

# Additional regular or single premium form

Global Choice/International Wealth Account/  
International Wealth Account flexible contribution plan/  
My Life Saver/SavingsPlus/Simple Wealth/  
Wealth Accumulation Plan

## Completing this form

Please use this form if you wish to start regular premiums or make an additional single contribution to your policy. Please refer to your product literature before completing this form. Please note that not all products are available to all distributors.

Please use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English and provide any evidence we ask for.

Please note that no additional premiums, either regular or single, can be made where the policy owner(s) is/are resident in the United States including any United States federally controlled territory.

## Your payment

If the currency of your additional premium(s) differs from your policy currency, then we will convert your premium at the prevailing company exchange rate on the day that it is received. We have built in exchange rate charges.

We will deduct any transaction charges, including those made by your bank, from your premium amount before adding it to your policy. We can only accept freely convertible currencies by telegraphic transfer.

## 1 Policy details

Policy number

Designation number for nominee cases (if applicable)

### 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)

### 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)

Policy owner 1

Date of birth

DDMMYYYY

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

Contact details

Is your residential address and/or correspondence address different from that shown on your policy? Yes No

If 'yes', please provide current details

Current residential address

Correspondence address (If different to residential address)

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 (including international country code)

Country of telephone number

Mobile number (including international country code)

Country of mobile number

Is this, 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.

Email address

Policy owner 2

Date of birth

DDMMYYYY

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

Contact details

Is your residential address and/or correspondence address different from that shown on your policy? Yes No

If 'yes', please provide current details

Current residential address

Correspondence address (If different to residential address)

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 (including international country code)

Country of telephone number

Mobile number (including international country code)

Country of mobile number

Is this, 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.

Email address

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

Name of the company/trust (policy owner)

Incorporation number

Name of trustee or company representative for correspondence

Correspondence address

Telephone number

Mobile number

Email address

Website address (if available)

## 3. About the person making the payment – to be completed in all cases

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 contact your local Zurich office for further guidance. **For acceptable third party payors we will require full evidence of their identity, as stated in section 8.**

### Third party payor

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 for individual other than policy owner(s) making payments**

## 4. Premium/Payment details

### Regular premiums

Please give the amount **in your policy currency only** and tick to show how often you wish to pay into your policy.

Amount \_\_\_\_\_ Currency \_\_\_\_\_

Monthly     Quarterly     Half-yearly     Yearly

### Payment method – regular premiums

- UAE direct debit – please complete separate direct debit request form  
 Telegraphic transfer/Standing order – please complete page 12 or 13  
 Credit card – please complete page 14  
 UK direct debit – please complete separate 'Method of payment form'  
 Cheque\* – please complete the details below

### Additional single premiums

Amount \_\_\_\_\_ Currency \_\_\_\_\_

### Payment method – additional single premium

- Telegraphic transfer – please complete page 12 or 13  
 Cheque\* – please complete the details below

\* If you are making a payment by cheque, please enter details below. All cheques must be made payable to: **'Zurich International Life Limited'**.

### Bank details for cheque payments

Name and address of bank on which cheque is drawn

Country \_\_\_\_\_

Account name \_\_\_\_\_

Account number

Sort code (for GBP cheques only)    –    –

SWIFT code (if known – not required for UK banks)

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

### Charge options – for Global Choice only

Following discussion with your financial professional, please enter the charge that will apply to this premium in the appropriate box below. If you are requesting a regular premium and an additional single premium, then you can choose a different option for each premium type.

#### Regular premium

Initial charge                      %    Establishment charge                      %

#### Additional single premium

Initial charge                      %    Establishment charge                      %

## 5 Investment details

### Fund selection

Please indicate your choice of investment funds for your regular and/or additional single investments using the appropriate table(s) below. Details of the fund range can be found in the 'Guide to your investments' brochure.

Any unclear instructions will not be performed. Fund codes and fund names are required to be written in full and in **CAPITALS**. If you would like to select more funds please refer to the 'Additional fund selection' form and send it with this application form.

### Regular premiums

| Fund code  | Fund name (including name of fund management company) | %    |
|--|---|------|
|  |   |      |
|  |   |      |
|  |   |      |
|  |   |      |
|  |   |      |
|  |   |      |
|  |   |      |
|  |   |      |
|  |   |      |
| <input type="checkbox"/> Please tick here if this is also your choice for an additional single premium |   | 100% |

Please tick here if you have completed an 'Additional fund selection' form

### Additional single premiums

| Fund code   | Fund name (including name of fund management company) | %    |
|---|---|------|
|   |   |      |
|   |   |      |
|   |   |      |
|   |   |      |
|   |   |      |
|   |   |      |
|   |   |      |
|   |   |      |
|   |   |      |
| <input type="checkbox"/> Please tick here if you have completed an 'Additional fund selection' form |   | 100% |

**Note:** maximum choice of 30 funds at any one time and a minimum of USD1,500 (policy currency equivalents: GBP1,000/HKD12,000/EUR1,500/JPY200,000/SGD2,250/AUD2,250/CHF2,250) in any one fund if you are making an additional single premium. There is no minimum for regular premiums. Please give full name(s) of the fund(s) and the fund code(s).

## 6 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

**Please note:** that 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 name

---

Employer's physical address

---

Employer'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

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<sup>1</sup> For a company, details of their profits should be entered instead.

**Proceeds from shares/investment holdings/property sale**

Details of shares/investment holdings/property sale

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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 those 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 policy | Amount of cover | Premium amount | Policy term |
|-----------------|----------------|-----------------|----------------|-------------|
|                 |                |                 |                |             |
|                 |                |                 |                |             |

### 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 only – 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'.

## 7 Source of funds

To be completed if your policy was negotiated in the 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

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 (e.g. 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 (e.g. 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>      |          |       |



## 8. Proof of identity and proof of residential address

### Proof of identity

Policy owners and/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 policy owner's and/or third party payor'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 or third party payor and show the address appearing on the application or held in our records as the current residence (please tick to confirm document is attached).

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

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

**Note:** in certain circumstances, other forms of ID and/or address verification may be accepted; please refer to your local Zurich office for further guidance.

### Corporate policy owners only

Please attach either an original or a suitably certified true copy of all the following documents and additional information where requested – all additional information should be on company headed stationery and signed by an authorised official(s), as per the signing mandate (please tick to confirm documents are attached):

- Certificate of Incorporation or equivalent document
- Evidence of the registered office address of the contracting party, and if this is not the address being used, evidence that the applicant is using the different address and the reasons for that address being used
- A list of all the directors; and verification of the identity (including proof of address) of at least two directors (please refer to the above ID requirements) one of whom must be an executive director<sup>2</sup>
- Where possible a set of the latest annual report and accounts. If these are not available, please provide a reason why you are unable to supply a copy. Please note these must be audited for high risk clients
- Confirmation that the company has not been, or is not in the process of being dissolved, struck off, wound up or terminated (should be dated within three months of receipt)
- A list of the authorised signatories, specimen signatures, and the required number of signatories who can sign on behalf of the company at any one time
- ID verification of all shareholders holding 25%<sup>3</sup> or more of the issued share capital. Where the 25%<sup>3</sup> holder is a holding company or trust, or nominee, further verification of ID of its ultimate beneficial owner must also be provided. Where there are numerous companies in the structure, we may need full ID for each one.<sup>4</sup>

**Please provide evidence of identification of a shareholder who owns less than 25% but holds a controlling interest.**

<sup>2</sup> Verification of directors identity is not required for public limited companies.

<sup>3</sup> This is 10% or more for high-risk business. (High risk is a case above the premium limit for its relevant country category as per our origin of wealth guidelines).

<sup>4</sup> For public limited companies, details of which recognised stock exchange the company is listed on should be provided instead.

Please note for UAE and Qatar companies and Boal & Co. Pensions (Jersey) Limited, additional documentation is required; please contact your local Zurich office for further details.

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

Additionally for Boal & Co. Pensions (Jersey) Limited business:

- The Memorandum and Articles of Association
- A resolution of the Board of Directors authorising the company to enter into a policy with Boal & Co. Pensions (Jersey) Limited appointed as the sole trustee
- If there is only one director, verification of the identity of one other company official i.e. company secretary and two authorised signatories if not any of those mentioned

Depending on the jurisdiction of the Company there may be additional requirements.

Boal & Co. Pensions (Jersey) Limited is regulated by the Jersey Financial Services Commission for the conduct of Trust Company Business under the Financial Services (Jersey) Law 1998 and is registered in Jersey under number 84679. Registered office: 12 Castle Street, St Helier, Jersey, JE2 3RT Channel Islands.

### Trust policy owners only

Please attach a suitably certified true copy of the following:

- Evidence of proper appointment of the trustees<sup>5</sup> e.g. the relevant pages of the extracts of the Deed of Trust that show this
- The identity of the trustees must be verified (please refer to the ID requirements on page 8).  
Where there is more than one individual trustee, identification must be obtained for each in accordance with the relevant ID requirements

The following information/documentation should be provided by the trustees:

- The source and origin of the assets under the trust
- The nature of the trust<sup>5</sup> (this means the type of trust e.g. discretionary, blind, charitable, etc.)
- The purpose of the trust<sup>5</sup> (this means the reason why the trust has been set up e.g. inheritance planning, wealth preservation, etc.)
- Details of the settlor(s), which should include full name(s), date(s) of birth and if they are still living current residential address(es).  
If deceased the date(s) of death should be given
- Details of any protector,<sup>5</sup> which should include full name, date of birth and residential address (not applicable for Boal & Co. Pensions (Jersey) Limited cases)
- Details of the beneficiaries of the trust should be obtained and should include full name(s), date(s) of birth and current address(es) of any individuals, and sufficient information to identify any other class, corporate entity, charity or other beneficiary
- Details of whom we are to take instructions from and copies of their specimen signatures. It is usual for all trustees to be required to give instruction. Where the trustee is a company, the authorised signatories of the company must sign for the company in addition to any other trustee(s)

<sup>5</sup> These are not required where our product is the trust.

## 9 Relevant financial professional's details and declaration

### To be completed by your relevant financial professional.

Family name

Forename(s)

Job title

Brokerage 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 additional premium with Zurich International Life Limited.

Signature

Date

## 9 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.

## 10 Declaration/consent

I/We request the additional premium be applied to my/our original policy in accordance with Zurich International Life Limited's (the Company's) standard terms and conditions.

I/We declare that the answers given in this application, 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 this application.

I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it is necessary to seek clarification regarding any part of the certification.

I/We understand that failure to disclose any material fact may invalidate the contract.

**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 agree to immediately inform the Company in writing of any change to the information that I/we have provided on this application form.

I/We also agree to inform the Company of any change of name, address, etc. that may occur during the life of this policy.

I/We declare that I/we am/are at least 18 years of age.

I/We declare that I/we am/are not a resident or national of the United States including any United States federally controlled territory.

I/We confirm that I/we understand that making an additional premium is solely my/our own choice, and/or that of my/our adviser and that the acceptance of the asset link by the Company does not constitute a warranty or representation of the suitability of the asset for investment purposes.

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

I/We declare 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.

I/We confirm that I/we have reviewed the information that I/we have given in this application and it is correct.

I/We understand that the Company will only communicate with me/us 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.

**If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.**

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

### Policy owner/Authorised signatory 1

|           |
|-----------|
| Signature |
|-----------|

Print name

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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 |
|---|---|---|---|---|---|---|---|





## Payment instruction (continued)

### Credit card payment instruction

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.

We can only accept Visa or Mastercard.

### Special instructions for collection

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#### Authorisation

I authorise Zurich International Life, 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 policy as and when they fall due and in respect of charges for collection of the premiums by credit card that are passed onto me by Zurich International Life.

*Details of current rates of charges are available on request.*

*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.*

#### Credit card type

Visa  Mastercard

We do not accept prepaid or exchange credit cards.

**Name of card issuer** – such as HSBC

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**Currency of card**

#### Credit card expiry date

#### Credit card number

**Name on card**

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**Cardholder's address** – as held by credit card company

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**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

#### Important information

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 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.

Registered in the Isle of Man number 20126C.

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