

# Wealth Accumulation Plan

## 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.

#### 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 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)*

\* If you are currently a 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 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

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Forename(s)

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Please give details of any previous names or aliases used  
(including maiden name)

---

Date of birth

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

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

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Current residential address

---

Is the above address permanent or temporary?

Permanent  Temporary

If temporary, please state the reason for this

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Correspondence address (if different)

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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.

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### Policy owner 2

Title  Mr  Mrs  Miss  Ms  Dr

Other (please give details) \_\_\_\_\_

Family name

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

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

---

Is the above address permanent or temporary?

Permanent  Temporary

If temporary, please state the reason for this

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Correspondence address (if different)

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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.

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## Policy owner(s) (continued)

Policy owner 1

**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

**Telephone number** (include international country code)

**Country of telephone number**

**Mobile number** (include international country code)

**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.**

If your policy is joint life or 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 aliases used (including maiden name)

Date of birth

Gender  Male  Female

Relationship to policy owner

Current residential address

Email address

## 3. Payment details

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

USD  GBP  EUR  AED  BHD  QAR

A. Single payment amount

B. Additional premiums payment amount

Additional premiums payment frequency  Monthly  Quarterly  Half-yearly  Yearly

Total payment (A+B)

### Payment method

Cheque – for single premiums only (please complete details on page 5)

Telegraphic transfer/standing order (please attach a copy of the bank instruction)

Direct debit – for regular additional premiums only (please complete 'Method of payment form' – available at zurich.ae)

## 4. Fund selection

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 'Guide to your investments', copies of which are available at [www.zurichinternational.com](http://www.zurichinternational.com), 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%.		<b>100%</b>



## 7. Payment details for telegraphic transfers and standing orders

### Please pay to Zurich International Life Limited

#### Bank details for premium collection in Bahrain:

<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	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: AE850200000030123657212
<input type="checkbox"/>	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:

<input type="checkbox"/>	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
<input type="checkbox"/>	Qatari riyals	To: HSBC Bank Middle East Limited, Doha, Qatar Swift code: BBMEQAQX	In favour of:	Zurich International Life Limited IBAN: QA22BBME00000000001012673001
<input type="checkbox"/>	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
<input type="checkbox"/>	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:

<input type="checkbox"/>	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
<input type="checkbox"/>	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
<input type="checkbox"/>	UAE dirhams	To: HSBC Bank Middle East Limited, Dubai, UAE SWIFT code: BBMEAEAD	In favour of:	Zurich International Life Limited IBAN: AE210200000030123657200
<input type="checkbox"/>	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

## 8. 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** 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.

## 9. 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 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

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Employer's/Company's physical address

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Employer's/Company's telephone number

---

Nature of company business

---

Number of years employed with company

---

Annual income<sup>1</sup>

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Currency

---

Bonus amount

---

Currency

---

Number of years you have been saving

---

<sup>1</sup> 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

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Total value or amount of sale and currency

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Date of sale

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

Details/Address of property

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**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.

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## 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' available from your financial professional.

## 10. 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		
<b>Total assets</b>		

### 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		
<b>Total liabilities</b>		

## 11. 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

## 12. 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](mailto: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

### If you are buying this policy in the United Arab Emirates

The Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2018 requires Isle of Man authorised insurers to put in place measures to ensure the fair treatment of its customers, including providing you with information about this insurance product to help you understand the nature, risks and cost of this product. As this product is being sold to you through your intermediary in the United Arab Emirates, the insurer is not obliged under local regulations to provide you with the same information.

If you have any questions about the information that has been provided to you in deciding to purchase this product, you should raise them with your adviser. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your adviser.

### If you are buying this policy in Bahrain

This notice is being provided to you as a customer of Zurich International Life Limited (Bahrain Branch), which 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 and is part of the Zurich Insurance Group. Zurich International Life Limited is based in the Isle of Man and regulated by the Isle of Man Financial Services Authority.

The Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2018 requires Isle of Man authorised insurers to put in place measures to ensure the fair treatment of its customers, including providing you with information about this insurance product to help you understand the nature, risks and cost of this product. Zurich International Life Limited is not obliged under local regulations to provide you with the same information.

If you have any questions about the information that has been provided, you should raise them with your adviser. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your adviser or the Central Bank of Bahrain.

### Declaration

I/We apply for a Wealth Accumulation Plan 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.**

## Declaration/Consent (continued)

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

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

### 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.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ British Isles.

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