Zurich Assurance Ltd
Zurich Life Insurance (Hong Kong) Limited

Request for policy encashment (Applicable to individual policyholder)

Private and confidential

Name of policyholder/assignee

Policy no. Contact telephone no.

This form should be filled in **BLOCK LETTERS** and ensure all signature boxes are duly signed.
Please fill the circle in full when you select the answer.

Section A: Type of withdrawal

1. ◯ **Maturity encashment**[1]

I/We, the undersigned, as policyholder/assignee* hereby request for the encashment upon maturity of the above policy. Encashment will be **processed after maturity day**.

[1] If there is no "maturity encashment" of the above policy, the type of surrender will be treated as "policy surrender".

2. ◯ **Policy surrender**

I/We, the undersigned, as policyholder/assignee* hereby request for a total surrender in respect of the above policy.

The bank account for payment instruction of surrender will default as receiving remaining cash dividend (if any) if no current designated bank account of cash dividend receipt is located.

3. ◯ **Partial surrender (applicable to specified non-ILAS products)**

Reduce notional amount by_____ % (integer %)

4. ◯ **Partial withdrawal (applicable to non-ILAS products issued since 2023)**

◯ Withdrawal amount _____ (please specify the currency otherwise will be treated as HKD) **or**

◯ Maximum partial withdrawal amount

5. ◯ **Partial withdrawal (applicable to ILAS products)**

◯ _____ % **or**

◯ _____Amount (please specify the currency, otherwise it will be treated as HKD) **or**

◯ Maximum partial withdrawal amount **or**

◯ Withdrawal percentage (%) of specified investment choices

Investment choice code	Percentage (%)

a. Partial Withdrawal will significantly reduce the account value/policy value. If the account value/policy value of your plan becomes insufficient to cover all the ongoing fees and charges or drops below Minimum Surrender Value (if any), your plan may be terminated early, and you could lose all your contributions paid and all the relevant benefits under your plan.

6. ◯ **Policy loan (interest-bearing loan. For applicable products, please refer to policy provision.)**

I/We, the undersigned, as policyholder/assignee* hereby apply to Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited ("Zurich", "we/us" or "the Company") for a loan pursuant to the above policy.

◯ Loan amount_____**or** ◯ Maximum loan amount (90%)
(please specify the currency, otherwise it will be treated as HKD)

Type of withdrawal (continued)

7. ◯ **Free interest loan (ONLY available at any time after "maturity option date", or for policy(ies) attached with education fund schedule/ advance payment option.)**

I/We, the undersigned, as policyholder/assignee* hereby apply to the Company for a free interest loan pursuant to the above policy.

◯ Loan amount_____ **or** ◯ Maximum loan amount (90%)

(please specify the currency, otherwise it will be treated as HKD)

8. ◯ **Dividends or guaranteed cash coupons withdrawal (only available for Simply Life & Abundant Life)**

I/We, the undersigned, as policyholder/assignee* hereby apply to the Company for a withdrawal pursuant to the above policy.

◯ Withdrawal amount_____ **or** ◯ All withdrawal

(please specify the currency, otherwise it will be treated as HKD)

* Please delete as appropriate.

Section B: Surrender questionnaire

Being our valued customer, your concerns are very important to us. Therefore, we would like to ensure you are aware of the implications of surrendering your policy before maturity and also we are eager to understand the reason(s) of your request to surrender your policy.

1. Please state the reason(s) for you to surrender this policy.(Can choose more than one option)

◯ Financial reason ◯ Emigrate to the other countries ◯ Product features related ◯ Investment return related

◯ Claim results related ◯ Purchase another policy at the Company ◯ Purchase another policy in other companies ◯ Others (please specify) _____

Section C: Policy details

For completion by individual claimant only

1. Place of birth _____

2. Nationality ◯ Chinese (Hong Kong) ◯ Chinese (Chinese Mainland) ◯ Others (please specify) _____

3. Do you hold nationality in another country? ◯ Yes ◯ No If "Yes", please specify the country. _____

Please submit certified copy of identity document for all nationality and tax jurisdiction of residence.

Occupation information

4. Business nature _____ 5. Occupation title _____

Contact details

6. Current residential address

Flat/Room _____ Floor _____ Block _____

Name of building/estate _____

Name of street/road _____

District/City/Province _____ HK/KLN/NT

Country _____ ZIP/Postal code _____

7. Correspondence address (if different from above address)

_____

_____

8. 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.

_____

9. Residential telephone no. _____ (_____) _____ Is this a US based telephone no.? ◯ Yes ◯ No
Country (Country code) Telephone no.

10. Office telephone no. _____ (_____) _____ Is this a US based telephone no.? ◯ Yes ◯ No
Country (Country code) Telephone no.

11. Mobile telephone no. _____ (_____) _____ Is this a US based telephone no.? ◯ Yes ◯ No
Country (Country code) Telephone no.

12. Email address _____

Section D: Tax information of account holder

1. Do you currently file tax return in the USA? ◯ Yes ◯ No
   If "Yes", please complete and submit US tax form.
2. Please provide all the Tax Jurisdiction of Residence and TIN. If the TIN is unavailable, should provide the appropriate reason A, B or C.

If you are a Hong Kong tax resident, please fill in "Hong Kong" as Tax jurisdiction of residence and your HKID card no. as TIN

Tax Jurisdiction of Residence	TIN	Reason if TIN is unavailable*	Please explain why the reason B is selected
i		◯ A ◯ B ◯ C	
ii		◯ A ◯ B ◯ C	
iii		◯ A ◯ B ◯ C	

* Reason A: The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents.
Reason B: The account holder is unable to obtain a TIN. Please explain why the account holder is unable to obtain a TIN if you have selected this reason.
Reason C: TIN is not required. Select this reason only if the authorities of the Tax Jurisdiction of Residence do not require the TIN to be disclosed.

Section E: Payment instruction

By signing this form and filling in the payment instruction below, I/we declare the following:

1. I/We am/are aware of the potential tax obligations imposed by any jurisdiction, to which I/we may be subject, as applicable to me/us for any payment made or proposed to be made herein, in particular, in relation to tax obligations in Hong Kong and China;
2. I/We confirm that I/we have complied with my/our tax obligations, and
3. I/We understand that I/we shall obtain independent tax advice in relation to the policy.

Collection method

1. ◯ Credit to designated local bank account[2] (HK and Mainland China resident only):
   The payment requested above shall be converted into below currency.
   ◯ HKD ◯ USD ◯ EUR ◯ GBP ◯ AUD ◯ RMB ◯ JPY

   Account holder name (English Name)

   Name of bank | Bank no. | Branch no. | Account no.

2. ◯ Credit to overseas bank account[3] (located in the region where the policyholder/assignee (if policy assigned) resides, no cross-border payments is allowed)
   The payment requested above shall be converted into below currency.
   ◯ USD ◯ EUR ◯ GBP ◯ AUD ◯ RMB ◯ JPY

   Account holder name (English Name)

   Name of bank

   Account no. | Swift BIC

   Bank address

[2] Please provide the bank account proof such as bank statement or bank passbook.

[3] Please provide account holder name, bank name, account no., bank address and Swift BIC.

Section F: Documents required

1. Certified copy* of Hong Kong permanent identity card
2. Certified copy* of valid passport if the policyholder/assignee holds foreign nationality
3. For Zurich Assurance Ltd - Certified copy*/Original of recent three months proof of permanent residential address such as utility bills, bank statements, tax returns, etc.
4. Bank account proof such as bank statement or bank passbook copy

* Suitable Certifier:

a. A regulated introducer, based in a FATF country (recognized jurisdiction)
b. A notary public, lawyer or an embassy official (from the country who issued the document)
c. An individual employed by an introducer who has been approved by Zurich to act as a suitable certifier
d. An accountant who must be a member of an institute of professional organization
e. An authorized employee of the Zurich group

We may request you to provide additional documents apart from documents listed above where necessary. If you have any questions on how to complete this form, please call our Customer Care Hotline at +852 2968 2383.

Section G: Important notes and declaration

Important notes

(1) If you are using or intend to use some or all of the total cash value of the existing life insurance policy or any savings resulting from reducing the premium payable under the existing life insurance policy to fund the purchase of any new life insurance policy such as policy surrender, partial withdrawal, policy loan and dividend withdrawal, please note that there are implications and associated risks involved in such policy replacement. These implications and associated risks are stated in "Important facts statement - policy replacement" ("IFS-PR"). It is important for you to understand the possible implications and risks associated with policy replacement, so please contact your licensed insurance intermediary or call our Customer Care Team at +852 2968 2383 to explain the details of the relevant sections of the IFS-PR to you and assist you to sign and return the IFS-PR to us after explanation.

(2) Please note that partial withdrawal/dividend withdrawal/policy loan may significantly reduce the death benefit and surrender value.

(3) Please note that when the total amount of outstanding policy loans and interest (if applicable) exceed the surrender value before indebtedness, the policy may terminate automatically subject to respective policy terms and conditions. You may contact us for a re-projection of the policy loan amount and expected timeline (in years) leading to policy lapsation based on the current assumptions for the policy loan if needed.

(4) For the condition of withdrawal and consequences after withdrawal , please refer to the respective policy provision and product brochure.

(5) Please read carefully the other important notes of encashment which is made by available on our website at https://www.zurich.com.hk/-/media/Project/ZWP/HongKong/Docs/policy-encashment-form-notes/ccm-02801-et-0326.pdf or by scanning the QR code. You may also contact our Customer Care Hotlines at +852 2968 2383 or insurance intermediaries for enquiries.

1. Declaration and acknowledgment for tax information

I/We acknowledge and agree that (a) the information contained in section D is collected and may be kept by the Zurich Assurance Ltd and/or Zurich Life Insurance (Hong Kong) Limited ("the Company") for the purpose of automatic exchange of financial account information, and (b) such information and information regarding the account holder and any reportable account(s) may be reported by the Company to the Inland Revenue Department of the Government of the Hong Kong Special Administrative Region and exchanged with the tax authorities of another jurisdiction or jurisdictions in which the account holder may be resident for tax purposes, pursuant to the legal provisions for exchange of financial account information provided under the Inland Revenue Ordinance (Cap.112).

I/We undertake to advise the Company of any change in circumstances which affects the tax residency status of the individual identified in of this part or causes the information contained herein to become incorrect, and to provide the Company with a suitably updated self-certification form within 30 days of such change in circumstances.

I/We declare that the given information and statements made in this section are, to the best of my/our knowledge and belief, true, correct and complete.

WARNING and ATTENTION

It is an offence under section 80(2E) of the Inland Revenue Ordinance if any person, in making a self-certification, makes a statement that is misleading, false or incorrect in a material particular AND knows, or is reckless as to whether, the statement is misleading, false or incorrect in a material particular. A person who commits the offence is liable on conviction to a fine at level 3 (i.e. HKD 10,000).

If there is any uncertainty about tax residency status, please consult your own tax advisor.

2. Declaration of policy status

I/We hereby warrant and agree that:

(1) I/We have not assigned, pledged or in any other way dealt with the policy or any interest in the policy or the moneys insured by the policy;

(2) In the event of my death, this declaration shall be binding on my personal representatives as it is binding on me;

(3) This declaration shall be governed in all respect by laws of Hong Kong and I/we hereby submit to the non-exclusive jurisdiction of the courts of Hong Kong.

3. Declaration for data protection

Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")

This Notice sets out the privacy policy of each of **Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited** (each a "**Company**") in respect of their respective customers. The rights and obligations of each Company under this Notice are several and not joint, whereby no Company shall be liable for any act or omission of another Company.

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by the Company from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group (**"Zurich Insurance Group"**) for the purposes **necessary** in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information).

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Hotline at +852 2968 2383 or insurance intermediaries for enquiries.

Consent for marketing purposes - Voluntary:

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.

The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

Important notes and declaration (continued)

(1) companies within the Zurich Insurance Group;

(2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;

(3) third party reward, loyalty, co-branding or privileges program providers;

(4) third party marketing service providers and insurance intermediaries.

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

4. General declarations

I/We acknowledge that the amount received (net of any sums owing to the Company) will be full and final settlement and discharge of all claims under the policy and agree to give or procure all such further receipts therefor as may be required.

I/We warrant that I/we am/are legally and beneficially entitled to the amount received according to the above percentage of the fund value of the investment account net of any charges owing to the Company. I/We also understand that this amount is subject to the fluctuation of the unit price from time to time.

I/We hereby declare and agree that (1) all information in this form whether or not written by my/our own hand is to the best of my/our knowledge and belief complete and true; (2) if the relevant persons of the policy fail to provide any information requested in this application, the Company shall have the right to reject or delay such application.

I/We declare that I/we am/are the beneficial owner of the policy and not acting on behalf of another person including natural person, legal person or trust.

Where applicable, I/we hereby expressly acknowledge and declare that any proceeds I/we may receive from this policy will at all times comply with all and any relevant laws pertaining to or relating to capital transfers and foreign exchange control.

I/We declare that I/we have read and understood the Important notes for encashment which is available on the website at https://www.zurich.com.hk/-/media/Project/ZWP/HongKong/Docs/policy-encashment-form-notes/ccm-02801-et-0326.pdf or by scanning the QR code.

Name of life insured

Signature of life insured (Only applicable to designated plan) Date signed Day Month Year

Name of claimant HKID card/Passport no. of claimant

Signature of claimant Date signed Day Month Year

Signature of licensed insurance intermediary Full name of licensed insurance intermediary (IA license no.) ( )

Company name of licensed insurance intermediary (if applicable) Company code of licensed insurance intermediary (if applicable)

PLEASE DO NOT SIGN ON BLANK FORM.

In the event of any discrepancies or inconsistencies between the English and Chinese versions of this form, the English version shall prevail.

Zurich Assurance Ltd (a company incorporated in England and Wales with limited liability)
Zurich Life Insurance (Hong Kong) Limited (a company incorporated in Hong Kong with limited liability)
Website: www.zurich.com.hk

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