Service Agreement

Occupational Disability Insurance (AOV)

Dienstverleningsovereenkomst AOV — English translation

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

PARTIES

1. New Wave Assurances, established at De Entree 201, 1101 HG Amsterdam, the Netherlands, registered with the Chamber of Commerce under number 71068600, hereinafter referred to as: "Service Provider";

2. The Client, as identified below, hereinafter referred to as: "Client".

Name: _____

Address: _____

Postal code & city: _____

ARTICLE 1. SUBJECT OF THE AGREEMENT

1.1 Client grants Service Provider the assignment to provide services regarding advising, mediating, and managing an Occupational Disability Insurance (Arbeidsongeschiktheidsverzekering / AOV).

1.2 Service Provider shall make every effort to represent Client's interests to the best of its knowledge and ability.

ARTICLE 2. SERVICE PROVISION AND POLICY MANAGEMENT

2.1 Service Provider guides the entire process of inventory, advice, and the application for the Occupational Disability Insurance.

2.2 After the insurance policy has been established, Service Provider takes care of ongoing management and administrative support related to the policy.

2.3 Service Provider will periodically assess whether the insurance still aligns with Client's situation and provide the necessary support to maintain adequate coverage. Client is personally responsible for promptly reporting any changes in their personal, medical, or financial situation that could affect coverage or the policy.

ARTICLE 3. FEE AND PAYMENT TERMS

3.1 For the services and ongoing management, Client owes an annual fee of € 195.- (exempt from VAT, or including any applicable taxes).

3.2 The first installment of the ongoing fee (€ 195.-) is charged immediately after Client agrees to the provided quotation.

3.3 Subsequent annual installments of the ongoing fee will be charged in following years, provided Client has received medical approval and the policy has been definitively accepted by the insurer.

3.4 Invoices must be paid within a payment term of 14 days from the invoice date.

ARTICLE 4. NON-PAYMENT AND POLICY TERMINATION

4.1 If Client fails to pay the due ongoing fee within the specified payment term of 14 days, Client is automatically in default without requiring further notice.

4.2 Client explicitly agrees that in the event of non-payment, Service Provider has the right to suspend its services and request the insurer to terminate the underlying insurance policy as of a specified date.

4.3 Any damages or risks arising from the termination of the policy due to non-payment shall be entirely at Client's account and risk.

ARTICLE 5. FINAL PROVISIONS

5.1 This agreement enters into force on the date of signature by Client.

5.2 Amendments or additions to this agreement are valid only if agreed upon in writing between both parties.

AGREED AND SIGNED

Client

Name:

Address:

Postal code and city:

Date: / /

DD MM YYYY

Signature:

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

Service Provider

New Wave Assurances B.V.