

Vista

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 first death basis.

1. Policy owner(s)

Who will be the life/lives insured?	<input type="checkbox"/> Policy owner 1	Have you smoked or used any form of tobacco or nicotine product within the last 12 months?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Policy owner 2	Have you smoked or used any form of tobacco or nicotine product within the last 12 months?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Other – please complete the ‘Lives/Additional lives insured application form’			

* e.g. cigarettes, cigars, pipe or chewing tobacco, shisha or nicotine products such as patches, gum or ecigarettes.

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 policy owner 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)*

* If you are currently tax resident in the United Kingdom, please provide your National Insurance number

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(s) (continued)

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)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender

Male Female

Country of birth

Place of birth (town or city)

Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Job title

Marital status

Single Married Other (please give details)

Occupation

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 (include international country code)

Country of telephone number

Mobile number (include international country code)

Country of mobile number

Email address

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)

Date of birth

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

Gender

Male Female

Country of birth

Place of birth (town or city)

Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Job title

Marital status

Single Married Other (please give details)

Occupation

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 (include international country code)

Country of telephone number

Mobile number (include international country code)

Country of mobile number

Email address

2. Policy term

How many years do you want to save into your Vista policy for? _____

- Minimum five years
- Maximum age of life insured at maturity 80 next birthday
- The term must be in whole years

Important notes to consider when choosing your policy term:

Your policy is designed for medium to long term commitment and premiums are expected to be paid for the savings period specified above. The charges we make are spread over the term of the policy meaning early encashment of your policy will result in the application of a surrender penalty.

3. Beneficiary nomination

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

If your policy is joint life or you require more than one beneficiary, please complete the 'Appointment of beneficiary form'.

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 aliases used (including maiden name) _____

Date of birth

Gender Male Female

Relationship to policy owner _____

Current residential address _____

4. Payment details

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

USD GBP EUR AED BHD QAR

A. Initial single payment amount (optional) _____

B. Regular payment amount _____

Regular payment frequency Monthly Quarterly Half-yearly Yearly

Total initial payment (A+B) _____

Escalation of regular payment 2.5% a year 5% a year 10% a year Not required

Payment method

- Cheque (please complete details on page 5)
- Credit card – for regular premiums only (please complete details on page 6)
- Telegraphic transfer/standing order (please attach a copy of the bank instruction)
- UAE direct debit – for regular premiums only (please complete the UAE direct debit form)
- Direct debit (please complete 'Method of payment form')

5. Your investment strategy

Please choose only one option and give the details we ask for.

Option 1 – Automatic investment strategy (AIS)

The funds in this AIS strategy are advised upon by Threadneedle. Please refer to the 'Investments – your guide' brochure for further information on the AIS.

What currency do you want the AIS in? USD GBP EUR

Option 2 – My own choice of funds

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

- You can choose a maximum of 30 funds.
- 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)	%
Total – please make sure the total adds up to 100%.		100%

6. 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. If 'Yes' please complete section 7, 8, 9 or a separate method of payment form. There are restrictions on who can make the payments. Please 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.

Note: waiver of premium is not permitted if a third party is making the payments.

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

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

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(s) _____

Reason the policy owner is not making the payments

7. Payment instructions for cheques

Please make payable to 'Zurich International Life Limited'

Name and address of bank on which the cheque is drawn

Bank name _____

Bank address _____

Account name _____

Account number

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8. Payment instructions for credit card

Do not detach from main application.

Any additional charge made by your credit card company for collection of your premiums will be met by the payor.

Credit cards can only be used for regular payments. If you wish to make a lump sum payment, please use a different payment method.

Special instructions for collection

Authorisation

I authorise Zurich International Life Limited, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich International Life Limited policy as and when they fall due.

Please note that Zurich International Life Limited is not liable for any losses arising as a result of action taken by the cardholder's credit card company.

Details

Credit card type Visa Mastercard

We do not accept prepaid or exchange credit cards.

Name of card issuer (such as HSBC).

Currency of card

Preferred date of collection*

Credit card expiry date

Credit card number

Name on card

Cardholder's address (as held by the credit card company).

*Your regular payments will be collected on this date or the nearest available date.

Future payments will be collected in line with the premium frequency you have selected.

Any additional charge made by your credit card company for collection of your contributions will be met by you (the payor).

Cancellation and refund policy

We do not offer premium refunds after the 30 days free look period. For more information, please refer to the 'Right to cancel' section of your policy terms and conditions.

Any changes to the credit card agreement will be communicated to you in advance.

I understand that this authority in favour of Zurich International Life will remain in force until such time as I cancel it in writing.

Signature of cardholder

Date

9. Bank account details for telegraphic transfers and standing orders

Please pay to Zurich International Life Limited

Bank details for premium collection in 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
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 number: 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 number: AE580200000030123657212
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 premium collection in 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 premium collection in 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

10. Benefits

Accidental death benefit

Free accidental death benefit of USD50,000, GBP32,000, EUR40,000, AED180,000, QAR180,000 or BHD18,000 applies to your policy. If you do not want this offer to apply to your application please tick.

(We will proceed with the free accidental death benefit if you have not ticked.)

The maximum age at entry must be 59.

Life insured 1

No

Life insured 2

No

Additional life cover benefit

Do you require additional life cover of up to a maximum USD360,000, GBP230,000, EUR280,000, AED1,300,000, QAR1,300,000 or BHD130,000?

The maximum age at entry is 59 – please complete the health and lifestyle questions in section 11.

Yes

No

Yes

No

Waiver of premium benefit

Do you require waiver of premium benefit (for regular premiums only)? Waiver of premium can only be on the first life insured.

The maximum age at entry is 59 – please complete the health and lifestyle questions in section 11.

Yes

No

For more information about the benefit conditions please refer to the terms and conditions.

11. Health and lifestyle questionnaire

Please ensure you answer all questions fully and truthfully as failure to disclose any fact may invalidate your insurance. If you answer yes to any of the questions, please provide full information in the additional information section overleaf.

For additional life cover and waiver of premium:

- | | Life insured 1 | | Life insured 2 | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 1. Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you currently participate or intend to participate in any hazardous pursuit or pastime (for example private aviation, scuba diving to depths of more than 18 metres, motor racing, mountaineering, etc.)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you a member of the armed forces or does your occupation involve working at heights above ten metres (excluding pilots/aircrew of international passenger carriers), underground, under water, offshore or with explosives? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you, or do you intend to visit Iran, Yemen, Afghanistan, Pakistan, Syria, countries of the former Soviet Union, or any country in Africa? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Have you ever had or been treated for:

- | | | | | |
|--|------------------------------|-----------------------------|------------------------------|-----------------------------|
| 5. Heart disease, any heart condition, high blood pressure, murmur, stroke, mini-stroke or brain haemorrhage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Cancer, malignant tumour? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Diabetes, raised blood sugar, Crohn's disease, ulcerative colitis, any kidney or liver disorder? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Manic depression, psychosis, suicidal thoughts, paralysis, multiple sclerosis or chronic obstructive airways disease? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. A positive test for HIV, Hepatitis B or C? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Further questions for waiver of premium:

- | | Life insured 1 | |
|---|------------------------------|-----------------------------|
| 10. Do you have any spinal (back or neck) disorders, muscular or joint disorders or any other disability, illness, operation or injury causing bodily impairment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you suffer from blindness or impairment of vision (other than the use of corrective aids), or impaired hearing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Does your occupation require you to hold a special licence that is dependent on your state of health (for example pilots)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. In the last five years, have you had an illness or medical condition that has made you unable to work for more than 15 consecutive days? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are you currently being treated by an orthopaedic surgeon, physiotherapist or psychiatrist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answer 'Yes' to any of the questions above, you may need to complete additional questionnaires, which will be provided by your financial professional.

Health and lifestyle questionnaire (continued)

15. Details of doctor/clinic/hospital

Details of doctor/clinic/hospital for life to be insured 1

Please give details of the doctor/clinic/hospital who is most familiar with your medical history (even if this is in a country other than your current country of residence).

Name of doctor/clinic/hospital

Address of doctor/clinic/hospital

Telephone number

Details of doctor/clinic/hospital for life to be insured 2

Please give details of the doctor/clinic/hospital who is most familiar with your medical history (even if this is in a country other than your current country of residence).

Name of doctor/clinic/hospital

Address of doctor/clinic/hospital

Telephone number

Additional information

Question number	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with your application for our consideration.

If there is insufficient space, please continue on a separate piece of paper ensuring you sign and date any additional pages.

12. Proof of identity and proof of residential address

Proof of identity

You must provide one of the following valid primary documents that has been suitably certified. Please tick to confirm the 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 your 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 when received by us. The document must be issued in your name and show the address detailed on page 2 of this application form, or held on our records as the current residence. Please tick to confirm the document 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 *†	<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.

† Certified copies of all parts of the license must be provided.

Note: in certain circumstances, other forms of ID and/or address verification may be accepted. Please contact your local Zurich office for assistance.

13. Origin of wealth

Important information

Before completing this section please read the 'Origin of wealth guidelines' carefully and discuss with your relevant 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', 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 income¹

Currency

Bonus amount

Currency

Number of years you have been saving

¹ For a company, details of the profits should be entered instead.

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.

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 plan	Amount of cover	Contribution amount	Plan terms

How the payor acquired the money – documentary evidence

If your payment exceeds the limits in the 'Origin of wealth guidelines', 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 – 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'.

14. Source of funds

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

Financial details

Please provide your bank account number

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?

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

Source of funds (continued)

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		

15. Financial professional's details and declaration

To be completed by your financial professional

Family name

Forename(s)

Job title

Brokerage name

Email address

Mobile number

Suitable certifier number (if applicable)

Regulatory body/Individual membership number

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

16. 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.

17. Declaration/Consent

Declaration

I/We apply for a Vista 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

Special category data consent

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

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

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
---	---	---	---	---	---	---	---

The life/lives insured must sign below if live cover and/or waiver of premium benefit is selected.

Life insured 1

Signature

Print name

Date

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

Life insured 2

Signature

Print name

Date

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

We will let you know when cover on the benefits you have selected starts. This will be subject to:

- i) the final underwriting decision; and
- ii) receipt of the initial premium payment; and
- iii) receipt of satisfactory proof of identity and any other documentation we require.

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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