

# Futura/InvestPlus/Lifelong/My Life Protect/Vista

## Additional single premium form

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### Completing this form

Please use this form if you wish to make an additional single premium to your policy. Please refer to your product literature before completing this form.

Please use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English and provide any evidence we ask for.

**Please note that no additional single premiums can be made if the policy owner(s) is/are resident in the United States, including any United States federally controlled territory.**

### Contact details

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

### 1. Policy details

Policy number

#### Policy owner 1

Title  Mr  Mrs  Miss  Ms  Dr  Other (*please give details*)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

#### Policy owner 2

Title  Mr  Mrs  Miss  Ms  Dr  Other (*please give details*)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

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## Policy details (continued)

Policy owner 1

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

Male  Female

Place of birth (town or city)

Please state all countries where you are currently deemed to be resident for tax purposes.

Country/Countries of tax residence Tax reference number(s)\*


\*If you are currently tax resident in the United Kingdom, please provide your National Insurance number

Nationality

Do you hold nationality in another country?  Yes  No  
If 'Yes', please confirm the country

Marital status

Single  Married  Other (please give details)

Occupation

Job title

Contact details

Is your residential address and/or correspondence address different from that shown on your policy?

If 'yes', please provide current details

Current residential address

Correspondence address (If different to residential address)

Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.

Telephone number

Country of telephone number

Mobile number

Country of mobile number

Is this, a US\* based number?  Yes  No

\*The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

Email address

Policy owner 1

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

Male  Female

Place of birth (town or city)

Please state all countries where you are currently deemed to be resident for tax purposes.

Country/Countries of tax residence Tax reference number(s)\*


\*If you are currently tax resident in the United Kingdom, please provide your National Insurance number

Nationality

Do you hold nationality in another country?  Yes  No  
If 'Yes', please confirm the country

Marital status

Single  Married  Other (please give details)

Occupation

Job title

Contact details

Is your residential address and/or correspondence address different from that shown on your policy?

If 'yes', please provide current details

Current residential address

Correspondence address (If different to residential address)

Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.

Telephone number

Country of telephone number

Mobile number

Country of mobile number

Is this, a US\* based number?  Yes  No

\*The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

Email address

## 2. For completion by those acting on behalf of a company or a trust

Name of the company/trust (policy owner)

Incorporation number

Name of trustee or company representative for correspondence

Correspondence address

Telephone number

Mobile number

Email address

Website address (if available)

## 3. About the person making the payment – to be completed in all cases

Is the policy owner making the payments from their own funds?

Yes  No

If 'No', please complete the remainder of this section. There are restrictions on who can make the payments; please contact your local Zurich office for further guidance. **For acceptable third party payors we will require full evidence of their identity, as stated in section 7.**

### Third party payor

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Nationality

Do you hold nationality in another country?

Yes  No

If 'Yes', please confirm the country

Occupation

Job title

Residential address

Relationship to policy owner(s)

**Reason for individual other than policy owner(s) making payments**





## 6. Origin of wealth

### Important information

Before completing this section, please read the 'Origin of wealth guidelines' carefully and discuss with your relevant financial professional. If both policy owners are joint payors, we require origin of wealth for both. If the second policy owner has completed a separate 'Origin of wealth guidelines and questionnaire' please tick here.

If you are an existing policy owner, your existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.

### How the payor acquired the money

**Savings from income/salary/company profits/bonus**

Employer's/Company's name

Employer's/Company's physical address

Employer's/Company's telephone number

Nature of employer's/company's business

Number of years employed with company

Annual income<sup>1</sup>

Currency

Bonus amount

Currency

Number of years you have been saving

<sup>1</sup> For a company, details of the profits should be entered instead.

**Proceeds from shares/investment holdings/property sale**

Details of shares/investment holdings/property sale

Total value or amount of sale and currency

Date of sale

D	D	M	M	Y	Y	Y	Y
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Details/address of property

**Other**

Please provide details here if your premium is from a source other than those listed above. Please include full details of where funds are from, dates, currency and amount.

Are you making any concurrent applications to other life offices?

Yes  No

If 'Yes', please give details.

Name of company	Type of policy	Amount of cover	Premium amount	Policy term

## Origin of wealth (continued)

### How the payor acquired the money – documentary evidence

If your payment exceeds the limits in the 'Origin of wealth guidelines', please tick the relevant boxes to confirm documents attached.

**Please note: all documents submitted must be original or a copy certified by a suitable certifier.**

**Evidence of savings from income/salary/company profits/bonus**

- A copy of my recent financial accounts (I am self-employed)
- A letter on company letterhead from my employer confirming my income – this must be an original
- Bank statements clearly showing receipt of my most recent regular salary payments from my employer
- A copy of the latest annual report and accounts for the company

**Evidence of proceeds from shares/investment holdings/property sale**

- Investment holdings/Saving certificates, contract notes or statements showing sale of my shares
- Confirmation of sale from my investment company
- Bank statement showing receipt of my sale proceeds
- Shares/Investment holdings only – signed letter from my accountant
- Property sale only – signed letter from my solicitor/estate agent
- Chargeable event certificate for my matured investment
- Sale contract

**Other** – please provide the appropriate documentary evidence as defined in the 'Origin of wealth guidelines'.

## 7. Proof of identity and proof of residential address

### Proof of identity

Policy owners and/or third party payors must provide one of the following valid primary documents that has been suitably certified (please tick to confirm document is attached):

	Policy owner 1	Policy owner 2	Third party payor
• Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Proof of residential address

In order to verify the policy owner's and/or third party payor's current residential address, please attach either an original or suitably certified copy of one of the following documents (the document seen must be **less than three months old** upon receipt by us, unless advised otherwise). The document must be issued in the name of the policy owner or third party payor and show the address appearing on the application or held in our records as the current residence (please tick to confirm document is attached).

	Policy owner 1	Policy owner 2	Third party payor
• Utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Bank statement/Bank credit card statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from bank/employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*This document **does not** need to be less than three months old – just valid and currently in force.

**Note:** in certain circumstances, other forms of ID and/or address verification may be accepted; please refer to your local Zurich office for further guidance.

### Corporate policy owners only

Please attach either an original or a suitably certified true copy of all the following documents and additional information where requested – all additional information should be on company headed stationery and signed by an authorised official(s), as per the signing mandate (please tick to confirm documents are attached):

- Certificate of Incorporation or equivalent document
- Evidence of the registered office address of the contracting party, and if this is not the address being used, evidence that the applicant is using the different address and the reasons for that address being used
- A list of all the directors; and verification of the identity (including proof of address) of at least two directors (please refer to the above ID requirements) one of whom must be an executive director<sup>2</sup>
- Where possible a set of the latest annual report and accounts. If these are not available, please provide a reason why you are unable to supply a copy. Please note these must be audited for high risk clients
- Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated (should be dated within three months of receipt)
- A list of the authorised signatories, specimen signatures, and the required number of signatories who can sign on behalf of the company at any one time
- ID verification of all shareholders holding 25%<sup>3</sup> or more of the issued share capital. Where the 25%<sup>3</sup> holder is a holding company or trust, or nominee, further verification of ID of its ultimate beneficial owner must also be provided. Where there are numerous companies in the structure, we may need full ID for each one.<sup>4</sup>

**Please provide evidence of identification of a shareholder who owns less than 25% but holds a controlling interest.**

<sup>2</sup> Verification of directors identity is not required for public limited companies.

<sup>3</sup> This is 10% or more for high-risk business. (High risk is a case above the premium limit for its relevant country category as per our origin of wealth guidelines).

<sup>4</sup> For public limited companies, details of which recognised stock exchange the company is listed on should be provided instead.

Please note for UAE and Qatar companies and Boal & Co. Pensions (Jersey) Limited, additional documentation is required; please contact your local Zurich office for further details.



## Proof of identity and proof of residential address (continued)

Additionally for Boal & Co. Pensions (Jersey) Limited business:

- The Memorandum and Articles of Association
- A resolution of the Board of Directors authorising the company to enter into a policy with Boal & Co. Pensions (Jersey) Limited appointed as the sole trustee
- If there is only one director, verification of the identity of one other company official i.e. company secretary and two authorised signatories if not any of those mentioned

Depending on the jurisdiction of the Company there may be additional requirements.

Boal & Co. Pensions (Jersey) Limited is regulated by the Jersey Financial Services Commission for the conduct of Trust Company Business under the Financial Services (Jersey) Law 1998 and is registered in Jersey under number 84679. Registered office: 12 Castle Street, St Helier, Jersey, JE2 3RT Channel Islands.

### Trust policy owners only

Please attach a suitably certified true copy of the following:

- Evidence of proper appointment of the trustees<sup>5</sup> e.g. the relevant pages of the extracts of the Deed of Trust that show this
- The identity of the trustees must be verified (please refer to the ID requirements on page 8).  
Where there is more than one individual trustee, identification must be obtained for each in accordance with the relevant ID requirements

The following information/documentation should be provided by the trustees:

- The source and origin of the assets under the trust
- The nature of the trust<sup>5</sup> (this means the type of trust e.g. discretionary, blind, charitable, etc.)
- \*The purpose of the trust<sup>5</sup> (this means the reason why the trust has been set up e.g. inheritance planning, wealth preservation, etc.)
- Details of the settlor(s), which should include full name(s), date(s) of birth and if they are still living current residential address(es).  
If deceased the date(s) of death should be given
- Details of any protector,<sup>5</sup> which should include full name, date of birth and residential address (not applicable for Boal & Co. Pensions (Jersey) Limited cases)
- Details of the beneficiaries of the trust should be obtained and should include full name(s), date(s) of birth and current address(es) of any individuals, and sufficient information to identify any other class, corporate entity, charity or other beneficiary
- Details of whom we are to take instructions from and copies of their specimen signatures. It is usual for all trustees to be required to give instruction. Where the trustee is a company, the authorised signatories of the company must sign for the company in addition to any other trustee(s)

<sup>5</sup> These are not required where our product is the trust.

## 8. Declaration/Data protection

### Declaration

I/We request the additional premium to be applied to my/our original policy in accordance with Zurich International Life Limited's (the Company's) standard terms and conditions.

I/We declare that the answers given in this application, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this application.

I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it is necessary to seek clarification regarding any part of the certification.

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits. **A material fact is one that may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.**

I/We agree to immediately inform the Company in writing of any change to the information that I/we have provided on this application form. I/We also agree to inform the Company of any change of name, address, etc. that may occur during the life of this policy.

I/We consent to the Company seeking independent verification (if considered necessary) of any of the information given in this application.

I/We declare that I/we am/are at least 18 years of age.

I/We declare that I/we am/are not a resident or national of the United States including any United States federally controlled territory.

I/We confirm that I/we understand that making an additional premium is solely my/our own choice, and/or that of my/our adviser and that the acceptance of the asset link by the Company does not constitute a warranty or representation of the suitability of the asset for investment purposes.

I/We declare that any premiums that I/We pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

I/We confirm that I/we have reviewed the information that I/we have given in this application and it is correct.

## Declaration/Data protection (continued)

### Data protection

I/We understand that the personal information that I/we supply or is derived from relevant background checks may be held and used by Zurich International Life Limited (the Company) in the following ways:

- to process, evaluate and administer the contracts/policies/claims
- to prevent and detect fraud and financial crime
- to perform accounting, statistical and research activities.

I/We also understand that to carry out the above the Company may need to pass the information to:

- Zurich Insurance Group companies, re-insurers, reference agencies, auditors, third parties who provide relevant services to the Company and my/our relevant financial professional
- countries outside the Isle of Man (or the Company's regional branches) that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained
- public bodies including the police, or insurers' database
- any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and/or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.

I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

I/We also note that my/our telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.

If your signature is different from the signature in your passport/ID or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

### Policy owner/Authorised signatory 1

Signature
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Print name

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Date 

D	D	M	M	Y	Y	Y	Y
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### Policy owner/Authorised signatory 2

Signature
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Print name

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Date 

D	D	M	M	Y	Y	Y	Y
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### Country where this application was signed

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Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority.

Zurich International Life Limited is registered (Registration number 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

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