

# Premium change/recommence/reinstatement form

Please use this form if you wish to change or recommence your regular premiums. If you are unsure if you can change your premiums, please refer to your product documents, contact your financial professional or contact your local Zurich office for details.

**Please note that no changes to premiums can be made where the policy owner is resident in the United States including any United States federally controlled territory.**

Where regular premiums are decreased, previous illustrations of benefits (illustrative maturity values) will no longer be applicable.

We will assess whether any proposed decrease in regular premiums will affect the ability of the policy to sustain the level of benefits for the full term.

Please use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English. All policy owner(s) must sign this form. Where an application is made by a trust or a company, the authorised signatory must sign.

## What do you want to do?

Please tick

- 1. Increase regular premium
- 2. Decrease regular premium
- 3. Recommence regular premium payments/reinstate lapsed policy

## 1. Policy details

Policy number

Designation number for nominee cases only (if applicable)

### 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)

## Policy owner(s) (continued)

### Policy owner 1

Date of birth

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Gender

Male  Female

Marital status

Job title

Nationality

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

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

Occupation

#### Contact details

Current residential address

Is the above address permanent or temporary?

Permanent  Temporary

If temporary, please state the reason for this

Correspondence address (if different)

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

Email address

Mobile number

Country of mobile number

Is this a US\* based telephone 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.

### Policy owner 2

Date of birth

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Gender

Male  Female

Marital status

Job title

Nationality

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

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

Occupation

#### Contact details

Current residential address

Is the above address permanent or temporary?

Permanent  Temporary

If temporary, please state the reason for this

Correspondence address (if different)

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

Email address

Mobile number

Country of mobile number

Is this a US\* based telephone 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.

## 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 (payor) – 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 relevant financial professional who will refer to the 'Anti-money laundering checklist for personal business'. **For acceptable third party payors we will require full evidence of their identity, as stated in section 6, pages 5 and 6.**

**Third party payor**  **Additional party to joint account**

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

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

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

## 4. Premium details

Current premium amount and currency

**Change to regular premium from renewal date**

Amount of increase/decrease

New total premium amount to be paid from renewal date

**Date from which regular premiums will recommence**

## 5. Your investment strategy (only to be completed when reinstating a lapsed policy)

When your policy lapsed, your funds were automatically moved to the Money Market funds. To reinstate your policy, we need your investment strategy.

**If a new investment instruction is not received, your funds will remain in the Money Market funds until you advise us of your investment strategy.**

Please choose from one of the following options.

**Option 1 – Automatic investment strategy (AIS)**

What currency do you want the AIS in? (tick one only)

USD     GBP     EUR

Please refer to the 'Zurich Collection Guide (Mirror funds)' brochure for further information on the AIS.

**Option 2 – My own choice of funds**

Please give details of the funds you want to choose for your policy, along with the relevant percentage of your premium, in the box below. Use the fund names and fund codes listed in the 'Zurich Collection Guide (Mirror funds)', or if you are in any doubt refer to your relevant financial professional for guidance.

- You can choose a maximum of 30 funds.
- The minimum percentage allowed for each fund is 1%.
- You must use whole percentages.
- For additional funds please use a separate piece of paper if necessary.

| Fund code                                          | Fund name (including name of fund management company) | %    |
|----------------------------------------------------|-------------------------------------------------------|------|
|                                                    |                                                       |      |
|                                                    |                                                       |      |
|                                                    |                                                       |      |
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|                                                    |                                                       |      |
|                                                    |                                                       |      |
|                                                    |                                                       |      |
| Total – please make sure the total adds up to 100% |                                                       | 100% |

## 6. Origin of wealth

You do not need to complete this section if you are decreasing your premium.

### Important information

Before completing this section, please read the 'Origin of wealth guidelines' carefully and discuss with your 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' (known as the 'Origin of wealth and source of wealth guidelines and questionnaire in Singapore) please tick here

**Please note:** that 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

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Employer's/Company's physical address

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Employer's/Company's telephone number

---

Nature of company business

---

Number of years employed with company

---

Annual income<sup>1</sup>

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Currency

---

Bonus amount

---

Currency

---

Number of years you have been saving

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

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

Details of shares/investment holdings/property sale

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Total value or amount of sale and currency

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Date of sale

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Details/Address of property

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**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.

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## Origin of wealth (continued)

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 |
|-----------------|----------------|-----------------|----------------|-------------|
|                 |                |                 |                |             |
|                 |                |                 |                |             |

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

If your payment exceeds the limits in the 'Origin of wealth guidelines' (known as the 'Origin of wealth and source of wealth guidelines and questionnaire in Singapore), 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.

#### 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 residential address

Policy owners should only complete this section if you are increasing your current regular premium by 50% or more, except Bahrain and Qatar policy owners and all third party payor(s) who must complete this section for all increases.

### 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). 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.

|                                             | 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 employer                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Note:** in certain circumstances, other forms of ID and/or address verification may be accepted; your relevant financial professional should refer to the 'Anti-money laundering checklist for personal business', if you require further guidance.

## Proof of identity and residential address (continued)

### 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 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 two directors (please refer to above ID requirements) one of whom must be an executive director  
Verification of directors identity is not required for public limited companies.
- 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 may be audited for high risk clients.
- Confirmation that the company has not been, or is in the process of being dissolved, struck off, wound up or terminated
- 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>1</sup> or more of the issued share capital. Where the 25%<sup>1</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. **Please provide evidence of identification of a shareholder who owns less than 25% but holds a controlling interest**

<sup>1</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 outlined in our origin of wealth guidelines – please contact your local Zurich office for further details.

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

Please note for Qatar companies, additional documentation is required; please contact your local Zurich office for further details.

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

### Trust policy owners only

Please attach a suitably certified true copy of the following:

- Evidence of proper appointment of the trustees<sup>2</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 in accordance with the appropriate requirements for corporate or personal clients. 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>2</sup> (this means the type of trust e.g. discretionary, blind, charitable, etc.)
- The purpose of the trust<sup>2</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 names(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(s), which should include full names(s), date(s) of birth and residential address(es)
- Details of the beneficiary/beneficiaries of the trust should be obtained and should include full name(s), dates of birth and current addresses 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>2</sup> These are not required where our product is the trust.

## 8. Source of funds

To be completed where the policy is negotiated in United Arab Emirates.

### Financial details

Please advise how long you have held the bank account you are providing

Year(s)

Month(s)

Do you have more than one bank account, other than the one you are providing in the 'Details of payment' section?

Yes

No

If 'Yes', please provide details below

Are there any other parties directly involved with this application (i.e. beneficial owners, lenders, potential borrowers)?

Yes

No

If 'Yes', please give details

Where the source is from income, please give a breakdown of your annual earnings from all sources for the last three years:

|                                 | Earned income | Investment income | Other income | Currency of income |
|---------------------------------|---------------|-------------------|--------------|--------------------|
| Current year's income year date |               |                   |              |                    |
| Last year                       |               |                   |              |                    |
| Previous year                   |               |                   |              |                    |

### Assets

Please provide details of any assets you own (e.g. cash, shares, real estate, etc.)

| Details             | Currency | Value |
|---------------------|----------|-------|
| Cash                |          |       |
| Shares and bonds    |          |       |
| Properties          |          |       |
| Other               |          |       |
| <b>Total assets</b> |          |       |

### Credit liabilities

Please provide details of your credit liabilities (e.g. loans, debts, etc.)

| Details                       | Currency | Value |
|-------------------------------|----------|-------|
| Notes/Loans payable to banks  |          |       |
| Notes/Loans payable to others |          |       |
| Mortgages                     |          |       |
| Taxes/Interest due            |          |       |
| Loans on life insurance       |          |       |
| Other liabilities             |          |       |
| <b>Total liabilities</b>      |          |       |



## 9. Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

## 10. Declaration

I/We request that the change in regular premiums be applied to my/our original policy in accordance with Zurich International Life Limited's standard terms and conditions. Full terms and conditions are available on request from Zurich International Life.

I/We declare that the answers I/we have given, 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 certifiers(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 inform the Company in writing of any change to the information provided in this application. 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 declare that I/we are at least 18 years of age.

I/We declare that the policy owner(s) is/are not resident(s) of the United States including any United States federally controlled territories.

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 understand that changing the regular premium is solely my/our own choice, and/or that of my/our adviser and that the acceptance of the asset link by Zurich International Life Limited does not constitute a warranty or representation of the suitability of the asset for investment purposes.

### Contact details

I/We understand that for security purposes, the Company will regard the contact details provided as my/our authorised contact details and that it is important that I/we let the Company know if any of these details change.

I/We confirm that this/these signature(s) is/are mine/ours or that/those of my/our appointed legal representative(s).

**If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.**

### Policy owner/Authorised signatory 1

|           |
|-----------|
| Signature |
|-----------|

Print name

\_\_\_\_\_

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

### Policy owner/Authorised signatory 2

|           |
|-----------|
| Signature |
|-----------|

Print name

\_\_\_\_\_

Date

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Country where this application was signed

\_\_\_\_\_

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 No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Zurich International Life Limited (Singapore branch) is licenced by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme.

Calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

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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