

# 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.

<b>Policy number</b>	<b>Broker/Bank name</b>
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## 1 Your Premium

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

## 2 Your details

<b>Policy owner 1</b>	<b>Policy owner 2</b>
<b>Title</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms	<b>Title</b> <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"/>
<b>First name</b>	<b>First name</b>
<b>Last name</b>	<b>Last name</b>
Previous names or alias, including maiden name (if applicable)	Previous names or alias, including maiden name (if applicable)
<b>Nationality</b>	<b>Nationality</b>
<b>Do you hold nationality in another country?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Do you hold nationality in another country?</b> <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"/>
<b>Are you a US* tax payer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a US* tax payer?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are you a US* citizen?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you a US* citizen?</b> <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).**

<b>Please state all countries where you are currently deemed to be resident for tax purposes</b>			
<b>Country/Countries of tax residence</b>	<b>Tax reference number(s)**</b>	<b>Country/Countries of tax residence</b>	<b>Tax reference number(s)**</b>
<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.

### Policy owner 1

#### Current residential address

Flat/villa number
Property/building name
Area
City
Country

#### Correspondence address (If different from residential address)

P.O. Box number
City
Country
Additional details (if any)

Mobile number		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of mobile number		
Email address		

### Policy owner 2

#### Current residential address

Same as policy owner 1 ☐ Yes ☐ No, please complete the below

Flat/villa number
Property/building name
Area
City
Country

#### Correspondence address (If different from residential address)

Same as policy owner 1 ☐ Yes ☐ No, please complete the below

P.O. Box number
City
Country
Additional details (if any)

Mobile number		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input 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 type="text"/>
IBAN <input 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](https://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%. <b>TOTAL</b>		

## 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)
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	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)

<b>Financial details – primary payor</b>			
<b>Is your bank account the same as in your payment details?</b>			
<input type="checkbox"/> Yes			
<input type="checkbox"/> No – if different, please complete bank details	<b>Bank name</b>		
	<b>Bank account number</b>		
	<b>How long is the account held for?</b>	Year(s)	Month(s)
<b>Do you have more than one bank account?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
If 'Yes', please give details			
<b>Bank name</b>			
<b>Bank account number</b>			

<b>How long is the account held for?</b>	Year(s)	Month(s)
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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
<b>Current year's income to date</b>				
<b>Last year</b>				
<b>Previous year</b>				

**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.

Proof of identity	Proof of residential address
<ul style="list-style-type: none"> <li>Passport copy – including signature page</li> <li>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)</li> </ul>	<ul style="list-style-type: none"> <li>Emirates ID (for UAE residents and passport copy must be provided as proof of ID)</li> <li>Utility bill/letter from employer (less than three months old)</li> <li>A valid tenancy/lease contract, or</li> <li>Bahrain CPR info sheet.</li> </ul>

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](http://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

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MSP13877 (721974008) (07/22) CMS