

# Notification of leavers form and employer confirmation of residential address

## 1. Introduction

Please complete this form in English and **CAPITAL** letters and email to: [corporate.pensions@zurich.com](mailto:corporate.pensions@zurich.com)

Plan name

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Plan number

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Policy number(s)

Title  Mr  Mrs  Miss  Ms  Dr  Other (please give details)

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Member's name

Please give details of any previous names used (including maiden name)

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Member's address for correspondence

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Personal email address

The above member left our employment on

If the product charges are currently invoiced, should they be deducted from the units of the member's policy upon leaving employment?  Yes  No  N/A

Have all contributions been paid?  Yes  No

If Yes, payment date of final contribution

If No, expected date of final payment

We confirm as employer, that the current residential address of the member is:

Current residential address

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Authorised signatory

Date

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Print name

Zurich International Life Limited, Bahrain Branch, which 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.

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Zurich International Life Limited, UAE Branch, which is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE governed by such law.

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Zurich International Life Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

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