



# Amendment to application form

Policy number

To be completed by the policy owner(s) for amendments to the original application form submitted when applying for a new policy.

Full name of policy owner 1

Full name of policy owner 2

I/We request that my application dated  be amended as given below.

I/We understand that the amendment(s) given below will be considered to assess and issue my/our policy.

## Amendment details

### Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited 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.

### Declaration

I/We apply for the policy as detailed in this amendment form and in accordance with Zurich International Life Limited's (the Company) standard product terms and conditions. I/We declare that the information given in this amendment form, 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 my/our contract of life insurance. I/We understand that the amendments provided on this form will override the information given in the product application form.

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

Signature of policy owner 1

Signature of policy owner 2

Date

Date

**Financial professional's details** (To be completed by your financial professional)

Full name

Signature

Date

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