

## PRIVATE AND CONFIDENTIAL

This quotation has been prepared by Logic Planning Group Transnational, LLC  
on 23 Sep 2018 and is valid for 30 days from this date

### Policy Type

**T100 - Single Life**

### Details of Life to be Insured

**Ivan Ivanov, Male, Non-smoker**

|                 |   |
|-----------------|---|
| Date of Birth   | 25 September 1983 (35 next birthday )   |
| Nationality     | Russian Federation  |
| Residence       | Russian Federation  |
| Education Level | Completed all school education, and attended at least 6 years' tertiary education at a college or university, or is recognised by a professional or education body as a Doctor or Professor |
| Annual Income   | USD 100,000.00  |

### Cover Details

|                           |                      |
|---------------------------|----------------------|
| Death Benefit             | USD 921,865          |
| Accidental Death Benefit  | Not Selected         |
| Waiver of Premium Benefit | Not Selected         |
| Policy Term               | T100 - Whole of life |

*The Death Benefit is the amount which becomes payable on the Death of the Life Assured, and is guaranteed for the entire Policy Term. The Death Benefit is paid out early if the Life Assured is diagnosed with a Terminal Illness.*

### Premium Details

|                     |                           |
|---------------------|---------------------------|
| Monthly Premium     | USD 258.09 per month      |
| Quarterly Premium   | USD 774.27 per quarter    |
| Semi-Annual Premium | USD 1,484.03 per 6 months |
| Annual Premium      | USD 2,968.06 per annum    |
| Premium Paying Term | To age 100                |

*This quotation is for a Policy with a standard premium payment term to age 100. This means the Selected Premium is payable until the Policy anniversary preceding the 100th birthday of the Life Assured. After the Start Date of the Policy, the Selected Premium is guaranteed for the entire Policy Term. Premium frequency can only be changed at each policy anniversary.*

**SEE NEXT PAGE FOR APPLICATION REQUIREMENTS AND DECLARATION**

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**Application Requirements**

Application Form  
Proof of Address  
Proof of Identity

**Underwriting Requirements**

HIV 1 & 2  
Cotinine test  
Random cholesterol test  
GGT test  
Short Form Medical Exam

*We reserve the right to request further evidence in the assessment of an application.*

**Declaration**

I confirm that I have read this quotation document, and that the personal details used in its production are correct.

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Ivan Ivanov

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Date

**Please read all relevant documentation**

Please read this quotation, together with the Policy Terms and Conditions and the Policy Guide, fully and carefully and keep them all in a safe place for future reference. Your quotation documents have been produced based on the information you gave us about you and your requirements. If anything needs to change, please contact us as any incorrect information may affect our ability to pay a claim. Your quotation is valid for 30 days. If you choose to go ahead and accept the quotation, your policy terms and conditions will be formed by the quotation documentation.