

Your policy maturity options

Use this form for your Zurich International Life savings policy that has a maturity or end date.

Guidance notes

Now that your policy is reaching its full term, it is important that you tell us what you want to do with your policy value.

The 'Your policy maturity options' section outlines three potential choices. We strongly recommend that you consult your relevant financial professional or an authorised Zurich adviser before making a decision.

When the maturity/normal retirement date is reached, your policy comes to an end. At this point, we will hold the policy value securely, pending your instructions for payment. It is therefore in your interest to complete and return this form prior to your policy maturity date.

Please contact us if you are not satisfied with our handling of your policy maturity options request. Refer to our complaints procedure available on our website www.zurich.ae.

Completing this form

Please complete this form in English, in **CAPITAL** letters. All policy owners/trustees should sign the form. Once you have completed the form, please include all the required documentation and information requested so we can complete your request without any delay.

Automatic Exchange of Information (AEOI) is a standard through which tax authorities in different countries can routinely exchange information about financial accounts held by taxpayers. The standards include, but are not limited to, Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS). Financial institutions must identify and report any account holders who are taxpayers in other countries in accordance with the AEOI agreements.

Note: A withdrawal may cause a chargeable event for UK income tax. For further information, please contact your financial professional.

1. Policy number

2. Policy owner(s)

Policy owner 1	Policy owner 2
Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (<i>please specify</i>) <input type="text"/>	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (<i>please specify</i>) <input type="text"/>
Full name <input type="text"/>	Full name <input type="text"/>
Country of birth <input type="text"/>	Country of birth <input type="text"/>
Place of birth (town or city) <input type="text"/>	Place of birth (town or city) <input type="text"/>
Nationality <input type="text"/>	Nationality <input type="text"/>
Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No
If 'Yes', please confirm the country <input type="text"/>	If 'Yes', please confirm the country <input type="text"/>
Are you a U.S.* tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S.* tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S.* citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a U.S.* citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the telephone number you intend to supply, a U.S.* based number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the telephone number you intend to supply, a U.S.* based number? <input type="checkbox"/> Yes <input type="checkbox"/> No

* The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

If you have answered 'Yes' to any of the above questions, or if either planholder is a U.S. national, resides in the U.S. or is requesting a regular income payment to be made to a U.S. account, your maturity options may be limited. Please write to helppointusa@zurich.com for information on your maturity options.

Policy owner(s) (continued)

Policy owner 1

Policy owner 2

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)**

Country/Countries of tax residence	Tax reference number(s)**

** If you are currently a tax resident in the United Kingdom, please provide your National Insurance number.

Current residential address

Villa/flat number
Property/building name
Area
City
Country

Correspondence address

P.O. Box number
City
Country
Mobile number (include international country code)
Country code Area code Phone number
<input type="text"/> <input type="text"/> <input type="text"/>
Country of mobile number
Email address

Current residential address

Same as policy owner 1 Yes No

If different, complete the below

Villa/flat number
Property/building name
Area
City
Country

Correspondence address

Same as policy owner 1 Yes No

If different, complete the below

P.O. Box number
City
Country
Mobile number (include international country code)
Country code Area code Phone number
<input type="text"/> <input type="text"/> <input type="text"/>
Country of mobile number
Email address

If the policy owner is a company or trust

Name of the company/trust (policy owner)	
Name of trustee or company representative for correspondence	
Registered company number (if applicable)	Country of incorporation (companies only)
Registered office address (companies only)	

Please state all countries where the company is currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)

Is the company tax-exempt in the countries of tax residence listed above? (e.g. charity, government organisation) Yes No
If 'Yes', please provide evidence of the tax exemption status from the relevant authority.

3. Your policy maturity options

Please note that if we do not receive an instruction from you before your maturity date, we may transfer your policy value to our post maturity reserve in accordance with the policy terms and conditions.

When your policy matures you need to choose from one of the options below.

Depending on your country of residence and your policy type your choice of options may be limited. Zurich International Life (Zurich) reserves the right to reject any application received.

Option 1 – Extend

Please note this option is not available to U.S. residents.

For Vista/InvestPlus/Harvester policies, the expense recoupment charge (policy management charge) will no longer be deducted if you extend your policy with or without your premium payments at the current level.

Speak to your financial adviser for more information on the benefits of extending your policy.

1. I/We would like to extend by a further years.

Note: If you are invested in the Guaranteed Accumulation Funds (GAF), this must be a minimum of five years. If you withdraw the amount before the permitted withdrawal date, the amount paid out may be reduced. Read the GAF document for more information.

A. I/We would like to

continue paying premiums of Currency Amount until my/our new maturity date.

Or

stop paying premiums.

B. For policies with protection benefits

I/We would like to

keep the current levels of benefits on this policy in accordance with the policy terms and conditions.

Note: Extension of benefits on your policy will be subject to underwriting. The policy fee and any charges for the benefits will be deducted from your policy value as before.

Or

remove the protection benefits from this policy.

Choose your funds

Please complete this section if your policy has already matured and is currently invested in the post maturity reserve. Please indicate your choice of investment funds for your premiums using the table below. Further information on the funds available, the fund prices, charges and performance data are accessible through your secure Zurich Online account.

Fund code	Fund name	%
Total – please make sure the total adds up to 100%		

Option 2 – Take out a new Zurich policy

I/We have discussed this option with my/our financial professional and I/we would like to reinvest my/our policy amount in a new policy with Zurich.

Please note:

- This option is only available if the policy owner(s) and any lives insured are resident and have a correspondence address in Bahrain, Qatar or the United Arab Emirates.
- A new policy will incur new set up charges. Your financial adviser will assist you in applying for new policy based on your specific needs.

Your bank details (continued)

Reference to be quoted (if applicable)
Additional information for further credit
For payments requested outside your country of residence Please provide the reason you are unable to receive the payment to a bank account in your current country of residence

Many private banks and building societies are not part of the main bank clearing system. If you require us to make payment to a private bank/building society, please contact them for their clearing bank sort code or SWIFT code and account number. You will also need to provide your account number at the private bank/building society. Failure to do so will result in your payment being delayed.

Payments to a third party We place strict controls for payments to third parties. To avoid any delays or possible decline of the payment request it is advisable to have the payment made to a bank account in the name of the policy owner. If you wish to proceed with a payment to a third party, please ensure you fully complete the 'Payments to a third party' questions below. We may request more information and/or decline your request. Please contact your local Zurich office for further information.
Your relationship to the third party
Reason for the payment being made to a third party
Third party's email address

Please note that we require the Third Party to complete the relevant 'Automatic Exchange of Information' form before the payment can be made.

6. Your proof of identity and proof of residential address

The policy owner(s) must provide a valid and certified copy of their ID and proof of address.	
Proof of identity <ul style="list-style-type: none">• Passport copy – including signature page and residence visa (expats)• Government-issued identity card (both sides)	Proof of residential address <ul style="list-style-type: none">• Emirates ID (for UAE residents and passport copy must be provided as proof of ID)• Utility bill/letter from employer (less than three months old)• A valid tenancy/lease contract• Bahrain CPR info sheet, or• National address certificate issued by Qatar Ministry of Interior.
For more information on ID, address verification documents, and certification, read the ' Customer's guide to AML requirements '. For further assistance, contact us using our details on www.zurich.ae .	

7. Privacy notice

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/im/legal/privacy or contact us for a copy.
Data Protection contact <ul style="list-style-type: none">• Email our Data Protection Officer at ZILLPrivacy@Zurich.com.• Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the 'contact us' page of our website zurich.ae.

8. Declaration/Consent

Contact details

I/We understand that for security purposes, the Company will regard the contact details provided as my/our authorised contact details and that it is important that I/we let the Company know if any of these details change.

Special category data consent

By signing this form, I/we consent to the Company processing my/our medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me/us or from any insurer to which an application has been made for insurance.

I/We confirm such authorisation shall remain in force after my/our death.

Withdrawal of consent

I/We understand that where I/we have provided consent I/we have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

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).

All policy owners, trustees or authorised signatories must sign this form.

If your signature is different from the signature in your passport/identification provided or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

Policy owner/Authorised signatory 1

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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Policy owner/Authorised signatory 2

Signature

Date signed

D	D	M	M	Y	Y	Y	Y
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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 020126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.

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