

Application to change status of nicotine/tobacco use

This form is to be completed when applying to change the status of your tobacco or nicotine use.

In order to be considered for this change, you must not have used tobacco or nicotine products in any form during the last 12 months.

Whether you will qualify to change the status of your tobacco or nicotine use is entirely at the discretion of Zurich, and we reserve the right to request any additional information or test, including a Cotinine test.

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

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

Life insured details

Title Mr Mrs Ms Other (please give details)

Full name

Date of birth

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

1. **I confirm that I have not used tobacco or nicotine products in any form in the past 12 months and do not intend to do so in the future.**

Use of tobacco or nicotine includes the following: cigarettes/bidi (hand-rolled unfiltered cigarette-variants), cigars, pipes, dokha (midwakh), smokeless (chewing or snuffing), water pipe (narghile, shisha, hookah) and tobacco-free nicotine delivery (nicotine gums, e-cigarettes, vape) among others.

Signature

Date

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

2. When did you last use tobacco or nicotine products?

Date

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

3. What was your average tobacco or nicotine consumption in the 12 months prior to stopping?

Cigarettes

Cigars

Pipe tobacco (in grams)

Chewing tobacco

Other (please give details)

4. Have you given up tobacco and/or nicotine use due to a medical condition or on the advice of a medical practitioner? Yes No

If 'Yes', please provide details and contact details of your doctor.

Name of doctor

Name of hospital/clinic and address

Telephone number

Life insured details (continued)

5. Have you ever suffered from any condition or ailment, which may have been associated with or aggravated by your use of tobacco or nicotine products? (e.g. High blood pressure, asthma, chronic bronchitis, obstructive airways disease, emphysema, heart attack, palpitation, chest pain, stroke, transient ischaemic attack or cancer)

Yes

No

If 'Yes', please give full details.

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/aboutus/privacy>.

Consent

Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance.

I confirm such authorisation shall remain in force after my death.

Withdrawal of consent

I understand that where I have provided consent I 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.

Declaration

I declare that I have reviewed the answers given in this application, whether in my handwriting or not, and that they are true and complete to the best of my knowledge and belief, and will form the basis of my contract of life insurance. I understand that failure to disclose any material fact known to me may constitute grounds for rejection of a claim or repudiation of the contract.

I declare that I do not intend to take-up tobacco or nicotine use in the future, and that if I do so, I understand that the company reserves the right to revoke any discount offered based on this declaration.

I confirm that this signature is mine or that of my appointed legal representative.

Signature of the life insured

Signature

Date

Signature of policy owner (if different)

Signature

Date

Full name

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 (Singapore branch) is registered by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme.

Calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

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. Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ British Isles. Telephone +44 1624 662266 Telefax +44 1624 662038 www.zurichinternational.com

Zurich International Life Limited acting through its Singapore branch at Singapore Land Tower #29-05, 50 Raffles Place, Singapore 048623. Telephone +65 6876 6750 Telefax +65 6876 6751. Registered in Singapore No. T05FC6754E.