VIAC Life
by VIAC Services AG

Conditions VIAC Life Plus

As of December 2026, there will be an adjustment to the Life terms and conditions.

This document lists both the new and current terms and conditions.

- Conditions VIAC Life Plus, valid from 01.12.2026

- Conditions VIAC Life Plus, valid until 30.11.2026

VIAC Life
by VIAC Services AG

[non-binding translation]

Conditions VIAC Life "Plus"

Capital insurance in the event of death or disability due to illness or accident

Valid from 01.12.2026

VIAC Life
by VIAC Services AG

Conditions VIAC Life "Plus"

Capital insurance in the event of death or disability due to illness or accident

A Introduction

With VIAC Life "Plus", a one-time lump-sum benefit is provided in the event of disability or death of the insured person to cover the financial consequences in the event of disability or death due to illness or accident.

For this purpose, VIAC Services AG, hereinafter referred to as "VIAC," has entered a group life insurance contract (hereinafter referred to as the insurance contract) with Helvetia Swiss Life Insurance Company Ltd., hereinafter referred to as "Helvetia," which is subject to FINMA supervision.

The insurance coverage is a lump-sum insurance, i.e. upon occurrence of the insured event, the insured sum listed in the insurance profile is paid out. The amount of disability benefits depends on the determined degree of disability.

Helvetia is the insurer and risk carrier. VIAC provides the insurance benefits paid by Helvetia to VIAC under the insurance contract to the insured person. VIAC reports any claims to Helvetia and forwards the documents required for the clarification of benefits to Helvetia.

The insured person has no direct right of claim against Helvetia. VIAC's obligation to pay benefits to the insured person is limited to the insurance benefits that VIAC itself receives under the insurance contract for the insured person.

All terms used in the text to designate persons are to be understood as gender neutral.

The following VIAC Life "Plus" conditions reflect the conditions in the insurance contract.

B Fundamentals

1 What is the basis of VIAC Life "Plus"?

The basis of VIAC Life "Plus" is formed by the individual application for inclusion in the collective insurance, the applicable conditions, and the provisions of the Swiss Federal Law on Insurance Contracts (VVG).

2 Who can apply for an insurance?

Pension clients who have either a VIAC Pillar 3a relationship with WIR Bank's Terzo Pension Foundation or a VIAC vested benefits relationship with WIR Bank's Vested Benefits Foundation and are domiciled in Switzerland.

3 What risks are insured?

The insured risks are death or disability of the insured person due to illness or accident. Both risks can be insured.

The minimum insurance benefit for the risks of death and disability is CHF 50,000 each, the maximum insurance benefit is CHF 300,000 each. No benefit adjustment is possible between a notification of a claim and the conclusion of the benefit clarification.

4 What is not insured?

If the person entitled to benefits has caused the insured event intentionally or by intentionally committing a felony or misdemeanour, there is no entitlement to benefits.

There is no entitlement to benefits if the death or disability is the result of the insured person's participation in civil unrest or acts of war.

In the event of suicide of the insured person, death benefits will be paid without reduction. There is no entitlement to death benefits if an insured person dies during the first three insurance years as a result of suicide or the consequences of an attempted suicide.

Helvetia only provides insurance coverage and is only liable to VIAC for insurance claims to the extent that the insured person or their legal successors are not subject to any sanctions or restrictions under UN resolutions and do not violate any trade or economic sanctions imposed by Switzerland, the European Union, the United Kingdom, or the United States of America.

C Definitions

5 What is considered an illness?

Illness is any impairment of physical, mental or psychological health which is not the result of an accident, and which requires medical examination or treatment or results in incapacity for work (Art. 3 ATSG).

6 What counts as an accident?

Accident is the sudden, unintentional damaging effect of an unusual external factor on the human body, which results in impairment of physical, mental or psychological health or death (Art. 4 ATSG).

7 How is incapacity for gainful employment defined?

Incapacity for work is the full or partial inability to perform reasonable work in one's previous occupation or field of activity due to an impairment of physical, mental or psychological health. In case of a long-term incapacity, reasonable work in another profession or field of activity is also taken into account (Art. 6 ATSG).

8 How is disability for work defined?

Incapacity for gainful employment is the total or partial loss of earning capacity on the relevant balanced labor market caused by impairment of physical, mental or psychological health and remaining after reasonable treatment and integration (Art. 7 ATSG).

9 How is the insurance period defined?

The insurance period is the time span for which the premium for insurance coverage is calculated. The insurance period corresponds to a duration of one year.

D Features of the insurance coverage

10 When does the insurance coverage begin?

Insurance coverage begins on the day following payment of the invoice amount for the insurance period by credit card. An individual application including a positive risk assessment is mandatory for insurance coverage.

Insurance coverage can be applied for from the age of 18.

The insurance must be taken out before the insured person reaches the age of 60.

If an insured person has taken out both disability and a lump-sum death benefit, and becomes disabled within one year and subsequently dies, only the higher of the two insured benefits will be paid out.

11 When does the insurance coverage end?

The insurance cover expires automatically:
- upon death of the insured person
- upon payment of a disability lump sum
- when the insured person reaches the reference age as defined by the OASI
- upon termination of the underlying insurance contract between Helvetia and VIAC. Such termination will be communicated to the insured person by VIAC in electronic form (e.g. by e-mail) no later than one month before coverage expires.

In the event of contract termination by the insured person, the insurance coverage expires at the end of the insurance period of the respective insurance.

If the insured person moves abroad, the insurance coverage will expire at the end of the insurance period for the respective insurance.

The termination of the VIAC Pillar 3a relationship with the Terzo Pension Foundation of WIR Bank or the VIAC vested benefits relationship with the Vested Benefits Foundation of WIR Bank does not lead to the termination of the insurance coverage.

12 How and when can I terminate?

The insured person may terminate the insurance coverage at any time at the end of the insurance period. Notice of termination must be given via the VIAC platform (mobile app and/or desktop app), in electronic text form (e.g. by email) or to the following address: VIAC Services AG, Innere Margarethenstrasse 2, 4002 Basel.

13 Duty of disclosure and breach of duty of disclosure in underwriting

For the risk assessment, the person to be insured must answer all questions posed by VIAC about the state of their health fully and truthfully. If the answers to the health questions are given incorrectly or withheld, VIAC may terminate the insurance coverage in writing or in electronic form (e.g. by e-mail) within 4 weeks after becoming aware of the breach of the duty of disclosure. The termination of the insurance coverage becomes effective upon receipt by the insured person.

In the event of termination due to a breach of the duty of disclosure, the obligation to provide benefits also lapses for insurance claims that have already occurred, if their occurrence or extent was influenced by the misrepresented or omitted information. Benefits already paid in such cases will be reclaimed.

Furthermore, the obligation to pay benefits ceases if the insured event had already occurred at the time the individual application for inclusion in the group insurance was signed or before the start of insurance coverage, as well as in the event of a fraudulent claim.

14 Can coverage adjustments be made?

An increase in coverage is possible at any time before reaching the age of 60 and is subject to a risk assessment. A new invoice will be issued for this purpose. Any existing invoice credit for the existing level of coverage will be deducted in the new invoice The increased coverage applies from the day following the application and causes a new one-year insurance period to begin.

The reduction of the insurance coverage can be made at any time, regardless of the risk assessment and the age. A new invoice will be issued for this purpose. Any existing invoice credit for the existing level of coverage will be deducted in the new invoice. The reduced coverage applies from the day following the application and causes a new one-year insurance period to begin.

Coverage adjustments that result in a credit will be refunded via the insured person's personal account after deduction of a 2% processing fee (due to credit card fees).

15 Can I withdraw from the insurance coverage?

The insured person may withdraw from the insurance cover within 14 days of application. The invoice amount already paid for the insurance cover will be refunded after deduction of a processing fee of 2% (due to credit card fees). The insurance coverage is retroactively invalid from the beginning of the insurance coverage. The right of withdrawal only applies to the initial application.

E Financial provisions

16 How is the invoice amount of the insurance coverage calculated?

Factors such as age, gender, amount of the insured benefit and the risk covered are included in the calculation.

17 How is the invoice amount for the insurance coverage paid?

The invoice amount for the insurance cover is charged annually and must be paid in advance by credit card. It is invoiced separately and is not charged to the 3a and/or vested benefits account.

Payment for the first insurance period is made by credit card at the time of application. Premium for subsequent insurance periods (renewal invoices) are charged to the credit card 2 weeks before the end of the respective insurance period. If payment of a renewal premium cannot be successfully collected, insurance coverage ends on the expiration date.

F Services

I) Disability benefit

18 When does the entitlement to the disability benefit arise?

Entitlement to a lump-sum disability benefit arises if the insured person is unable to work as a result of illness or accident and is subsequently granted a permanent pension by the Federal Disability Insurance. The amount of the disability capital is adjusted according to the degree of disability:

- For a disability of 70% or more, there is entitlement to the full insured benefit.
- For a disability of 50%–69%, the entitlement corresponds to the proportional degree of disability.
- For a disability of less than 50%, the entitlement to the insured benefit corresponds to the following percentages:

Degree of disability	Entitlement to insured benefits
49 %	47.5 %
48 %	45 %
47 %	42,5 %
46 %	40 %
45 %	37,5 %
44 %	35 %
43 %	32,5 %
42 %	30 %
41 %	27,5 %
40 %	25 %

- If the degree of disability is less than 40 %, there is no entitlement to the insured benefits.

In order to be entitled to benefits, it is mandatory to submit a legally binding decision of the Federal Disability Insurance (IV) on the permanent grant of a pension, together with the corresponding preliminary decision. Without such a decision, there is no entitlement to a disability lump sum.

The date of the beginning of the waiting year determined by the IV (Art. 28 Para. 1 lit. b IVG) is decisive for determining the date of the beginning of the incapacity for work.

19 Who is entitled?

Only the insured person is entitled to the lump-sum disability benefit. If the insured person dies before the final determination of the degree of disability, the entitlement expires. The insured benefits are paid without regard to any other insurance.

II) Death benefit

20 When does entitlement to the death benefit arise?

The entitlement to the lump-sum death benefit arises upon the death of the insured person. VIAC must be informed of the death immediately. An official death certificate and the current "Claim in the event of death" form available in the application, including the appendix Medical report on the cause of death, stating the circumstances and cause of death, must be submitted.

21 Who is entitled?

The insured person or their heirs are entitled to the claim.

G Special provisions

22 When does payment become due?

If Helvetia has not settled within four weeks after receipt of all documents required to assess the claim as submitted by VIAC, default interest of 1% p.a. becomes payable. No default interest is owed before this time.

All documents must be provided in either German, French, Italian, or English. For documents issued in other languages, a certified translation must be submitted.

23 What is the claims procedure?

An accident or illness that is likely to trigger an obligation to pay benefits must be reported to VIAC without delay.

24 Where is the place of performance of benefits?

The place of performance for benefits is the Swiss residence of the entitled person or their legal representative. If no such residence exists, the registered office of VIAC is deemed the place of performance.

25 What conditions must be met in order to receive benefits?

The insured benefits will be provided as soon as VIAC and Helvetia have received all documents necessary for assessing the claim (see in particular sections 18 and 20 above) and the conditions set out in sections D ff. above have been met.

All documents must be provided in German, French, Italian or English. For documents that have not been issued in one of these languages, a certified translation must be provided.

26 Can claims be assigned or pledged?

All benefits under this insurance policy may not be assigned or pledged before they become due.

27 What applies in the case of military service and war?

Active service for the preservation of Swiss neutrality and for the maintenance of domestic peace and order, both without acts of war, is considered military service in peacetime and as such is included in the insurance within the framework of these conditions. In the event that Switzerland is at war or involved in warlike actions, the relevant regulations issued by the Federal Council shall apply. Missions for peacekeeping measures within the framework of the UN are not insured (e.g. UN blue helmets and OSCE yellow berets).

28 How are notifications made?

Notifications to VIAC must be submitted via the VIAC Platform (Mobile App and/or Desktop App), electronic text form (e.g. by e-mail) or to the following address: VIAC Services AG, Innere Margarethenstrasse 2, 4002 Basel.

Notifications from VIAC to the insured person or their legal successors are valid if they are sent via the VIAC platform, in electronic text form (e.g. by email) or to the last known address in Switzerland.

Further information, such as amendments to these terms and conditions, will be published on the VIAC website and in electronic text form (for example, by e-mail).

29 Where is the place of jurisdiction?

For any disputes between the insured person and VIAC, the courts at the registered office of VIAC have exclusive jurisdiction.

30 Taxes

VIAC has no responsibility for the tax deductibility of invoice amounts or services.

H Data

31 What happens to my data?

VIAC processes the personal information of insured persons for the purpose of contract managementas well as to continuously improve the quality of the products and services it offers to its potential, existing and former insured persons. VIAC may also outsource the processing of data to third parties. The data is analysed using mathematical and statistical methods.

32 Is personal data passed on to third parties?

VIAC is subject to strict data protection regulations. Therefore, as a matter of principle, no personal information will be disclosed to third parties. Exceptions exist only in those cases in which the disclosure of data is expressly required or permitted by a legal provision or where cooperation partners are involved in the processing and fulfilment of this insurance.

VIAC forwards the data required for the processing of the insurance contract to Helvetia.

33 How long is the personal data kept?

Personal data will be processed and stored in a database or on paper only for as long as required by legal or contractual provisions.

I Special provisions

34 Entry into force and amendments

These present conditions come into force on 01.12.2026.

Changes to the terms and conditions of the contract will be communicated to the insured person at least 30 days before they take effect, either in writing or electronically. All notices are deemed to have been validly delivered if they were sent to the last mailing address provided to VIAC.

If the insured person does not agree with the changes, they may cancel the insurance coverage with effect as of the date the changes take effect by notifying VIAC. In this case, the insurance coverage ends when the changes take effect. Any premium already paid for the period following the termination of insurance coverage will be refunded on a pro-rata basis.

35 Valid edition of the insurance conditions

These insurance conditions are a translation of the original German text. In the event of deviations or difficulties in interpretation, the German version of the insurance conditions shall prevail.

VIAC Life
by VIAC Services AG

[non-binding translation]

Conditions VIAC Life "Plus"

Capital insurance in the event of death or disability due to illness or accident

Valid until 30.11.2026

VIAC Life
by VIAC Services AG

Conditions VIAC Life "Plus"

Capital insurance in the event of death or disability due to illness or accident

A Introduction

With VIAC Life "Plus", a one-time lump-sum benefit is provided in the event of disability or death of the insured person to cover the financial consequences in the event of disability or death due to illness or accident.

For this purpose, VIAC Services AG, hereinafter referred to as "VIAC," has entered a group life insurance contract (hereinafter referred to as the insurance contract) with Helvetia Swiss Life Insurance Company Ltd., hereinafter referred to as "Helvetia," which is subject to FINMA supervision.

The insurance coverage is a lump-sum insurance, i.e. upon occurrence of the insured event, the insured sum listed in the insurance profile is paid out. The amount of disability benefits depends on the determined degree of disability.

Helvetia is the insurer and risk carrier. VIAC provides the insurance benefits paid by Helvetia to VIAC under the insurance contract to the insured person. VIAC reports any claims to Helvetia and forwards the documents required for the clarification of benefits to Helvetia.

The insured person has no direct right of claim against Helvetia. VIAC's obligation to pay benefits to the insured person is limited to the insurance benefits that VIAC itself receives under the insurance contract for the insured person.

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1 What is the basis of VIAC Life "Plus"?

The basis of VIAC Life "Plus" is formed by the individual application for inclusion in the collective insurance, the applicable conditions, and the provisions of the Swiss Federal Law on Insurance Contracts (VVG).

2 Who can apply for an insurance?

Pension clients who have either a VIAC Pillar 3a relationship with WIR Bank's Terzo Pension Foundation or a VIAC vested benefits relationship with WIR Bank's Vested Benefits Foundation and are domiciled in Switzerland.

3 What risks are insured?

The insured risks are death or disability of the insured person due to illness or accident. Both risks can be insured.

The minimum insurance benefit for the risks of death and disability is CHF 50,000 each, the maximum insurance benefit is CHF 300,000 each. No benefit adjustment is possible between a notification of a claim and the conclusion of the benefit clarification.

4 What is not insured?

If the person entitled to benefits has caused the insured event intentionally or by intentionally committing a felony or misdemeanour, there is no entitlement to benefits.

There is no entitlement to benefits if the death or disability is the result of the insured person's participation in civil unrest or acts of war.

In the event of suicide of the insured person, death benefits will be paid without reduction. There is no entitlement to death benefits if an insured person dies during the first three insurance years as a result of suicide or the consequences of an attempted suicide.

Helvetia only provides insurance coverage and is only liable to VIAC for insurance claims to the extent that the insured person or their legal successors are not subject to any sanctions or restrictions under UN resolutions and do not violate any trade or economic sanctions imposed by Switzerland, the European Union, the United Kingdom, or the United States of America.

C Definitions

5 What is considered an illness?

Illness is any impairment of physical, mental or psychological health which is not the result of an accident, and which requires medical examination or treatment or results in incapacity for work (Art. 3 ATSG).

6 What counts as an accident?

Accident is the sudden, unintentional damaging effect of an unusual external factor on the human body, which results in impairment of physical, mental or psychological health or death (Art. 4 ATSG).

7 How is incapacity for gainful employment defined?

Incapacity for work is the full or partial inability to perform reasonable work in one's previous occupation or field of activity due to an impairment of physical, mental or psychological health. In case of a long-term incapacity, reasonable work in another profession or field of activity is also taken into account (Art. 6 ATSG).

8 How is disability for work defined?

Incapacity for gainful employment is the total or partial loss of earning capacity on the relevant balanced labor market caused by impairment of physical, mental or psychological health and remaining after reasonable treatment and integration (Art. 7 ATSG).

9 How is the insurance period defined?

The insurance period is the time span for which the premium for insurance coverage is calculated. The insurance period corresponds to a duration of one year.

D Features of the insurance coverage

10 When does the insurance coverage begin?

Insurance coverage begins on the day following payment of the invoice amount for the insurance period by credit card. An individual application including a positive risk assessment is mandatory for insurance coverage.

Insurance coverage can be applied for from the age of 18.

The insurance must be taken out before the insured person reaches the age of 60.

If an insured person has taken out both disability and a lump-sum death benefit, and becomes disabled within one year and subsequently dies, only the higher of the two insured benefits will be paid out.

11 When does the insurance coverage end?

The insurance cover expires automatically:
- upon death of the insured person
- upon payment of a disability lump sum
- when the insured person reaches the reference age as defined by the OASI
- upon termination of the underlying insurance contract between Helvetia and VIAC. Such termination will be communicated to the insured person by VIAC in electronic form (e.g. by e-mail) no later than one month before coverage expires.

In the event of contract termination by the insured person, the insurance coverage expires at the end of the insurance period of the respective insurance.

If the insured person moves abroad, the insurance coverage will expire at the end of the insurance period for the respective insurance.

The termination of the VIAC Pillar 3a relationship with the Terzo Pension Foundation of WIR Bank or the VIAC vested benefits relationship with the Vested Benefits Foundation of WIR Bank does not lead to the termination of the insurance coverage.

12 How and when can I terminate?

The insured person may terminate the insurance coverage at any time at the end of the insurance period. Notice of termination must be given via the VIAC platform (mobile app and/or desktop app), in electronic text form (e.g. by email) or to the following address: VIAC Services AG, Innere Margarethenstrasse 2, 4002 Basel.

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For the risk assessment, the person to be insured must answer all questions posed by VIAC about the state of their health fully and truthfully. If the answers to the health questions are given incorrectly or withheld, VIAC may terminate the insurance coverage in writing or in electronic form (e.g. by e-mail) within 4 weeks after becoming aware of the breach of the duty of disclosure. The termination of the insurance coverage becomes effective upon receipt by the insured person.

In the event of termination due to a breach of the duty of disclosure, the obligation to provide benefits also lapses for insurance claims that have already occurred, if their occurrence or extent was influenced by the misrepresented or omitted information. Benefits already paid in such cases will be reclaimed.

14 Can coverage adjustments be made?

An increase in coverage is possible at any time before reaching the age of 60 and is subject to a risk assessment. A new invoice will be issued for this purpose. Any existing invoice credit for the existing level of coverage will be deducted in the new invoice The increased coverage applies from the day following the application and causes a new one-year insurance period to begin.

The reduction of the insurance coverage can be made at any time, regardless of the risk assessment and the age. A new invoice will be issued for this purpose. Any existing invoice credit for the existing level of coverage will be deducted in the new invoice. The reduced coverage applies from the day following the application and causes a new one-year insurance period to begin.

Coverage adjustments that result in a credit will be refunded via the insured person's personal account after deduction of a 2% processing fee (due to credit card fees).

15 Can I withdraw from the insurance coverage?

The insured person may withdraw from the insurance cover within 14 days of application. The invoice amount already paid for the insurance cover will be refunded after deduction of a processing fee of 2% (due to credit card fees). The insurance coverage is retroactively invalid from the beginning of the insurance coverage. The right of withdrawal only applies to the initial application.

E Financial provisions

16 How is the invoice amount of the insurance coverage calculated?

Factors such as age, gender, amount of the insured benefit and the risk covered are included in the calculation.

17 How is the invoice amount for the insurance coverage paid?

The invoice amount for the insurance cover is charged annually and must be paid in advance by credit card. It is invoiced separately and is not charged to the 3a and/or vested benefits account.

Payment for the first insurance period is made by credit card at the time of application. Premium for subsequent insurance periods (renewal invoices) are charged to the credit card 2 weeks before the end of the respective insurance period. If payment of a renewal premium cannot be successfully collected, insurance coverage ends on the expiration date.

F Services

I) Disability benefit

18 When does the entitlement to the disability benefit arise?

Entitlement to a lump-sum disability benefit arises if the insured person is unable to work as a result of illness or accident and is subsequently granted a permanent pension by the Federal Disability Insurance. The amount of the disability capital is adjusted according to the degree of disability:

- For a disability of 70% or more, there is entitlement to the full insured benefit.
- For a disability of 50%–69%, the entitlement corresponds to the proportional degree of disability.
- For a disability of less than 50%, the entitlement to the insured benefit corresponds to the following percentages:

Degree of disability	Entitlement to insured benefits
49 %	47.5 %
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44 %	35 %
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40 %	25 %

- If the degree of disability is less than 40 %, there is no entitlement to the insured benefits.

In order to be entitled to benefits, it is mandatory to submit a legally binding decision of the Federal Disability Insurance (IV) on the permanent grant of a pension, together with the corresponding preliminary decision. Without such a decision, there is no entitlement to a disability lump sum.

The date of the beginning of the waiting year determined by the IV (Art. 28 Para. 1 lit. b IVG) is decisive for determining the date of the beginning of the incapacity for work.

19 Who is entitled?

Only the insured person is entitled to the lump-sum disability benefit. If the insured person dies before the final determination of the degree of disability, the entitlement expires. The insured benefits are paid without regard to any other insurance.

II) Death benefit

20 When does entitlement to the death benefit arise?

The entitlement to the lump-sum death benefit arises upon the death of the insured person. VIAC must be informed of the death immediately. An official death certificate and the current "Claim in the event of death" form available in the application, including the appendix Medical report on the cause of death, stating the circumstances and cause of death, must be submitted.

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G Special provisions

22 When does payment become due?

If Helvetia has not settled within four weeks after receipt of all documents required to assess the claim as submitted by VIAC, default interest of 1% p.a. becomes payable. No default interest is owed before this time.

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VIAC forwards the data required for the processing of the insurance contract to Helvetia.

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I Special provisions

34 Entry into force and amendments

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35 Valid edition of the insurance conditions

These insurance conditions are a translation of the original German text. In the event of deviations or difficulties in interpretation, the German version of the insurance conditions shall prevail.