

Additional Information Form – Data Subject Rights

In case Allianz Global Corporate & Specialty SE (AGCS) processes personal data from you, under the EU General Data Protection Regulation (GDPR) you, as a data subject, can make use of your data subject rights request which are:

Please confirm to us which Data Subject Right you wish to exercise by ticking at least one (Multiple answers possible) of the given options.

- obtain information of the personal data we process
- adjust inaccurate personal data
- erase your personal data
- restrict the processing of your personal data
- where technical feasible, port your personal data to a different data-controller.

Part 1: Person that the request relates to (Data Subject)

Title: Mr / Mrs / Miss / Ms / Other: _____

Surname: _____

First Name (s): _____

Previous Name (s): _____

Any other names that you are known by that may assist in the search: _____

Address: _____

Postcode: _____

Country: _____

Telephone: _____

E-mail: _____

Date of birth: _____

Please tick all that apply:

Employee/ex-employee of AGCS:

Personal Insurances customer

Policy holder

Co-insured/ additional insured

Please state who you bought the policy from (if not directly from AGCS):

Other, e.g. third party claimant (please specify: _____)

Policy Number(s): _____

Any Reference Number(s): _____

Please indicate below if there is any specific data you are seeking. Please give as much detail as possible. For example, for e-mails, please provide the names of senders and recipients, and approximate dates.

Part 2: In case of a third party request on behalf of the data subject, we additionally need some information about the proxy

Title: Mr / Mrs / Miss / Ms / Other: _____
Surname: _____
First Name(s): _____
Address: _____
Postcode: _____
Telephone: _____
E-mail: _____
<u>Attach documents:</u> Letter of authorization/ proxy

I, _____, confirm that the information provided on this form is correct and that I am the data subject whose name appears on this form or act as an authorized person of the data subject whose name appears on this form. I understand that Allianz Global Corporate & Specialty SE must confirm proof of identity and that it may be necessary to contact me again for further information to locate the personal data I want. I understand that my request will not be valid until all of the information requested is received by Allianz Global Corporate & Specialty SE.

By signing this Additional Information Form I hereby provide my explicit consent, that my personal data as provided above will be stored/processed by Allianz Global Corporate & Specialty SE and other entities of Allianz Group in connection with this Data Subject Request. I am aware, that I have the right to withdraw this consent at any time.

Signature: _____ Date: _____