



ZURICH®

Increase my premium

Please use this form if you want to increase your regular premium or pay an additional premium.

Please note that no changes to premiums can be made where the policy owner is resident in the United States including any United States federally controlled territory.

Is this Premium Increase with Benefit Increase/addition of benefits/addition of Life Insured? Yes No

Is the WOP benefit applicable? Yes No

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

Policy number	Broker/Bank name
----------------------	-------------------------

1 Your Premium

Do you want to	<input type="checkbox"/> 1. Increase regular premium	<input type="checkbox"/> 2. Pay single premium	<input type="checkbox"/> 3. Both
New regular premium	Additional single premium		
Currency	Frequency		
Charge options – All Single Premium Investment policies (except Vista)			
Regular premium Initial charge <input type="checkbox"/> % Establishment charge <input type="checkbox"/> %	Single premium Initial charge <input type="checkbox"/> % Establishment charge <input type="checkbox"/> %		

2 Your details

Policy owner 1		Policy owner 2	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms
<input type="checkbox"/> Other (please specify)	<input type="text"/>	<input type="checkbox"/> Other (please specify)	<input type="text"/>
First name	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
Previous names or alias, including maiden name (if applicable)		Previous names or alias, including maiden name (if applicable)	
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		If 'Yes', please confirm the country	
Are you a US* tax payer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US* tax payer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US* citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US* citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No

* The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US 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 US national, resides in the US or is requesting a regular income payment to be made to a US 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)**	Country/Countries of tax residence	Tax reference number(s)**
<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"/>	<input type="text"/>

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

<p>Policy owner 1 Current residential address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Flat/villa number</td></tr> <tr><td style="padding: 2px;">Property/building name</td></tr> <tr><td style="padding: 2px;">Area</td></tr> <tr><td style="padding: 2px;">City</td></tr> <tr><td style="padding: 2px;">Country</td></tr> </table> <p>Correspondence address (If different from residential address)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">P.O. Box number</td></tr> <tr><td style="padding: 2px;">City</td></tr> <tr><td style="padding: 2px;">Country</td></tr> <tr><td style="padding: 2px;">Additional details (if any)</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Mobile number</td> <td style="padding: 2px;">Country code</td> <td style="padding: 2px;">Area code</td> <td style="padding: 2px;">Phone number</td> </tr> <tr> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> </tr> <tr><td style="padding: 2px;">Country of mobile number</td></tr> <tr><td style="padding: 2px;">Email address</td></tr> </table>	Flat/villa number	Property/building name	Area	City	Country	P.O. Box number	City	Country	Additional details (if any)	Mobile number	Country code	Area code	Phone number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Country of mobile number	Email address	<p>Policy owner 2 Current residential address</p> <p>Same as policy owner 1 <input type="checkbox"/> Yes <input type="checkbox"/> No, please complete the below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">Flat/villa number</td></tr> <tr><td style="padding: 2px;">Property/building name</td></tr> <tr><td style="padding: 2px;">Area</td></tr> <tr><td style="padding: 2px;">City</td></tr> <tr><td style="padding: 2px;">Country</td></tr> </table> <p>Correspondence address (If different from residential address)</p> <p>Same as policy owner 1 <input type="checkbox"/> Yes <input type="checkbox"/> No, please complete the below</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="padding: 2px;">P.O. Box number</td></tr> <tr><td style="padding: 2px;">City</td></tr> <tr><td style="padding: 2px;">Country</td></tr> <tr><td style="padding: 2px;">Additional details (if any)</td></tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Mobile number</td> <td style="padding: 2px;">Country code</td> <td style="padding: 2px;">Area code</td> <td style="padding: 2px;">Phone number</td> </tr> <tr> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> <td style="padding: 2px;"><input style="width: 100%;" type="text"/></td> </tr> <tr><td style="padding: 2px;">Country of mobile number</td></tr> <tr><td style="padding: 2px;">Email address</td></tr> </table>	Flat/villa number	Property/building name	Area	City	Country	P.O. Box number	City	Country	Additional details (if any)	Mobile number	Country code	Area code	Phone number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Country of mobile number	Email address
Flat/villa number																																							
Property/building name																																							
Area																																							
City																																							
Country																																							
P.O. Box number																																							
City																																							
Country																																							
Additional details (if any)																																							
Mobile number	Country code	Area code	Phone number																																				
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																				
Country of mobile number																																							
Email address																																							
Flat/villa number																																							
Property/building name																																							
Area																																							
City																																							
Country																																							
P.O. Box number																																							
City																																							
Country																																							
Additional details (if any)																																							
Mobile number	Country code	Area code	Phone number																																				
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																				
Country of mobile number																																							
Email address																																							

3 Your payment details

Are your payment details the same? Yes No, please provide the new payment details below.
 'Payment details' include the method of payment and additional payor details (if any).

Who will make the payments?

Policy owner 1 Policy owner 2 Additional payor – please complete the **'Change of payor form'**
 Please provide ID and address proof for the third party payor

Payment method (tick one only)

Credit card (Please provide a **'Credit card mandate'**, available in the method of payment form)

Direct debit (DD)* (provide a completed form for **'UAE DD'***, **'UK DD'**, **'Singapore Giro'**. UAEDD can be set up via online banking)

Telegraphic transfer/Standing order (please set up via your online banking or visit your bank)

Cheque** Cheques must be made payable to: 'Zurich International Life Limited'

* UAE DD can be set up for your credit card or bank account in the UAE. Please pay any missed premiums via telegraphic transfer or cheque. UAE DD will be used to collect the regular payments only.

** For Middle East: cheques are accepted only in UAE Dirham (USD1=3.6775), Bahraini Dinar (USD1=0.3775) and Qatari Riyal (USD1=3.65)

4 Bank details

For our reference, provide details of the bank account you will use for DD, telegraphic transfer, standing order or cheque.

Bank name
Bank branch and address
Account name
Account number <input style="width: 100%;" type="text"/>
IBAN <input style="width: 100%;" type="text"/>

5 Investment strategy - Additional single premium only

For regular premium increase, you can do a redirection using Online Portfolio management by logging into your account on online.zurichinternationalsolutions.com.

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

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

6 Origin of wealth

Important information

If there 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.

How the payor acquired the money

<input type="checkbox"/> Savings from income/salary/ company profits/bonus	Policy owner 1	Policy owner 2	Additional payor (if applicable)
Employer's/Company's name			
Employer's/Company's physical address			
Nature of company business			
Job title			
Number of years employed with company			
Number of years you have been saving			
Annual income (in USD)			
Bonus (in USD)			
<input type="checkbox"/> Other (proceeds from shares/ investment holdings/property sale)	Policy owner 1	Policy owner 2	Additional payor (if applicable)
Please include full details of where funds are from, dates, currency and amount			

7 Source of funds (for UAE resident person only)

Financial details – primary payor			
Is your bank account the same as in your payment details?			
<input type="checkbox"/> Yes			
<input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', please give details			
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

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				

If there are multiple payors: Please complete **'Source of funds questionnaire'** for the additional payor.

8 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.

<p>Proof of identity</p> <ul style="list-style-type: none"> Passport copy – including signature page Government issued identity card (both sides) (Singapore identity card and Singapore armed forces ID card can be used for both proof of ID and residential address) 	<p>Proof of residential address</p> <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, or Bahrain CPR info sheet.
--	---

Please refer to the **'Customer's guide to AML'** for further information on proof of ID, proof of address and certification of copy documents.

9 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/en/zurich-international-life/about-us/privacy>.

10 Declaration

I/We declare that the answers I/we have given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this form.

I/We agree to inform the Company in writing of any change to the information provided in this form. I/We also agree to inform the Company of any change of name, address, etc. that may occur during the life of this policy.

I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it is necessary to seek clarification regarding any part of the certification.

I/We declare that the policy owner(s) is/are not resident(s) of the United States including any United States federally controlled territories.

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

I/We declare 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.

I/We request to restart the regular payments on my policy and/or the change in regular premiums be applied to my/our original policy in accordance with Zurich International Life Limited's standard terms and conditions. Full terms and conditions are available on www.zurich.ae.

I/We confirm that I/we understand that changing the regular premium is solely my/our own choice, and/or that of my/our adviser and that the acceptance of the asset link by Zurich International Life Limited does not constitute a warranty or representation of the suitability of the asset for investment purposes.

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.

I/We confirm that this/these signature(s) 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, or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.

Country where this form was signed

Policy owner/Authorised signatory 1

Signature

Date [D][D][M][M][Y][Y][Y][Y]

Policy owner/Authorised signatory 2

Signature

Date [D][D][M][M][Y][Y][Y][Y]

Financial Professional Declaration

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

Full name

Signature

Date [D][D][M][M][Y][Y][Y][Y]

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 Limited (Singapore branch) is licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme. 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. 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 Zurich International Life Limited acting through its Singapore branch at Singapore Land Tower #29-01, 50 Raffles Place, Singapore 048623. Telephone +65 6876 6750 Telefax +65 6876 6751. Registered in Singapore No. T05FC6754E.