



'n-service for businesses' online platform user access form for users under the group insurance agreement

Policyholder

Name

TAX ID number Policy no.

In connection with the conclusion of the Group Insurance Agreement, Nationale-Nederlanden Towarzystwo Ubezpieczeń na Życie S.A. will provide the Users indicated by the Policyholder access to the n-service platform for businesses to handle the group insurance agreement. When selecting the user, select the type of permissions:

Coordinator – full functionality, i.e. viewing and editing: preview of contract scope, downloadable settlement documents, preview of payment history, list of insured persons and their details, adding insured persons, exclusion from protection, suspension of protection and data editing (individual functionalities will be provided along with the development of the application).

Observer – read only: preview of the contract scope, downloadable settlement documents, preview of payment history, list of insured persons and their details.

Finance – read only: downloadable settlement documents (without lists of insured persons), preview of payment history.

I. Users designated by the Policyholder, employed by the Policyholder or cooperating with the Policyholder

i All fields indicated for completion for the User are required.

User 1

Type of change (only one should be selected): add new user change user data revoke user permissions

Role in the application (only one should be selected): coordinator observer finance

First name

Surname

E-mail address

Mobile phone number of the indicated person Mobile number is required to assign or change a password

PESEL (or date of birth for people who do not have a PESEL number assigned)

Identity document (type + no.)

Country of birth Citizenship

Specimen signature*

User 2

Type of change (only one should be selected): add new user change user data revoke user permissions

Role in the application (only one should be selected): coordinator observer finance

First name

Surname

E-mail address

Mobile phone number of the indicated person (or date of birth for people who do not have a PESEL number assigned)

PESEL (or date of birth for people who do not have a PESEL number assigned)

Identity document (type + no.)

Country of birth Citizenship

Specimen signature*

II. Users designated by the Policyholder acting on the basis of an agreement concluded with the Policyholder, pursuant to which they perform activities related to the management and performance of the Insurance Agreement for the benefit of the Policyholder (applies to Policyholders for whom the group insurance agreement was concluded through a Broker)

User 1

Type of change (only one should be selected): add new user change user data revoke user permissions
Role in the application (only one should be selected): coordinator observer finance

Name of the authorised entity (broker name) _____
First name _____
Surname _____
E-mail address _____
Mobile phone number of the indicated person _____
PESEL _____ (or date of birth for people who do not have a PESEL number assigned)
Identity document (type + no.) _____
Country of birth _____ Citizenship _____

Specimen signature*

User 2

Type of change (only one should be selected): add new user change user data revoke user permissions
Role in the application (only one should be selected): coordinator observer finance

Name of the authorised entity (broker name) _____
First name _____
Surname _____
E-mail address _____
Mobile phone number of the indicated person _____
PESEL _____ (or date of birth for people who do not have a PESEL number assigned)
Identity document (type + no.) _____
Country of birth _____ Citizenship _____

Specimen signature*

Declarations

1. I declare that all the Users mentioned above have personal authorisation to access the n-service for Businesses Portal and I accept the fact that user accounts have been created for them in order to perform activities related to the handling of group insurance.
2. I declare that I undertake to report any changes to the list of Users through the contact channels indicated on www.nn.pl at least 14 days in advance of the date of the requested change.
3. I declare that I have verified the identity of the Users indicated in the User Form on the basis of their identity documents and I confirm that the data provided is consistent with them.

The person authorised to represent
the Policyholder (according to the registration
document: KRS, CEIDG or power of attorney)

Legible signature

Date _____

Example: If the registration document specifies the method of representation, e.g. by two persons, then please provide signatures of two authorised persons.