

Regular Savings Plan

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 Regular Savings Plan Policy Terms and Conditions and Key features document carefully before you complete this application form. Copies are available on our website www.zurich.ae.

1. Policy owner(s)

What is your reason for purchasing this policy:

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 (town or city)

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 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 application cannot be accepted by Zurich International Life (Zurich).

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

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

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 (town or city)

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

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

Policy owner(s) (continued)

Policy owner 1

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
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’.

Who will be the life/lives 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

Regular payment amount (in policy currency)

Regular payment frequency ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly

Premium payment term

Regular premium escalation

Do you require 5% yearly increase of your regular premium? ☐ Yes

3. Investment details

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 available in the UAE 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 it with this application.

Fund code	Fund name (including name of fund management company)	Allocation percentage
Please ensure the total adds up to 100%. Total		

4. Payment details

Payment method

- ☐ Bank standing order (setup the instruction via your online banking. Our bank details are provided on page 9)
- ☐ Credit card (complete the mandate on page 12)
- ☐ Direct debit* (please setup via your online banking or provide a completed direct debit form)
- ☐ Cheque - Accepted only in UAE Dirham (USD 1=AED 3.6775). 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.

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 person	
Title ☐ 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
Nationality	
Do 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 address
Same as policy owner 1 ☐ 2 ☐ ☐ No, please fill in the details below

Flat/Villa/Office number	City
Property/building name	PO Box
Area	Country

Relationship to policy owner
Reason why the third party is making the premium payment(s)

5. 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.

☐ 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)			
9) Country of origin of wealth			

☐ 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, country of origin of wealth.			

6. Optional benefits

Please ensure you complete the Health and lifestyle questions on pages 5-6 if you require the waiver of premium benefit.

Waiver of premium benefit is available for the first life insured on a joint life policy. This section should be completed by Life insured 1 when applying for the waiver of premium benefit.

Waiver of premium

Do you require waiver of premium benefit (the maximum age at entry must be 59)?

Life to be insured 1

☐ Yes

Health and lifestyle questionnaire

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.

This section should be completed by life insured 1 for the waiver of premium benefit.

Life insured 1

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

☐ Yes ☐ No

*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.

- 2. Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?**

☐ Yes ☐ No

- 3. Does your occupation involve working at heights above ten metres, underground, under water, offshore, flying or with explosives?**

☐ Yes ☐ No

Have you ever had or been treated for:

- 4. Heart disease, any heart condition, murmur, stroke, mini-stroke or brain haemorrhage?**

☐ Yes ☐ No

- 5. Cancer, malignant tumour?**

☐ Yes ☐ No

- 6. Diabetes, raised blood sugar, any kidney or liver disorder?**

☐ Yes ☐ No

- 7. Paralysis, multiple sclerosis or chronic obstructive airways disease?**

☐ Yes ☐ No

- 8. Do you have any spinal (back or neck) disorders, muscular or joint disorders or any other disability, illness, operation or injury causing bodily impairment?**

☐ Yes ☐ No

- 9. Do you suffer from blindness or impairment of vision (other than the use of corrective aids), or impaired hearing?**

☐ Yes ☐ No

- 10. In the last five years, have you had an illness or medical condition that has made you unable to work for more than 15 consecutive days?**

☐ Yes ☐ No

- 11. Are you currently being treated by an orthopaedic surgeon, physiotherapist or psychiatrist?**

☐ Yes ☐ No

If you answer 'Yes' to any of the questions above, you may need to complete additional questionnaires, which will be provided by your financial professional.

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.

12. Details of doctor/clinic/hospital

Details of doctor/clinic/hospital for life to be insured 1

Please give details of the doctor/clinic/hospital who is most familiar with your medical history (even if this is in a country other than your current country of residence).

Name of doctor/clinic/hospital
Address of doctor/clinic/hospital
Telephone number

13. Additional information

Question number	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 your application for our consideration.

If there is insufficient space, please continue on a separate piece of paper ensuring you sign and date any additional pages.

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

Complete this section to nominate a beneficiary to receive the amount payable on death of the first of the lives insured.

If you require more than two beneficiaries, please complete the 'Appointment of beneficiary form' available from your financial professional.

Subject to any future revocation or appointment, I hereby appoint the following person as beneficiary.

Beneficiary 1

Title ☐ Mr ☐ Mrs ☐ Ms

Full name

Date of birth

D	D	M	M	Y	Y	Y	Y
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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

D	D	M	M	Y	Y	Y	Y
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Relationship to life insured

Residential address

Flat/villa number
Building/property name
Area
City
Country

Email address

Share percentage

Please ensure the percentage share for the beneficiaries equals 100%.

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' 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 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. 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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12. Privacy notice

This Notice is a summary of our 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/im/legal/privacy>.

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
- complying with our legal obligations
- providing marketing information with consent
- 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
- healthcare service providers
- companies who supply services to us such as administration
- 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
- to object to the processing of personal information
- data rectification where it is inaccurate or incomplete
- to not be subject to automated individual decision making processes.
- erasure of personal information
- to withdraw consent at any time where processing is based on consent.
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format

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 www.zurich.ae.

13. Declaration/Consent

Declaration

I/We apply for a Regular Savings Plan 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 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.

I/We declare that I/we have reviewed the answers given in this application, whether in my/our handwriting or not, and that they 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 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'.

Country where this application is signed

Policy owner/Authorised signatory 1

Signature

Print name

Date

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

Signature

Print name

Date

D	D	M	M	Y	Y	Y	Y
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14. 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.

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 (Bank name)	
Currency of card	Preferred date of collection*
Credit card expiry date M M Y Y Y Y	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 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
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Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Decree-Law Number 48 of 2023, 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 020126C.

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

