



FIN-ZIP (Zero Interest Payment)

1 To Be Completed by The Credit Card Holder

To: **Zurich Life Insurance Malaysia Berhad**

I hereby request and authorise you to charge and debit the credit card account set out below with the following premiums payment for the following insurance policy/ies.

Particulars of cardholder

Name _____ NRIC/ Passport No. _____

Card No. _____ - _____ - _____ - _____ Expiry Date / -

Master* Visa* * Please tick whichever applicable

Issuing Bank Hong Leong Bank / Maybank / Public Bank/CIMB
(delete whichever not applicable)

2 Premium Payment Instruction

| | |
|--|---|
| <p>Installment Plan</p> <p>6 <input type="checkbox"/> 12 <input type="checkbox"/></p> | <p>I authorize ZURICH LIFE INSURANCE MALAYSIA BERHAD to charge my credit card for a one-time payment for the insurance policies specified below via 6 or 12 months installment plan. I shall be responsible for arranging payment for any subsequent renewals.</p> <p>Note : Option available for <u>Hong Leong / Maybank / Public Bank/CIMB</u></p> |
| <p>Recurring Payment</p> <p><input type="checkbox"/></p> | <p>Upon expiry of the above 6 or 12 months installment plan, I authorize ZURICH LIFE INSURANCE MALAYSIA BERHAD to charge my credit card the amount of Yearly premium due as indicated in the proposal form or otherwise as advised by ZURICH LIFE INSURANCE MALAYSIA BERHAD from time to time for the insurance policies specified below.</p> |

| Application/Policy Number | Name of Policy Owner | Relationship to Cardholder | Premium Payment (yearly) Amount (RM) |
|---------------------------|----------------------|----------------------------|--------------------------------------|
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Important Notice

- This facility is restricted to cardholder's spouse, children, parent/ parent-in-law, brother/ sister and his/ her own policies only.
- Please use a new form if you have more than 5 policies.
- Attach a copy of credit card (front page only) for verification purposes

I fully understand and agree that this authorisation is governed by the Terms and Conditions as specified overleaf.

I hereby give my unconditional and unequivocal consent to you and all your related Companies to process my personal data revealed hereto. You are at liberty to process the data and share the information revealed thereto with any of your service providers and your other related companies provided that the revelation of my personal data is strictly for the purposes in relation to the premium payment instruction hereto. The consent given hereto is in line with the requirement set forth in the Personal Data Protection Act 2010.

| | |
|--|--|
| <p>Signature of Credit Card Holder _____</p> <p>Address _____ _____</p> <p>Tel No. _____</p> <p>E-mail _____</p> <p>Date <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> | <p>Signature of Witness _____</p> <p>Name _____</p> <p><input type="checkbox"/> Policyholder <input type="checkbox"/> Sales Advisor <input type="checkbox"/> Others</p> <p>NRIC No. _____</p> <p>Tel No. _____</p> <p>Date <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Note : 1) Witness must be age 18 & above, 2) Witness must be the person other than the credit card holder</p> |
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Instructions

1. Please read the information contained in this form before you sign up the FIN-ZIP (Zero Interest Payment) authorization form. Zurich Life Insurance Malaysia Berhad has the discretion to accept or reject this application without obligation to give reasons therefor.
2. If you wish to use different credit card accounts to pay for different policies, a separate authorization form is required for each credit card account.
3. Please send the FIN-ZIP (Zero Interest Payment) Form to the nearest Zurich Life Insurance Malaysia Berhad Branch office.
4. The Terms and Conditions attached form an integral part of this authorisation.

Terms & Conditions of Zurich Credit Card Payment

In consideration of Zurich Life Insurance Malaysia Berhad agreeing to accept this authorisation, I agree to the following terms and conditions:-

1. I shall accept full responsibility for all transactions arising from the use of this credit card in payment of premium(s).
2. The minimum and maximum limit amount for the transaction is as follows:

| Bank | 6 months Minimum amount | 12 months Minimum amount | Maximum Amount |
|-----------------|-------------------------|--------------------------|---|
| Maybank | RM 500 | RM 500 | Credit Limit or RM 50,000 whichever is lower |
| Public Bank | RM 500 | RM 500 | |
| Hong Leong Bank | RM 500 | RM 1,000 | |
| CIMB | RM 600 | RM 1,200 | |

3. Zurich Life Insurance Malaysia Berhad shall not be held responsible or liable for any claims, loss, damage, costs and expenses arising from the successful processing or the unsuccessful processing of the debit due to exceeding credit limit, malfunction of the system, electricity failure and/or any other factors beyond the control of Zurich Life Insurance Malaysia Berhad.
4. Zurich Life Insurance Malaysia Berhad is only responsible for making arrangements to debit my credit card account through the Card Centre as authorised by me. I acknowledge and agree that the 6 or 12 Months Installment Plan payment service is provided by Zurich Life Insurance Malaysia Berhad solely for my convenience and benefit. Therefore, for any problem or dispute arising from the processing/debiting it will be my own responsibility to resolve it with my credit card company (including but not limited to any problems due to a breakdown or malfunction or mechanical defect of the computer system or equipment of the credit card company).
5. I hereby agree to jointly and severally indemnify and keep you indemnified in full against any claims, loss, damage, costs and expenses which Zurich Life Insurance Malaysia Berhad may suffer or incur arising from my authorisation to debit my credit card account as aforesaid.
6. Premium payments will be considered as paid only upon successful processing of the debit by the credit card company, and the actual receipt of the full premium payment, as the case may be by Zurich Life Insurance Malaysia Berhad.
7. I will ensure that Zurich Life Insurance Malaysia Berhad is notified in writing of any changes, loss or replacement of my credit card, or cancellation of this authorisation at least one (1) month before the next premium(s) due. Such changes or cancellation will become effective only after Zurich Life Insurance Malaysia Berhad has duly acknowledged receipt of such notification.
8. Zurich Life Insurance Malaysia Berhad may at its sole and absolute discretion terminate this Credit Card Debit Authorisation payment service at any time without assigning any reason by giving the policy owner a notice in writing.
9. **Amendment** - If the premium payment amount for the above policy is changed for any reason, Zurich Life Insurance Malaysia Berhad is authorised to change the amount to be charged to or debited from the above credit card account accordingly irrespective of whether the Credit Card Holder is the Policy Holder and irrespective of whether the Credit Card Holder has notice of the change in the premium payment amount.
10. **Cancellation** – To discontinue the FIN-ZIP (Zero Interest Payment) Authorisation payment service and terminate this authorisation, the Policy Owner or the Credit Card Holder must inform Zurich Life Insurance Malaysia Berhad in writing at least one (1) month from the deduction date for the next premium due date.
11. **Receipts** – Receipts will not be issued for recurring premium payments made through the Credit Card Debit Authorisation payment service. I shall refer to and my/our credit card statement for confirmation of payments.
12. Zurich Life Insurance Malaysia Berhad will initiate an attempt to deduct the total sum of premium payment. No partial deduction of the total sum will be made in any instance.
13. In the event that any moneys charged to or debited from the above credit card account is refundable by Zurich Life Insurance Malaysia Berhad for any reason, Zurich Life Insurance Malaysia Berhad is authorised to refund the same to either the Policy Owner or the Credit Card Holder and shall thereafter be fully discharged from all obligations pertaining to the same. Should any dispute or issue arise regarding any payment or refund of moneys paid pursuant to this authorisation, both the Policy Owner and Credit Card Holder shall refer only to each other for remedies and resolutions.

Zurich Life Insurance Malaysia Berhad

Registration No. 196801000442 (8029-A)

Level 23A, Mercu 3, No. 3, Jalan Bangsar, KL Eco City, 59200 Kuala Lumpur, Malaysia

Tel: 03-2109 6000 Fax: 03-2109 6888 Call Centre: 1-300-888-622

www.zurich.com.my

Personal Data Protection Declaration

I/We understand and agree that by signing up for any products offered by Zurich Life Insurance Malaysia Berhad ("the Company"), interacting with the Company and submitting my/our information to the Company, I/we have consented on the collection, processing, using and sharing of my/our personal data including my/our sensitive personal data by and for the Company.

Saya/Kami memahami dan bersetuju bahawa dengan mendaftar untuk mana-mana produk yang ditawarkan oleh Zurich Life Insurance Malaysia Berhad ("Syarikat"), berinteraksi dengan Syarikat dan mengemukakan maklumat saya/kami kepada Syarikat, saya/kami telah bersetuju dengan pengumpulan, pemprosesan, penggunaan dan perkongsian data peribadi saya/kami termasuk data peribadi sensitif saya/kami oleh dan untuk Syarikat.

I/We understand and agree that the personal data provided may be used, processed and disclosed by the Company to individuals/organization related to and associated with the Company or any appointed third party (within or outside of Malaysia, including reinsurance, claims investigation companies and industry associations and federations) for the obligatory purposes of processing this application and providing subsequent service for this product and/or communicate with me/us for such purposes; as described in the Company's Personal Data Protection Notice published at <https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice>.

Saya/Kami memahami dan bersetuju bahawa data peribadi yang diberikan boleh digunakan, diproses dan didedahkan oleh Syarikat kepada individu/organisasi yang berkaitan dengan Syarikat atau mana-mana pihak ketiga yang dilantik (di dalam atau di luar Malaysia, termasuk insurans semula, syarikat penyasatan berkenaan tuntutan dan persatuan industri dan persekutuan) untuk tujuan yang diperlukan bagi memproses permohonan ini dan menyediakan perkhidmatan selanjutnya untuk produk ini dan/atau berkomunikasi dengan saya/kami untuk tujuan tersebut; seperti dinyatakan dalam Notis Perlindungan Data Peribadi Syarikat yang dipaparkan di <https://www.zurich.com.my/en/customer-hub/show-me-more-info/personal-data-protection-notice>.

I/We understand that I/we have the right to access, update, change or opt-out my/our personal data held by the Company concerning me/us. Such requests can be made through forms which can be downloaded at the Company's website or in writing at the Company's nearest branches.

Saya/Kami memahami bahawa saya/kami mempunyai hak untuk mengakses, mengemaskini, mengubah atau memilih untuk tidak berkongsi data peribadi saya/kami yang disimpan oleh Syarikat mengenai saya/kami. Permintaan tersebut boleh dibuat dengan melengkapkan borang yang boleh dimuat turun di laman web Syarikat atau secara bertulis di cawangan Syarikat yang terdekat.

I/We understand that inquiries or complaints (such as limiting the processing of certain information, including the withdrawal of consent to receive marketing information) can be made by contacting the Company's Customer Care Officer at 1-300-888-622, or by visiting/writing to the Company at CallCentre@zurich.com.my.

Saya/Kami memahami bahawa pertanyaan atau aduan (seperti mengehadkan pemprosesan maklumat tertentu, termasuk penarikan balik persetujuan untuk menerima maklumat pemasaran) boleh dibuat dengan menghubungi Pegawai Khidmat Pelanggan Syarikat di 1-300-888-622, atau dengan melawat/menulis kepada Syarikat di CallCentre@zurich.com.my.

I/We understand that the Company's Personal Data Protection Notice may be updated from time to time in line with the requirement set forth in the Personal Data Protection Act 2010 and Personal Data Protection Code of Conduct for Insurance Industry and the updated Personal Data Protection Notice is being published at the Company's website.

Saya/Kami memahami bahawa Notis Perlindungan Data Peribadi Syarikat boleh dikemas kini dari semasa ke semasa selaras dengan keperluan yang dinyatakan dalam Akta Perlindungan Data Peribadi 2010 dan Tatakelakuan Perlindungan Data Peribadi untuk Industri Insurans dan Notis Perlindungan Data Peribadi yang terkini adalah dipaparkan di laman web Syarikat.