Life Insurance and Supplementary Accidental Trauma Insurance for Võrafest 2026

Valid as of 14.08.2026 until 16.08.2026

Term life insurance with supplementary accidental trauma insurance.

This is a translation. In case of any discrepancy between the translation and the original, the Estonian Terms and Conditions shall prevail.

Life Insurance is designed to pay a lump sum benefit if the Insured dies. Accidental Trauma Insurance is a supplementary accident insurance designed to provide financial benefit in the event of an accident. The Insurance Cover shall be valid in Estonia, where the Võrafest 2026 takes place during the period from 14 of August 2026, 00:00 to 16 of August 2026, 24:00 (the Insurance Period).

However:

The Life Insurance Cover is valid for 90 days after the end of Insurance Period if the death of the Insured was caused by an Accidental Trauma or an Acute Health Disorder which occurred during the Insurance Period and for which the Insured received emergency medical care and was hospitalized.

Please take time to review the terms, conditions and exclusions of this insurance.

Definitions

We or the Insurer means Swedbank Life Insurance SE, registration number: 10142356, registered office: Liivalaia 34, 15040 Tallinn, Estonia.

Policyholder means MTÜ Eesti Võimlemisliit, registration number: 80036970, legal address: Juhkentali 12, 10132, Tallinn.

Insured means an individual who participates in Võrafest 2026 and who has provided consent to insure their life and health under the Contract, including those minors whose life and health have been insured by consent of at least one legal representative.

Beneficiary means the person entitled to receive the Insurance Benefit upon the occurrence of an Insured Event. If the Insured dies, the Beneficiaries shall be the heirs of the Insured. In the Supplementary Accidental Trauma Insurance, the Beneficiary shall be the Insured.

Contract means the life insurance agreement concluded between the Policyholder and the Insurer which includes the Policy and these Terms and Conditions.

Acute Health Disorder means a condition critical to the Insured's life or health, due to which the Insured needed emergency medical care and was hospitalized.

Insurance Benefit means the amount of money payable upon the occurrence of an Insured Event.

Insurance Cover means Our obligation to pay the Insurance Benefit in case of an Insured Event subject to the terms and conditions set out in the Contract.

Insurance Period means the time period from 14 of August 2026, 00:00 to 16 of August 2026, 24:00.

Insured Event in Life Insurance means either a) the death of the Insured during the Insurance Period, or b) the death of the Insured within 90 days after the end of the Insurance Period caused by an Accidental Trauma or an Acute Health Disorder which has occurred during the Insurance Period and for which the Insured received emergency medical care and was hospitalized.

Insured Event in Accidental Trauma Insurance means a sudden, unexpected and unintentional accident occurring during the Insurance Period and caused by an external factor resulting in an Accidental Trauma of the Insured.

Accidental Trauma means one or several bodily injuries that are listed in the Table of Accidental Traumas and excludes illnesses.

Sum Insured means the maximum amount of money payable upon the occurrence of an Insured Event or Insured Events. The Sum Insured for Life Insurance is 10 000 euros per Insured.

The Sum Insured for Supplementary Accidental Trauma Insurance shall be 10 000 euros per Insured for all Insured Events occurring during the Insurance Period.

Policy means the document and annexes issued by Us to the Policyholder confirming the conclusion of the Contract.

Related Party means any individual or legal entity or other legal arrangement that the Insurer deems to be related to the Policyholder or the Beneficiary, e.g., a family member, close relative, legal entities owned or controlled by or having contractual relationship with the Policyholder or the Beneficiary.

Swedbank means the insurance intermediary Swedbank AS, registration No. 10060701, address: Liivalaia 34, 15040, Tallinn, Estonia.

What is covered?

- This Contract is designed to pay an Insurance Benefit if the Insured dies or suffers from an Accidental Trauma (a bodily injury) caused by an Insured Event, during the validity of the Insurance Cover, except in the circumstances described under “What is not an Insured Event”.
- The Insurance Benefits payable for Accidental Traumas under this insurance are listed in the Table of Accidental Traumas included in these Terms and Conditions. The Insurance Benefit amounts do not depend on the duration of sick leave, amount of lost income or medical expenses.
- This Contract has no cash value at any time (i.e., no savings are made under this Contract).

What is not an Insured event?

We will not pay any Insurance Benefit if the death or Accidental Trauma of the Insured has occurred as a result of:

- a suicide or attempted suicide, self-inflicted injury;
- driving a vehicle under the influence of alcohol, narcotic drugs or other intoxicating substances if the concentration in the body exceeded the legal limits in force in the country where the accident has taken place;
- excessive consumption of alcohol, narcotic drugs or other intoxicating substances to an extent that causes mental or physical impairment or has contributed to death;
- any flying activity or being a pilot or a crew member of any aircraft;

Exception: We will pay out the Insurance Benefit if the death or injury is caused by an accident on a scheduled passenger-carrying flight.

- a nuclear accident, weapons of mass destruction, warfare, participation in military operations;
- treatment, medical manipulations or consequences of a surgery;
- an intentional criminal offence by the Insured.

We will not pay any Insurance Benefit for an Accidental Trauma that has occurred as a result of:

- any disease, mental impairment or impairment of consciousness, degenerative process, inflammation or infection, including post-traumatic (for example, arthrosis, spondylosis, stress fracture, synovitis, tendinitis, impingement syndrome, thrombophlebitis). An Insured Event shall also not include damage of intervertebral disks of the spine, damage of meniscus, hernia, teeth injury, chronic pain, frostbite or sunburn (depending on the season), infections (including infections caused by traumatic tissue injuries and infectious diseases of the gut), intake of solid and liquid substances into the body through the gastrointestinal tract, insect bites and injuries sustained before the Contract entered into force, and exacerbations of diseases.

How to act in case of an Insured Event?

- The Beneficiary shall notify Us as soon as possible of the death of the Insured.
- In case of Accidental Trauma, the Insured must see a doctor or medical institution within 24 hours of the Insured Event.
- To claim the Insurance Benefit, the Beneficiary is required to submit, as soon as possible, a claim application in the form specified by Us and any additional documents requested by Us, including:
  - A written confirmation from the Policyholder that the Insured is (was) a participant of Võrafest 2026. In the absence of this written confirmation of participation, the Insurer shall be entitled to refuse to pay the Insurance Benefit;
  - identification document unless the person is identified through an electronic channel;
  - medical documents confirming the Accidental Trauma and providing evidence of the diagnosis;
  - the certificate of death of the Insured in case of the Insured's death;
  - medical history of the Insured, if requested by Us;
  - in case of an accident or violent or sudden death of the Insured or if the Insured was a victim of an unlawful act, relevant documents issued by investigation authorities and/or forensic medicine experts about the cause and circumstances of the Insured Event (if requested by Us).
- To determine the Insured Event and decide whether to pay the Insurance Benefit, We may examine all the circumstances, select an expert to review the Beneficiary's medical documentation, ask the Beneficiary to submit the originals of documents if the Beneficiary has submitted copies, ask the Beneficiary to provide translation of the documents, incl. notarised translation. In case of Accidental Trauma We may ask the Beneficiary to undergo additional medical examinations.
- We may accept documents submitted by third parties. If the Beneficiary is a minor, the Insurance Benefit claim application must be completed by a legal representative, plus documentary proof of the right to act on the behalf and in the interest of the Beneficiary must be submitted. For example, if the parents of the Insured are the legal representatives, then a copy of the birth

certificate of the Insured and a copy of the legal representative's proof of identity must be submitted.

- The Insurance Benefit claim application and the documents listed above in these Terms and Conditions may be submitted by the Beneficiary:
  - by visiting any branch of Swedbank;
  - via Swedbank's Internet Banking if the Beneficiary is a customer of Swedbank.

Insurance Benefit payment principles

- We will make a decision on the payment or denial of the Insurance Benefit within a maximum of 30 days of ascertaining the circumstances of the Insured Event and upon receipt of all the necessary documents regarding the Insured Event.
- If the Insured Event has caused several bodily injuries, the Insurance Benefit is calculated by summing up the benefits payable for each respective Accidental Trauma, subject to the limits and additional conditions stated in the Table of Accidental Traumas.
- The Insurance Benefit payable for one or several Accidental Traumas within the Insurance Period shall not exceed the total Sum Insured.
- If the Insured dies within 90 days after the end of Insurance Period as a result of an Accidental Trauma or an Acute Health Disorder which occurred during the Insurance Period and for which the Insured received emergency medical care and was hospitalized, We will only pay the life Insurance Benefit. If We had already paid the Insurance Benefit for Accidental Trauma, We will proportionally reduce the life Insurance Benefit payable.
- In transferring the Insurance Benefit payments to the Beneficiary's bank account, We consider the provisions of the section "Sanctions and restrictions".
- We are entitled, at any time, to request or obtain additional evidence relevant for the investigation of the circumstances and causes of the Insured Event.
- If Our decision on payment of the Insurance Benefit depends on the outcome of judicial or other official proceedings (e.g., criminal or misdemeanour proceeding), We have the right to make Our decision after the conclusion of such proceedings or when an official decision takes effect.
- If the Beneficiary deliberately fails to provide the documents required for submitting a claim, We will have no obligation to pay out the Insurance Benefit.
- If the Beneficiary dies between the death of the Insured and the payout of the Insurance Benefit, the heirs of the Beneficiary are entitled to receive the payout of the Insurance Benefit.
- Upon Our delay in the performance of a monetary obligation, the Beneficiary may require Us to pay interest on the delay (penalty for late payment) for the period as from the time the obligation falls due until conforming performance is rendered. The rate of penalty for late payment is the statutory rate provided in the Law of Obligations Act, § 113 section 1.

Sanctions and restrictions

- If the provision of insurance services to the Policyholder, the Insured or the Beneficiary is in violation of any international or national sanctions (incl. but not limited to the sanctions of the European Union, the United Nations, the United Kingdom of Great Britain and Northern Ireland, and the USA), is related to the circumvention or evasion of such sanctions, or the Policyholder,

the Insured or the Beneficiary become subject to such sanctions, the Insurance Cover will become invalid from the day on which the sanctions are imposed. This may be the case also when such sanctions apply to any Related Party. In such a case, We will have the right to refuse any Insurance Benefit payment or any other payouts under the Contract.

- We refuse to pay out the Insurance Benefit in case any restrictions or sanctions prevent the payment of the Insurance Benefit (e.g., restrictions on bank transfers to certain regions or bank accounts established by the bank where We hold an account).
- We shall not be liable for any claim or damage as a result of refusal to make payouts, as specified above.

Processing of personal data

- The principles We follow in processing personal data are available on the website www.swedbank.ee under “Bank Conditions” or at any branch of Swedbank AS.

Governing law

- This Contract is governed by the laws and regulations of the Republic of Estonia.

Dispute resolution

- If the Policyholder or the Beneficiary disagrees with Our decision or would like additional explanations, they have the right to ask Us to review Our decision. It is required to send Us a written explanation with the reasons and We will respond to it. We handle complaints in accordance with law and the procedure for filing complaints, which is available on the website www.swedbank.ee under “Bank Conditions” or at any branch of Swedbank AS .
- The Policyholder and the Beneficiary have the right to file a complaint about Our activities with extrajudicial bodies (e.g., the Conciliation Body of the Estonian Insurance Association) or go to court to dispute a decision We have made.

Table of Accidental Traumas

Sum Insured 10 000 €

Bone fractures, joint dislocations and other injuries	Insurance Benefit
1. Fracture of the bones of the head, except facial and orbital bones	€ 1 000 for one or several bones
2. Fracture of the nasal bone	€ 200
3. Fractures of the facial and orbital bones, except nasal bone	€ 500
4. Fracture of the vertebra	€ 500 for one or several bones but not more than € 1 500
5. Fracture of the coccyx	€ 100

6. Fracture of the sternum, scapula, clavicle bone	€ 500 for one or several bones but not more than € 1 500
7. Rib fracture	€ 100 for one rib, maximum € 1 000
8. Fracture of the humerus	€ 1 000
9. Fracture of the forearm	€ 500 for each bone, maximum € 1 000 for one limb
10. Fracture of the hand	€ 200 for each bone, maximum € 800 for one limb
11. Fracture of the pelvis	€ 1 000 for one or several bones
12. Fracture of the femur	€ 1 500
13. Fracture of the patella	€ 500
14. Fracture of the shin	€ 700 for each bone, maximum € 1 400 for one limb
15. Fracture of the foot	€ 300 for each bone, maximum € 1 200 for one limb
16. Joint dislocation, except finger and toe	€ 300
17. Mild brain injury (Glasgow coma scale 13 till15), concussion or contusion of spinal cord	€ 200
18. Moderate or severe brain injury (Glasgow coma scale less then13), compression of spinal cord, hematomyelia	€ 1 500
19. a) One or several wounds with stitches in total more than 10 cm or more than 5 cm on face; burns of 2nd or higher degree in total more than 1% of body surface area or more than 5 cm² on face; eye, ear, internal organ, peripheral nerve, blood vessel injury, contusion, haematoma with surgical treatment; muscle, tendon, ligament rupture (complete tear); dislocation from 1st till 3rd fingers or 1st toe. b) One or several wounds with stiches in total 10 cm or less or 5 cm or less on face, wounds without stiches;	€ 200 **for one or several a) Traumas** € 100

burns of 2nd or higher degree in total 1% or less of body surface area or 5 cm² or less on face, burns of 1st degree; wounds and burns of unknown size and degree; eye, ear, internal organ, peripheral nerve, blood vessel injury, contusion, haematoma without surgical treatment; subluxation, muscle, tendon strain, ligament sprain, partial tear; dislocation of 4th till 5th fingers or 2nd till 5th toes	**for one or several b) Traumas if there are no any a) Traumas**
20. Small and uncomplicated fractures, of any bone where there is no transversal damage of the bone and/or one of the bone fragments is small, for example, bone fissures, avulsion and marginal fractures, fractures of greater tubercle of the humerus and styloid process of the ulna, cartilage fractures	€ 200 for each bone, max € 800
21. One or several traumas if hospitalization was necessary and emergency hospitalization lasted for more than 1 day	€ 200 **This benefit is paid only in addition to other benefits**

Additional Conditions for Insurance Benefit payment

Bone Fractures

- The Insurance Benefit for bone fracture is paid if the fracture is approved by a radiologist. If the bone fracture is not approved by the radiologist, the Insurance Benefit is paid as for a contusion according to paragraph 19 of the Table of Accidental Traumas.
- If the consequence of the Insured Event is a fracture of the same bone in several locations, it will be considered as a single fracture.
- If the consequence of the Insured Event is the amputation of the limb, the Insurance Benefit is paid for the bone fracture.

Dislocations

- The Insurance Benefit is paid for complete joint dislocation if reposition is performed.
- If the Insurance Benefit is paid for a fracture, no other Insurance Benefit will be paid for the same bone dislocation, subluxation and/or damage of the same joint ligaments and/or tendons, contusion, hematoma of the same area.
- If the Insurance Benefit is paid for a dislocation, no other Insurance Benefit will be paid for the same joint ligament and/or tendon damage, contusion, hematoma of the same area.
- The Insurance Benefit is not paid for habitual and recurrent dislocations including joint instability.