by the parties at the time of conclusion of the Contract, without any limitation.
2. Insurance may be insured by more than one Insurer at the same or different rates. In this case, the indemnity payment obligation of each Insurer shall be independent of each other.
3. An Insurance Contract shall be deemed to have been concluded if the proposal submitted by the person who wishes to conclude an Insurance Contract with the Insurer for the conclusion of the Contract has not been rejected within thirty days from the date of the proposal. Payments made during the submission of the proposal shall be accepted as premium or counted as the first premium after the conclusion of the Contract. If the Contract is not concluded, these payments shall be returned with interest without deduction.
4. The entire insurance premium or the first instalment of the premium in case of instalment payments must be paid at the time of delivery of the policy. If the first instalment of the annual premium or the entire annual premium is not paid within 2 months from the specified due date, the Contract shall be cancelled and the Contract shall be automatically terminated without the need for notice.
5. In the event of cancellation of the policy upon the request of the Policyholder, provided that no indemnity payment has been made; all premiums paid shall be refunded in the event of withdrawal requests made within 15 days after the Insurer notifies the Policyholder that he/she may exercise his/her right of withdrawal, or within 1 month after the payment of the first premium if no notification has been made. (Cancellation on Demand)
6. Except for the Insurance Contracts that have been in force for at least one year and one year's premium has been paid, if any of the premiums following the first premium is not paid on time, the Insurer shall give the Policyholder a ten-day period via notary public or registered letter with return receipt requested and warn him/her to fulfil his/her debt, otherwise, the Contract shall be deemed to be terminated at the end of this period. If the premium debt is not paid at the end of this period, the Insurance Contract shall be terminated and no premium refund shall be made to the Policyholder. Other rights of the Insurer arising from the Turkish Code of Obligations due to the default of the Policyholder are reserved.
7. In Insurance Contracts for which the premium for one year has been paid in full, if the Policyholder wishes to leave after the first year of the policy expires, the policy shall be terminated by paying to the Policyholder the amount remaining after applying the deduction rate in the month in which the request to leave to the mathematical reserve amount calculated according to the technical principles of the policy tariff. For insurances that include the probability of survival, the Insured must prove that he/she is healthy in order to request a surrender value from the Insurer. For Contracts with a term longer than one year, the refund amount to be calculated for cancellation requests received after the withdrawal period is the mathematical reserve amount calculated according to actuarial calculations as of the date of the request over the premium collected by adding intermediary commission and expense share.
8. Before the Insurance Contract is concluded, it is obligatory to give correct answers to the questions in the proposal form and to inform the Insurer of all important matters that are known or should be known during the conclusion and continuation of the Insurance Contract and/or all circumstances that would require the Insurer not to conclude the Contract or to conclude the Contract under more severe conditions. In case of breach of this obligation, the Insurer reserves the right to withdraw from the Contract or to continue the Contract by charging additional premium. If it is determined that incomplete or incorrect information has been provided after the occurrence of the risk, the Insurer may refrain from paying compensation in accordance with the relevant legislation. Therefore, please refrain from giving incomplete or incorrect information to the Insurer at every stage of the Contract. Otherwise, the indemnity payment period may be extended and incomplete or non-receipt of indemnity may occur. This obligation also applies to the beneficiary. In case of a wilful breach of the declaration obligation, the Insurer may withdraw from the Contract even if the risk has occurred and shall be entitled to premium.
9. After the Policy is issued, one copy will be sent to you and one copy will be kept at our Company.
10. For more detailed information about the insurance, please carefully read the General Terms and Conditions of Life Insurance, General Terms and Conditions of Personal Accident and Special Terms and Conditions of Premium Refund Life Insurance (Foreign Currency Indexed & Additional Coverage).
11. Premium and indemnity payments will be made in TL based on the US Dollar effective selling rate of the Central Bank of the Republic of Turkey as of 15:30 on the business day preceding the payment
12. The policy provides accidental death, dangerous diseases and survival coverage.
13. The policy can be issued for a minimum of 10 years and a maximum of 20 years. The insurable age range is 18-51, and the sum of the age of entry and policy term cannot exceed 61 years.
14. Premiums can be paid monthly, quarterly, semi-annually or annually.
15. For premium payments made by credit card, the TL amount collected from the credit card will be refunded in case of refund/cancellation transactions before the end of the value date.
16. For premium payments made by credit card, the TL amount charged from the credit card shall be refunded in case of refund/cancellation transactions before the end of the value date.
17. There is no practice of lending, dividend and dividend distribution in this Insurance Contract.

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5. In the event of cancellation of the policy upon the request of the Policyholder, provided that no indemnity payment has been made; all premiums paid shall be refunded in the event of withdrawal requests made within 15 days after the Insurer notifies the Policyholder that he/she may exercise his/her right of withdrawal, or within 1 month after the payment of the first premium if no notification has been made. (Cancellation on Demand)
6. Except for the Insurance Contracts that have been in force for at least one year and one year's premium has been paid, if any of the premiums following the first premium is not paid on time, the Insurer shall give the Policyholder a ten-day period via notary public or registered letter with return receipt requested and warn him/her to fulfil his/her debt, otherwise, the Contract shall be deemed to be terminated at the end of this period. If the premium debt is not paid at the end of this period, the Insurance Contract shall be terminated and no premium refund shall be made to the Policyholder. Other rights of the Insurer arising from the Turkish Code of Obligations due to the default of the Policyholder are reserved.
7. In Insurance Contracts for which the premium for one year has been paid in full, if the Policyholder wishes to leave after the first year of the policy expires, the policy shall be terminated by paying to the Policyholder the amount remaining after applying the deduction rate in the month in which the request to leave to the mathematical reserve amount calculated according to the technical principles of the policy tariff. For insurances that include the probability of survival, the Insured must prove that he/she is healthy in order to request a surrender value from the Insurer. For Contracts with a term longer than one year, the refund amount to be calculated for cancellation requests received after the withdrawal period is the mathematical reserve amount calculated according to actuarial calculations as of the date of the request over the premium collected by adding intermediary commission and expense share.
8. Before the Insurance Contract is concluded, it is obligatory to give correct answers to the questions in the proposal form and to inform the Insurer of all important matters that are known or should be known during the conclusion and continuation of the Insurance Contract and/or all circumstances that would require the Insurer not to conclude the Contract or to conclude the Contract under more severe conditions. In case of breach of this obligation, the Insurer reserves the right to withdraw from the Contract or to continue the Contract by charging additional premium. If it is determined that incomplete or incorrect information has been provided after the occurrence of the risk, the Insurer may refrain from paying compensation in accordance with the relevant legislation. Therefore, please refrain from giving incomplete or incorrect information to the Insurer at every stage of the Contract. Otherwise, the indemnity payment period may be extended and incomplete or non-receipt of indemnity may occur. This obligation also applies to the beneficiary. In case of a wilful breach of the declaration obligation, the Insurer may withdraw from the Contract even if the risk has occurred and shall be entitled to premium.
9. After the Policy is issued, one copy will be sent to you and one copy will be kept at our Company.
10. For more detailed information about the insurance, please carefully read the General Terms and Conditions of Life Insurance, General Terms and Conditions of Personal Accident and Special Terms and Conditions of Premium Refund Life Insurance (Foreign Currency Indexed & Additional Coverage).
11. Premium and indemnity payments will be made in TL based on the US Dollar effective selling rate of the Central Bank of the Republic of Turkey as of 15:30 on the business day preceding the payment
12. The policy provides accidental death, dangerous diseases and survival coverage.
13. The policy can be issued for a minimum of 10 years and a maximum of 20 years. The insurable age range is 18-51, and the sum of the age of entry and policy term cannot exceed 61 years.
14. Premiums can be paid monthly, quarterly, semi-annually or annually.
15. For premium payments made by credit card, the TL amount collected from the credit card will be refunded in case of refund/cancellation transactions before the end of the value date.
16. For premium payments made by credit card, the TL amount charged from the credit card shall be refunded in case of refund/cancellation transactions before the end of the value date.
17. There is no practice of lending, dividend and dividend distribution in this Insurance Contract.

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

This form has been prepared in two copies, and one copy of the form will remain with the participant.

PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

18. This insurance is valid anywhere in the world.

19. By signing the relevant documents, the persons who will be or have been covered by the insurance are deemed to have consented to the acquisition of health information, insurance records and other information from the Insurance Information and Surveillance Centre (SBM), the Social Security Institution, the Ministry of Health, health institutions and organisations and insurance companies for the purpose of risk assessment and finalisation of compensation applications, and to the sharing of such information and records held by the company with SBM, Insurance Companies and authorities authorised by the relevant legislation.

20. The Insurer may insure his/her own or someone else's life against the possibility of death or survival. In order to insure the life of another person, the beneficiary must have an interest in the continuation of that person's life. In addition, for insurance against the possibility of death, if the sum insured exceeds the customary funeral expenses, the written consent of the Insured or his legal representative, if any, is required.

21. If it is determined that the date of the first diagnosis of one or more of the diseases to which the insured was asked in the health declaration form during the policy contracting phase and answered no, existed before the policy start date; if the cause of death of the insured is caused by a different disease other than the questions asked in the health declaration form, a connection (causal link) is sought between the cause of death and the undeclared or misdeclared disease. If there is a connection between the breach of the declaration obligation and the realised risk, the Insurer's obligation to pay the sum insured is cancelled. If there is no connection, the Insurer pays the sum insured by taking into account the ratio (proportion) between the premium paid and the premium due.

22. In addition to the exclusions in the General Terms and Conditions of Life Insurance and Personal Accident Insurance; pre-insurance diseases including cancer, COPD, renal failure, stroke, brain diseases, cirrhosis, insulin-dependent diabetes and any health problem that requires regular medical check-ups are excluded from the coverage. In the event that the cause of death of the insured is due to the questions asked in the health declaration form, the insurer's obligation to make payment is cancelled.

E. RIGHT OF WITHDRAWAL

The Policyholder may withdraw from the Contract within fifteen days after the Insurer notifies him/her that he/she may exercise his/her right of withdrawal. If the right of withdrawal has not been notified, this right of the Policyholder shall lapse after the expiry of one month from the payment of the first premium. However, the right of withdrawal cannot be used in Contracts where indemnity is paid before the exercise of the right of withdrawal.

If the Policyholder exercises the right of withdrawal, the premiums paid shall be returned to the Policyholder without any deduction. The premium refund shall be made in TL by taking into account the US Dollar effective foreign exchange selling rate of the Central Bank of the Republic of Turkey valid at 15:30 on the business day preceding the payment date.

F. UNLESS OTHERWISE AGREED IN THE CONTRACT, CASES EXCLUDED FROM THE GUARANTEE

Unless otherwise agreed, deaths caused by the following conditions are excluded from the insurance coverage. In the event of the death of the Insured due to these reasons, death coverage is not paid; the Insurer is obliged to pay the unearned premiums reserve or actuarial mathematical reserve and profit share, if any.

- a) War, whether declared or not, all kinds of war events, invasion, foreign enemy movements, combat,
- b) Participation in acts of revolution, rebellion, insurrection or nuclear, biological, chemical terrorism or acts that are defined as terrorist acts in accordance with the Anti-Terrorism Law No. 3713,
- c) The use of nuclear, biological or chemical weapons or any attack or sabotage that may cause the release of nuclear, radioactive, biological or chemical substances; nuclear risks such as nuclear reaction, radiation, contamination, except for therapeutic purposes.

Unless otherwise agreed, it is excluded from insurance in the following cases:

- a) Driving and riding motorcycles and dummy motor bikes,
- b) Offshore fishing, herding and shooting hunts, wild boar and other wild animal hunting and hunting in high mountains,
- c) Mountaineering by climbing mountains and mountainsides, all sports on snow or ice (such as skiing, skating, hockey and boxing); javelin, mania riding, polo, rugby, fencing, weightlifting, wrestling, boxing, basketball, football and sailing sports, heavy and dangerous gymnastic movements and professional sports movements,
- d) All kinds of sports competitions and speed and endurance races,
- e) Flying in the air in a capacity other than as a passenger,
- f) Earthquake, flood, volcanic eruption and landslide.

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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18. This insurance is valid anywhere in the world.

19. By signing the relevant documents, the persons who will be or have been covered by the insurance are deemed to have consented to the acquisition of health information, insurance records and other information from the Insurance Information and Surveillance Centre (SBM), the Social Security Institution, the Ministry of Health, health institutions and organisations and insurance companies for the purpose of risk assessment and finalisation of compensation applications, and to the sharing of such information and records held by the company with SBM, Insurance Companies and authorities authorised by the relevant legislation.

20. The Insurer may insure his/her own or someone else's life against the possibility of death or survival. In order to insure the life of another person, the beneficiary must have an interest in the continuation of that person's life. In addition, for insurance against the possibility of death, if the sum insured exceeds the customary funeral expenses, the written consent of the Insured or his legal representative, if any, is required.

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- a) War, whether declared or not, all kinds of war events, invasion, foreign enemy movements, combat,
- b) Participation in acts of revolution, rebellion, insurrection or nuclear, biological, chemical terrorism or acts that are defined as terrorist acts in accordance with the Anti-Terrorism Law No. 3713,
- c) The use of nuclear, biological or chemical weapons or any attack or sabotage that may cause the release of nuclear, radioactive, biological or chemical substances; nuclear risks such as nuclear reaction, radiation, contamination, except for therapeutic purposes.

Unless otherwise agreed, it is excluded from insurance in the following cases:

- a) Driving and riding motorcycles and dummy motor bikes,
- b) Offshore fishing, herding and shooting hunts, wild boar and other wild animal hunting and hunting in high mountains,
- c) Mountaineering by climbing mountains and mountainsides, all sports on snow or ice (such as skiing, skating, hockey and boxing); javelin, mania riding, polo, rugby, fencing, weightlifting, wrestling, boxing, basketball, football and sailing sports, heavy and dangerous gymnastic movements and professional sports movements,
- d) All kinds of sports competitions and speed and endurance races,
- e) Flying in the air in a capacity other than as a passenger,
- f) Earthquake, flood, volcanic eruption and landslide.

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

g) All damages due to biological and/or chemical contamination, contamination or poisoning and drowning in water caused by terrorist acts specified in the Anti-Terrorism Law No. 3713 and sabotage resulting from these acts or interventions made by the competent bodies in order to prevent these acts and reduce their effects, interventions caused by terrorist acts and sabotage specified in the Anti-Terrorism Law No. 3713 or interventions made by the competent bodies in order to prevent these acts and reduce their effects.

G. MAKING THE PAYMENT

1. Please request the list of information and documents required for the application for indemnity from your Insurer following the preparation of the policy.
2. If the Insurer kills the Insured or is complicit in the killing of the Insured for the purpose of enabling the insurance payment obligation to arise, the Insurer shall be released from the obligation to pay compensation. If the Beneficiary kills the Insured or is in any way complicit in the killing of the Insured, he/she shall be deprived of the sum insured and the sum insured shall be paid to the heirs of the deceased.
3. It is possible to designate more than one beneficiary (beneficiary of the insurance) in the policy. If no separate share is determined for each of the beneficiaries, they all have equal shares. Persons other than the heir may also be nominated as beneficiaries. The share not taken by the beneficiaries is added to the share of others. Rejection of inheritance or renunciation of inheritance does not affect the right of the beneficiary.
4. In the event of the occurrence of the risk, please apply to the Insurer, whose address and telephone numbers are given on the front page, with the necessary information and documents without delay.
5. In the event of the death of the Insured, the policy will be terminated by paying the amount entitled in the case of resignation without any deduction.
6. During the indemnity payment stage, any unpaid premium debt of the Insured, if any, will be deducted from the indemnity to be paid.

Documents to be sent to the Insurance Company in case of death as a result of an accident:

Documents expected for Compensation Risk Assessment:

1. Policy and application form (if available)
2. TÜİK (Turkish Statistical Institute) death certificate, (written cause of death, signed and signed, approved by the institution)
3. If the Insured's death occurred as a result of a traffic accident; Traffic Accident Report (front and back photocopy, Alcohol Report if the Insured is a driver)
4. If the death of the Insured has occurred due to a cause referred to the judicial authorities; the decision letter of the Prosecutor's Office, Forensic Medicine and Autopsy Minutes
5. Documents required by MASAK rules (Residence, Copy of ID, Contact number)

In case the indemnity is decided to be paid as a result of Risk Assessment, Documents Required for Payment:

The following documents are required in order for the sum assured to be paid to the Policyholder/Legal Heirs of the Policyholder or to the beneficiary(ies) in cases where a beneficiary is specified.

- a) Current address information and contact details of the Policyholder/Legal Heirs of the Policyholder or the beneficiary(ies) where a beneficiary is specified
- b) IBAN number of the Policyholder/Legal Heirs of the Policyholder or, where a beneficiary is specified, the IBAN number of the beneficiary(ies)

Documents Required in Case of Dangerous Diseases:

1. Petition of the Insured regarding the claim for compensation
2. Policy (signed by the Insured)
3. Documents showing the initial diagnosis of the disease for the claim subject to dangerous disease coverage (Epicrisis report, Radiological Examination Results, Biopsy-Pathology etc.)
4. Other information and documents that may be deemed necessary by the Company for the evaluation of the indemnity claim

Documents Required for Payment as a result of the Assessment of the Compensation:

The following documents are required in order for the sum assured to be paid to the Insured.

- a) Current address and contact details of the Insured
- b) IBAN number of the Insured

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

g) All damages due to biological and/or chemical contamination, contamination or poisoning and drowning in water caused by terrorist acts specified in the Anti-Terrorism Law No. 3713 and sabotage resulting from these acts or interventions made by the competent bodies in order to prevent these acts and reduce their effects, interventions caused by terrorist acts and sabotage specified in the Anti-Terrorism Law No. 3713 or interventions made by the competent bodies in order to prevent these acts and reduce their effects.

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3. It is possible to designate more than one beneficiary (beneficiary of the insurance) in the policy. If no separate share is determined for each of the beneficiaries, they all have equal shares. Persons other than the heir may also be nominated as beneficiaries. The share not taken by the beneficiaries is added to the share of others. Rejection of inheritance or renunciation of inheritance does not affect the right of the beneficiary.
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5. In the event of the death of the Insured, the policy will be terminated by paying the amount entitled in the case of resignation without any deduction.
6. During the indemnity payment stage, any unpaid premium debt of the Insured, if any, will be deducted from the indemnity to be paid.

Documents to be sent to the Insurance Company in case of death as a result of an accident:

Documents expected for Compensation Risk Assessment:

1. Policy and application form (if available)
2. TÜİK (Turkish Statistical Institute) death certificate, (written cause of death, signed and signed, approved by the institution)
3. If the Insured's death occurred as a result of a traffic accident; Traffic Accident Report (front and back photocopy, Alcohol Report if the Insured is a driver)
4. If the death of the Insured has occurred due to a cause referred to the judicial authorities; the decision letter of the Prosecutor's Office, Forensic Medicine and Autopsy Minutes
5. Documents required by MASAK rules (Residence, Copy of ID, Contact number)

In case the indemnity is decided to be paid as a result of Risk Assessment, Documents Required for Payment:

The following documents are required in order for the sum assured to be paid to the Policyholder/Legal Heirs of the Policyholder or to the beneficiary(ies) in cases where a beneficiary is specified.

- a) Current address information and contact details of the Policyholder/Legal Heirs of the Policyholder or the beneficiary(ies) where a beneficiary is specified
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2. Policy (signed by the Insured)
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4. Other information and documents that may be deemed necessary by the Company for the evaluation of the indemnity claim

Documents Required for Payment as a result of the Assessment of the Compensation:

The following documents are required in order for the sum assured to be paid to the Insured.

- a) Current address and contact details of the Insured
- b) IBAN number of the Insured

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) INFORMATION TEXT

If it is decided to reject the indemnity as a result of the Risk Assessment, a rejection letter is sent to the beneficiary.

Life State Coverage - Documents Required for Payment of Capital at the End of the Period:

Documents expected for capital payment:

- a) The letter sent by the Insurance Company to the Policyholder at the end of the term,
- b) Policy (signed by the Insured),
- c) IBAN number of the Policyholder,
- d) Residence documents or invoice information for the last 3 months (Water, Electricity, Natural Gas, etc.),
- e) Identity Photocopies, Signature sample and Occupation information of the Policyholder,
- f) Other information and documents that may be deemed necessary by the Company

All claims arising out of the Insurance Contract shall be time-barred after two years starting from the date the receivable becomes due and claims related to the insurance amount shall be time-barred after six years starting from the date the risk is realised.

H. OTHER INFORMATION

Our company is a member of the arbitration system.

I. COMPLAINTS AND REQUESTS FOR INFORMATION

For all kinds of information requests and complaints regarding the insurance, you can contact the following contact addresses and phones application can be made. The insurer is obliged to respond to the requests within 15 business days following the receipt of the application.

I accept and declare that I have received a copy of the Information Form.

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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- e) Identity Photocopies, Signature sample and Occupation information of the Policyholder,
- f) Other information and documents that may be deemed necessary by the Company

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

OTHER MATTERS, SPECIAL CONDITIONS AND CLAUSES

The Special Terms and Conditions have been arranged by taking into consideration the provisions of the Insurance Law, Turkish Commercial Code, Regulation on Life Group Insurances, General Terms and Conditions of Life Insurance and General Terms and Conditions of Personal Accident Insurance, and the provisions of the relevant legislation will be applied in matters other than the special terms and conditions. The relevant General Terms and Conditions are attached to the policy and you can always access the General Terms and Conditions at www.tsb.org.tr.

PRODUCT SPECIAL CONDITIONS

Subject of Insurance

TÜRKİYE HAYAT ve EMEKLİLİK A.Ş (hereinafter referred to as the 'Insurer'), through the Policyholder who is a party to the Premium Refundable Life Insurance (Foreign Currency Indexed & Additional Guaranteed) Contract ('Contract'), hereby declares that in the event of the death of the Insured who has participated in the Premium Refundable Life Insurance (Foreign Currency Indexed & Additional Guaranteed) ('Insurance') through the Policyholder during the insurance period as a result of an accident, the amount determined on the policy shall be paid to the beneficiary(ies). In the event of the Insured contracting dangerous diseases within the scope of the policy, the amount specified on the policy shall be paid to the Insured and if the Insured is alive at the end of the insurance period specified in the policy (no indemnity payment has been made), all premiums have been paid within the scope of the Insurance Contract and special conditions and the policy has not been terminated within the insurance period, the life insurance coverage in the policy shall be paid to the Insurer within the scope of the TCC, the relevant Regulation, the relevant General Terms and Conditions and other relevant legislation and these Special Terms and Conditions. This policy has been concluded between Türkiye Hayat ve Emeklilik A.Ş and the Policyholder and the subject of the insurance is to cover the Insured in accordance with the Special Conditions of the Insurance Contract and the General Terms and Conditions of Life and Personal Accident in return for the payment of the premium.

Definitions

Insured: The person in whose person the risk covered by the coverage is likely to occur. Insured cannot be changed.

Policyholder: The person who concludes an Insurance Contract with the Insurer and is the debtor of the insurance premium. In the event of the death of the Policyholder, the policy will terminate. The policyholder cannot be changed.

Beneficiary: It is the natural or legal person in whose favour the Insurance Contract is concluded and who has the right to claim the insurance amount agreed in the Insurance Contract in case the risk occurs. The right to determine the beneficiary belongs to the Policyholder.

Policy: It is the document issued by the Insurer that contains the rights of the parties to the Insurance Contract and the beneficiary, if appointed, in a clear and easily readable language, the rights of the parties and the beneficiary, the guarantees and amounts offered, the provisions regarding default and the general and, if any, special conditions.

Insurance premium: The amount that the Insurer undertakes to pay in return for the guarantees provided by the Insurer.

Sum insured: The sum assured in the policy for the relevant insurance year.

Policy anniversary: The first day of each calendar year as of the inception date of the policy and the first day of the new period.

Mathematical Reserve: It is the provision calculated by the Insurance Company in accordance with the tariff technical principles and the provisions of the relevant legislation in order to meet the liabilities to the policyholder and beneficiaries for Life Contracts with a term longer than one year.

Scope of Insurance and Parties

The parties to this Agreement are the Company, the Policyholder and the Insured. The Special Terms and Conditions of Life Insurance with Premium Refund (Foreign Currency Indexed & Additional Coverage) have been issued to regulate the obligations of the Company, the Policyholder, the Insured and the beneficiaries under the policy.

According to the changing conditions, the Company may make changes in the special conditions by obtaining the approval of the Insurance and Private Pension Regulation and Supervision Agency.

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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Insurance premium: The amount that the Insurer undertakes to pay in return for the guarantees provided by the Insurer.

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Date, Insured Name-Surname,
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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

Insurance Subject

Life Insurance with Premium Refund (Foreign Currency Indexed & Additional Coverage) provides coverage in the event of the Insured's accidental death or contracting dangerous diseases specified in the policy during the insurance period and provides a refund of the premiums paid if the Insured is alive at the end of the insurance period. The following guarantees provided under the Insurance Contract are valid within the framework of the General Terms and Conditions of Life and Personal Accident, product special conditions and the coverage amounts written on the policy. The policy ends in the event of accidental death or realisation of risks within the scope of dangerous diseases. This insurance is a risk insurance without accumulation premium.

Guarantees

Accidental Death Coverage: Without prejudice to the provisions of the General Terms and Conditions of Life Insurance and the General Terms and Conditions of Personal Accident Insurance, in the event of the death of the Insured immediately or within 1 year from the date of the accident due to an accident occurring within the policy coverage and within the insurance period, the sum insured is paid in TL to the beneficiary(ies) specified on the Policy based on the effective selling rate of the US Dollar of the Central Bank of the Republic of Turkey announced on the business day preceding the payment date.

Life Insurance (End of Term Premium Refund): Provided that the insured is alive at the end date of the insurance (no death indemnity payment has been made) and all premiums to be paid have been paid within the scope of the insurance contract and special conditions and the policy has not been terminated within the insurance period, the total amount of all premiums paid during the insurance period is paid to the Policyholder after deducting the deductions that may be made within the scope of tax legislation. Life State Coverage is paid in TL based on the US Dollar effective selling rate of the Central Bank of the Republic of Turkey announced one day before the date of payment.

Dangerous Diseases Coverage: When the risk occurs, the policy coverage amount shall be evaluated within the framework of the special conditions of this coverage and the General Terms and Conditions of Life Insurance within the framework of the special conditions of this coverage and the General Terms and Conditions of Life Insurance, when a written proof document is presented that the insured has been diagnosed or operated for the first time in his/her life with one of the dangerous diseases defined in detail below on a date after the coverage start date. The commencement date of the coverage is 90 days after the start date of the policy. If this coverage is continued annually with the same conditions, the coverage starts without the 90-day period. The sum assured shall be paid at the end of 60 days following the date of surgery in case of coronary artery disease surgery and organ transplantation surgery, and at the end of 30 days following the date of definitive diagnosis, except for coronary artery disease surgery and organ transplantation surgery, if the insured is still alive. Following the payment of the dangerous disease indemnity, the coverage ends. If the insured dies during the postponement period, the dangerous disease indemnity is not paid.

Waiting Period: 3 months (90 days). (No indemnity payment is entitled if the risk occurs in the above coverage (except for major burns) within the first 3 months from the start of the policy).

Vesting Period (Deferral Period): 60 days (The sum assured is paid at the end of 60 days following the date of surgery for coronary artery disease surgery and organ transplant surgery, if the insured is still alive. If the insured dies within the 60-day period, no dangerous illness indemnity is paid).

Entitlement Period (Deferral Period): 30 days (This is the entitlement period except for coronary artery disease surgery and organ transplant surgery. From the date of diagnosis, the minimum period that the insured must live to be entitled to compensation.) For payments made, the first instalment of the premium must be paid at the time of delivery of the policy. If the risk occurs before the first premium is paid in full, the Insurer's liability does not commence. The Insurer may withdraw from the Insurance Contract if the first instalment, if paid in instalments, or the annual premium, if paid annually, or the premium that must be paid in full at once, is not paid within two months. If the premium receivable is not demanded through litigation or follow-up within two months from the due date, the Insurance Contract shall be cancelled.

The Insured may pay the annual premium monthly, quarterly, semi-annually or annually.

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Guarantees

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

1. Cancer:

Any malignant tumour positively diagnosed by histological confirmation and characterised by the uncontrolled growth and invasion of tissue by malignant cells. The diagnosis must be confirmed by a Specialist. Unless specifically excluded, leukaemia, malignant lymphoma and myelodysplastic syndrome are included in this definition.

For the above definition, the following are not included:

- Any tumour histologically classified as premalignant, non-invasive or carcinoma in situ (including canalic or lobulated breast carcinoma in situ and cervical dysplasia (CIN-1, CIN-2 and CIN-3)
- Prostate cancer of any type unless histologically classified with a Gleason score greater than 6 or progressed to at least clinical TNM classification T2NOM0.
- Chronic lymphocytic leukaemia unless progression to at least Binet Stage B.
- Basal cell carcinoma and squamous cell carcinoma of the skin and malignant melanoma stage IA (T1aNOM0) unless there is evidence of metastasis
- Papillary triot cancer less than 1 cm in diameter and histologically defined as T1NOM0
- Papillary bladder microcarcinoma histologically defined as Ta
- Polycythemia rubra vera and basic thrombocythemia
- Monoclonal gammopathy of indeterminate significance
- Gastric MALT Lymphoma if the condition can be treated with Helicobacter eradication
- Gastrointestinal stromal tumour (GIST) stage I and II according to AJCC Cancer Staging Manual, Seventh Edition (2010)
- Cutaneous Lymphoma as the condition requires treatment with chemotherapy or radiation
- Microinvasive breast carcinoma (histologically classified as T1mic), unless the condition requires breast surgery, chemotherapy or radiation
- Microinvasive carcinoma of the cervix uteri (histologically classified as stage IA1), unless the condition requires hysterectomy, chemotherapy or radiation.

2. Myocardial infarction (heart attack):

Myocardial infarction is the death of heart tissue due to prolonged obstruction of blood flow. Within the scope of this definition, myocardial infarction is evidenced by an increase and/or decrease in cardiac biological indicators (troponin or CKMB) to levels accepted as the diagnosis of myocardial infarction, with at least two of the following criteria:

- Symptoms of ischaemia (such as chest pain)
- Electrocardiogram (ECG) changes indicative of new ischaemia (new ST-T changes or new left bundle branch block)
- Development of pathological Q waves on ECG The diagnosis must be confirmed by a qualified Cardiologist.

For the above definition, the following are not included:

- Acute coronary syndrome (stable or unstable angina)
- Troponin elevations in the absence of overt ischaemic heart disease (e.g. myocarditis, apital ballooning, cardiac contusion, pulmonary embolism, drug toxicity)
- Myocardial infarction with normal coronary arteries or due to coronary vasospasm, myocardial bridging or drug use
- Myocardial infarction occurring within 14 days after coronary angioplasty or bypass surgery.

3. Stroke:

Brain tissue death due to an acute cerebrovascular event caused by intracranial thrombosis or haemorrhage (including subarachnoid haemorrhage) resulting in persistent symptoms, or embolism from an extracranial source, with

- Clinical examination revealed acute new neurological symptoms and
- Onset of new objective neurological deficits¹ (defects). The neurological deficit must last longer than 3 months from the date of diagnosis. The diagnosis must be confirmed by a Consultant Neurologist and supported by imaging findings.

For the above definition, the following are not included:

- Transient Ischaemic Attack (TIA) and Prolonged Reversible Ischaemic Neurological Deficit (PRIND);
- Traumatic injury to brain tissue or blood vessels
- Neurological deficits due to general hypoxia, infection, inflammatory disease, migraine or medical intervention
- Incidental imaging findings (CT- or MRI-scan) without clearly associated clinical symptoms (silent stroke)
- Death of the optic nerve or retina or vestibular organ tissue

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(1) Neurological defect: Includes symptoms of nervous system dysfunction present on clinical examination. Included symptoms include numbness, hyperesthesia (including sensitivity), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma.

For the above definition, the following are not included:

- An abnormality seen on CT or MRI scans or other imaging techniques without definite associated clinical symptoms
- Neurological signs without symptomatic abnormalities, e.g. brisk reflexes without other symptoms
- Symptoms of psychological or psychiatric origin

4. Coronary Artery Bypass Surgery:

Cardiac surgery to correct narrowing or blockage of two or more coronary arteries with a bypass graft to treat multivessel coronary artery disease. Heart surgeries with a full sternotomy (vertical division of the breastbone) and minimally invasive (interventional) procedures (partial sternotomy or thoracotomy) are included. The surgery must be deemed medically necessary by a Specialist Cardiologist or Cardiac Surgeon and supported by coronary angiogram findings.

For the above definition, the following are not included:

- Bypass surgery to treat narrowing or blockage of a coronary artery
- Coronary angioplasty or stent placement, balloon angioplasty, laser technique and other intravascular interventions

5. End Stage Renal Failure:

Requires continuous dialysis. Chronic and irreversible failure of both kidneys as a result of which either regular haemodialysis or peritoneal dialysis is initiated or kidney transplantation is performed. Dialysis must be medically necessary and confirmed by a Specialist Nephrologist.

For the above definition, the following are not included:

- Acute reversible renal failure with temporary renal dialysis.

6. Basic Organ, Composite Tissue or Bone Marrow Transplantation:

Transplantation of major organs such as heart, lung, liver, kidney, pancreas and bone marrow. In this organ transplantation, the person must be the recipient. Situations where the person is a donor are excluded from the coverage.

Being an allograft or isograft recipient of one or more of the following:

- Heart
- Kidney
- Liver (including split liver or living donor liver transplantation)
- Lung (including living donor lobe transplantation or single lung transplantation)
- Bone marrow (allogeneic haematopoietic stem cell transplantation with prior total bone marrow ablation)
- Small intestine
- Pancreas
- Partial or complete face, hand, arm or leg transplantation (composite tissue allograft transplantation) is also included in this definition. The condition leading to the transplantation must have been confirmed by a specialist physician and deemed incurable by any other means.

For the above definition, the following are not included:

- Other organ, body part or tissue transplants (including cornea and skin)
- Other cell transplants (stem cells other than islet cells and haematopoietic stem cells)

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

7. Joint Paralysis

Complete and irreversible. Total and irreversible loss of muscle function associated with all 2 joints as a result of spinal cord or brain injury or disease. The joint is defined as the whole arm or the whole leg. Paralysis must be present for more than 3 months, diagnosed by a Specialist Neurologist and supported by clinical and diagnostic findings.

For the above definition, the following are not included:

- Paralysis due to self-harm or psychological disorders
- Guillain-Barré-Syndrome
- Periodic or hereditary paralysis

8. Vision Loss

Refractive correction is the deep irreversible loss of vision in both eyes caused by disease or trauma that cannot be corrected by medication or surgery. Deep visual loss is evidenced either by a visual acuity of 3/60 or less (0.05 or less in decimal notation) in the better eye after best correction or by a visual field of less than 10 degrees in the better eye after best correction. The diagnosis should be confirmed by a Specialist Ophthalmologist.

9. Heart Valve Surgery

Surgery to replace or repair one or more defective heart valves, including minimally invasive (interventional) and catheter-based procedures.

The following procedures are included under this definition:

- Replacement or repair of a heart valve by full sternotomy (vertical division of the breastbone), partial sternotomy or thoracotomy
- Ross-Procedure
- Catheter-based valvuloplasty
- Transcatheter aortic valve implantation (TAVI)
- The surgery must be deemed medically necessary by a Specialist Cardiologist or Cardiac Surgeon and supported by echocardiogram or cardiac catheterisation findings.

For the above definition, the following are not included:

- Transcatheter mitral valve clipping

10. Aortic Surgery

Minimally invasive (interventional) procedures included Surgery for the treatment or investigation of aortic narrowing, obstruction, aneurysm. Minimally invasive (interventional) procedures such as endovascular repair are included in this definition. The surgery must be deemed medically necessary by a Specialist Surgeon and supported by imaging findings.

For the above definition, the following are not included:

- Surgery on any of the branches of the thoracic or abdominal aorta (including aortofemoral or aortoiliac bypass grafts)
- Aortic surgery in connection with inherited connective tissue disorders (e.g. Marfan syndrome, Ehlers-Danlos syndrome)
- Surgery following traumatic aortic injury

11. Multiple Sclerosis (MS)

It is a slowly progressive disease in which there is 'damage' to the sheath of the central nervous system (brain, spinal cord) that provides electrical current in the nerves and many neurological symptoms, from numbness in the limbs to visual disturbances. The diagnosis is made by neurologists (neurosurgeons) by detecting more than one well-defined neurological attack (exacerbation of symptoms) accompanied by persistent symptoms that indicate involvement of the optic nerve, brainstem and spinal cord, together with impairments in coordination, motor (movement-related) and sensory functions. The person does not have to be dependent on a wheelchair. Causes permanent symptoms. The diagnosis of multiple sclerosis must be confirmed by a specialist neurologist and must be supported by all of the following criteria.

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- Clinical impairment of motor or sensory function, which must have lasted for a continuous period of at least 6 months
- Magnetic resonance imaging (MRI) of the brain or spinal cord showing at least two demyelinating lesions characteristic of multiple sclerosis

For the above definition, the following are not included:

- Possible multiple sclerosis and neurologically or radiologically isolated syndromes implying but not diagnosed multiple sclerosis
- Isolated optic neuritis and neuromyelitis optica

12. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

It results in permanent loss of physical ability. A definitive diagnosis of amyotrophic lateral sclerosis (ALS) is required. The disease must result in a complete inability to perform at least 3 out of 6 activities of daily living independently without a reasonable chance of recovery for a continuous period of at least 3 months.

The activities of daily living are:

- Bathing: the ability to bathe in a bath or shower (including getting in and out of the bath or shower) or otherwise to bathe adequately.
- Dressing and undressing: the ability to put on, take off, secure and loosen all clothing and, if necessary, all laces, artificial joints or other surgical appliances.
- Self-feeding: the ability to feed oneself when food is prepared and made available.
- Maintaining personal hygiene: The ability to maintain adequate personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Moving between rooms: The ability to move from room to room on a level surface.
- Getting in and out of bed: The ability to get up from bed to an upright chair or wheelchair and to lie down again. The diagnosis should be made by a Specialist Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not included:

- Other forms of motor nerve disease
- Multifocal motor neuropathy (MMN) and inclusion body myositis
- Post-polio syndrome
- Spinal cord-related muscle atrophy
- Polymyositis and dermatomyositis

13. Benign Brain Tumour

Diagnosis of a definite benign (non-malignant) brain tumour located on the roof of the skull and arising from brain tissue, meninges or cranial nerves. The tumour must be treated with at least one of the following

- Complete or incomplete surgical removal
- Stereotactic radio surgery
- External beam radiation If none of the treatment options is optional for medical reasons, the tumour must have caused a permanent neurological deficit¹ that must be documented for a period of at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Specialist Neurologist or Neurosurgeon and supported by imaging findings.

For the above definition, the following are not included:

- Diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain
- Hypofiz gland tumours
- (1)Neurological defect: Symptoms of nervous system dysfunction present on clinical examination. Symptoms included are numbness, hyperaesthesia (including sensitivity), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma. For the above definition, the following are not included:
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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

- Clinical impairment of motor or sensory function, which must have lasted for a continuous period of at least 6 months
- Magnetic resonance imaging (MRI) of the brain or spinal cord showing at least two demyelinating lesions characteristic of multiple sclerosis

For the above definition, the following are not included:

- Possible multiple sclerosis and neurologically or radiologically isolated syndromes implying but not diagnosed multiple sclerosis
- Isolated optic neuritis and neuromyelitis optica

12. Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)

It results in permanent loss of physical ability. A definitive diagnosis of amyotrophic lateral sclerosis (ALS) is required. The disease must result in a complete inability to perform at least 3 out of 6 activities of daily living independently without a reasonable chance of recovery for a continuous period of at least 3 months.

The activities of daily living are:

- Bathing: the ability to bathe in a bath or shower (including getting in and out of the bath or shower) or otherwise to bathe adequately.
- Dressing and undressing: the ability to put on, take off, secure and loosen all clothing and, if necessary, all laces, artificial joints or other surgical appliances.
- Self-feeding: the ability to feed oneself when food is prepared and made available.
- Maintaining personal hygiene: The ability to maintain adequate personal hygiene by using the toilet or otherwise managing bowel and bladder function.
- Moving between rooms: The ability to move from room to room on a level surface.
- Getting in and out of bed: The ability to get up from bed to an upright chair or wheelchair and to lie down again. The diagnosis should be made by a Specialist Neurologist and supported by nerve conduction studies (NCS) and electromyography (EMG).

For the above definition, the following are not included:

- Other forms of motor nerve disease
- Multifocal motor neuropathy (MMN) and inclusion body myositis
- Post-polio syndrome
- Spinal cord-related muscle atrophy
- Polymyositis and dermatomyositis

13. Benign Brain Tumour

Diagnosis of a definite benign (non-malignant) brain tumour located on the roof of the skull and arising from brain tissue, meninges or cranial nerves. The tumour must be treated with at least one of the following

- Complete or incomplete surgical removal
- Stereotactic radio surgery
- External beam radiation If none of the treatment options is optional for medical reasons, the tumour must have caused a permanent neurological deficit¹ that must be documented for a period of at least 3 months following the date of diagnosis. The diagnosis must be confirmed by a Specialist Neurologist or Neurosurgeon and supported by imaging findings.

For the above definition, the following are not included:

- Diagnosis or treatment of any cyst, granuloma, hamartoma or malformation of the arteries or veins of the brain
- Hypofiz gland tumours
- (1)Neurological defect: Symptoms of nervous system dysfunction present on clinical examination. Symptoms included are numbness, hyperaesthesia (including sensitivity), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma. For the above definition, the following are not included:
 - An abnormality seen on CT or MRI scans or other imaging techniques without definite associated clinical symptoms
 - Neurological symptoms without symptomatic abnormalities, e.g. brisk reflexes without other symptoms
 - Symptoms of psychological or psychiatric origin

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

14. Coma

It results in persistent symptoms. It is diagnosed as a state of absolute unconsciousness with no reaction or response to external stimuli or internal needs, causing

- A score of 8 or less on the Glasgow coma scale for at least 96 hours requires the use of life support systems and results in a permanent neurological deficit¹ that requires assessment for at least 30 days after the onset of the coma. The diagnosis should be confirmed by a Specialist Neurologist.

For the above definition, the following are not included:

- Medically induced (induced) coma
- Any coma due to self-mutilation, alcohol or drug abuse
- **(1)Neurological defect:** Symptoms of nervous system dysfunction present on clinical examination. Symptoms included are numbness, hyperaesthesia (including sensitivity), paralysis, localised weakness, dysarthria (difficulty speaking), aphasia (inability to speak), dysphagia (difficulty swallowing), visual impairment, difficulty walking, lack of coordination, tremor, seizures, lethargy, dementia, delirium and coma. For the above definition, the following are not included:
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15. Deafness

Permanent and irreversible. It is the definitive diagnosis of permanent and irreversible hearing loss in both ears as a result of disease or accidental injury. The diagnosis should be confirmed by a Specialist ENT specialist and supported by a mean auditory threshold of greater than 90db at 500, 1000 and 2000 hertz using a pure tone audiogram in the better ear.

16. HIV infection acquired in specified occupation

A definitive diagnosis of Human Immunodeficiency Virus (HIV) resulting from a case that occurred during normal employment duties for the following specified occupations:

- Medical doctor or dentist
- Nurse or midwife
- Physician assistant or dental assistant
- Laboratory worker or laboratory technician
- Fire service member
- Ambulance service member
- Hospital administrator or hospital maintenance worker
- Police officer
- Prison officer

HIV infection must be proven by all of the following:

- The incident must have occurred after the inception of the policy.
- The case must have been reported, investigated and documented in accordance with the current guidelines of the appropriate authorities (e.g., workers' compensation board)
- An HIV-negative blood test must have been taken within 5 days of the case.
- HIV seroconversion must have occurred within 12 months of the case.
- The case must have occurred during the performance of an above occupation. For the above definition, the following are not included:
 - HIV infection resulting from sexual activity or any other form of transmission, including drug use

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

17. Joint Loss

It is the definitive diagnosis of complete separation of two or more joints at or above the wrist or ankle as a result of accident or medically necessary amputation. The diagnosis must be confirmed by a Specialist.

For the above definition, the following are not included:

- Loss of joints due to self-inflicted injuries

18. Loss of Speech

Permanent and irreversible. Definitive diagnosis of total and irreversible loss of speech ability as a result of physical injury or illness. The condition must have been present for a continuous period of at least 6 months. The diagnosis must be confirmed by a Specialist ENT doctor.

For the above definition, the following are not included:

- Loss of speech due to psychiatric disorders

19. Major Burns

It covers 20 per cent of the body surface area. Burns involving full depth skin destruction down to the underlying tissue (third degree burns) and covering at least 20 per cent of the body surface area as measured by the 'Nines Rule' or the 'Lund and Browder Table'. The diagnosis must be confirmed by a specialist.

For the above definition, the following are not included:

- Third degree burns due to self-mutilation
- All kinds of first or second degree burns

Insurance Period and Validity

The term of insurance is a minimum of 10 years and a maximum of 20 years. This insurance policy starts at 12.00 noon on the day specified in the policy and ends at 12.00 noon on the day specified in the policy and in any case upon the realisation of the risk.

In order for the risk to be covered, this risk must be realised within the validity period of the policy.

Geographical Boundary

This insurance is valid all over the world.

Participation in Insurance and Declaration Obligation

The age of entry into insurance must be between 18 and 51 years. The sum of the age of entry into insurance and the insurance period may not exceed 61 years. Before the contract is concluded, the questions in the application must be answered correctly. In case of breach of this obligation, the Insurer reserves the right to withdraw from the policy or continue the policy by charging additional premium. If it is detected that incomplete or incorrect information has been provided after the occurrence of the risk, the Insurer may refrain from paying compensation in accordance with the relevant legislation. Therefore, please refrain from providing incomplete or incorrect information to the Insurer at every stage of the policy. Otherwise, the indemnity payment period may be extended and incomplete or non-receipt of indemnity may occur. These obligations must be fulfilled in accordance with the relevant provisions of the Turkish Commercial Code and the General Terms and Conditions of Life Insurance and Personal Accident Insurance.

Premium Payment

Premiums for Life Insurance are calculated by taking into account the age of the Insured, the insurance period and the amounts of the related guarantees. The related premiums are indexed to US Dollars and the premium amount is collected in Turkish Lira based on the US Dollar effective selling rate of the Central Bank of the Republic of Turkey as of 15:30 on the business day preceding the payment date.

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

Premium, surrender and indemnity payments shall be made in TL based on the US Dollar effective selling rate of the Central Bank of the Republic of Turkey as of 15:30 on the business day preceding the date of payment. The entire insurance premium or the first instalment of the premium in case of instalment payments must be paid at the time of delivery of the policy. In the event that the risk occurs before the first premium is paid in full, the liability of the Insurer shall not commence. The Insurer may withdraw from the Insurance Contract if the first instalment, if paid in instalments, or the annual premium, if paid annually, or the premium to be paid in full at once, is not paid within two months. If the premium receivable is not demanded through litigation or follow-up within two months from the due date, the Insurance Contract shall be cancelled. The Insured may pay the annual premium monthly, quarterly, semi-annually or annually.

Cancellation and Termination of the Contract

Without prejudice to the provisions set forth in the relevant legislation, the Insurance Contract shall terminate in the following cases. The policy will also terminate in the event of a Dangerous Disease. In the event of Death by Decease and the realisation of a Dangerous Disease out of scope, the policy will be terminated by paying the amount entitled in the case of Resignation (Separation) without any deduction.

Provided that the insurance period expires and the Insured survives, the policy is terminated by paying all premiums paid during the policy period to the Policyholder within the scope of the State of Life Coverage. If, after the occurrence of the risk, the declaration obligation is breached due to the negligence of the Policyholder, if this breach is of a nature that may affect the amount of the indemnity or price or the realisation of the risk, the indemnity shall be reduced according to the degree of negligence. If the fault of the Policyholder is in the degree of intent, if there is a connection between the breach of the declaration obligation and the realisation of the risk, the Insurer's obligation to pay indemnity or price shall be cancelled; if there is no connection, the Insurer shall pay the insurance indemnity or price by taking into account the ratio between the premium paid and the premium to be paid. In the event of the death of the Policyholder, the Insurance Contract is terminated by paying the departure base amount to the legal heirs of the Policyholder without any departure deduction.

In Case of Cancellation of Insurance During the Insurance Period

The Policyholder may withdraw from the Contract within fifteen days after the Insurer notifies him/her that he/she may exercise his/her right of withdrawal. If the right of withdrawal has not been notified, this right of the Policyholder shall lapse after the expiry of one month from the payment of the first premium. However, the right of withdrawal cannot be used in contracts where compensation is paid before the exercise of the right of withdrawal. If the Policyholder exercises the right of withdrawal, the premiums paid shall be returned to the Policyholder without any deduction. The premium refund shall be made in TL by taking into account the US Dollar effective foreign exchange selling rate of the Central Bank of the Republic of Turkey announced one day before the payment date.

Provided that no indemnity payment has been made after the establishment of the contract, no premium refund will be made if the policy is cancelled upon the request of the Policyholder before the policy has completed its first year from the insurance start date.

Except for Insurance Contracts that have been in force for at least one year and one year's premium has been paid, if any of the premiums following the first premium is not paid on time, the Insurer shall give the Policyholder a ten-day period via notary public or registered letter with return receipt requested, and warn the Policyholder to fulfil the debt, otherwise, the contract will be deemed to be terminated at the end of the period. If the premium debt is not paid at the end of this period, the Insurance Contract shall be terminated and no premium refund shall be made to the Policyholder. The Insurer reserves its other rights arising from the Turkish Code of Obligations due to the default of the Policyholder. In the event of the death of the Insured, the Company cancels and terminates the policy as of the date of death upon the written notification of the beneficiaries to the Company.

Right of Separation (Participation)

In Insurance Contracts for which the premium for one year has been paid in full, if the Policyholder wishes to leave after the first year of the policy expires, the policy is terminated by paying to the Policyholder the amount remaining after applying the deduction rate in the month in which the departure request is submitted to the mathematical reserve amount calculated according to the technical principles of the policy tariff. For insurances that include the probability of survival, the Insured must prove that he/she is healthy in order to request the withdrawal value from the Insurer. For contracts with a term longer than one year, the refund amount to be calculated for cancellation requests received after the withdrawal period is the mathematical reserve amount calculated according to actuarial calculations as of the date of the request, by adding intermediary commission and expense share.

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Insurance withdrawal deduction rates by periods are shown below.

Policy Period (Year)	Completed Duration (Month)	Deduction Rate
1	0-12	100%
2	13-24	60%
3	25-36	50%
4	37-48	40%
5	49-60	30%
6	61-72	20%
7	73-84	20%
8	85-96	10%
9	97-108	10%
10 years and beyond	109-240	0%

Other Situations

Lending: This Insurance Contract does not include lending, dividend and dividend distribution.

Insurance Exempt from Premium Payment (Deduction): For insurance contracts that have been in force for at least 1 year and one year's premium has been paid, if the premium payment obligation is not fulfilled, the insurance is converted into insurance exempt from premium payment. In the conversion of insurance exempt from premium payment, Accidental Death Coverage, Dangerous Diseases and Survival Coverage are re-determined based on technical principles. The coverage amounts to be determined after the conversion of the insurance to be exempt from premium payment are reduced to the amount to be provided by the paid premiums (assuming that no premium will be paid within the period remaining until the end of the insurance period) in accordance with the Turkish Commercial Code and in accordance with the technical principles to be valid until the end of the period. The calculated new coverage amounts shall be valid until the end of the insurance period.

Reinstatement or Reinstatement of Insurance: The Policyholder may request the reinstatement of the policy that has become exempt from premium payment. The policy shall be reinstated upon payment of all unpaid premiums within a period of 6 months from the date of conversion of the policy into a policy exempt from premium payment, together with the statutory default interest to be calculated from the due date of each premium.

If the 6-month period is exceeded, technical evaluation processes are applied again for the reinstatement of the policy. The Company has the right to request a new health declaration and/or a medical report from the Insured at the Insurer's expense. If the relevant health declaration and the medical report, if requested, are deemed appropriate for the continuation of the insurance and the accumulated premiums are paid in full, the Contract will be reinstated and the coverage will be changed to the amounts as of the insurance start date. The Policyholder may request the reinstatement of the cancelled policy due to non-payment of premiums.

The Insured must be alive at the time of reinstatement of the insurance. The Contract which has been terminated due to non-payment of premium shall be reinstated on condition that it is requested within six months following the due date of the first unpaid premium and the accumulated premiums are paid by the Policyholder at once together with the legal default interest to be calculated as of the due date of each premium.

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If this 6-month period expires, the insurance can be reinstated only with the approval of the Insurer. If the Insurer so wishes, it may request a new health declaration from the Insured or a new medical report at the Insurer's expense. If the submitted medical report is deemed appropriate for the continuation of the insurance and the accumulated premiums are paid in accordance with the principles stated above, the Insurer shall reinstate the Contract. In the event that the statements to be made during the reinstatement or reinstatement of the insurance are untrue, the provisions of Article 20 of the General Terms and Conditions of Life Insurance shall apply.

Premium Reduction / Increase: During the term of your policy, you can decrease your premium by up to 50% once, and upon request, increase it back to the level at the start of the policy once. Both changes can only be made on policy anniversaries. You can use your revision right until the last 2 years of the policy term.

The new premium amount cannot be lower than the policy minimum premium amount (USD/EUR 600 per year).

Changes requested before a policy anniversary are applied on that anniversary. Changes requested after an anniversary are also applied effective from that anniversary, provided that the request is submitted within 60 days following it.

When the premium reduction or increase option is applied, all coverages are re-determined according to the new premium amount in accordance with the tariff technical principles.

Cases Excluded from Insurance Coverage:

Please refer to the relevant articles of the General Terms and Conditions of Life Insurance and Personal Accident Insurance for the conditions excluded from the coverage.

Warnings

1. The Insurance Company may make a risk assessment based on the Insured's health declaration, occupational information, financial income, hobbies and hazardous activities. It may apply a surcharge/refusal to the application according to the result of the risk assessment.
2. For more detailed information about the insurance, please read the General Terms and Conditions of Life Insurance, General Terms and Conditions of Personal Accident Insurance and Special Terms and Conditions of Premium Refund Life Insurance (Foreign Currency Indexed & Additional Coverage) carefully. Please request the General Terms and Conditions of Life Insurance and General Terms and Conditions of Personal Accident from your insurer. The relevant documents are also available on our website.
3. By signing the relevant documents, the persons who will be or have been covered by the insurance are deemed to have consented to the acquisition of health information, insurance records and other information from the Insurance Information and Surveillance Centre (SBM), the Social Security Institution, the Ministry of Health, health institutions and organisations and insurance companies for the purpose of risk assessment and finalisation of compensation applications, and to the sharing of such information and records held by the Company with SBM, Insurance Companies and authorities authorised by the relevant legislation.

IN CASE THE DREAM IS REALISED

The following documents must be submitted in order for the compensation assessment and payment to be made.

Documents to be sent to the Insurance Company in case of death as a result of an accident

Documents expected for Compensation Risk Assessment:

1. Policy and application form (if available)
2. TÜİK (Turkish Statistical Institute) death certificate, (written cause of death, signed and signed, approved by the institution)
3. If the Insured's death occurred as a result of a traffic accident; Traffic Accident Report (front and back photocopy, Alcohol Report if the Insured is a driver)
4. If the death of the Insured has occurred due to a cause referred to the judicial authorities; the decision letter of the Prosecutor's Office, Forensic Medicine and Autopsy Minutes
5. Documents required by MASAK (Financial Crimes Investigation Board) rules (Residence, Copy of ID, Contact number)

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

If this 6-month period expires, the insurance can be reinstated only with the approval of the Insurer. If the Insurer so wishes, it may request a new health declaration from the Insured or a new medical report at the Insurer's expense. If the submitted medical report is deemed appropriate for the continuation of the insurance and the accumulated premiums are paid in accordance with the principles stated above, the Insurer shall reinstate the Contract. In the event that the statements to be made during the reinstatement or reinstatement of the insurance are untrue, the provisions of Article 20 of the General Terms and Conditions of Life Insurance shall apply.

Premium Reduction / Increase: During the term of your policy, you can decrease your premium by up to 50% once, and upon request, increase it back to the level at the start of the policy once. Both changes can only be made on policy anniversaries. You can use your revision right until the last 2 years of the policy term.

The new premium amount cannot be lower than the policy minimum premium amount (USD/EUR 600 per year).

Changes requested before a policy anniversary are applied on that anniversary. Changes requested after an anniversary are also applied effective from that anniversary, provided that the request is submitted within 60 days following it.

When the premium reduction or increase option is applied, all coverages are re-determined according to the new premium amount in accordance with the tariff technical principles.

Cases Excluded from Insurance Coverage:

Please refer to the relevant articles of the General Terms and Conditions of Life Insurance and Personal Accident Insurance for the conditions excluded from the coverage.

Warnings

1. The Insurance Company may make a risk assessment based on the Insured's health declaration, occupational information, financial income, hobbies and hazardous activities. It may apply a surcharge/refusal to the application according to the result of the risk assessment.
2. For more detailed information about the insurance, please read the General Terms and Conditions of Life Insurance, General Terms and Conditions of Personal Accident Insurance and Special Terms and Conditions of Premium Refund Life Insurance (Foreign Currency Indexed & Additional Coverage) carefully. Please request the General Terms and Conditions of Life Insurance and General Terms and Conditions of Personal Accident from your insurer. The relevant documents are also available on our website.
3. By signing the relevant documents, the persons who will be or have been covered by the insurance are deemed to have consented to the acquisition of health information, insurance records and other information from the Insurance Information and Surveillance Centre (SBM), the Social Security Institution, the Ministry of Health, health institutions and organisations and insurance companies for the purpose of risk assessment and finalisation of compensation applications, and to the sharing of such information and records held by the Company with SBM, Insurance Companies and authorities authorised by the relevant legislation.

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Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

In case the indemnity is decided to be paid as a result of Risk Assessment, Documents Required for Payment:

The following documents are required in order for the sum assured to be paid to the Policyholder/Legal Heirs of the Policyholder or to the beneficiary(ies) in cases where a beneficiary is specified.

- a) Current address and contact information of the Policyholder/Legal Heirs of the Policyholder or, where a beneficiary is specified, the beneficiary(ies)
- b) IBAN number of the Policyholder/Legal Heirs of the Policyholder or, where a beneficiary is specified, the IBAN number of the beneficiary(ies)

Documents Required in Case of Dangerous Diseases:

- 1. Petition of the Insured regarding the claim for compensation
- 2. Policy (signed by the Insured)
- 3. Documents showing the initial diagnosis of the disease for the claim subject to dangerous disease coverage (Epicrisis report, Radiological Examination Results, Biopsy-Pathology etc.)
- 4. Other information and documents that may be deemed necessary by the Company for the evaluation of the indemnity claim

Documents Required for Payment as a result of the Evaluation of Compensation:

Teminat tutarının Sigortalı'ya ödenebilmesi için aşağıdaki evraklar gerekmektedir.

- a) Current address and contact details of the Insured
- b) IBAN number of the Insured

If it is decided to reject the indemnity as a result of the Risk Assessment, a rejection letter is sent to the beneficiary.

Life Coverage - Documents Required for the Payment of the Sum (Capital) at the End of the Term:

- a) The letter sent by the Insurance Company to the Policyholder at the end of the term,
- b) Policy (signed by the Insured),
- c) IBAN number of the Policyholder,
- d) Residence documents or invoice information for the last 3 months (Water, Electricity, Natural Gas, etc.),
- e) Identity Photocopies, Signature sample and Occupation information of the Policyholder,
- f) Other information and documents that may be deemed necessary by the Company

All claims arising out of the Insurance Contract shall be time-barred after two years starting from the date the receivable becomes due and claims related to the insurance amount shall be time-barred after six years starting from the date the risk is realised.

Date Name-Surname and
Signature of the Insured

Date, Insured Name-Surname,
Signature

Date Insurer or Agency's Stamp and
Authorised Signature

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PREMIUM REFUNDABLE LIFE INSURANCE (FOREIGN CURRENCY INDEXED & ADDITIONAL GUARANTEE) SPECIAL CONDITIONS

In case the indemnity is decided to be paid as a result of Risk Assessment, Documents Required for Payment:

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- Current address and contact information of the Policyholder/Legal Heirs of the Policyholder or, where a beneficiary is specified, the beneficiary(ies)
- IBAN number of the Policyholder/Legal Heirs of the Policyholder or, where a beneficiary is specified, the IBAN number of the beneficiary(ies)

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- IBAN number of the Insured

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

PART ONE

Purpose, Scope, Basis, Definitions, Subject of the Contract and Guarantees

ARTICLE 1 - Purpose and scope

(1) The purpose of these General Terms and Conditions is to regulate the basic principles regarding the life insurance contract and the rights and obligations of the parties arising from the contract.

(2) These General Terms and Conditions cover the subject matter, duration, geographical limits of the insurance, conditions covered and not covered and conditions that may be covered by the contract, beneficiary designation, rights and obligations of the parties and legal consequences of breach of obligations, withdrawal from the insurance, lending, insurance exempt from premium payment, issues regarding reinstatement or reinstatement of the insurance, and other issues such as notices and notifications, competent court and arbitration, statute of limitations.

ARTICLE 2 - Basis

(1) These General Terms and Conditions have been prepared based on Article 11 of the Insurance Law No. 5684.

ARTICLE 3 - Definitions

(1) In applying these General Terms;

a) Group life insurance: A single life insurance contract made in favor of persons consisting of at least ten persons, who can be determined by the insurer according to certain criteria,

b) Beneficiaries: The person or persons who have the right to claim the insurance amount with the rights set forth in the insurance contract and the relevant legislation,

c) Permanent data storage device: Text message, electronic mail, internet, disk, CD, DVD, memory card, structure to be established through the Insurance Information and Surveillance Center or e-Government and all kinds of similar tools or media that enable the information sent or received by the policyholder, the insured or the persons who will benefit from the insurance to be recorded and copied unchanged in a way that allows the information to be examined for a reasonable period of time in accordance with the purpose of this information and that allows this information to be accessed exactly as it is,

d) Law: Turkish Commercial Code No. 6102,

e) Beneficiary: A natural or legal person in whose favor an insurance contract is concluded and who has the right to claim the insurance amount agreed in the insurance contract in the event of the occurrence of the risk,

f) Certificate: In group life insurance policies, a document issued to be given to each of the insured and summarizing the contents of the policy,

g) Policyholder: The person who concludes an insurance contract with the insurer and is the obligor of the insurance premium,

h) Insurance premium: The amount that the policyholder undertakes to pay in return for the guarantees provided by the insurer,

i) Insurer: Insurance and pension companies established in Turkey operating in the life branch and the organization of foreign insurance companies in Turkey,

j) Insured: The person or persons in whose person the risk covered by the coverage is likely to occur,

k) Renewal: The agreement of the contracting parties to continue the expired contract for the same or for a period determined by the parties as from the expiry date on the same terms as when the contract was concluded or with changes made with the acceptance of the parties.

ARTICLE 4 - Subject of insurance

With this insurance contract, the insurer undertakes to pay to the policyholder or his/her beneficiaries the insurance amount stipulated in the contract and any other amount, if any, in the event of the death of the insured within the period specified in the contract for a reason other than the circumstances not covered by the coverage, or if the insured is alive at the end of the period. The guarantees provided pursuant to Article 8 of these General Terms and Conditions shall be specified in the policy.

ARTICLE 5 - Establishment of the contract

(1) An insurance contract is concluded upon acceptance of the proposal of one party by the other party.

(2) An insurance contract shall be deemed to have been concluded if the proposal submitted by the person who wishes to conclude an insurance contract for the conclusion of the contract is not rejected within thirty days following the date of the proposal. In this case, the obligation of the insurer to issue and deliver a policy starts from the date the contract is deemed to be established.

(3) The amounts paid by the policyholder before the conclusion or deemed conclusion of the contract shall be accepted as premium or counted as initial premium upon the conclusion or deemed conclusion of the contract. If the contract is not concluded, these payments shall be returned with interest without any deduction.

ARTICLE 6 - Geographical limits of insurance

(1) This insurance is valid anywhere in the world.

ARTICLE 7 - Commencement and termination of insurance

(1) Unless otherwise agreed, the period of insurance specified in the policy for life (survival), death (decease) or both shall commence at 12.00 noon and end at 12.00 noon Turkish Republic time on the commencement and expiry dates.

ARTICLE 8 - Guarantees

(1) Subject to these General Terms and Conditions, death, life or both contingency guarantees and additional guarantees may be granted in accordance with the procedure set out in the third paragraph of this article. Depending on its content, the collateral provided may also have an accumulation feature.

(2) The basis of the guarantees that may be granted subject to these General Terms and Conditions is as follows:

a) Death coverage: It refers to the coverage in which the insurer undertakes to pay the amount specified in the policy in the event of the death of the insured within the period specified in the contract for a reason other than the circumstances not covered by the coverage.

b) Life coverage: This refers to the coverage where the insurer undertakes to pay the sum insured specified in the policy if the insured is alive at the end of the period specified in the contract.

(3) Provided that it is written in the policy, the scope and conditions of the additional coverage provided by the contract shall be specified in the special conditions.

ARTICLE 9 - Cases excluded from the guarantee

(1) Death of the insured as a result of suicide or attempted suicide is excluded from the coverage. In this case, the insurer shall pay the unearned premium reserve or actuarial mathematical reserve and dividend, if any, on the date of death of the insured as a result of suicide or attempted suicide. However;

a) Unless a shorter period has been agreed in the contract, the insured dies by suicide or attempted suicide due to a mental disorder before the expiration of three years from the beginning of the insurance period, including renewals, or

b) Unless a shorter period is agreed in the contract, in a contract made against the possibility of death and continued for at least three years including renewals, if the insured commits suicide or dies as a result of attempted suicide after this period, the insurer is obliged to pay the sum insured.

(2) If the insured kills the insured or is in any way complicit in the killing of the insured in order to give rise to the obligation to pay the sum insured, the insurer shall be released from the obligation to pay the sum insured. If the beneficiary kills the insured or is in any way complicit in the killing of the insured, he loses his right to claim the sum insured; such sum insured shall be paid to the heirs of the deceased insured.

(3) In the event of death of the insured exclusively due to the use of drugs or stimulants or committing a crime or attempting to commit a crime, the sum insured shall not be paid; the insurer shall be obliged to pay the unearned premiums reserve or actuarial mathematical reserve and profit share, if any.

(4) According to the declaration of the policyholder or the insured at the time of conclusion of the insurance contract or according to the medical records to which the insurer allows access, the risk of death due to the ailments of the insured existing at or before the time of conclusion of the contract and the ailments that may arise due to these according to medical assessment may be excluded from the coverage provided that it is clearly stated in the policy.

ARTICLE 10 - Cases excluded from the guarantee unless otherwise agreed in the contract

(1) Unless otherwise agreed, deaths caused by the following circumstances are excluded from the insurance coverage. In the event of the death of the insured due to these reasons, death coverage is not paid; the insurer is obliged to pay the unearned premium reserve or actuarial mathematical reserve and profit share, if any.

a) War, whether declared or not, any act of war, invasion, acts of foreign enemies, combat,

b) Participation in acts of revolution, rebellion, insurrection or nuclear, biological, chemical terrorism or acts that are defined as acts of terrorism in accordance with the Anti- Terrorism Law No. 3713,

c) The use of nuclear, biological or chemical weapons or any attack or sabotage that may cause the release of nuclear, radioactive, biological or chemical substances; nuclear risks such as nuclear reaction, radiation, contamination, except for therapeutic purposes.

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

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c) Permanent data storage device: Text message, electronic mail, internet, disk, CD, DVD, memory card, structure to be established through the Insurance Information and Surveillance Center or e-Government and all kinds of similar tools or media that enable the information sent or received by the policyholder, the insured or the persons who will benefit from the insurance to be recorded and copied unchanged in a way that allows the information to be examined for a reasonable period of time in accordance with the purpose of this information and that allows this information to be accessed exactly as it is,

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f) Certificate: In group life insurance policies, a document issued to be given to each of the insured and summarizing the contents of the policy,

g) Policyholder: The person who concludes an insurance contract with the insurer and is the obligor of the insurance premium,

h) Insurance premium: The amount that the policyholder undertakes to pay in return for the guarantees provided by the insurer,

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j) Insured: The person or persons in whose person the risk covered by the coverage is likely to occur,

k) Renewal: The agreement of the contracting parties to continue the expired contract for the same or for a period determined by the parties as from the expiry date on the same terms as when the contract was concluded or with changes made with the acceptance of the parties.

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With this insurance contract, the insurer undertakes to pay to the policyholder or his/her beneficiaries the insurance amount stipulated in the contract and any other amount, if any, in the event of the death of the insured within the period specified in the contract for a reason other than the circumstances not covered by the coverage, or if the insured is alive at the end of the period. The guarantees provided pursuant to Article 8 of these General Terms and Conditions shall be specified in the policy.

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(2) An insurance contract shall be deemed to have been concluded if the proposal submitted by the person who wishes to conclude an insurance contract for the conclusion of the contract is not rejected within thirty days following the date of the proposal. In this case, the obligation of the insurer to issue and deliver a policy starts from the date the contract is deemed to be established.

(3) The amounts paid by the policyholder before the conclusion or deemed conclusion of the contract shall be accepted as premium or counted as initial premium upon the conclusion or deemed conclusion of the contract. If the contract is not concluded, these payments shall be returned with interest without any deduction.

ARTICLE 6 - Geographical limits of insurance

(1) This insurance is valid anywhere in the world.

ARTICLE 7 - Commencement and termination of insurance

(1) Unless otherwise agreed, the period of insurance specified in the policy for life (survival), death (decease) or both shall commence at 12.00 noon and end at 12.00 noon Turkish Republic time on the commencement and expiry dates.

ARTICLE 8 - Guarantees

(1) Subject to these General Terms and Conditions, death, life or both contingency guarantees and additional guarantees may be granted in accordance with the procedure set out in the third paragraph of this article. Depending on its content, the collateral provided may also have an accumulation feature.

(2) The basis of the guarantees that may be granted subject to these General Terms and Conditions is as follows:

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b) Life coverage: This refers to the coverage where the insurer undertakes to pay the sum insured specified in the policy if the insured is alive at the end of the period specified in the contract.

(3) Provided that it is written in the policy, the scope and conditions of the additional coverage provided by the contract shall be specified in the special conditions.

ARTICLE 9 - Cases excluded from the guarantee

(1) Death of the insured as a result of suicide or attempted suicide is excluded from the coverage. In this case, the insurer shall pay the unearned premium reserve or actuarial mathematical reserve and dividend, if any, on the date of death of the insured as a result of suicide or attempted suicide. However;

a) Unless a shorter period has been agreed in the contract, the insured dies by suicide or attempted suicide due to a mental disorder before the expiration of three years from the beginning of the insurance period, including renewals, or

b) Unless a shorter period is agreed in the contract, in a contract made against the possibility of death and continued for at least three years including renewals, if the insured commits suicide or dies as a result of attempted suicide after this period, the insurer is obliged to pay the sum insured.

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(3) In the event of death of the insured exclusively due to the use of drugs or stimulants or committing a crime or attempting to commit a crime, the sum insured shall not be paid; the insurer shall be obliged to pay the unearned premiums reserve or actuarial mathematical reserve and profit share, if any.

(4) According to the declaration of the policyholder or the insured at the time of conclusion of the insurance contract or according to the medical records to which the insurer allows access, the risk of death due to the ailments of the insured existing at or before the time of conclusion of the contract and the ailments that may arise due to these according to medical assessment may be excluded from the coverage provided that it is clearly stated in the policy.

ARTICLE 10 - Cases excluded from the guarantee unless otherwise agreed in the contract

(1) Unless otherwise agreed, deaths caused by the following circumstances are excluded from the insurance coverage. In the event of the death of the insured due to these reasons, death coverage is not paid; the insurer is obliged to pay the unearned premium reserve or actuarial mathematical reserve and profit share, if any.

a) War, whether declared or not, any act of war, invasion, acts of foreign enemies, combat,

b) Participation in acts of revolution, rebellion, insurrection or nuclear, biological, chemical terrorism or acts that are defined as acts of terrorism in accordance with the Anti-Terrorism Law No. 3713,

c) The use of nuclear, biological or chemical weapons or any attack or sabotage that may cause the release of nuclear, radioactive, biological or chemical substances; nuclear risks such as nuclear reaction, radiation, contamination, except for therapeutic purposes.

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

ARTICLE 11 - Appointment of a beneficiary

- (1) The policyholder may appoint one or more real persons or legal entities as beneficiaries during or after the conclusion of the insurance contract; if he has appointed more than one beneficiary, he may determine their shares. In case the policyholder and the insured are different persons, the policyholder may appoint himself as the beneficiary.
- (2) In order for a natural or legal person to be appointed as beneficiary, the beneficiary must have an interest in the continuation of the life of the insured. In the insurance against the possibility of death, if the insurance amount exceeds the customary funeral expenses, the written consent of the insured or his legal representative, if any, must also be obtained. In the interpretation of the declaration regarding the appointment of a natural or legal person as beneficiary, the circumstances and conditions at the time of the occurrence of the risk shall be taken into consideration.
- (3) The policyholder has the right to change the beneficiary and revoke the beneficiary appointment at any time before the occurrence of the risk covered by the coverage. However, the policyholder cannot change the beneficiary if the policyholder has written in the insurance policy that he has given up his right to change the beneficiary and has delivered the insurance policy to the beneficiary. However, the insurer may change the beneficiary even in cases where the disinheritance or revocation of the donation takes place or the reason for the appointment of that person as the beneficiary has disappeared among those concerned, the insurer has expressly waived the right to change the beneficiary and the insurance policy has been given to the beneficiary.
- (4) Beneficiary appointment and beneficiary changes are not subject to the permission of the insurer. The policyholder shall notify the insurer of the beneficiary appointed. In group life insurances, the right to appoint the beneficiary belongs to the insured in the group, unless otherwise agreed. In case the beneficiary is not notified to the insurer, the insurer shall be released from its obligation with the payment made in good faith in accordance with the provisions of the Law and the contract.
- (5) Rejection of inheritance or waiver of inheritance has no effect on the beneficiary's right to claim the insurance amount.
- (6) In insurances against the risk of death, if more than one person is appointed as beneficiary without specifying their shares, they are all equally entitled to the sum insured. In the event that one of the beneficiaries notifies the insurer in writing that he/she will not receive his/her share, the share of this beneficiary shall be added to the share of the others.
- (7) In cases where the policyholder insures his own life or the life of another person against the risk of death, if no beneficiary is appointed or if none of the appointed beneficiary or beneficiaries is entitled to claim against the insurer, the right to claim the sum insured shall belong to the policyholder and in case of the death of the policyholder, to his heirs. In insurances made on the probability of a third person's survival without the appointment of a beneficiary, the right to claim the sum insured belongs to the insured.

PART TWO

Rights, Obligations and Liabilities of the Insurer

ARTICLE 12 - Right of withdrawal

- (1) The policyholder may withdraw from the contract within fifteen days after the insurer notifies him that he may exercise his right of withdrawal. The burden of proof that this notification has been made is on the insurer. If no notification regarding the right of withdrawal has been made, this right of the policyholder shall lapse upon the expiration of one month from the payment of the first premium. However, if the insured benefits from a longer withdrawal period pursuant to the legislation on consumer law, this period shall apply.

ARTICLE 13 - Premium payment obligation

- (1) The policyholder is obliged to pay the premium agreed upon by the contract. Unless otherwise agreed, the insurance premium shall be paid in advance and in cash.
- (2) The entire insurance premium, or if it is agreed to be paid in installments, the first installment must be paid as soon as the contract is concluded and against delivery of the policy. In cases where the insurance premium is agreed to be paid in installments, in the event of the occurrence of the covered risk, all premiums relating to the insurance amount to be paid shall become due and payable.
- (3) If the insured dies before the payment of the premium or the first installment, the insurance contract is invalid.

ARTICLE 14 - Default of the policyholder

- (1) If the premium, the first installment or the whole of which is to be paid at once, is not paid on time, the insurer may withdraw from the contract within three months, unless payment is made. This period starts from the date on which the premium or the first installment thereof is due. If the premium receivable is not demanded through lawsuit or follow-up within three months from the due date, the contract shall be deemed to have been withdrawn.
- (2) Except for insurance contracts that have been in force for at least one year and one year's premium has been paid, if any of the premiums following the first premium is not paid on time, the insurer shall notify the policyholder to fulfill the debt by giving a ten-day period via notary public or registered letter with return receipt requested or by any other method permitted by the Law, otherwise, at the end of the period, the contract shall be deemed terminated. If the premium debt is not paid at the end of this period, the insurance contract shall be terminated.

ARTICLE 15 - Changing the insurance price or premium

- (1) The circumstances in which the sum insured or the premium accordingly will increase or decrease automatically and the rate or amount of increase or decrease of the sum insured or the premium in such circumstances may be agreed in the contract; and if agreed, this matter shall be stated in the policy. In the event that there is no agreement on the increase or decrease of the premium or price, or except for the cases stipulated for increase or decrease in the written agreement in the policy, the insurance price or premium may be changed within the insurance period as provided in the second paragraph of this article, upon the request of the policyholder and the acceptance of the insurer.
- (2) The policyholder may request an increase in the sum insured by notifying the insurer in writing or through a permanent data storage device. The insurer has the right to partially or completely reject the request for an increase in the sum insured, or may accept the request for an increase in the sum insured with an increase in the premium in the amount required by the increased sum insured. In addition, the insurer may also request the submission of a current medical report regarding the health status of the insured for the partial or full acceptance of the request for an increase in the sum insured in insurances where the risk of death is covered.

ARTICLE 16 - Withdrawal from insurance

- (1) For insurance contracts that have been in force for at least one year and for which one year's premium has been paid, the policyholder may withdraw from the insurance by terminating the contract at any time. The surrender value is the value calculated in accordance with the tariff technical principles in accordance with the generally accepted actuarial rules on the date the surrender is requested.
- (2) For insurances involving the probability of survival, the insured must prove that he/she is healthy in order to request the surrender value from the insurer.

ARTICLE 17 - Lending

- (1) In insurance contracts that have been in force for at least one year and for which the premium for one year has been paid, if the policyholder so requests, the insurer is obliged to lend money to the insured over the value calculated in accordance with the tariff technical principles in accordance with the generally accepted actuarial rules on the date of request.
- (2) The principles and procedures regarding the repayment of the loan shall be determined in the tariff technical principles. In cases where it is agreed to repay the loan together with interest, the contract remains in force as long as the interest is paid on due date. If the interests are not paid on their due dates, the insurer shall notify the policyholder in writing or via a permanent data storage device and demand payment of the debt together with the interest and costs incurred within three months. If the debt is not paid within this period, the policyholder shall be deemed to have withdrawn from the insurance and the insurer shall collect its receivable together with the accrued interest and costs. The remaining amount shall be returned to the policyholder.

ARTICLE 18 - Insurance exempt from premium payment

- (1) In insurance contracts that have been in force for at least one year and the premium for one year has been paid, if the policyholder subsequently fails to fulfill the premium payment obligation, the insurer may not terminate the contract and demand premium for this reason. In this case, the insurance becomes insurance exempt from premium payment. In insurance exempt from premium payment, the sum insured shall be calculated in accordance with the principles stipulated by the Law.

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

ARTICLE 11 - Appointment of a beneficiary

- (1) The policyholder may appoint one or more real persons or legal entities as beneficiaries during or after the conclusion of the insurance contract; if he has appointed more than one beneficiary, he may determine their shares. In case the policyholder and the insured are different persons, the policyholder may appoint himself as the beneficiary.
- (2) In order for a natural or legal person to be appointed as beneficiary, the beneficiary must have an interest in the continuation of the life of the insured. In the insurance against the possibility of death, if the insurance amount exceeds the customary funeral expenses, the written consent of the insured or his legal representative, if any, must also be obtained. In the interpretation of the declaration regarding the appointment of a natural or legal person as beneficiary, the circumstances and conditions at the time of the occurrence of the risk shall be taken into consideration.
- (3) The policyholder has the right to change the beneficiary and revoke the beneficiary appointment at any time before the occurrence of the risk covered by the coverage. However, the policyholder cannot change the beneficiary if the policyholder has written in the insurance policy that he has given up his right to change the beneficiary and has delivered the insurance policy to the beneficiary. However, the insurer may change the beneficiary even in cases where the disinheritance or revocation of the donation takes place or the reason for the appointment of that person as the beneficiary has disappeared among those concerned, the insurer has expressly waived the right to change the beneficiary and the insurance policy has been given to the beneficiary.
- (4) Beneficiary appointment and beneficiary changes are not subject to the permission of the insurer. The policyholder shall notify the insurer of the beneficiary appointed. In group life insurances, the right to appoint the beneficiary belongs to the insured in the group, unless otherwise agreed. In case the beneficiary is not notified to the insurer, the insurer shall be released from its obligation with the payment made in good faith in accordance with the provisions of the Law and the contract.
- (5) Rejection of inheritance or waiver of inheritance has no effect on the beneficiary's right to claim the insurance amount.
- (6) In insurances against the risk of death, if more than one person is appointed as beneficiary without specifying their shares, they are all equally entitled to the sum insured. In the event that one of the beneficiaries notifies the insurer in writing that he/she will not receive his/her share, the share of this beneficiary shall be added to the share of the others.
- (7) In cases where the policyholder insures his own life or the life of another person against the risk of death, if no beneficiary is appointed or if none of the appointed beneficiary or beneficiaries is entitled to claim against the insurer, the right to claim the sum insured shall belong to the policyholder and in case of the death of the policyholder, to his heirs. In insurances made on the probability of a third person's survival without the appointment of a beneficiary, the right to claim the sum insured belongs to the insured.

PART TWO

Rights, Obligations and Liabilities of the Insurer

ARTICLE 12 - Right of withdrawal

- (1) The policyholder may withdraw from the contract within fifteen days after the insurer notifies him that he may exercise his right of withdrawal. The burden of proof that this notification has been made is on the insurer. If no notification regarding the right of withdrawal has been made, this right of the policyholder shall lapse upon the expiration of one month from the payment of the first premium. However, if the insured benefits from a longer withdrawal period pursuant to the legislation on consumer law, this period shall apply.

ARTICLE 13 - Premium payment obligation

- (1) The policyholder is obliged to pay the premium agreed upon by the contract. Unless otherwise agreed, the insurance premium shall be paid in advance and in cash.
- (2) The entire insurance premium, or if it is agreed to be paid in installments, the first installment must be paid as soon as the contract is concluded and against delivery of the policy. In cases where the insurance premium is agreed to be paid in installments, in the event of the occurrence of the covered risk, all premiums relating to the insurance amount to be paid shall become due and payable.
- (3) If the insured dies before the payment of the premium or the first installment, the insurance contract is invalid.

ARTICLE 14 - Default of the policyholder

- (1) If the premium, the first installment or the whole of which is to be paid at once, is not paid on time, the insurer may withdraw from the contract within three months, unless payment is made. This period starts from the date on which the premium or the first installment thereof is due. If the premium receivable is not demanded through lawsuit or follow-up within three months from the due date, the contract shall be deemed to have been withdrawn.
- (2) Except for insurance contracts that have been in force for at least one year and one year's premium has been paid, if any of the premiums following the first premium is not paid on time, the insurer shall notify the policyholder to fulfill the debt by giving a ten-day period via notary public or registered letter with return receipt requested or by any other method permitted by the Law, otherwise, at the end of the period, the contract shall be deemed terminated. If the premium debt is not paid at the end of this period, the insurance contract shall be terminated.

ARTICLE 15 - Changing the insurance price or premium

- (1) The circumstances in which the sum insured or the premium accordingly will increase or decrease automatically and the rate or amount of increase or decrease of the sum insured or the premium in such circumstances may be agreed in the contract; and if agreed, this matter shall be stated in the policy. In the event that there is no agreement on the increase or decrease of the premium or price, or except for the cases stipulated for increase or decrease in the written agreement in the policy, the insurance price or premium may be changed within the insurance period as provided in the second paragraph of this article, upon the request of the policyholder and the acceptance of the insurer.
- (2) The policyholder may request an increase in the sum insured by notifying the insurer in writing or through a permanent data storage device. The insurer has the right to partially or completely reject the request for an increase in the sum insured, or may accept the request for an increase in the sum insured with an increase in the premium in the amount required by the increased sum insured. In addition, the insurer may also request the submission of a current medical report regarding the health status of the insured for the partial or full acceptance of the request for an increase in the sum insured in insurances where the risk of death is covered.

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- (1) For insurance contracts that have been in force for at least one year and for which one year's premium has been paid, the policyholder may withdraw from the insurance by terminating the contract at any time. The surrender value is the value calculated in accordance with the tariff technical principles in accordance with the generally accepted actuarial rules on the date the surrender is requested.
- (2) For insurances involving the probability of survival, the insured must prove that he/she is healthy in order to request the surrender value from the insurer.

ARTICLE 17 - Lending

- (1) In insurance contracts that have been in force for at least one year and for which the premium for one year has been paid, if the policyholder so requests, the insurer is obliged to lend money to the insured over the value calculated in accordance with the tariff technical principles in accordance with the generally accepted actuarial rules on the date of request.
- (2) The principles and procedures regarding the repayment of the loan shall be determined in the tariff technical principles. In cases where it is agreed to repay the loan together with interest, the contract remains in force as long as the interest is paid on due date. If the interests are not paid on their due dates, the insurer shall notify the policyholder in writing or via a permanent data storage device and demand payment of the debt together with the interest and costs incurred within three months. If the debt is not paid within this period, the policyholder shall be deemed to have withdrawn from the insurance and the insurer shall collect its receivable together with the accrued interest and costs. The remaining amount shall be returned to the policyholder.

ARTICLE 18 - Insurance exempt from premium payment

- (1) In insurance contracts that have been in force for at least one year and the premium for one year has been paid, if the policyholder subsequently fails to fulfill the premium payment obligation, the insurer may not terminate the contract and demand premium for this reason. In this case, the insurance becomes insurance exempt from premium payment. In insurance exempt from premium payment, the sum insured shall be calculated in accordance with the principles stipulated by the Law.

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

ARTICLE 19 - Reinstatement or reinstatement of insurance

(1) For the contracts which have been terminated due to non-payment of premium or which have been converted into insurance exempt from premium payment, the terminated contract shall be reinstated and the contract exempt from premium payment shall be converted back to its former status, provided that it is requested within six months following the due date of the first unpaid premium and the accumulated premiums are paid by the policyholder at once together with the legal default interest to be calculated as of the due date of each premium if requested by the insurer.

(2) In case the periods in the first paragraph are exceeded, reinstatement or reinstatement of the insurance is only possible with the approval of the insurer. For insurances against the possibility of death, the insurer may request a new health declaration or an updated report on the health status of the insured at the expense of the insured in order to reinstate the insurance.

(3) The insured must be alive at the time the insurance is reinstated. In the event that the declarations to be made during the reinstatement of the insurance are untrue, the provisions regarding the declaration obligation during the conclusion of the contract shall apply.

ARTICLE 20 - Declaration obligation and sanction in making a contract

(1) The insurer has concluded the insurance contract on the basis of the declaration of both the policyholder and the insured in cases where they have knowledge, and the representative if insurance is made through a representative. The policyholder and the representative are deemed to know or be required to know the important matters regarding the insured in terms of the insurance contract.

(2) The policyholder, the insured or the representative is obliged to notify the insurer of all important matters that he knows or should know during the conclusion of the contract. Matters which are not notified to the insurer or which are incompletely or inaccurately notified shall be deemed to be material if they are of a nature to require the contract not to be concluded or to be concluded under different conditions. Matters asked in writing or verbally by the insurer shall be deemed important until proven otherwise.

(3) If the insurer has given a list of questions to the policyholder, the insured or the representative to answer, no liability can be imposed on the policyholder, the insured or the representative for the matters other than the questions in the list provided, except for the deliberate concealment of an important matter.

(4) The insurer may also ask questions about the matters it wishes to learn about other than the list. Such questions must also be in writing and clear. The policyholder, insured or representative is obliged to answer these questions.

(5) The answers given by the policyholder, insured or representative may be received in writing or by a permanent data storage device.

(6) In the event that the policyholder, the insured or the representative breaches the declaration obligation by failing to notify or misrepresenting a matter important for the insurer during the conclusion of the contract and the insurer learns of the breach of the declaration obligation before the occurrence of the risk, the insurer may withdraw from the contract within fifteen days from the date it learns that the declaration obligation has been breached, provided that five years have not elapsed since the conclusion of the contract, including renewals, or may request a premium difference. The withdrawal must be directed to the insured with a declaration within fifteen days. If the insurer requests payment of the premium difference and this request is not accepted by the policyholder within ten days, the contract is deemed to be withdrawn. The fact that an important matter could not be learned due to the fault of the insurer, the insured, the beneficiary or the representative, or that it is not considered important by the insurer, the beneficiary, the insured or the representative does not change the situation. If the pre-contractual declaration obligation is deliberately violated, the insurer shall be entitled to the premiums for the period during which the insured bears the risk in the event that the insurer withdraws from the contract or the contract is accepted as withdrawn as a result of the non-acceptance of the premium difference. The provision of Article 21 regarding misrepresentation of age is reserved.

(7) Provided that five years have not elapsed since the conclusion of the contract, including renewals, in the event that the insurer learns after the occurrence of the risk that the declaration obligation was negligently breached during the conclusion of the contract, and the matter that was not declared or declared incorrectly is of a nature that may affect the amount of the insurance amount or the occurrence of the risk, a deduction shall be made from the insurance amount according to the degree of negligence. If the fault of the policyholder, the insured or the representative is within the degree of intent, if there is a connection between the breach of the declaration obligation and the realized risk, the insurer's obligation to pay the sum insured is eliminated. If there is no connection, the insurer shall pay the sum insured by taking into account the ratio between the premium paid and the premium due.

(8) If the insurer is aware of the true situation regarding an unreported matter or a misreported matter, the insurer may not withdraw from the contract or reduce the sum insured by claiming that the declaration obligation has been breached. The burden of proof that the insurer is aware of the unreported matter or the true state of affairs regarding the misreported matter rests on the policyholder or the insured.

(9) If five years have elapsed since the conclusion of the first contract, including renewals, the insurer who learns that the declaration obligation has been negligently breached before the risk occurs, is not entitled to withdraw; it may only demand the premium difference. If the policyholder refuses to pay the premium difference, the insurer shall pay the sum insured according to the ratio between the premium paid and the premium due when the risk occurs. If the insurer learns that the declaration obligation has been negligently breached after the risk has occurred, the insurer shall pay the sum insured according to the ratio between the premium paid and the premium due.

(10) The insurer may withdraw from the contract after five years from the date of the first contract, including renewals, if it is learned that the declaration obligation has been deliberately breached or if the risk increase is outside the limits determined according to the technical principles of the insurer due to the breach of the declaration obligation. In the event that the insurer learns about these situations in which the insurer has the right to withdraw after the occurrence of the risk, if there is a connection between the breach of the declaration obligation and the realized risk, the insurer's obligation to pay the insurance price disappears. If there is no connection, the insurer shall pay the sum insured by taking into account the ratio between the premium paid and the premium due.

(11) The insurer cannot exercise the right of withdrawal if it has explicitly or implicitly renounced the exercise of the right of withdrawal or has caused the breach leading to withdrawal or has concluded the contract in case some of its questions are left unanswered.

(12) In cases where the law attributes legal consequences to the knowledge and behavior of the policyholder, the knowledge and behavior of the insured, the representative in the case of a representative, and the beneficiary shall also be taken into consideration, provided that they are aware of the insurance.

Article 21 - Misrepresentation of age

(1) In contracts where the pricing is based on actual age, if the premium is determined low as a result of incorrect reporting of the insured's age during the conclusion of the contract, the insurer may request premium difference. If the premium difference is not accepted by the policyholder within ten days following the date of request, the sum insured shall be paid according to the ratio of the premium that should be charged according to the actual age to the premium determined. If the risk has been realized and the sum insured has been paid before the discount, the insurer may request the return of the excess amount paid together with interest.

(2) In contracts where the pricing is based on actual age, in case of overpayment of premium, the overpaid premium shall be refunded with interest within ten days following the date of the request of the policyholder. If the policyholder does not request a refund of premium, the sum insured shall be increased according to the premium paid. If the sum insured has been paid before the increase of the sum insured, the missing part shall be completed by the insurer.

(3) The insurer may withdraw from the contract only if the actual age is outside the limits determined according to technical principles at the time the contract is concluded due to incorrect age notification.

Article 22 - Declaration obligation and sanction during the contract period

(1) If the policyholder or someone else with his/her permission takes actions that increase the probability of the occurrence of the risk or aggravate the existing situation, or if any of the matters that were expressly accepted as aggravation of the risk when the contract was concluded take place, the policyholder shall notify the insurer immediately; if these actions were taken without his/her knowledge, he/she shall notify the insurer within ten days at the latest from the date he/she learns about this matter.

(2) Except for a matter related to the interest of the insurer, an event for which the insurer is responsible or the fulfillment of a humanitarian duty and changes in the health status of the insured; if the insurer learns, during the term of the contract, the possibility of the occurrence of the risk or the aggravation of the existing situation or the existence of the events that may be accepted as aggravation of the risk in the contract, it may terminate the contract within one month from the date of learning or may request a premium difference. If the difference is not accepted within ten days, the contract shall be deemed terminated. The right of termination cannot be exercised in case of a return to the situation before the changes were made. The right of termination and the right to demand premium difference not exercised in due time shall be forfeited.

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

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(2) In case the periods in the first paragraph are exceeded, reinstatement or reinstatement of the insurance is only possible with the approval of the insurer. For insurances against the possibility of death, the insurer may request a new health declaration or an updated report on the health status of the insured at the expense of the insured in order to reinstate the insurance.

(3) The insured must be alive at the time the insurance is reinstated. In the event that the declarations to be made during the reinstatement of the insurance are untrue, the provisions regarding the declaration obligation during the conclusion of the contract shall apply.

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(1) The insurer has concluded the insurance contract on the basis of the declaration of both the policyholder and the insured in cases where they have knowledge, and the representative if insurance is made through a representative. The policyholder and the representative are deemed to know or be required to know the important matters regarding the insured in terms of the insurance contract.

(2) The policyholder, the insured or the representative is obliged to notify the insurer of all important matters that he knows or should know during the conclusion of the contract. Matters which are not notified to the insurer or which are incompletely or inaccurately notified shall be deemed to be material if they are of a nature to require the contract not to be concluded or to be concluded under different conditions. Matters asked in writing or verbally by the insurer shall be deemed important until proven otherwise.

(3) If the insurer has given a list of questions to the policyholder, the insured or the representative to answer, no liability can be imposed on the policyholder, the insured or the representative for the matters other than the questions in the list provided, except for the deliberate concealment of an important matter.

(4) The insurer may also ask questions about the matters it wishes to learn about other than the list. Such questions must also be in writing and clear. The policyholder, insured or representative is obliged to answer these questions.

(5) The answers given by the policyholder, insured or representative may be received in writing or by a permanent data storage device.

(6) In the event that the policyholder, the insured or the representative breaches the declaration obligation by failing to notify or misrepresenting a matter important for the insurer during the conclusion of the contract and the insurer learns of the breach of the declaration obligation before the occurrence of the risk, the insurer may withdraw from the contract within fifteen days from the date it learns that the declaration obligation has been breached, provided that five years have not elapsed since the conclusion of the contract, including renewals, or may request a premium difference. The withdrawal must be directed to the insured with a declaration within fifteen days. If the insurer requests payment of the premium difference and this request is not accepted by the policyholder within ten days, the contract is deemed to be withdrawn. The fact that an important matter could not be learned due to the fault of the insurer, the insured, the beneficiary or the representative, or that it is not considered important by the insurer, the beneficiary, the insured or the representative does not change the situation. If the pre-contractual declaration obligation is deliberately violated, the insurer shall be entitled to the premiums for the period during which the insured bears the risk in the event that the insurer withdraws from the contract or the contract is accepted as withdrawn as a result of the non-acceptance of the premium difference. The provision of Article 21 regarding misrepresentation of age is reserved.

(7) Provided that five years have not elapsed since the conclusion of the contract, including renewals, in the event that the insurer learns after the occurrence of the risk that the declaration obligation was negligently breached during the conclusion of the contract, and the matter that was not declared or declared incorrectly is of a nature that may affect the amount of the insurance amount or the occurrence of the risk, a deduction shall be made from the insurance amount according to the degree of negligence. If the fault of the policyholder, the insured or the representative is within the degree of intent, if there is a connection between the breach of the declaration obligation and the realized risk, the insurer's obligation to pay the sum insured is eliminated. If there is no connection, the insurer shall pay the sum insured by taking into account the ratio between the premium paid and the premium due.

(8) If the insurer is aware of the true situation regarding an unreported matter or a misreported matter, the insurer may not withdraw from the contract or reduce the sum insured by claiming that the declaration obligation has been breached. The burden of proof that the insurer is aware of the unreported matter or the true state of affairs regarding the misreported matter rests on the policyholder or the insured.

(9) If five years have elapsed since the conclusion of the first contract, including renewals, the insurer who learns that the declaration obligation has been negligently breached before the risk occurs, is not entitled to withdraw; it may only demand the premium difference. If the policyholder refuses to pay the premium difference, the insurer shall pay the sum insured according to the ratio between the premium paid and the premium due when the risk occurs. If the insurer learns that the declaration obligation has been negligently breached after the risk has occurred, the insurer shall pay the sum insured according to the ratio between the premium paid and the premium due.

(10) The insurer may withdraw from the contract after five years from the date of the first contract, including renewals, if it is learned that the declaration obligation has been deliberately breached or if the risk increase is outside the limits determined according to the technical principles of the insurer due to the breach of the declaration obligation. In the event that the insurer learns about these situations in which the insurer has the right to withdraw after the occurrence of the risk, if there is a connection between the breach of the declaration obligation and the realized risk, the insurer's obligation to pay the insurance price disappears. If there is no connection, the insurer shall pay the sum insured by taking into account the ratio between the premium paid and the premium due.

(11) The insurer cannot exercise the right of withdrawal if it has explicitly or implicitly renounced the exercise of the right of withdrawal or has caused the breach leading to withdrawal or has concluded the contract in case some of its questions are left unanswered.

(12) In cases where the law attributes legal consequences to the knowledge and behavior of the policyholder, the knowledge and behavior of the insured, the representative in the case of a representative, and the beneficiary shall also be taken into consideration, provided that they are aware of the insurance.

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(1) In contracts where the pricing is based on actual age, if the premium is determined low as a result of incorrect reporting of the insured's age during the conclusion of the contract, the insurer may request premium difference. If the premium difference is not accepted by the policyholder within ten days following the date of request, the sum insured shall be paid according to the ratio of the premium that should be charged according to the actual age to the premium determined. If the risk has been realized and the sum insured has been paid before the discount, the insurer may request the return of the excess amount paid together with interest.

(2) In contracts where the pricing is based on actual age, in case of overpayment of premium, the overpaid premium shall be refunded with interest within ten days following the date of the request of the policyholder. If the policyholder does not request a refund of premium, the sum insured shall be increased according to the premium paid. If the sum insured has been paid before the increase of the sum insured, the missing part shall be completed by the insurer.

(3) The insurer may withdraw from the contract only if the actual age is outside the limits determined according to technical principles at the time the contract is concluded due to incorrect age notification.

Article 22 - Declaration obligation and sanction during the contract period

(1) If the policyholder or someone else with his/her permission takes actions that increase the probability of the occurrence of the risk or aggravate the existing situation, or if any of the matters that were expressly accepted as aggravation of the risk when the contract was concluded take place, the policyholder shall notify the insurer immediately; if these actions were taken without his/her knowledge, he/she shall notify the insurer within ten days at the latest from the date he/she learns about this matter.

(2) Except for a matter related to the interest of the insurer, an event for which the insurer is responsible or the fulfillment of a humanitarian duty and changes in the health status of the insured; if the insurer learns, during the term of the contract, the possibility of the occurrence of the risk or the aggravation of the existing situation or the existence of the events that may be accepted as aggravation of the risk in the contract, it may terminate the contract within one month from the date of learning or may request a premium difference. If the difference is not accepted within ten days, the contract shall be deemed terminated. The right of termination cannot be exercised in case of a return to the situation before the changes were made. The right of termination and the right to demand premium difference not exercised in due time shall be forfeited.

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

(3) Even if the insurer learns that the insured, the insured or the representative has willfully breached the declaration obligation before the occurrence of the risk and terminates the contract, the insurer shall be entitled to the premium for the insurance period in which the change occurred.

(4) If five years, including renewals, have elapsed since the risk has increased and the insurer's declaration obligation has been negligently breached, the insurer cannot terminate the contract due to breach of the declaration obligation; it may only demand premium difference. If the policyholder refuses to pay the premium difference, the insurer shall pay the sum insured when the risk occurs, taking into account the ratio between the premium paid and the premium due. However, if the declaration obligation is deliberately violated or the undeclared risk increase is outside the limits determined according to technical principles, the insurer has the right to terminate the contract. In the event that the insurer learns of this right of termination after the occurrence of the risk, if there is a connection between the undeclared matter and the realized risk, the insurer's obligation to pay the insurance price is eliminated; if there is no connection, the insurer pays the insurance price according to the ratio between the premium paid and the premium due.

(5) In the event that the insurer learns about the aggravation of the risk, which may cause the insurer to terminate the contract, after the occurrence of the risk, or in the event that the risk occurs within the period during which the insurer may give notice of termination or the termination notice shall take effect, the insurer shall pay the sum insured according to the ratio between the premium accrued for that sum and the premium that should have been accrued according to the aggravated risk.

(6) In cases where the law attributes legal consequences to the knowledge and behavior of the insurer, the knowledge and behavior of the insured, the representative in case of a representative, and the beneficiary shall also be taken into consideration, provided that they are aware of the insurance.

ARTICLE 23 - Actions to be taken in case of realization of the risk

(1) When the beneficiaries learn that the risk has occurred, they shall notify the insurer without delay.

(2) Beneficiaries, after the occurrence of the risk;

a) A copy of the birth certificate,

b) If necessary, a medical report, death certificate or burial permit explaining the cause of death,

c) In case of absenteeism, the absenteeism decision to be obtained from the court,

d) In cases where no beneficiary has been designated, the certificate of inheritance,

e) provide the insurer with any additional information and documents that may be required for the determination of the insurer's performance and that may be expected from the beneficiaries within a reasonable period of time.

(3) Furthermore, depending on the nature of the information and document received, the beneficiaries are obliged to allow the insurer to make an inspection at the place of occurrence of the risk or other relevant places and to take appropriate measures that can be reasonably expected to be taken by the insurer.

(4) Upon request, the insurer is obliged to provide the beneficiary or the policyholder with a certificate of receipt in writing or through a permanent data storage device in return for the documents received.

PART THREE

Obligations and Liabilities of the Insurer and Claims

ARTICLE 24 - Disclosure obligation

(1) Prior to the establishment of the insurance contract, the insurer and its agent shall notify the insured of all information regarding the insurance contract to be established, the rights of the insured, the provisions that the insured should pay special attention to, and the notification obligations depending on the developments, provided that the necessary review period is also granted, by the methods permitted by the legislation. In addition, regardless of the policy, it shall disclose the events and developments that may be deemed important in terms of the insurance relationship during the contract to the insured by the methods permitted by the legislation; in case the policyholder and the insured are separate persons, this disclosure shall also be made to the policyholder.

(2) The burden of proof regarding the transactions within the scope of the first paragraph belongs to the insurer.

ARTICLE 25 - Obligation to issue insurance policy

(1) The insurer is obliged to deliver the insurance policy to the policyholder within twenty-four hours after the conclusion of the contract if the insurance contract is concluded by itself or its agent, and within fifteen days in other cases.

(2) The insurer shall be liable for the damages arising from the failure to deliver the policy in due time and duly.

ARTICLE 26 - Payment of the insurance amount

(1) The sum insured agreed in the insurance contract shall be paid to the beneficiaries following the occurrence of the risk, after the documents specified in the second paragraph of Article 23 of these General Terms and Conditions are submitted to the insurer in full and complete, when the insurer's investigations regarding the performance are completed and in any case within fifteen days after the notice to be made. If the insurance amount is not paid within this period, the insurance amount payment obligation becomes due and payable. If the investigation is delayed due to a situation where no fault can be attributed to the insurer, the period does not run.

(2) When the insurance payment obligation becomes due, the insurer shall be in default without the need for notice. Any contractual provisions that provide for the release of the insurer from the obligation to pay default interest shall be invalid.

ARTICLE 27 - Protection of personal data and confidentiality obligation

(1) It may be necessary to process the personal data of the policyholder, insured, beneficiaries and right holders in accordance with the legislation or for the purpose of risk assessment and finalization of requests for payment of the insurance amount, and such data may be shared by the insurer with the relevant institutions and organizations within the framework of the relevant provisions of the Insurance Law No. 5684. The provisions of the Law No. 6698 on the Protection of Personal Data must be complied with in the processing and sharing of personal data.

(2) The insurer and those acting on behalf of the insurer shall be liable for the damages arising from the failure to keep the secrets and personal data of the insured, the policyholder and the beneficiary confidential.

ARTICLE 28 - Halfation of the insurer

(1) Halfayet shall not apply in life insurances. It is also invalid for those who have the right to claim compensation from the persons responsible for the death of the insured to assign such compensation rights to the insurer before or after the payment of the sum insured.

PART FOUR

Miscellaneous and Final Provisions

ARTICLE 29 - Notices and notifications

(1) Including through a permanent data storage medium;

a) Notifications and notices to be made by the policyholder shall be addressed to the insurer or the agent who concludes the contract or mediates the conclusion of the contract,

b) Notifications and notices made by the insurer shall be made to the last address notified to the insurer by the policyholder or, if necessary, the insured or the beneficiary.

(2) If the information regarding this address or permanent data storage device has changed, the policyholder is obliged to notify the insurance company. Otherwise, the notification to be made by the insurer to the address notified to him or through the permanent data storage device shall have all the consequences of a valid notification.

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

(3) Even if the insurer learns that the insured, the insured or the representative has willfully breached the declaration obligation before the occurrence of the risk and terminates the contract, the insurer shall be entitled to the premium for the insurance period in which the change occurred.

(4) If five years, including renewals, have elapsed since the risk has increased and the insurer's declaration obligation has been negligently breached, the insurer cannot terminate the contract due to breach of the declaration obligation; it may only demand premium difference. If the policyholder refuses to pay the premium difference, the insurer shall pay the sum insured when the risk occurs, taking into account the ratio between the premium paid and the premium due. However, if the declaration obligation is deliberately violated or the undeclared risk increase is outside the limits determined according to technical principles, the insurer has the right to terminate the contract. In the event that the insurer learns of this right of termination after the occurrence of the risk, if there is a connection between the undeclared matter and the realized risk, the insurer's obligation to pay the insurance price is eliminated; if there is no connection, the insurer pays the insurance price according to the ratio between the premium paid and the premium due.

(5) In the event that the insurer learns about the aggravation of the risk, which may cause the insurer to terminate the contract, after the occurrence of the risk, or in the event that the risk occurs within the period during which the insurer may give notice of termination or the termination notice shall take effect, the insurer shall pay the sum insured according to the ratio between the premium accrued for that sum and the premium that should have been accrued according to the aggravated risk.

(6) In cases where the law attributes legal consequences to the knowledge and behavior of the insurer, the knowledge and behavior of the insured, the representative in case of a representative, and the beneficiary shall also be taken into consideration, provided that they are aware of the insurance.

ARTICLE 23 - Actions to be taken in case of realization of the risk

(1) When the beneficiaries learn that the risk has occurred, they shall notify the insurer without delay.

(2) Beneficiaries, after the occurrence of the risk;

a) A copy of the birth certificate,

b) If necessary, a medical report, death certificate or burial permit explaining the cause of death,

c) In case of absenteeism, the absenteeism decision to be obtained from the court,

d) In cases where no beneficiary has been designated, the certificate of inheritance,

e) provide the insurer with any additional information and documents that may be required for the determination of the insurer's performance and that may be expected from the beneficiaries within a reasonable period of time.

(3) Furthermore, depending on the nature of the information and document received, the beneficiaries are obliged to allow the insurer to make an inspection at the place of occurrence of the risk or other relevant places and to take appropriate measures that can be reasonably expected to be taken by the insurer.

(4) Upon request, the insurer is obliged to provide the beneficiary or the policyholder with a certificate of receipt in writing or through a permanent data storage device in return for the documents received.

PART THREE

Obligations and Liabilities of the Insurer and Claims

ARTICLE 24 - Disclosure obligation

(1) Prior to the establishment of the insurance contract, the insurer and its agent shall notify the insured of all information regarding the insurance contract to be established, the rights of the insured, the provisions that the insured should pay special attention to, and the notification obligations depending on the developments, provided that the necessary review period is also granted, by the methods permitted by the legislation. In addition, regardless of the policy, it shall disclose the events and developments that may be deemed important in terms of the insurance relationship during the contract to the insured by the methods permitted by the legislation; in case the policyholder and the insured are separate persons, this disclosure shall also be made to the policyholder.

(2) The burden of proof regarding the transactions within the scope of the first paragraph belongs to the insurer.

ARTICLE 25 - Obligation to issue insurance policy

(1) The insurer is obliged to deliver the insurance policy to the policyholder within twenty-four hours after the conclusion of the contract if the insurance contract is concluded by itself or its agent, and within fifteen days in other cases.

(2) The insurer shall be liable for the damages arising from the failure to deliver the policy in due time and duly.

ARTICLE 26 - Payment of the insurance amount

(1) The sum insured agreed in the insurance contract shall be paid to the beneficiaries following the occurrence of the risk, after the documents specified in the second paragraph of Article 23 of these General Terms and Conditions are submitted to the insurer in full and complete, when the insurer's investigations regarding the performance are completed and in any case within fifteen days after the notice to be made. If the insurance amount is not paid within this period, the insurance amount payment obligation becomes due and payable. If the investigation is delayed due to a situation where no fault can be attributed to the insurer, the period does not run.

(2) When the insurance payment obligation becomes due, the insurer shall be in default without the need for notice. Any contractual provisions that provide for the release of the insurer from the obligation to pay default interest shall be invalid.

ARTICLE 27 - Protection of personal data and confidentiality obligation

(1) It may be necessary to process the personal data of the policyholder, insured, beneficiaries and right holders in accordance with the legislation or for the purpose of risk assessment and finalization of requests for payment of the insurance amount, and such data may be shared by the insurer with the relevant institutions and organizations within the framework of the relevant provisions of the Insurance Law No. 5684. The provisions of the Law No. 6698 on the Protection of Personal Data must be complied with in the processing and sharing of personal data.

(2) The insurer and those acting on behalf of the insurer shall be liable for the damages arising from the failure to keep the secrets and personal data of the insured, the policyholder and the beneficiary confidential.

ARTICLE 28 - Halfation of the insurer

(1) Halfayet shall not apply in life insurances. It is also invalid for those who have the right to claim compensation from the persons responsible for the death of the insured to assign such compensation rights to the insurer before or after the payment of the sum insured.

PART FOUR

Miscellaneous and Final Provisions

ARTICLE 29 - Notices and notifications

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GENERAL TERMS AND CONDITIONS OF LIFE INSURANCE

ARTICLE 30 - Statute of limitations

(1) All claims arising out of the insurance contract shall be time-barred after the expiration of two years starting from the date on which the claim becomes due, and claims relating to the sum insured shall in any case be time-barred after the expiration of six years starting from the date on which the risk occurs.

ARTICLE 31 - Competent court and arbitration

(1) In lawsuits to be filed in favor of or against the insurer, the insured or the beneficiary, the court of their domicile shall have absolute jurisdiction.

(2) The person who has a dispute with the insurer who is a member of the Insurance Arbitration Commission may benefit from the arbitration procedure by applying to the Insurance Arbitration Commission, even if there is no special provision in the insurance contract subject to the dispute.

ARTICLE 32 - Repealed General Conditions

(1) The General Terms and Conditions of Life Insurance published on 11/5/2002 are hereby repealed.

ARTICLE 33 - Contracts to which the General Terms will apply

(1) These General Terms and Conditions shall apply to contracts concluded after the effective date.

(2) Any amendment made in these General Terms and Conditions in favor of the insurer, the insured or the beneficiary shall be applied immediately and directly. However, if this amendment requires additional premium, the insurer may request premium difference within eight days following the amendment. If the requested premium difference is not accepted within eight days, the contract shall continue with its existing conditions.

ARTICLE 34 - Special conditions

(1) Special conditions may be included in insurance contracts provided that they do not contradict the mandatory provisions of the Law and the General Terms and Conditions.

ARTICLE 35 - Enforcement

(1) These General Terms and Conditions enter into force on 1/6/2022.

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(1) These General Terms and Conditions enter into force on 1/6/2022.

GENERAL CONDITIONS OF PERSONAL ACCIDENT INSURANCE

Article 1 - This policy covers the insured against the consequences of accidents to which he/she may be exposed during the period of insurance under the following conditions.

Article 2 - The term 'Accident' in this policy means the death or bodily injury of the insured against his/her will as a result of a sudden and external event.

Article 3 - The following situations are also considered accidents:

- a) Teneffusion of gases suddenly and unexpectedly.
- b) Burns and sprains, strains and ruptures of muscles and nerves as a result of a sudden movement.
- c) Poisoning caused by snake or insect bites.
- d) Death due to rabies resulting from a bite or bodily malfunctions.

Article 4 - The following situations are not considered accidents:

- a) All kinds of diseases and their consequences and a morbid state,
- b) the effects of water, such as freezing, sunstroke, sunstroke and congestion, provided that they do not occur as a result of an accident falling within the scope of the insurance,
- c) Suicide or attempted suicide, regardless of any state of mind or spirit,
- d) Explicit drunkenness, taking drugs, medicines and harmful substances in cases not necessitated by an accident falling within the scope of the insurance,
- e) Death or bodily defects caused by surgical intervention (operation) and all kinds of radiotherapy not necessitated by an accident falling within the scope of the insurance.

Article 5 - The following cases are excluded from insurance:

- a) War or operations in the nature of war, revolution, rebellion, insurrection or internal riots arising therefrom turmoil
- b) Participation in strikes, locked-out labour movements, popular movements and fights,
- c) Committing or attempting to commit crimes and murders,
- d) Except for the rescue of persons and property in danger, the insured intentionally acts to expose himself/herself to grave danger,
- e) All damages arising from biological and/or chemical contamination, contamination or poisoning as a result of terrorist acts specified in the Anti-Terrorism Law No. 3713 and sabotage arising from these acts or as a result of interventions made by the competent bodies in order to prevent these acts and reduce their effects.
- f) Nuclear risks or the use of nuclear, biological and chemical weapons or any attack or sabotage that may cause the release of nuclear, biological and chemical substances,
- g) Participating in terrorist acts and related sabotage as specified in the Anti-Terrorism Law No. 3713
- h) Drowning in water is excluded from the insurance unless it occurs as a result of an accident falling within the scope of the insurance.

Article 6 - Unless otherwise agreed, the following situations are also excluded from insurance:

- a) Driving and riding motorcycles and dummy motor bikes,
- b) Offshore fishing, herding and shooting hunts, wild boar and other wild animal hunting and hunting in high mountains,
- c) Mountaineering by climbing mountains and jungles, all sports on snow or ice (such as skiing, skating, hockey and boxing); javelin, mania riding, polo, rugby, fencing, weightlifting, wrestling, boxing, basketball, football and sailing sports, heavy and dangerous gymnastic movements and professional sports movements,
- d) All kinds of sports competitions and speed and endurance races, e) Flying in the air in any capacity other than as a passenger,
- f) Earthquake, flood, volcanic eruption and landslide.
- g) Except for the damages specified in subparagraph (e) of Article 5 and participation in acts of terrorism and sabotage specified in subparagraph (g) of the same article, the interventions made by the authorised bodies in order to prevent or reduce the effects of terrorist acts and sabotage specified in the Anti-Terrorism Law No. 3713.

Territorial Limits of Insurance

Article 7 - This insurance cover is also valid outside the borders of Turkey. Types of Coverage

Article 8 - In addition to the following death and permanent disability coverages, one or both of the daily indemnity and treatment expenses coverages may be provided, provided that the coverage provided and not provided are stated on the face of the policy.

A) Death Cover:

In the event that an accident covered by this policy causes the death of the insured immediately or within one year from the date of the accident, the sum insured shall be paid to the beneficiaries shown in the policy or, if none, to their legal right holders.

B) Permanent Disability Coverage:

An accident covered by this policy may occur immediately or within two years from the date of the accident. In the event that he/she causes permanent disability during the period, following the end of medical treatment and the final determination of permanent disability, the permanent disability insurance amount shall be paid to him/her within the following rates.

Sum Insured

Complete loss of both eyes	100	
Complete loss of both arms or both hands	100	
Complete loss of both legs or both feet	100	
One arm or one hand and one leg or complete loss of one foot	100	
General paralysis	100	
Incurable mental illness	100	
	Right %	Left %
Complete loss of arm or hand	60	50
Complete loss of shoulder movement	25	20
Complete loss of elbow movement	20	15
Complete loss of wrist movement	20	15
Complete loss of thumb and martyrdom finger	30	25
Complete loss of thumb and a finger other than the martyrdom finger	25	20
Complete loss of a finger other than the thumb with the martyrdom finger	20	15

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- c) Suicide or attempted suicide, regardless of any state of mind or spirit,
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Complete loss of both arms or both hands	100	
Complete loss of both legs or both feet	100	
One arm or one hand and one leg or complete loss of one foot	100	
General paralysis	100	
Incurable mental illness	100	
	Right %	Left %
Complete loss of arm or hand	60	50
Complete loss of shoulder movement	25	20
Complete loss of elbow movement	20	15
Complete loss of wrist movement	20	15
Complete loss of thumb and martyrdom finger	30	25
Complete loss of thumb and a finger other than the martyrdom finger	25	20
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GENERAL CONDITIONS OF PERSONAL ACCIDENT INSURANCE

	Right %	Left %
Other than the thumb and martyrdom fingers		
complete loss of three fingers	25	20
Complete loss of the lone thumb	20	15
Complete loss of the lone martyrdom finger	15	10
Complete loss of the middle finger alone	10	8
Complete loss of the lone ring finger	8	7
Complete loss of the little finger alone	7	6
Complete loss of one leg above the knee	50	
Complete loss of one leg below the knee	40	
Complete loss of one foot	40	
Partial amputation of one foot, including all toes	30	
Complete loss of movement of one hip	30	
Complete loss of movement of one knee	20	
Complete loss of ankle movement	15	
Complete loss of one big toe	8	
Poor union of a broken leg	30	
Poor union of a fractured foot	20	
Poor union of a fractured kneecap	20	
Shortening of one leg by 5 centimetres or more	15	
Complete loss of one or both eyes		
loss of half of the power of dreaming	25	
Complete deafness of both ears	40	
Complete deafness of one ear	10	
Poor union of the fractured lower jaw	25	
Amudi fictional immobility with marked inflammation of the	30	
Amudi fiction rib fracture with persistent deformity of the thorax	10	

The proportion of disabilities not mentioned in the above table, even if they are less serious, shall be determined according to their severity and in comparison with the proportions written in the table.

In the determination of the permanent disability rates, the occupation and profession of the insured shall not be taken into consideration. The term 'loss of a limb or a part of a limb' refers to the absolute and absolute inability to function and use that limb or part of a limb.

Loss of a limb or a part of a limb that cannot function and cannot be used in any way before an accident is not compensated.

If the rate of disability of a limb or part of a limb which was partially disabled before the accident is increased due to the accident, the compensation shall be calculated according to the difference between the rate before the accident and the rate after the accident.

The total of the compensation to be calculated separately for the disability of various limbs or parts of limbs arising from the same accident cannot exceed the amount shown in the policy.

If the insured is left-handed, the rates determined for the right and left hand in the above table shall be applied mutatis mutandis.

C) Daily Compensation

If the insured is temporarily unable to work as a result of an accident, he/she will be paid the daily compensation stated in the policy.

If the insured is partially able to work or becomes partially able to work at a later date, the daily compensation shall be halved as of that date.

This compensation is paid from the day the medical treatment starts until the day the insured person recovers and becomes able to work, but this period cannot exceed 200 days.

D) Treatment Expenses Coverage

Provided that it is separately stated in the policy that the treatment expenses are also included in the insurance coverage, the insurer pays the doctor's fee, medicine, radiography, bath, massage, hospital and other treatment expenses (excluding transportation fees) incurred within one year from the day of the accident up to the amount determined for this coverage in the policy.

Prosthesis expenses for accidental damage to natural or artificial fixed teeth shall be reimbursed up to a maximum of 10% of the total amount of treatment expenses. Payments made for the treatment costs by the insured's workplace or legally compulsory insurances shall be deducted from the compensation to be paid by the insurer. In the event that the treatment costs are covered by more than one insurer, these costs shall be shared among the insurers in proportion to their coverage. The insurer shall stand in the place of the insured up to the amount paid by the insured against third parties liable for the treatment costs paid.

Combination of Types of Coverage

Article 9 - An accident does not entitle to death and permanent disability compensation at the same time. However, if the insured who has received permanent disability indemnity dies within one year from the date of the accident and as a result of this accident, the beneficiaries will be paid the difference between the permanent disability indemnity paid to the insured and the death indemnity.

Daily compensation and treatment costs are not deducted from the death or permanent disability compensation.

GENERAL CONDITIONS OF PERSONAL ACCIDENT INSURANCE

	Right %	Left %
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Daily compensation and treatment costs are not deducted from the death or permanent disability compensation.

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GENERAL CONDITIONS OF PERSONAL ACCIDENT INSURANCE

Conditions Aggravating the Consequence of the Accident

Article 10 - In the event that the consequences of an accident are aggravated due to a disease that existed before the accident or occurred after the accident and in any case not related to the accident, a disorder of the physical organisation or inadequate, incorrect or poor treatment as a result of the fault of the insured, the amount of indemnity required to be paid shall not be calculated according to the result that has occurred, but shall be determined according to the result that the same accident could have caused in a completely healthy person provided that the medical treatment was carried out in a complete and scientific manner.

Declaration Obligation of the Insurer

Article 11- This Contract is concluded on the basis of the declaration of the insured.

The policyholder is obliged to give correct answers to the questions asked to him/her in the proposal and supplementary documents and to declare the matters known to him/her which may affect the assessment of the risk which constitutes the subject matter of the insurance. If the insurer has made untrue or incomplete statements in cases that require the insurance to be provided with more severe conditions:

- If the intent of the policyholder accrues, the insurance policy shall be null and void.
- In cases where there is no intent on the part of the policyholder, the insurer may choose either to keep the insurance policy in force or to terminate the insurance policy by taking the premium difference corresponding to the gravity of the risk. If the insurer chooses the termination option, it shall notify the insured within one month from the date of receipt. The insurance shall be terminated at 12.00 noon 15 days after the date the notice of termination is mailed and the premium for the unused insurance period shall be refunded. The right of termination not exercised in due time shall be forfeited. If untrue or incomplete declarations are learnt after the damage has occurred, no indemnity shall be paid in cases where the insurer has intent, and in cases where there is no intent, the indemnity shall be deducted from the indemnity in the ratio between the premium accrued and the premium that should have been accrued.

Change of Risk

Article 12- The policyholder is obliged to immediately notify the insurer in writing of all changes that may occur during the insurance period in the matters declared in the proposal or included in the special conditions of the policy, in particular changes in occupation and occupation, blindness and deafness, convulsions, partial or complete paralysis, tuberculosis, mental and nervous diseases.

If the changes are of an aggravating nature and notified to the insurer within eight days at the latest, the insurer:

- agrees to the continuation of the insurance either by way of an additional premium,
- or terminates the contract within 8 days from the date he/she becomes aware of the event.

In this case, the insurance shall cease upon written notice of termination and the premium for the days that will not be covered shall be refunded on a daily basis. If the right of termination is not exercised in due time, the insurance shall remain in force.

Even if the policyholder has not notified the insurer of the change, the right of termination shall lapse if the insurer does not terminate the contract within 8 days after learning of the change, or if the insurer takes any action, such as collecting the insurance premium, which indicates its consent to the continuation of the insurance provision. If the payment of the additional premium cannot be agreed, the insured may also exercise the right of termination. In this case, the contract shall be cancelled upon notice of termination and the premium for the days not covered shall be refunded on the basis of short-term insurance. If the changes are of a nature to mitigate the risk and require the premium to be reduced, the difference in premium as of the date of notification of the change shall be refunded on the basis of short-term insurance.

If the obligation to notify under this article is not fulfilled and the change is of an aggravating nature, the insurer shall not be liable in the event of the occurrence of the risk. Unless there is a causal link between the aggravation of the hazard and the accrued risk.

Obligations of the Insured in Case of Realization of Risk

Article 13 -

A) Notification of the Realisation of the Risk

The policyholder or beneficiaries are obliged to notify the insurer in writing within five days from the date they learnt that the risk has occurred. The policyholder or beneficiaries are obliged to notify the place, date and causes of the accident in the aforementioned notification and also to obtain a report from the treating physician, stating the situation caused by the accident and its possible consequences, and send it to the insurer.

B) Starting Treatment and Taking Necessary Measures

It is obligatory to call a doctor immediately after the accident and start the necessary treatment and take all necessary measures for the recovery of the victim. The insurer has the right to have the casualty examined and his/her medical condition checked at any time and it is obligatory to allow these examinations and checks to be carried out.

It is also obligatory to comply with the recommendations and directives to be given by the insurer's physician regarding the treatment and recovery of the casualty. The obligations set out in paragraphs (A) and (B) above:

- If it is not fulfilled intentionally, the rights arising from the policy shall be forfeited.
- If it is not fulfilled as a result of fault and the consequences of the accident are aggravated due to this reason, the insurer shall not be liable for the aggravated part.

C) Delivery of Necessary Documents

The policyholder or right holders are obliged to submit the necessary documents requested by the insurer in relation to the results of the accident and the determination of the amount to be paid.

Status of the Contract Following the Realisation of the Risk

Article 14 - The insurer or the insured shall have the right to terminate the insurance contract for the days not covered following an accident requiring the payment of compensation. The right of termination cannot be exercised after the day on which the indemnity is paid.

If the insurer terminates the contract, the insurance ends at 12.00 noon fifteen days after the date on which the notice of termination is mailed and the premiums for the days not covered shall be returned to the insured on a daily basis.

If the policyholder terminates the contract, the insurance is cancelled with the notice of termination and the premiums for the unexpired days are not refunded.

Determination of Compensation

Article 15 -

1) The amount of the indemnity payable under this policy shall first be determined by agreement between the parties.

2) If the parties are unable to agree, the amount of compensation shall be determined by the arbitrator expert, taking into account the causes of death, permanent disability and temporary deprivation of work, as well as the degree of disability and the material factors affecting the determination of the amount of compensation such as daily compensation or treatment costs.

a) Each of the parties shall appoint and nominate its own arbitral expert and, before the two arbitral experts commence the determination, they shall appoint a third arbitral expert no later than seven days after their appointment for the purpose of taking final decisions on the matters on which they disagree and for the sole purpose of having exclusive jurisdiction.

b) If one of the parties fails to appoint an arbitral expert within 15 days of notification by the other party, or if the arbitral experts of the parties cannot agree on the appointment of the third arbitral expert within 7 days, the arbitral expert of the second party or the third arbitral expert shall be appointed by the competent court in accordance with Article 19 upon the request of the party making the first application.

c) Even if the insured dies after the appointment of the arbitral expert, the arbitral expert remains authorised until the conclusion of his/her duties.

d) In the event of the death, resignation or rejection of one of the arbitral experts, the party whose arbitral expert has died, resigned or been rejected shall have the right to appoint a new one. In the event of the death, resignation or refusal of the third arbitral expert, the power to appoint a replacement shall vest primarily in the party's arbitral experts. These powers shall be exercised in accordance with the provisions of paragraphs (a) and (b).

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GENERAL CONDITIONS OF PERSONAL ACCIDENT INSURANCE

Conditions Aggravating the Consequence of the Accident

Article 10 - In the event that the consequences of an accident are aggravated due to a disease that existed before the accident or occurred after the accident and in any case not related to the accident, a disorder of the physical organisation or inadequate, incorrect or poor treatment as a result of the fault of the insured, the amount of indemnity required to be paid shall not be calculated according to the result that has occurred, but shall be determined according to the result that the same accident could have caused in a completely healthy person provided that the medical treatment was carried out in a complete and scientific manner.

Declaration Obligation of the Insurer

Article 11- This Contract is concluded on the basis of the declaration of the insured.

The policyholder is obliged to give correct answers to the questions asked to him/her in the proposal and supplementary documents and to declare the matters known to him/her which may affect the assessment of the risk which constitutes the subject matter of the insurance. If the insurer has made untrue or incomplete statements in cases that require the insurance to be provided with more severe conditions:

- a) If the intent of the policyholder accrues, the insurance policy shall be null and void.
- b) In cases where there is no intent on the part of the policyholder, the insurer may choose either to keep the insurance policy in force or to terminate the insurance policy by taking the premium difference corresponding to the gravity of the risk. If the insurer chooses the termination option, it shall notify the insured within one month from the date of receipt. The insurance shall be terminated at 12.00 noon 15 days after the date the notice of termination is mailed and the premium for the unused insurance period shall be refunded. The right of termination not exercised in due time shall be forfeited. If untrue or incomplete declarations are learnt after the damage has occurred, no indemnity shall be paid in cases where the insurer has intent, and in cases where there is no intent, the indemnity shall be deducted from the indemnity in the ratio between the premium accrued and the premium that should have been accrued.

Change of Risk

Article 12- The policyholder is obliged to immediately notify the insurer in writing of all changes that may occur during the insurance period in the matters declared in the proposal or included in the special conditions of the policy, in particular changes in occupation and occupation, blindness and deafness, convulsions, partial or complete paralysis, tuberculosis, mental and nervous diseases.

If the changes are of an aggravating nature and notified to the insurer within eight days at the latest, the insurer:

- a) agrees to the continuation of the insurance either by way of an additional premium,
- b) or terminates the contract within 8 days from the date he/she becomes aware of the event.

In this case, the insurance shall cease upon written notice of termination and the premium for the days that will not be covered shall be refunded on a daily basis. If the right of termination is not exercised in due time, the insurance shall remain in force.

Even if the policyholder has not notified the insurer of the change, the right of termination shall lapse if the insurer does not terminate the contract within 8 days after learning of the change, or if the insurer takes any action, such as collecting the insurance premium, which indicates its consent to the continuation of the insurance provision. If the payment of the additional premium cannot be agreed, the insured may also exercise the right of termination. In this case, the contract shall be cancelled upon notice of termination and the premium for the days not covered shall be refunded on the basis of short-term insurance. If the changes are of a nature to mitigate the risk and require the premium to be reduced, the difference in premium as of the date of notification of the change shall be refunded on the basis of short-term insurance.

If the obligation to notify under this article is not fulfilled and the change is of an aggravating nature, the insurer shall not be liable in the event of the occurrence of the risk. Unless there is a causal link between the aggravation of the hazard and the accrued risk.

Obligations of the Insured in Case of Realization of Risk

Article 13 -

A) Notification of the Realisation of the Risk

The policyholder or beneficiaries are obliged to notify the insurer in writing within five days from the date they learnt that the risk has occurred. The policyholder or beneficiaries are obliged to notify the place, date and causes of the accident in the aforementioned notification and also to obtain a report from the treating physician, stating the situation caused by the accident and its possible consequences, and send it to the insurer.

B) Starting Treatment and Taking Necessary Measures

It is obligatory to call a doctor immediately after the accident and start the necessary treatment and take all necessary measures for the recovery of the victim. The insurer has the right to have the casualty examined and his/her medical condition checked at any time and it is obligatory to allow these examinations and checks to be carried out.

It is also obligatory to comply with the recommendations and directives to be given by the insurer's physician regarding the treatment and recovery of the casualty. The obligations set out in paragraphs (A) and (B) above:

- a) If it is not fulfilled intentionally, the rights arising from the policy shall be forfeited.
- b) If it is not fulfilled as a result of fault and the consequences of the accident are aggravated due to this reason, the insurer shall not be liable for the aggravated part.

C) Delivery of Necessary Documents

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a) Each of the parties shall appoint and nominate its own arbitral expert and, before the two arbitral experts commence the determination, they shall appoint a third arbitral expert no later than seven days after their appointment for the purpose of taking final decisions on the matters on which they disagree and for the sole purpose of having exclusive jurisdiction.

b) If one of the parties fails to appoint an arbitral expert within 15 days of notification by the other party, or if the arbitral experts of the parties cannot agree on the appointment of the third arbitral expert within 7 days, the arbitral expert of the second party or the third arbitral expert shall be appointed by the competent court in accordance with Article 19 upon the request of the party making the first application.

c) Even if the insured dies after the appointment of the arbitral expert, the arbitral expert remains authorised until the conclusion of his/her duties.

d) In the event of the death, resignation or rejection of one of the arbitral experts, the party whose arbitral expert has died, resigned or been rejected shall have the right to appoint a new one. In the event of the death, resignation or refusal of the third arbitral expert, the power to appoint a replacement shall vest primarily in the party's arbitral experts. These powers shall be exercised in accordance with the provisions of paragraphs (a) and (b).

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TÜRKİYE HAYAT EMEKLİLİK

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