

Sanctions Addendum
Policy No:

The following endorsement shall be attached to the above mentioned policy and shall constitute an integral part thereof.

Notwithstanding anything to the contrary under the policy and any supplementary contract attached thereto, and for the duration of any applicable sanctions regimes against Coverage and/or Payment under the Policy and/or any supplementary contract (if any), the same will NOT be made if: (i) the policyholder, insured, or person entitled to receive such payment is residing in a sanctioned country; or (ii) the policyholder, insured, or person entitled to receive such payment is listed on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals (SDN) list, the OFAC Sectoral Sanctions Identifications list or any international or local sanctions list; or (iii) the payment is claimed for services received in any sanctioned country.

The Company shall not be liable to pay any claim or provide any coverage or Benefit to the extent that the provision of such coverage or Benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America or any other applicable laws.

Executed this Day Month Year

POLICYOWNER’S ACKNOWLEDGEMENT AND ACCEPTANCE

I HAVE READ THE TERMS AND CONDITIONS OF THIS ADDENDUM AND UNDERSTAND THEIR IMPACT ON THE POLICY AND ANY SUPPLEMENTARY CONTRACT ATTACHED THERETO. I AFFIX MY SIGNATURE IN ACCEPTANCE OF AND AGREEMENT TO THIS ADDENDUM.

Signed at City / Town, Country on Day Month Year

Policy Owner’s Name

Policy Owner’s Signature

“This document is computer generated and does not require the Registrar’s signature or the Company’s stamp in order to be considered valid”.

ENDORSEMENT

To Policy No: _____

The following endorsement shall be attached to the above mentioned policy and shall constitute an integral part thereof.

I "Policy / Owner's name", the undersigned, hereby confirm my understanding that, (notwithstanding anything to the contrary in the said policy and supplementary contracts / riders attached, and in addition to all exclusions mentioned), no coverage and/or payment under the policy and/or any supplementary contract will be made by the Company and the Company will not be liable for any indemnity or payment for the death, disability, or any kind of loss, injury, treatment, surgery, medical expenses, sickness of the insured and for any complication arising thereof, if incurred during the insured's stay in "COUNTRY" and/or within thirty (30) days after leaving the said country (ies) if due to a cause that occurred during his/her stay in this/these country(ies).

The Company's liability under the policy including any supplementary contracts / riders attached therein shall be limited to the Net Cash Surrender Value of the policy, if any, less any existing indebtedness, including interest due or accrued, to the Company against the policy subject to the policy terms and conditions.

Except as provided herein, the terms and provisions of the policy shall remain unchanged.

Executed this Day Month Year

I have read the terms & conditions of this endorsement and understood their impact on the policy and any supplementary contract attached thereto and affix my signature in acceptance and agreement thereof.

Signed at City / Town, Country on Day Month Year

Policy Owner's Name

Policy Owner's Signature

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