

Declaration of insurability questionnaire

(to be completed by the life to be insured)

Instructions

Please complete this form in **CAPITAL** letters. All questions must be answered accurately with full disclosure of all relevant information. If any question is answered 'Yes' please provide details on the back of this form or attach a separate sheet of paper with the details.

The information you give will assist us in the assessment of your proposal and may help minimise the need for medical reports.

1 Personal details

Policy number (if known)

Full name of life to be insured

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

Family name

Forename(s)

Date of birth

D	D	M	M	Y	Y	Y	Y
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2 Questions to be completed by the life to be insured

Since your last application/declaration have you:

- | | | |
|---|------------------------------|-----------------------------|
| (i) suffered any illness or accident, or have you consulted with any doctor, or undergone any surgical procedure or medical tests, or been prescribed any medicines or other treatment or do you intend to seek a medical opinion but have not yet done so? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) tested positive for HIV or Hepatitis B or C, or are awaiting the results of such a test? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) participated in any hazardous sports or pursuit, or do you intend to do so? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iv) changed your occupation or do you intend to do so? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (v) made an application for life insurance to any other company or companies, or had an application for insurance on your life been declined, postponed, or accepted on special terms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (vi) changed your country or residence or, other than for vacations of less than 15 days, visited, lived or worked outside your country of residence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3 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.

4 Declaration/consent

I declare that the answers given above, whether in my handwriting or not, are true and complete to the best of my knowledge. I agree that this form will constitute part of my proposal and that failure to disclose a material fact(s) known to me may constitute grounds for rejection of a claim or repudiation of the contract.

Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

Signature of life to be insured

Date

If the insurance is being effected other than by the person whose life is to be insured, the declaration below must be signed by the proposer(s) (or if the proposer is a corporate body then by an authorised officer on its behalf).

And I/we, being the person(s) proposing to effect the insurance, agree that this declaration shall form part of the basis of the contract between me/us and the said Company.

Signature of first policy owner

Date

Signature of second policy owner

Date

If you have answered 'Yes' to any of the questions in section 2, please provide details below. Please continue on a separate sheet if more space is required and attached to this form.

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.

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

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

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