

Futura

Application form

United Arab Emirates

Financial professional use only

Agency number

Bank/Broker name

External reference number

Completing this form

Please write clearly in **BLOCK CAPITAL** letters and complete the form in English.

Please read the Futura Policy Terms and Conditions and Key Features document carefully before you complete this application form. Copies are available on our website zurich.ae.

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

1 Policy owner(s) details

Policy owner 1

Title Mr Mrs Ms

First name

Last name

Any previous names or alias used, including maiden name (if applicable)

Date of birth

Gender

Male Female

Country of birth

Place of birth (city or town)

Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Are you a U.S.* tax payer? Yes No

Are you a U.S.* citizen? Yes No

Is the telephone number you intend to supply a U.S.* based number? Yes No

Policy owner 2

Title Mr Mrs Ms

First name

Last name

Any previous names or alias used, including maiden name (if applicable)

Date of birth

Gender

Male Female

Country of birth

Place of birth (city or town)

Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Are you a U.S.* tax payer? Yes No

Are you a U.S.* citizen? Yes No

Is the telephone number you intend to supply a U.S.* based number? Yes 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 policy owner 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 application cannot be accepted by Zurich International Life (Zurich).

Policy owner(s) details (continued)

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 tax resident in the United Kingdom, please provide your National Insurance number.

Policy owner 1

Current residential address

Flat/villa 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		

Are you a politically exposed person? Yes No

Politically exposed persons are individuals or international entities who are or have been entrusted with prominent public functions and their immediate family members and close associates. A full description can be found in the 'Customer's guide to AML'.

What policy basis do you require?

Single life Joint life, first death Joint life, last death Joint life, both death

Who will be the life insured?

Policy owner 1 Policy owner 2 Other – please complete the 'Lives/Additional lives insured application form'

2 Premium details

Policy currency (tick one only) USD GBP EUR AED BHD QAR

(A) Regular premium amount (In policy currency) **(B) Single premium** (In policy currency)

Regular premium frequency

Monthly Quarterly Half-yearly Yearly

Premium payment term (if vanishing premium is applicable) years

Policy owner 2

Current residential address

Same as policy owner 1 Yes No
if different, complete the below

Flat/villa 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		

Are you a politically exposed person? Yes No

3 Protection benefits (Please state the amount of cover required in the policy currency)

Compulsory benefits:		Life insured 1	Life insured 2
Life cover			
Additional benefits:			
Waiver of premium		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
Critical illness benefit			
Cancer cover			
Permanent and total disability benefit			
Family income benefit	Amount each year: Term of cover from Policy start date:	_____ _____ years	_____ _____ years
Fixed term income benefit	Amount each year: Term of cover from date of claim:	_____ _____ years	_____ _____ years
Accidental death benefit			
Dismemberment benefit			
Hospitalisation benefit	Amount per week:		

4 Investment details

Please indicate your choice of investment funds for your premiums using the table below. Further information on the funds available with Futura, including the fund prices, charges, fund performance and historical data are available on the fund centre on our website www.zurich.ae.

If you would like to select more funds please complete the 'Additional fund selection form' and submit with this application.

Fund code	Fund name (including name of fund management company)	Allocation percentage
		Total

Please ensure the total adds up to 100%.

5 Payment details

Payment method (tick one only)

- Credit card (complete page 14 – Available for USD, GBP and EUR policy currency only)
- Direct debit* (please setup via your online banking or provide a completed direct debit form)
- Telegraphic transfer/Standing order (please setup the instruction via your online banking)
- Cheque** Cheques must be made payable to: 'Zurich International Life Limited'

* UAE direct debit can be setup for your credit card or bank account in the UAE. Please pay the initial premium via telegraphic transfer or cheque. Direct debit will be used to collect the subsequent payments only.

**Cheques are accepted only in UAE Dirham(USD1=3.6775), Bahraini Dinar(USD1=0.3775), and Qatari Riyal(USD1=3.65)

Bank details for all payments.

Bank name
Bank branch and address
Account name

Account number

IBAN

Payor details (tick one for each type)

- Primary payor Policy owner 1 Policy owner 2 Third party
- Additional payor (if required) Policy owner 1 Policy owner 2 Third party

Third party payor details (please complete the section below if applicable)

Please refer the 'Customer's guide to AML' for details on acceptable third party payors and requirements.

If the payor is a personTitle Mr Mrs Ms**First name****Last name**

Please give details of any previous names or alias used, including maiden name (if applicable)

Date of birth

Gender

Male

Female

NationalityDo you hold nationality in another country? Yes No

If 'Yes', please confirm the country

If the payor is a company**Company name****Is the payor a politically exposed person?** Yes No

Politically exposed persons are individuals or international entities who are or have been entrusted with prominent public functions and their immediate family members and close associates. A full description can be found in the 'Customer's guide to AML'.

Current residential or company registered addressSame as policy owner 1 2 No, please fill in the details below**Flat/Villa/Office number****Property/building name****Area****City****PO Box****Country****Relationship to policy owner****Reason why the third party is making the premium payment(s)****6 Origin of wealth – How the payor acquired the money****Important information**

If both policy owners are joint payors, we require origin of wealth for both. Please refer to the 'Origin of wealth guidelines' document for cumulative premium levels (existing and new policies) above which we will require documentary evidence to support the information you are providing below.

<input type="checkbox"/> Savings from income/salary/ company profits/bonus	Policy owner 1	Policy owner 2	Third party payor (if applicable)
1) Employer's/Company's name			

For UAE Armed Forces employees, questions 2 to 4 are not applicable. Please proceed to question 5.

2) Employer's/Company's physical address			
3) Nature of company business			
4) Job Title			
5) Number of years employed with company			
6) Number of years you have been saving			
7) Annual income (in USD)			
8) Bonus (in USD)			

<input type="checkbox"/> Other (proceeds from shares/ investment holdings/property sale)	Policy owner 1	Policy owner 2	Third party payor (if applicable)
Please include full details of where funds are from, dates, currency and amount			

7 Source of funds

(A) Financial details – Primary payor

Same as payment details Yes No – if different, please complete bank details

Bank name		
Bank account number		
How long is the account held for	Year(s)	Month(s)

Do you have more than one bank account?

Yes No

If 'Yes', please provide details below

Bank name		
Bank account number		
How long is the account held for	Year(s)	Month(s)

Are there any other parties directly involved with this application (i.e. beneficial owners, lenders, potential borrowers)?

Yes No

If 'Yes', please give details

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Where the source is from income, please give a breakdown of your annual earnings from all sources for the last three years:

	Earned income	Investment income	Other income	Currency of income
Current year's income to date				
Last year				
Previous year				

(B) Financial details – additional payor

Same as payment details Yes No – if different, please complete bank details

Bank name		
Bank account number		
How long is the account held for	Year(s)	Month(s)

Do you have more than one bank account?

Yes No

If 'Yes', please provide details below

Bank name		
Bank account number		
How long is the account held for	Year(s)	Month(s)

Are there any other parties directly involved with this application (i.e. beneficial owners, lenders, potential borrowers)?

Yes No

If 'Yes', please give details

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Where the source is from income, please give a breakdown of your annual earnings from all sources for the last three years:

	Earned income	Investment income	Other income	Currency of income
Current year's income to date				
Last year				
Previous year				

8 Beneficiary nomination

This beneficiary nomination is applicable for both lives. To appoint a separate set of beneficiaries for each life insured, please complete the 'Appointment of beneficiary' form and submit with this application. Please ensure the percentage share for the beneficiaries equals 100%.

Beneficiary 1

Title Mr Mrs Ms

Full name

Date of birth

Relationship to life insured

Residential address

Flat/villa number
Building/property name
Area
City
Country

Email address

Share percentage

Beneficiary 2

Title Mr Mrs Ms

Full name

Date of birth

Relationship to life insured

Flat/villa number
Building/property name
Area
City
Country

Email address

Share percentage

9 Proof of identity and proof of residential address

The policy owner(s) must provide one of the following documents suitably certified.

Proof of identity: Passport or government issued ID card.

Proof of residential address:

- UAE Emirates ID card (both sides), accompanied by a separate proof of identity document such as a passport.
- Utility bill/letter from employer (must be less than six months old from issuance) or
- A valid tenancy/lease contract

Please refer the "Customer's guide to AML requirements" for further information.

10 Zurich bank account details

Please use the below bank account details to set-up a payment instruction with your bank, and remember to include your full name and policy/application reference in your payment instruction.

Bank details for Bahrain:

Bahraini Dinar	To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Bahrain. SWIFT code: AUBBBHBM	In favour of: Zurich International Life Limited IBAN number: BH97AUBB00001752655001 Account number: 0001752655001
US dollars	To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Kingdom of Bahrain. SWIFT code: AUBBBHBM Via correspondent bank: J P Morgan Chase Bank N.A., New York, USA. Account number: 400937913, SWIFT code: CHASUS33	In favour of : Zurich International Life Limited IBAN: BH70AUBB00001753667100 Account number: 0001753667100

Bank details for Qatar:

Euros	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: QA73BBME0000000000001012673053 Account number: 001012673053
Qatari riyals	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX	In favour of: Zurich International Life Limited IBAN: QA22BBME0000000000001012673001 Account number: 001012673001
Sterling	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: QA03BBME0000000000001012673052 Account number: 001012673052
US dollars	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, USA. SWIFT code: MRMDUS33	In favour of: Zurich International Life Limited IBAN: QA57BBME0000000000001012673050 Account number: 001012673050

Bank details for United Arab Emirates:

Euros	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: AE580200000030123657213 Account number: 030123657213
Sterling	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: AE850200000030123657212 Account number: 030123657212
UAE dirhams	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD	In favour of: Zurich International Life Limited IBAN: AE210200000030123657200 Account number: 030123657200
US dollars	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank USA NA, USA. SWIFT code: MRMDUS33	In favour of: Zurich International Life Limited IBAN: AE150200000030123657211 Account number: 030123657211

11 Health and lifestyle questionnaire

To be completed by all lives to be insured

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

1. (a) In which industry are you employed?

Life insured 1

Life insured 2

(b) What is your occupation? For UAE Armed Forces employees, question 1(b) and 1(c) are not applicable. Please proceed to question 1(d).

Life insured 1

Life insured 2

(c) What percentage of your occupation involves manual work and what is the nature of these duties?

Life insured 1

%	Duties

Life insured 2

%	Duties

If your occupation includes activities that may be considered hazardous (for example – working at heights or underground), please complete the relevant questionnaire as appropriate.

(d) Do you participate in any sport or activity that may be considered hazardous? For example, motor racing, diving, mountaineering, private flying etc.

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the relevant questionnaire

2. (a) Please state your earned income in the last 12 months from employment or business operations.

Life insured 1

Life insured 2

(b) Please confirm the purpose of this insurance application

Personal cover Family protection Mortgage/loan cover Keyman insurance Partnership protection

(c) Do you have any existing life, disability or critical illness cover already in force with any other insurance company?

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the below

Life insured	Insurer	Benefits and sum insured	Policy term	Start date	Reason for cover	Intending to replace (Yes/No)

Health and lifestyle questionnaire (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

(d) Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the below

Life insured	Insurer	Benefits	Date of application	Decision

(e) Are you currently applying or applied in the last 180 days to any other insurance company for cover?

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the below

Life insured	Insurer	Benefits and sum insured	Date of application	Reason for cover

(f) Have you in the previous 12 months travelled or in the following 12 months intend to travel to any of the following countries:

UAE Armed Forces employees to provide details of personal travel only.

- Afghanistan • Iran • Iraq • Pakistan • Syria • Yemen • any country in Africa • any country of the Former Soviet Union

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the travel and residency questionnaire

3. Have you smoked cigarettes or used* any other tobacco or nicotine based products, or smoking cessation aids within the last 12 months?

*Use of tobacco or nicotine includes the following: cigarettes including hand-rolled unfiltered cigarette- variants, cigars, pipes, dokha (midwakh), smokeless (chewing or snuff), shisha and tobacco-free nicotine delivery (nicotine gums, e-cigarettes) among others.

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the below

	Product	Frequency	Amount
Life insured 1			
Life insured 2			

4. Do you consume alcohol?

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the below. 1 unit = single measure of spirits or 125ml glass of wine or 250ml of beer.

Average weekly consumption	Unit(s)	Average weekly consumption	Unit(s)
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5. In the last 5 years have you used marijuana, hashish, cocaine, LSD, ecstasy, heroin or other psychoactive drugs or narcotics or prescription medication that was not prescribed to you?

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the substance use questionnaire

6. Life insured 1

Life insured 2

Weight	kgs	Height	cms	Weight	kgs	Height	cms
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Health and lifestyle questionnaire (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

7. Medical questions – Please complete the relevant special questionnaires and provide the same with this application.

Do you have or have you ever been diagnosed as having any of the following common medical conditions

	Life insured 1		Life insured 2	
(a) High blood sugar, insulin resistance, or diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) High blood pressure or hypertension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Any disease or disorder of the respiratory system (e.g asthma, or bronchitis)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any disease or disorder of the digestive system (ulcerative colitis, Crohn’s disease, gastric reflux, ulcers, hernia, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Epilepsy, fits, involuntary shaking or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any mood or adjustment disorder, anxiety, depression, eating disorder, bipolar disorder, schizophrenia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Any disease or disorder of the genito-urinary system (ie: kidneys including urine abnormalities, bladder, prostate, testicles, uterus, ovaries & vagina)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Any disease or disorder of the muscles, bones (back, hip, neck) or joints including arthritis or gout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Any growth, cyst, lump, polyp, tumor, cancer or malignancy (eg: Leukaemia, Lymphoma, Myeloma, Melanoma etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8. Medical questions – If ‘Yes’, please give details in the ‘Additional Information’ section.

Do you have or have you ever been diagnosed as having any of the following common medical conditions

	Life insured 1		Life insured 2	
(a) Raised cholesterol or any heart related problems? (Example: chest pain, heart attack, palpitation, rheumatic heart disease, murmur or heart enlargement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Any disease or disorder of the central nervous system (Example: blackout, vertigo or temporary loss of muscle power or co-ordination, stroke or transient ischemic attack)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Any disease or disorder of the liver (eg: fatty liver, hepatitis, including carrier state), gall bladder or spleen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any glandular disease or disorder (eg: the thyroid,pancreas, adrenal, pituitary, parathyroid glands, hypothalamus & pineal body)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) A disease or disorder of the skin, eyes, ears (including loss of hearing), nose, throat, mouth or impairment of speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any progressive debilitating disease including multiple sclerosis, Parkinson’s disease, motor neuron disease or had symptoms such as numbness, dizziness, loss of feeling, tingling of limbs or face?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Any disease or disorder of the blood including anaemia, haemophilia, thalassaemia and any auto immune condition (eg: SLE or lupus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Are you currently taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) In the last 5 years, have you been under medical review or follow-ups with a medical specialist, been advised to self-isolate or undergone any medical test or special examination including x-ray, echocardiogram, ECG, CT angiography, PAP Smear, PSA screening, mammography, ultrasound, scans, COVID-19, urine or blood tests not mentioned above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(j) In the last 5 years, have you undergone any surgery or were hospitalised, for any reason not covered above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(k) Do you experience any symptoms or conditions for which you have yet to seek medical advice (including persistent cough, fever and/or raised temperature), waiting for a test result or are you planning to undergo medical investigations within the next six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health and lifestyle questionnaire (continued)

Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.

9. Please give details of the medical or health care advisor or clinic most familiar with your medical history (even if this is in a country other than your current country of residence)

	Life insured 1	Life insured 2
Name and address of medical or health care advisor or clinic		
Date of last consultation		
Reason for last consultation		

10. Family history

Have any of your natural parents, brothers or sisters had any of the following medical conditions **before the age of 60**: heart disease, stroke, cancer, diabetes, multiple sclerosis, polycystic kidney disease, ALS, Huntington's chorea, Alzheimer's disease, Parkinson's disease, any other hereditary disorder?

Life insured 1 Yes No

Life insured 2 Yes No

If 'Yes', please complete the below

Life insured	Family member relationship	Description of medical condition (including type of cancer – if applicable)	Age at diagnosis

Additional information

Life insured	Question	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with this application for our consideration

12 Relevant financial professional's details and declaration

To be completed by your relevant financial professional

First name	Last name
Email address	
Contact number	

Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Zurich International Life Limited.

I confirm that I have met the customer whether in person or virtually, and that no third parties have been involved in providing the advice or the collection/certification of the customer due diligence documentation (where applicable) at any stage of the policy application process.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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13 Privacy notice

This Notice is a summary of our (Zurich International Life Limited "the Company") Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which we operate.

How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes.
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

Data Protection contact

- 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.

14 Declaration/Consent

The Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2021 requires Isle of Man authorised insurers to put in place measures to ensure the fair treatment of its customers, including providing you with information about this insurance product to help you understand the nature, risks and cost of this product. As this product is being sold to you through your intermediary in the United Arab Emirates, the insurer is not obliged under local regulations to provide you with the same information.

If you have any questions about the information that has been provided to you in deciding to purchase this product, you should raise them with your adviser. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your adviser.

Declaration

I/We apply for a Futura policy as detailed in this application form and in accordance with Zurich International Life Limited (the Company) standard terms and conditions. I/We declare that I/We have reviewed the answers given in this application, whether in my/our handwriting or not, and are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

I/We will tell the Company, in writing, if anything happens between completing this application and the commencement date of the policy that alters any of the answers I/we have given in this application form. Specifically, I/we will advise on any changes to the details provided by me/us in the health and lifestyle questionnaire sections contained within the application or any other circumstances which happen before the policy commencement, if that change makes any of my/our answers wrong or incomplete.

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.

Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.

I/We confirm that I/we understand that a change in my/our country of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

I/We declare that I/we have selected an investment strategy based on my/our knowledge, or external advice, and that I/we am/are satisfied with the level of risk based on my/our knowledge and/or advice.

I/We understand that there is no guaranteed investment return offered by this policy and that there may be possible losses incurred by me/us and/or the need for additional premium payments, due to the investment risk.

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange controls regulations or trade or economic sanctions and that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

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.

Marketing consent

The Company, or the Zurich group companies, may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I/we consent to being contacted in this way for this purpose by ticking here

Special category data consent

By signing below, 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 confirm that this/these signature(s) below is/are mine/ours or that/those of my/our appointed legal representative(s).

If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, you will need to complete a 'Certifying signature form'.

Declaration/Consent (continued)

Country where this application is signed

Signature of policy owner 1

Print name

Date

Signature of policy owner 2

Print name

Date

Signature of life to be insured 1 (if different to policy owner)

Print name

Date

Signature of life to be insured 2 (if different to policy owner)

Print name

Date

We will let you know when cover on the benefits you have selected starts. This will be subject to:

- i) The final underwriting decision;
- ii) Receipt of the initial premium payment;
- iii) Receipt of satisfactory proof of identity and any other documentation we require.

15 Payment Instruction – Credit Card

Please do not detach from the application form.

Any additional charge made by your credit card provider for collection of your premiums will be covered by the payor.

Credit cards can only be used for regular premiums. If you wish to pay a single premium, please use a different payment method.

Authorisation

I authorise Zurich International Life Limited, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich International Life Limited policy as and when they fall due.

Please note that Zurich International Life Limited is not liable for any losses arising as a result of action taken by the cardholder's credit card company.

Details

Credit card type Visa Mastercard

We do not accept prepaid or exchange credit cards.

Name of card issuer (such as HSBC).

Currency of card

Preferred date of collection*

Credit card expiry date

Credit card number

Name on card

*Your regular payments will be collected on this date or the nearest available date.

Future payments will be collected in line with the premium frequency you have selected.

Cancellation and refund policy

We do not offer premium refunds after the 30 days free look period. For more information, please refer to the 'Right to cancel' section of your policy terms and conditions.

Any changes to the credit card agreement will be communicated to you in advance.

I understand that this authority in favour of Zurich International Life will remain in force until such time as I cancel it in writing.

Signature of cardholder

Date

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 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 20126C. Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles. Telephone +44 1624 662266 Telefax +44 1624 662038 www.zurichinternational.com



Policy owner(s) declaration

I/We declare that I/we have met the financial professional in person or virtually and that no third parties have been involved in providing the advice or the collection/certification of my/our due diligence documentation (where applicable) at any stage of the policy application process.

Signature of policy owner 1

Signature

Print name

Date

D	D	M	M	Y	Y	Y	Y
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Signature of policy owner 2

Signature

Print name

Date

D	D	M	M	Y	Y	Y	Y
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Futura

Temporary life cover terms and conditions

Qualifying conditions

- (a) A payment or payment instruction must be submitted with the application form to the value of the minimum initial regular premium and/or single premium payable under the policy applied for on the application form.
- (b) The proposed life or lives to be insured must not be older than 74 years attained as at the date of issue of this cover note.

Life cover

The amount of life cover provided by this cover note is the lesser of the amount of life cover benefit applied for under the application form or USD250,000 or currency equivalent shown in the table below. This cover note is in respect of life cover benefit applied for only, and does not apply to any other benefit, other supplementary applications or additional or alternative policies for which an application has been made.

Currency	Amount of cover provided
USD	250,000
EUR	200,000
GBP	175,000
AED	920,000
QAR	920,000
BHD	92,000

Period of cover

This cover note is valid from the date Zurich International Life (Zurich) receives a fully completed application form, in conjunction with the first premium or a valid payment instruction until the earlier of the following dates:

- (a) The date the policy becomes effective.
- (b) At midnight (local time) on the sixtieth (60th) day after risk commenced under this cover note.
- (c) The date of issue by Zurich of a notice that cover has been declined or postponed.

Where the application is for a joint life policy and one of the proposed lives to be insured dies during the period of temporary life cover, cover on the other life will be cancelled with effect from the date of death of the deceased life. If appropriate, a new application form will then be requested from the remaining life.

Exclusions

Notwithstanding the above this cover note will not be valid if:

- (a) it has been altered or modified in any way or if the payment in respect of the initial premium under the policy is not honoured on the first presentation for payment;
- (b) there is any material misrepresentation in the application form or any other supplementary forms;
- (c) the death of a proposed life to be insured during the period of cover is by suicide;
- (d) a proposed life to be insured has in the past five years had or been diagnosed as having, or has been treated by a physician or medical professional for:
- cancer, or any malignant tumour or growth including melanoma, angina, heart attack, coronary artery disease, heart or brain surgery, stroke, diabetes, psychosis or other form of mental disease, alcoholism or drug addiction, Acquired Immune Deficiency Syndrome (AIDS), HIV virus infection, or any other disabling disease or condition;
- (e) a proposed life to be insured has ever been declined, postponed or accepted on special terms for life cover in the past;
- (f) the death of a proposed life to be insured occurs as a consequence of his or her active involvement in:
- war or warlike operations (whether war is declared or not);
 - invasion, hostilities, mutiny, riot, civil commotion, civil war, rebellion, insurrection or the usurping of government power;
 - an act committed by a foreign enemy;
 - any activity (military or otherwise) or conspiracy that causes or leads to the proclamation of martial law or a state of siege;
- (g) the death of the proposed life to be insured occurs as a consequence of his or her active involvement in terrorism or conspiracy to commit terrorism which includes any activity that jeopardises the continuance of human life or causes damage to property;
- (h) the death of the proposed life to be insured occurs as a consequence of a criminal act perpetrated by:
- the proposed life to be insured; or
 - the proposed policy owner or any proposed beneficiary against the proposed life to be insured.
- (i) the death of a proposed life to be insured occurs directly or indirectly as a result of any hazardous pursuit or pastime (for example, aviation other than as a fare paying passenger on a regular scheduled airline, motor racing, diving).

Payment of claim

The life cover under this cover note becomes payable upon proof being provided to the satisfaction of Zurich of the death of the proposed life to be insured or one of the joint lives to be insured. Payment will be by a single lump sum in the currency and location stipulated by the representative of the life insured's estate, or, if applicable, to the beneficiary named in an appropriate beneficiary nomination form lodged with Zurich.

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

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