

# Policy conversion application form

Private and confidential

Proposal no. (for internal use only)

Please fill the circle in full when you select the answer.

This form is applicable only to an application for conversion pursuant to the following policy provisions:

1. Convertible option;
2. Cash and cover option; or
3. Whole life plan option.

Please ensure that you disclose all material fact within your knowledge in writing in this form, as failure to do so may result in the insurance being adjusted or declared void. Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited (the "Company") shall not be liable for claims unless all material facts have been disclosed in writing. "Material facts" are facts that an insurer would regard as likely to influence the assessment and acceptance of an application. If you have any doubt as to whether certain facts are material, these facts should be disclosed.

This policy conversion will automatically revoke all the prior appointment(s) of all designated beneficiary(ies).

Please complete this form in BLOCK letters and fill the circle in full when you select the answer.

## 1. Personal details of life insured

Name in English (as shown on HKID card)

Surname \_\_\_\_\_ First name \_\_\_\_\_

In Chinese \_\_\_\_\_

HKID no./passport no. \_\_\_\_\_ Nationality \_\_\_\_\_

Sex \_\_\_\_\_ Age next birthday \_\_\_\_\_

Date of birth \_\_\_\_\_

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 \_\_\_\_\_

Is the above address permanent or temporary?  Permanent  Temporary

If temporary, please state the reason for this: \_\_\_\_\_

Correspondence address (If different from residential address)

Flat/Room \_\_\_\_\_ Floor \_\_\_\_\_ Block \_\_\_\_\_

Name of building/estate \_\_\_\_\_

Name of street/road \_\_\_\_\_

District/City/Province \_\_\_\_\_ HK/KLN/NT

Country \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_



## Personal details of life insured (continued)

Residential telephone no. \_\_\_\_\_ ( \_\_\_\_\_ ) Is this a US based telephone no.?  Yes  No  
 Country Country Code + Telephone No.

Mobile telephone no. \_\_\_\_\_ ( \_\_\_\_\_ ) Is this a US based telephone no.?  Yes  No  
 Country Country Code + Telephone No.

Email address \_\_\_\_\_

Policy no. of the existing policy \_\_\_\_\_

## 2. Details of conversion

### Convertible option

Exercise the convertible option and convert the existing policy to:

- Simply Life Insurance Plan 10-year payment term,  
 Simply Life Insurance Plan 15-year payment term, or  
 Simply Life Insurance Plan 20-year payment term,

of:

- the same sum insured; or  
 a lesser sum insured of USD/HKD\* \_\_\_\_\_.

\* Delete as appropriate.

### Cash and cover option

Exercise the cash and cover option and:

- fully convert the surrender value of the existing policy; or  
 partially convert the surrender value of USD/HKD\* \_\_\_\_\_ of the existing policy,  
 to the single premium and levy for the purchase of the Single Premium Whole Life Plan (CCO).

If you select to partially convert the surrender value of the existing policy, the remaining surrender value of the existing policy, if any, will be paid to you in a lump sum.

The sum insured of the Single Premium Whole Life Plan (CCO) shall not exceed the latest sum insured of the existing policy.

Is the life insured a smoker?

- Yes  No

### Whole life plan option

Exercise the whole life plan option and convert the surrender value of the existing policy to the single premium and levy for the purchase of the Single Premium Whole Life Plan (JWL).

The sum insured of the Single Premium Whole Life Plan (JWL) shall not exceed the lesser of:

- (i) 6 times of the single premium; or  
 (ii) the option sum insured as shown in the first schedule.

Issuance of the Single Premium Whole Life Plan (JWL) is subject to the result of your medical test.

## 3. Documents required

1. Certified copy\* of Hong Kong permanent identity card
2. Certified copy\* of valid passport if the policyholder/assignee holds foreign nationality

\* Suitable Certifier:

- (a) a licensed insurance intermediary in Hong Kong
- (b) a member of the judiciary in an equivalent jurisdiction
- (c) an officer of an embassy, consulate or high commission of the country of issue of documentary verification of identity
- (d) a Justice of the Peace
- (e) a solicitor practicing in Hong Kong
- (f) a certified public accountant practicing in Hong Kong
- (g) a trust company registered under Part VIII of the Trustee Ordinance (Cap.s29) carrying on trust business in Hong Kong
- (h) overseas intermediary carrying on business or practicing in an equivalent jurisdiction, including a lawyer, a notary public, an auditor, a professional accountant, a tax advisor, a trust or company service provider; or a trust company carrying on trust business

## FATCA Questionnaire

Please complete the FATCA Questionnaire below.

### 1. Personal details

Name in English (as shown on HKID card)

Family name

Given name

In Chinese

HKID no./passport no.

Nationality

FATCA Questionnaire\* (Please delete as appropriate.)

- |                                                                                                                         |                           |                          |
|-------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| 1. Are you a resident in the United States for tax purposes?                                                            | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Are you a United States citizen?                                                                                     | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Were you born in the United States?                                                                                  | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Do you have a United States based residential/correspondence address/post office box?                                | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Do you have a United States based telephone or fax no.?                                                              | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Are you requesting a standing instruction or payment from the Company to an account maintained in the United States? | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Are you appointing a power of attorney or signatory authority granted to a person with United States address?        | <input type="radio"/> Yes | <input type="radio"/> No |
| 8. Have you provided an address to the Company which is an in-care-of or hold mail address?                             | <input type="radio"/> Yes | <input type="radio"/> No |
| 9. Are you a United States tax-payer?                                                                                   | <input type="radio"/> Yes | <input type="radio"/> No |

\* If any answer to the above question is "Yes", please complete IRS W-9 form.

\* If any answer to above questions is "Yes", your request may not be accepted by the Company.

### 2. Declaration

By signing this Form, the policyholder hereby agrees to the following terms and conditions with Zurich Assurance Ltd/Zurich Life Insurance (Hong Kong) Limited (the "Company"), which will operate as a collateral and supplementary contract to the policy once issued, and the entering into of which is a precondition to the Company accepting your application and issuing any policy applied for using this Form

- The Company may have obligations ("Legal Obligations") now or in the future in relation to the policy:
  - imposed on the Company by foreign or local law or regulation; or
  - arising from agreements and registrations made with foreign or local governmental, regulatory and taxation agencies.
- The Legal Obligations can, directly or indirectly, affect a range of individuals or entities ("Affected Person") including an individual or entity who at any time in the past, present or future is or was:
  - the life insured;
  - the policyholder;
  - a beneficiary of the policy;
  - entitled to access the policy's cash value or change a beneficiary of the policy;
  - entitled to receive a payment under the policy on its maturity, or who at any time had a vested entitlement to payment; or
  - connected or associated with, or capable of exercising effective control over, any of the above who is not an individual (such as a company, a partnership, an association or a trustee, settler or beneficiary of a trust).
- The Legal Obligations relating to the policy derive from the laws of various countries addressing a range of matters including, but not limited to, taxation, social security, anti money laundering and counter-terrorism measures, and which change over time. To comply with Legal Obligations, the Company may need to:
  - identify and obtain information about an Affected Person's status under foreign and local law, e.g., its taxpayer status;
  - supply information about Affected Persons, the policy and its value to local or foreign governmental, regulatory and taxation agencies;
  - obtain a data privacy law waiver from Affected Persons;
  - withhold or deduct amounts from the value of the policy and amounts to be credited to it, such as on account of foreign taxation;
  - refuse requests to process transfers of ownership of the policy;
  - refuse to perform some obligations specified elsewhere in the policy contract, including to the point of no longer being able to provide some or all of the policy's benefits;
  - modify the terms and conditions of the policy without policyholder consent to comply with future Legal Obligations or future changes to current Legal Obligations;
  - terminate the policy; or
  - take (or not take) any other action in relation to the policy.
- As an example, the Company is required under the U.S. Foreign Account Tax Compliance Act and the U.S. regulations issued thereunder to identify policyholders and other Affected Persons that are U.S. citizens, U.S. residents for U.S. tax purposes, certain specified U.S. entities or entities owned by U.S. persons and to periodically report certain information to the U.S. Internal Revenue Service.
- The Legal Obligations can apply in respect of any Affected Person who is a past, current or future resident, citizen, or tax payer as defined by the law of Hong Kong or another country. A place of birth outside Hong Kong or an Affected Person advising us of a new or changed mailing address (including postal or "in care of"), residential address, telephone or other contact details, standing funds transfer instruction, or the appointment of an attorney or agent are some of the other factors that can cause the Legal Obligations to apply.
- It is a condition of any policy(ies) issued that:
  - the policyholder must reside in Hong Kong or the People's Republic of China at the date the policy is issued;
  - the policyholder must provide all information asked for in relation to an Affected Person completely and correctly and within the timeframes the Company specify;

## Declaration (continued)

- 3) the policyholder must notify the Company before an Affected Person becomes a resident or citizen of another country and upon any alteration to their taxation status;
  - 4) the Company has the right to charge to the policyholder any amounts withheld as required to comply with any Legal Obligation and any associated costs; and
  - 5) the Company has the right and authority to take (or not take) any action considered necessary to comply with all Legal Obligations (as amended from time to time) that we consider affect this policy.
7. **The Company does not provide any tax or legal advice.** Please consult with your own tax or legal adviser if you have any questions or wish to receive additional information about how you may be affected by the above.

## 3. 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](http://www.zurich.com.hk/pics) or by scanning the QR code. You may also contact our Customer Care Center 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:

- (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.

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

I/We declare that I/we have read and understand all sections before I/we sign this form.

_____ Signature of life insured	_____ Signature of policyholder (if different from the life insured)
_____ Place of signing	Date signed                    Day    Month    Year <input type="text"/> <input type="text"/>

Remark: Levy collected by the Insurance Authority has been imposed on relevant policy at the applicable rate. Therefore, the policyholder is required to pay the prescribed levy along with the premium/contribution. For further information, please visit [www.zurich.com.hk/ia-levy](http://www.zurich.com.hk/ia-levy).

**PLEASE DO NOT SIGN ON BLANK FORM.**