

Change of payor

Use this form to change the payor on your policy.

Please write clearly in BLOCK CAPITAL letters and complete the form in	English.			
Policy number				
1 Policy owner(s) details				
Policy owner 1 Title	Policy owner 2 Title Mr Mrs Ms Other (please specify) First name Last name Nationality Do you hold nationality in another country? Yes No If 'Yes', please confirm the country			
2 Who is the new payor				
Is the new payor Policy owner 1 2 Please complete section 4 onwards. Other please complete all sections.				
3 New payor details				
If the new payor is a person Title Mr Mrs Other (please specify)				
First name	Last name			
Previous names or alias, including maiden name (if applicable) Date of birth DDDMMYYYYY Gender Male Female Nationality Do you hold nationality in another country? Yes No If 'Yes', please confirm the country				
If the new payor is a company Company name				
Payor's relationship to policy owner Reason why the third party is making the premium payment(s)				
Payor's Current residential or Company registered address				
Flat/Villa/Office number	City			
Property/building name	РО Вох			
Area	Country			

4 Origin of wealth

Important information Please refer to the 'Origin of wealth guidelines' document for cumulative premium levels (existing and new policies) above which we will require documentary evidence to support the information you are providing below.				
How the payor acquired the money				
Savings from income/salary/ company profits/bonus	Details			
1) Employer's/Company's name				
For UAE Armed Forces employees, questions	s 2 to 4 are not applicable. Please proceed to question 5.			
2) Employer's/Company's physical address and telephone number				
3) Nature of company business				
4) Job title				
5) Number of years employed with company				
6) Number of years you have been saving				
7) Annual income (in USD)				
8) Bonus (in USD)				
Other (proceeds from shares/ investment holdings/property sale)	Details			
Please include full details of where funds are from, dates, currency and amount				
5 Payment details				
Who will make the payments?				
Policy owner 1 Police	y owner 2 Additional payor			
Payment method (tick one only)				
Credit card (Please provide a 'Credit card	mandate', available in the method of payment form)			
Direct debit (DD)* (provide a completed for	rm for 'UAE DD'* , 'UK DD' , 'Singapore Giro' . UAEDD can be set up via online banking)			
Telegraphic transfer/Standing order (please	set up via your online banking or visit your bank)			
Cheque** Cheques must be made payable				
* UAE DD can be set up for your credit card or bank account in the UAE. Please pay any missed premiums via telegraphic transfer or cheque. UAE DD will be used to collect the regular payments only. ** For Middle East: cheques are accepted only in UAE Dirham (USD1=3.6775) Bahraini Dinar (USD1=0.3775) and Qatari Riyal (USD1=3.65)				
For our reference, provide details of the ba	ank account you will use for DD, telegraphic transfer, standing order or cheque.			
Bank name				
Bank branch and address				
Account name				
Account number				
IBAN				
Proof of identity and proof of residential address				
UAE, Qatar and Singapore – Only the additional payor must provide a valid and certified copy of their ID and proof of address.				
Bahrain – Policy owner(s) and the additional payor must provide the proof of ID and address. Proof of identity: Passport copy including signature page or government issued ID card (both sides).				
Proof of residential address: (one of the below listed documents)				
 Emirates ID (for UAE residents and passport copy must be provided as proof of ID) Utility bill/letter from employer (must be less than three months old from issuance) 				
A valid tenancy/lease contract				
 Bahrain CPR info sheet. Singapore identity card and Singapore armed forces ID card can be used for both proof of ID and residential address 				

Please refer the 'Customer's guide to AML' for further information on documents and certification.

7 Source of funds (for UAE resident person only)

Financial details – additional payor

Same as payment details	res No – if different	please complete bank	c details		
Bank name					
Bank account number					
How long is the account held f	or?		Year(s)	Month(s)	
Do you have more than one bank account? If 'Yes', please provide details below					
Bank name					
Bank account number					
How long is the account held f	or?		Year(s)	Month(s)	
Are there any other parties directly involved with this application (i.e. beneficial owners, lenders, potential borrowers)? If 'Yes', please give details					
Nathana dha annsa in fuanciaran		f 1		6 4h 1 4h	
Where the source is from income		n of your annual ea	Other income	Currency of income	
Current year's income to date	20.1100 11.1001110			Carrency or meeting	
Last year					
Previous year					
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/zurichinternational-life/about-us/privacy.					
Declaration					
I/We declare that the answers given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief. I/We confirm that this/these signature(s) is/are mine/ours or that/those of my/our appointed legal representative(s). Signature of policy owner 1 Signature of policy owner 2					
Full name		Full name	Full name		
Date D	M M Y Y	Y	DD	MMYYYY	
Additonal payor/Company's authorised signatory					
Signature		Company sta	mp		
Full name					
Designation					
Date D		Υ			

10 Payment Instruction – Credit Card

Please do not detach from this form.

Special instructions for collection

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

Credit cards can only be used for regular premiums. If you wish to pay a single premium, please use a different payment method.

Authorisation I authorise Zurich International Life Limited, until further notice in writing, to damounts in respect of the premiums for my Zurich International Life Limited populates note that Zurich International Life Limited is not liable for any losses arisin	olicy as and when they fall due.
Details Credit card type Visa Mastercard We do not accept prepaid or exchange credit cards. Not available for AE	D currency policies.
Name of card issuer (such as HSBC).	
Currency of card Pre-	ferred date of collection*
Credit card expiry date Credit card num Name on card	iber
Cardholder's address – as held by the credit card company.	
*Your regular payments will be collected on this date or the nearest availa Future payments will be collected in line with the premium frequency you	
Cancellation and refund policy	
We do not offer premium refunds after the 30 days free look period. For r your policy conditions.	more information, please refer to the 'Right to cancel' section of
Any changes to the credit card agreement will be communicated to	o 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 DDMMYYYY

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 (a company incorporated in the Isle of Man with limited liability) 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

