

Simple Wealth

Application form

Financial professional use only

Agency number

Bank/Broker name

External reference number

Completing this form

Please write clearly in **BLOCK CAPITAL** letters and complete the form in English.

Note: When there are two lives insured, the policy will be issued on a joint life last death basis.

Reason why you are applying for Simple Wealth (tick one)

- Save for my child's education
 Set up own business
 General savings and wealth accumulation
 Buy a family home/property
 For a comfortable retirement
 Other (please specify)

1. Policy owner(s)

Who will be the life/lives insured?
 Policy owner 1
 Policy owner 2
 Other – please complete the **'Lives/Additional lives insured application form'**

Policy owner 1

- Are you a US* tax payer?** Yes No
Are you a US citizen? Yes No
Is the telephone number you intend to supply, a US based number? Yes No

Policy owner 2

- Are you a US* tax payer?** Yes No
Are you a US citizen? Yes No
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.

If you have answered 'Yes' to any of the above questions, or if either planholder is a US national, resides in the US or is requesting a regular income payment to be made to a US account, your application cannot be accepted by Zurich International Life (Zurich).

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

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

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 a tax resident in the United Kingdom, please provide your National Insurance number.

Policy owner(s) (continued)

Policy owner 1

Title Mr Mrs Miss Ms Dr

Other (please give details)

Family name
Forename(s)
Any previous names or alias used, including maiden name (if applicable)

Date of birth

Country of birth
Place of birth (town or city)

Gender Male Female

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

Current residential address

Flat Villa (tick one)

Villa/flat number
Property/building number
Property/building name
Street name or number
Nearest landmarks (if any)
Area
City
Country

Policy owner 2

Title Mr Mrs Miss Ms Dr

Other (please give details)

Family name
Forename(s)
Any previous names or alias used, including maiden name (if applicable)

Date of birth

Country of birth
Place of birth (town or city)

Gender Male Female

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

Current residential address

Same as policy owner 1 Yes No
if different, complete the below

Flat Villa (tick one)

Villa/flat number
Property/building number
Property/building name
Street name or number
Nearest landmarks (if any)
Area
City
Country

Policy owner(s) (continued)

Policy owner 1

Correspondence address

P.O. Box number
City
Country
Additional details for correspondence (if any)
Telephone number (include international country code) <input type="text"/> <input type="text"/> <input type="text"/>
Country of telephone number
Mobile number (include international country code) <input type="text"/> <input type="text"/> <input type="text"/>
Country of mobile number
Email address

Policy owner 2

Correspondence address

Same as policy owner 1 Yes No
if different, complete the below

P.O. Box number
City
Country
Additional details for correspondence (if any)
Telephone number (include international country code) <input type="text"/> <input type="text"/> <input type="text"/>
Country of telephone number
Mobile number (include international country code) <input type="text"/> <input type="text"/> <input type="text"/>
Country of mobile number
Email address

2. Beneficiary nomination

Complete this section to nominate a beneficiary to receive the amount payable on death. Please take legal advice before completing this section.

The death claim is payable to the beneficiary only on the death of the last life insured. If you require more than one beneficiary, please complete the **'Appointment of beneficiary form'** available from your financial professional.

Subject to any future revocation or appointment, I hereby appoint the following person as beneficiary.

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

Family name
Forename(s)
Please give details of any previous names or alias used, including maiden name (if applicable)

Date of birth

Gender Male Female

Relationship to policy owner

Current residential address of the beneficiary

Same as policy owner 1 2 If different, please tick this box and fill in the details below

Flat Villa (tick one)

Villa/flat number	Nearest landmarks (if any)
Property/building number	Area
Property/building name	City
Street name or number	Country
Email address	
Contact number (include international country code) <input type="text"/> <input type="text"/> <input type="text"/>	

3. Payment details

Policy currency (*tick one only*). Please give all amounts in the policy currency selected.

USD GBP EUR AED BHD QAR

Single payment amount (Minimum USD 15,000 or currency equivalent)

Payment method

- Cheque (Accepted only in UAE Dirham(USD1=3.6775), Bahraini Dinar(USD1=0.3775), and Qatari Riyal(USD1=3.65))
- Telegraphic transfer/standing order (provide a copy of your bank instruction form with this application. Our bank details are provided on page 6)

Establishment Charge

Please enter the establishment charge that you have agreed with your financial professional.
(As shown in your personalised illustration)

%

4. Fund selection

Please select your fund investment currency, fund name and the allocation rate below. If you are in any doubt refer to your relevant financial professional for guidance.

Please note:

- Minimum percentage allowed for each fund is 1%.
- You must use whole numbers for percentages.

Select fund currency (*tick one only*) USD GBP EUR

Please select the fund and the allocation rate for each fund.

Tick	Fund name	Allocation %
<input type="checkbox"/>	Adventurous Fund	<input type="text"/>
<input type="checkbox"/>	Blue Chip Fund	<input type="text"/>
<input type="checkbox"/>	Cautious Fund	<input type="text"/>
<input type="checkbox"/>	Defensive Fund	<input type="text"/>
<input type="checkbox"/>	Performance Fund	<input type="text"/>
Please ensure the total adds up to 100%		<input type="text"/> TOTAL

5. Payor details

About the person making the payments

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 speak to your financial professional or contact your local Zurich office for further guidance. For acceptable third party payors we will require full evidence of their identity and origin of wealth by completing sections 7 and 8.

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

Family name
Forename(s)
Please give details of any previous names or alias used, including maiden name <i>(if applicable)</i>

Date of birth

Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country
Occupation
Job title

Current residential address

Same as policy owner 1 2 If different, please tick this box and fill in the details below

Flat Villa (tick one)

Villa/flat number	Nearest landmarks (if any)
Property/building number	Area
Property/building name	City
Street name or number	Country

Relationship to policy owner
Reason why the third party is making the premium payment(s)

6. Details of payment

Please provide your bank account details, which you will be using to pay the premium

Note: All cheques must be made payable to: 'Zurich International Life Limited'.

Bank name
Bank branch and address
Country
Account name

Account number

IBAN (**Note:** depending on your region, you may not need to use all the IBAN boxes)

Details of payment (continued)

Zurich bank account details

Please use the below bank account details to set-up a payment instruction with your bank, and remember to include your full name and policy/application reference in your payment instruction.

Please provide a copy of the bank instruction along with this application.

Bank details for Bahrain:

Bahraini Dinar	To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Bahrain. SWIFT code: AUBBBHBM	In favour of:	Zurich International Life Limited IBAN number: BH97AUBB00001752655001
US dollars	To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Kingdom of Bahrain. Swift code: AUBBBHBM Via correspondent bank: J P Morgan Chase Bank N.A., New York, USA. Account number: 400937913, Swift code: CHASUS33	In favour of:	Zurich International Life Limited IBAN: BH70AUBB00001753667100

Bank details for Qatar:

Euros	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, London. SWIFT code: MIDLGB22	In favour of:	Zurich International Life Limited IBAN: QA73BBME00000000001012673053
Qatari riyals	To: HSBC Bank Middle East Limited, Doha, Qatar Swift code: BBMEQAQX	In favour of:	Zurich International Life Limited IBAN: QA22BBME00000000001012673001
Sterling	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, London. SWIFT code: MIDLGB22	In favour of:	Zurich International Life Limited IBAN: QA03BBME00000000001012673052
US dollars	To: HSBC Bank Middle East Limited, Doha, Qatar. Swift code: BBMEQAQX Via correspondent bank details: HSBC Bank, USA. Swift code: MRMDUS33	In favour of:	Zurich International Life Limited IBAN: QA57BBME00000000001012673050

Bank details for United Arab Emirates:

Euros	To: HSBC Bank Middle East Limited, Dubai, UAE SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of:	Zurich International Life Limited IBAN: AE580200000030123657213
Sterling	To: HSBC Bank Middle East Limited, Dubai, UAE SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of:	Zurich International Life Limited IBAN: AE850200000030123657212
UAE dirhams	To: HSBC Bank Middle East Limited, Dubai, UAE SWIFT code: BBMEAEAD	In favour of:	Zurich International Life Limited IBAN: AE210200000030123657200
US dollars	To: HSBC Bank Middle East Limited, Dubai, UAE SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank USA NA, USA. SWIFT code: MRMDUS33	In favour of:	Zurich International Life Limited IBAN: AE150200000030123657211

7. Proof of identity and proof of residential address

Proof of identity

Policy owners 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 current residential address of the policy owner or third party payor, 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** when received by us (unless advised otherwise). The document must be issued in your name and show the current residential address detailed on this application form, or as held in our records. Please tick to confirm the document that is attached.

	Policy owner 1	Policy owner 2	Third party payor
• Utility bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Driving licence – Bahrain only (copy of both sides)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* These documents do not need to be less than three months old – just valid and in date.

Note: In certain circumstances, other forms of ID and/or address verification may be accepted. For United Arab Emirates and Qatar applications, if you (policy owner/payor) are unable to provide a documentary proof of residential address, you should complete the '**Confirmation of residential address form**'. Please contact your local Zurich office for further assistance.

8. Origin of wealth

Important information

Before completing this section please read the 'Origin of wealth guidelines' available from your financial professional carefully and discuss with your relevant financial professional. If both policy owners are joint payors, we require origin of wealth details for both. If the second policy owner has completed a separate '**Origin of wealth guidelines and questionnaire**' available from your financial professional, 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 company business	
Number of years employed with company	
Annual income*	Currency
Bonus amount	Currency
Number of years you have been saving	

* For a company, details of the profits should be entered instead.

Origin of wealth (continued)

Proceeds from shares/investment holdings/property sale

Details of shares/investment holdings/property sales

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 that 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 plan	Amount of cover	Contribution amount	Plan terms

How the payor acquired the money

Documentary evidence will be required if the cumulative premium (existing and new policy premium) is over USD 100,000 annual regular premium, or USD 1 million single premium. All copy documents must be suitably certified.

For more information please refer to the '**Origin of wealth guidelines**'.

9. Source of funds (for policies negotiated in UAE only)

Financial details

Please advise how long you have held the bank account from which you are paying premiums. (provided in section 6)

Year(s)	Month(s)
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Do you have more than one bank account, other than the one you are providing?

Yes No

If 'Yes', please provide details below

Bank name
Bank account number
How long is the account held for

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 to date				
Last year				
Previous year				

Assets

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

Details	Currency	Value
Cash		
Shares and bonds		
Properties		
Other		
Total assets		

Credit liabilities

Please provide details of your credit liabilities (for example 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		
Total liabilities		

10. Financial professional's details and declaration

To be completed by your financial professional

Family name
Forename(s)
Job title
Email address
Mobile number
Suitable certifier number (if applicable)

Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Zurich International Life Limited. I further declare that no unauthorised third parties have provided any advice or been involved in any stage of the sale.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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11. Privacy notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which we operate.

How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format

- to object to the processing of personal information
- to not be subject to automated individual decision making processes.
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

Data Protection contact

- Email our Data Protection Officer at ZILLPrivacy@Zurich.com
- Write to our Data Protection Officer at Zurich International Life Limited, Zurich House, Isle of Man Business Park, Douglas, Isle of Man IM2 2QZ, British Isles.

12. Declaration/Consent

Declaration

I/We apply for a Simple Wealth policy as detailed in this application form and in accordance with Zurich International Life Limited (the "Company") standard terms and conditions.

I/We declare that I/we have reviewed the answers given in this application, whether in my/our handwriting or not, and that they 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 will tell the Company, in writing, if anything happens between completing this application and the commencement date of the policy that alters any of the answers I/we have given in this application form.

I understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.

Note: a material fact is one which 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 confirm that I/we understand that a change in my/our country of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

I/We declare that I/we have selected an investment strategy based on my/our knowledge, or external advice, and that I/we am/are satisfied with the level of risk based on my/our knowledge and/or advice.

I/We understand that there is no guaranteed investment return offered by this policy and that there may be possible losses incurred by me/us and/or the need for additional premium payments, due to the investment risk.

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

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.

Marketing consent

The Company, or the Zurich group companies, may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I/We consent to being contacted in this way for this purpose by ticking here

Withdrawal of consent

I/We understand that where I/we have provided consent I/we 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.

I/We confirm that this/these signature(s) below 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, you will need to complete a 'Certifying signature form'.

Country where this application is signed

Policy owner/Authorised signatory 1

Signature

Print name

Date

Policy owner/Authorised signatory 2

Signature

Print name

Date

Important information

Zurich International Life is a business name of Zurich International Life Limited.

Zurich International Life Limited is fully authorised under the Isle of Man Insurance Act 2008 and is regulated by the Isle of Man Financial Services Authority which ensures that the company has sound and professional management and provision has been made to protect policy owners.

For life assurance companies authorised in the Isle of Man, the Isle of Man's Life Assurance (Compensation of Policyholders) Regulations 1991, ensure that in the event of a life assurance company being unable to meet its liabilities to its policy owners, up to 90% of the liability to the protected policy owners will be met.

The protection only applies to the solvency of Zurich International Life Limited and does not extend to protecting the value of the assets held within any unit-linked funds linked to your policy.

Not for sale to residents or nationals of the United States including any United States federally controlled territory.

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 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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