

# Withdrawal request form

## For regular withdrawal and partial or full surrender

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### Important information to consider before making a withdrawal or full surrender.

Taking money out from your policy is an important decision and may affect your financial goals. We are keen to ensure you have considered your options and have all the information you need to make this decision. If you are unsure about your options or whether cashing in all or part of your policy is the right thing to do, we recommend you speak to your financial professional.

#### Did you know?

There are alternatives to surrendering your policy which include reducing your premium amount, suspending your premiums or switching your funds. Before you make a final decision, we recommend that you take advice from your financial professional.

- **Take a partial surrender.** If you need a particular amount and your policy is worth more than this, you can take a partial surrender and leave the rest invested subject to the minimum amount that must be left in your policy.
- **Reduce your premium amount.** You may be able to reduce your premium and still keep the benefits that your policy has to offer depending on the premium amount you pay.
- **Suspension of premiums.** Your policy may allow you to take a break from paying your premiums for a period of time without charge. Any benefits that you have will be covered if there is enough value in your policy to sustain them.
- **Switching your funds.** If your funds don't meet your current needs, you can switch your investment. A full list of funds can be found on our website. Please note that switches are not available if any policy owner(s) is resident in the United States\* including any United States federally controlled territory.  
\*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.
- **Regular withdrawals.** If you would like to receive money from your policy without incurring any surrender charge, it may be possible to set-up regular withdrawals, subject to your policy terms and conditions.

#### Stock Market and economic uncertainty

Uncertainty in the financial markets may make you apprehensive about your investments. When stock markets go down, you may lose confidence and be tempted to either stop investing or switch your investments. You need to remember that with your policy you are investing for the medium to long term. Stock market values go up and down over time, so it's important to resist the temptation to react to short term stock market changes and instead stay focussed on your reasons for investing and your long term financial goals.

#### Other things to think about

Establishment charges usually reduce over time, so if you are no longer paying these, your policy may now be subject to fewer deductions which may improve future performance of your investment. Your policy may be benefiting from this now and if you take money out and reinvest it in a new investment product, charges may apply during the early years which will reduce the return on your investment.

#### Charges

A surrender charge may be deducted depending on when you surrender some or all of your policy – please refer to the **'a guide to your payment options'**.

Bank charges for funds transfer will have to be paid by you when you choose to receive your withdrawal/surrender amount by telegraphic transfer.

Where necessary, we will arrange any foreign exchange transactions and deduct the cost of this from your payment – we cannot take responsibility for the rate of exchange applied by the bank.

There may also be charges when selling units in a different currency to your withdrawal or surrender proceeds.

For further details of the charges, please read your policy terms and conditions and product literature.

#### Protection benefits

If you have life or critical illness cover on your policy, your cover may be reduced by regular withdrawals and partial surrenders.

#### Zurich HelpPoint – What we can do for you

We can give you all the information about your policy and help you understand the values and charges. We can guide you through all the options available on your policy to suit your needs.

You can contact our HelpPoint using the contact details on page 9. Please note that we can't give you financial advice or sign you up for a new policy, for such requirements we recommend you to contact your financial professional.

## **Automatic Exchange of Tax Information (AEOI)**

AEOI is a standard through which tax authorities in different countries can routinely exchange information about financial accounts held by taxpayers. These standards include Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

AEOI is the result of a broader Organisation for Economic Co-operation and Development (OECD) initiative to prevent tax evasion. It is a powerful tool that helps tax authorities to identify and confirm whether a financial account holder is complying with the tax laws of their country of tax residence.

Zurich as a financial Institution must identify and report any of its account holders who are taxpayers in other countries in accordance with the AEOI agreements.

Once tax information is exchanged, the tax authority in each country compares that information with the customers own declaration of financial accounts.

If there is a discrepancy between the two sets of information, the tax authority may investigate.

If you are acting on behalf of a company or trust, please complete the Automatic Exchange of Information Self-certification for Entities in addition to this Withdrawal request form.

## **Conditionally assigned policies**

If your policy is assigned as security against a loan, you must send us the assignee's agreement or ask them to issue us with a notice of reassignment before we can process any withdrawals or surrenders.

## **Trust policies**

We will make any transfer payable to all the trustees. In some cases trustees may also authorise payment jointly to themselves or to their professional agent (e.g. a bank or solicitor). It is the trustees' responsibility to ensure that the proceeds of the policy are used in accordance with the terms of the trust. Some trusts specifically exclude the settlor (the person(s) who declared the trust) from benefiting from the proceeds of the policy.

## **Completing this form**

Please complete this form in **CAPITAL** letters. Any unclear or incorrect information could delay your payment. Completed forms should be sent to your financial professional or your local Zurich International Life (Zurich) office.

Please complete the following sections:

**Regular withdrawal: complete sections 1, 2, 5 and 7.**

**Partial surrenders for UK residents only: complete sections 1, 3 (3.1 and 3.3 if applicable), 6 and 7.**

**Full surrenders: complete sections 1, 4, 5, 6 and 7.**

# 1 Policy details

Policy number
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## Policy owner 1

**Are you a US\* tax payer?**

 Yes  No

**Are you a US citizen?**

 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.

**Title**  Mr  Mrs  Miss  Ms  Dr

 Other (please give details) 

<b>Family name</b>
<b>Forename(s)</b>
Please give details of any previous names or aliases used (including maiden name)
<b>Place of birth (town or city)</b>
<b>Nationality</b>

**Do you hold nationality in another country?**  Yes  No

If 'Yes', please confirm the country
<b>Current residential address</b>
<b>Correspondence address</b> (if different from above)

<b>Telephone number</b> (include international country code)
<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
<b>Country of telephone number</b>
<b>Mobile number</b> (include international country code)
<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
<b>Country of mobile number</b>
<b>Email address</b>

**Is the telephone number you intend to supply, 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.

**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.

## Policy owner 2

**Are you a US\* tax payer?**

 Yes  No

**Are you a US citizen?**

 Yes  No

**Title**  Mr  Mrs  Miss  Ms  Dr

 Other (please give details) 

<b>Family name</b>
<b>Forename(s)</b>
Please give details of any previous names or aliases used (including maiden name)
<b>Place of birth (town or city)</b>
<b>Nationality</b>

**Do you hold nationality in another country?**  Yes  No

If 'Yes', please confirm the country
<b>Current residential address</b>
<b>Correspondence address</b> (if different from above)

<b>Telephone number</b> (include international country code)
<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
<b>Country of telephone number</b>
<b>Mobile number</b> (include international country code)
<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/>
<b>Country of mobile number</b>
<b>Email address</b>

**Is the telephone number you intend to supply, a US based number?**  Yes  No

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

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

## Policy details (continued)

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

Name of the company/trust (policy owner)

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Registered company number (if applicable)

Country of incorporation (companies only)

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Registered office address (companies only)

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Name of trustee or company representative for correspondence

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Please state all countries where the company is currently deemed to be resident for tax purposes

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

Is the company tax-exempt in the countries of tax residence listed above? (e.g. charity, government organisation)

Yes  No

If 'Yes', please provide evidence of the tax exemption status from the relevant authority.

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## 2 Regular withdrawal request details

Please complete the following section if you would like to set up regular withdrawals.

Withdrawal currency

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### Withdrawal amount

Fixed amount

**OR**

Percentage of policy value on the day we process each withdrawal

\_\_\_\_\_ %

Withdrawal frequency  Monthly  Quarterly  Half-yearly  Yearly

First withdrawal date

**Note:** the withdrawal date varies by policy – please refer to the product details section in the 'a guide to your payment options'.

### 3 Partial surrender

Please complete the following section if you wish to take a one off partial surrender from your policy.

#### 3.1 UK Residents Only

The Elite International Bond (EIB), Global Choice, International Wealth Account (IWA) and International Wealth Account flexible contribution plan (IWA FCP) are made up of a number of identical clusters.

These clusters may enable UK tax resident policy owners to minimise the amount of income tax due when a partial surrender creates a chargeable gain for UK income tax purposes.

A partial surrender across all clusters up to your 5% tax deferral allowance means you do not have an immediate charge to income tax. When whole clusters are surrendered, there is no tax deferred allowance.

Partial surrenders may create a chargeable event. **(We recommend you refer to your financial professional before completing the form).**

#### Withdrawal currency

<input type="checkbox"/> Surrender of individual clusters	number of individual clusters _____ amount from individual clusters* _____
<b>OR</b>	
<input type="checkbox"/> Max Partial	
<b>OR</b>	
<input type="checkbox"/> Partial surrender across all individual clusters and funds	amount _____
<b>OR</b>	
<input type="checkbox"/> Partial surrender across all individual clusters from specific funds (complete Fund section 3.2 below)	amount _____

\*We are only able to surrender whole individual clusters. We will calculate the number of individual clusters that need to be surrendered closely to match this amount. Any balance required to make up this amount will be taken equally across all the remaining clusters.

#### 3.2 Complete for all other policies

#### Withdrawal currency

Withdrawal amount

<input type="checkbox"/> Partial surrender from all funds	amount _____
<input type="checkbox"/> Max partial from all funds	
<input type="checkbox"/> Partial surrender from specific funds**	amount _____
<input type="checkbox"/> Max partial from specific funds**	

\*\* Option not available for Vista/Futura/My Life Protect/Elite International Bond

#### 3.3 Fund selection

If you choose to have your partial surrender to be from specific funds, please complete the table below

Fund code	Fund name (including name of fund management company)	% of withdrawal amount for each fund†

† please specify the amount if not requesting Max Partial

### 4 Full surrender

I confirm I wish to surrender my policy in full and that the policy will end.



## 6 Proof of identity and proof of residential address

### Anti-money laundering guide

#### Proof of identity for individual policy owners

Policy owners must provide one of the following valid primary documents that has been suitably certified: (please tick to confirm which document is attached)

- |                             | Policy owner 1           | Policy owner 2           |
|-----------------------------|--------------------------|--------------------------|
| • Passport                  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Government issued ID card | <input type="checkbox"/> | <input type="checkbox"/> |

#### Proof of residential address for individual policy owners

In order to verify the policy owner'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 and show the address appearing on the application or held in our records as the current residence (please tick to confirm which document is attached).

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

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

**If you have a P.O. Box address we will need either:** (please tick to confirm which document is attached)

Proof of payment for the box address (this must reference your physical residential address)

**OR**

A utility bill referencing your physical residential address

In certain circumstances, other forms of ID and/or address verification may be accepted; please contact your local Zurich office for further guidance.

#### Information to be included on certified client documentation

The suitable certifier (see definitions below) should write the following relevant phrase including all information below on all certified documents:

##### For photographic documents

**'I certify that this document is a true copy of the original and that the photograph is a true likeness of the holder.'**

##### For non photographic documents

**'I certify this document is a true copy of the original.'**

- Signature of certifier.
- Full name of certifier (in **CAPITAL** letters underneath the certifier's signature).
- Position/Job title.
- Company name, address, telephone number and email address.
- Date.
- FCA/MAS/QFCRA registration number (if applicable).
- Zurich International Life Limited appointed suitable certifier number (where applicable).
- Details of the certifier's regulatory/affiliate body and their reference number.

**Document certification – all** copy documents must be certified as true copies of the originals by a suitable certifier and must be certified with the wording above or we may require a new document completed in line with this guidance. Suitable certifiers will fall into one of the following categories:

- a regulated introducer or authorised employee of a regulated introducer. Confirmation of the introducers regulatory reference number or documentary evidence of their regulatory status must be provided;
- an individual introducer who has been accepted as a suitable certifier by Zurich International Life Limited, (including introducers registered by the FCA, MAS and QFCRA);
- a notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document);
- french maire (mayor);
- commissioner of oaths within a 'recognised jurisdiction' (verification of their professional status must be obtained)\*;

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

- formally appointed member of the judiciary (excluding Justice of the Peace);
  - accountant who is a member of an institute or professional organisation, whose members are required to abide by anti-money laundering regulations, or who is regulated by a regulatory organisation;
  - director/manager of an authorised credit or financial institute in a 'recognised jurisdiction'.
- \* South African Commissioner of Oaths are not acceptable as suitable certifiers unless it is clear they are signing in their capacity as a notary public, lawyer or advocate.

## 7 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.

## 8 Declaration/Consent

### Declaration

I/We understand that any charges due on the transfer of the withdrawal monies will be at the expense of the policy owner(s).

I/We understand that the Company shall not be liable to me/us for any loss or damage where the Company exercises its right to disclose or withhold information pursuant to lawful order or otherwise in accordance with the Applicable Regulations.

I/We understand that the Company will communicate as appropriate 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 as determined by the Company.

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

Should your signature/s have changed and not match what we hold on our records, we may request further information.

Further requirements may be requested on receipt of this instruction.

### 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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## Local Zurich office contact details

### Bahrain

P.O. Box 10032  
27th Floor  
Almoayyed Tower  
Seef District  
Kingdom of Bahrain

**Telephone:** +973 1756 3321  
We're available Sunday to Thursday  
between 8am and 5pm.

**Email:** [helppoint.bh@zurich.com](mailto:helppoint.bh@zurich.com)

### United Arab Emirates

Zurich International Life  
P.O. Box 50389  
Unit 601, Floor 6, Building 6  
Emaar Square  
Dubai  
United Arab Emirates

**Telephone:** +971 4 3634567  
We're available Sunday to Thursday  
between 8am and 5pm.

**Email:** [helppoint.uae@zurich.com](mailto:helppoint.uae@zurich.com)

### Qatar

P.O. Box 26777  
404 Fourth Floor  
Qatar Financial Centre Tower  
West Bay  
Doha  
Qatar

**Telephone:** +974 4496 7555  
We're available Sunday to Thursday  
between 8am and 5pm.

**Email:** [helppoint.qa@zurich.com](mailto:helppoint.qa@zurich.com)

### Singapore

Singapore Land Tower #29-05  
50 Raffles Place  
Singapore 048623

**Telephone:** +65 6876 6750  
We're available Monday to Friday  
between 9am and 5.30pm.

**Email:** [helppoint.singapore@zurich.com](mailto:helppoint.singapore@zurich.com)

### Isle of Man

PO Box 67  
Douglas  
Isle of Man  
IM99 1EF  
British Isles

**Telephone:** +44 1624 662266  
We're available Monday to Friday  
between 9am and 5pm.

**Email:** [helppoint.iom@zurich.com](mailto:helppoint.iom@zurich.com)

In case you are not satisfied with the processing of your claim request, please share your feedback or complaint with your regional Zurich office. If your policy was taken in the UAE, Bahrain or Qatar, you can email us at [mecustomercomplaints@zurich.com](mailto:mecustomercomplaints@zurich.com).

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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.

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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.

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