Intake Form

Occupational Disability Insurance (AOV)

Conformity with Article 4:23 Dutch Financial Supervision Act (Wft)

Note: this document is an English translation of the official Dutch intake form ("Inventarisatieformulier AOV"), provided for informational purposes only. In the event of any conflict, discrepancy or ambiguity between this translation and the Dutch original, the Dutch version shall prevail and be legally binding.

With this intake form New Wave Assurances maps out your personal and financial situation, your knowledge and experience, your risk tolerance and your specific requirements. This forms the legally required basis for suitable advice.

1. PERSONAL DETAILS & WWFT IDENTIFICATION

First names & surname:

Preferred name:

Date of birth: Place of birth:

Nationality: BSN (tax ID):

Residential address:

Postal code & city:

Phone number: E-mail address:

Marital status:

◯ Single ◯ Married ◯ Cohabiting ◯ Registered partner

Identification (Wwft statutory requirement)

ID type:

◯ Passport ◯ Identity card ◯ Driver's licence

Document number: Valid until:

2. COMPANY DETAILS & ACTIVITIES

Company name:

KvK number: VAT number:

Legal form:

◯ Sole proprietorship ◯ VOF (partnership) ◯ BV (private Ltd) ◯ Other

If other, specify: Company start date:

Are you an Ultimate Beneficial Owner (UBO) for 25% or more?

◯ Yes ◯ No ◯ Not applicable

Description of daily work activities:

Breakdown of activities (total must be 100%):

Commercial / administrative / office work:

Light physical work / supervision / travel:

Heavy physical work / manual labour / using tools:

Average working hours per week:

3. FINANCIAL SITUATION & CAPACITY

Gross annual income (business profit / director-shareholder salary, last 3 years):

Year 20 EUR

Year 20 EUR

Year 20 EUR

Expected gross annual income next financial year (EUR):

Partner income:

Yes No

If yes, partner gross annual income (EUR):

Is this partner income sufficient to cover all fixed household expenses?

Yes No

Minimum required net monthly income in case of disability (EUR):

Available liquid personal capital / financial buffer (EUR):

4. WISHES AND PREFERENCES AOV COVERAGE

Desired sum insured per year (EUR):

Maximum 80-90% of gross income.

Desired coverage end age:

60 62 65 67 State pension age (AOW)

Desired waiting period (deductible period):

14 days 30 days 60 days 90 days 180 days 365 days 730 days

Disability assessment criterion:

Professional disability is assessed solely on your specific profession. Suitable labour is assessed on work suitable for your education and experience.

Professional disability (beroepsAO) Suitable labour (passende arbeid)

Indexation of insured amount / payout:

No indexation Fixed increase (e.g. 2% or 3%) Consumer Price Index (CPI)

Disability threshold (minimum % disability required for payout):

From 25% From 45% From 55% From 80%

5. KNOWLEDGE, EXPERIENCE AND RISK TOLERANCE (WFT TEST)

How do you rate your own knowledge regarding AOV and financial risks?

Limited Average Good

Have you held an AOV policy in the past?

Yes No

Do you understand the difference between professional disability and suitable labour?

Yes No, I would like additional explanation

Do you understand the financial consequence of a longer waiting period?

Yes, I can bridge it with my own funds No, I would like additional advice

What is your risk posture regarding premium versus security?

Conservative: maximum security and the most comprehensive coverage possible. Neutral: balanced trade-off between affordable premium and acceptable risk. Entrepreneurial: accept higher personal risk to minimise the monthly premium.

Conservative Neutral Entrepreneurial

6. HEALTH AND LIFESTYLE (INDICATIVE & GDPR COMPLIANT)

Do you smoke, or have you used tobacco / nicotine products in the past 24 months?

Yes No

Based on your medical history, do you expect any issues during medical underwriting?

Yes No

The actual medical evaluation always takes place confidentially via the official health statement of the insurer.

7. WFT DECLARATION & SIGNATURE

Accuracy of information:

Client declares that the information provided on this form is truthful, complete and correct. Client understands that incorrect or incomplete information may adversely affect the advice and the insurance coverage.

GDPR consent:

Client explicitly authorises the service provider to process these (personal) data for advising on and mediating the occupational disability insurance.

Deviation from advice (if applicable):

If client chooses a coverage level, waiting period or sum insured different from what was advised by the service provider, this shall be entirely at client's own account and risk.

Client name:

City: Date:

Signature:

Sign here (print the form or add a digital signature)