Surrender charges declaration form

Policy/Application number

(if available)

To be completed by the policy owner(s) when applying for a new unit-linked policy.

Full name of policy owner 1

Full name of policy owner 2

ZURICH

Please select the product you are applying for.

I/we am/are applying for a Futura

I/We have signed a document which describes the value of my/our policy if I/we choose to terminate and get back some ('Partial Surrender') or all ('Surrender') of the policy value. The document showed the Surrender Charges and Surrender Value of the policy at the end of each year. I/We signed a copy of the document that was printed in black and white and I/we confirm that the document was shown to me/us on a computer screen on which the surrender values and charges were in red writing. I/We confirm that the importance of the Surrender Charges and Values were explained to me/us by our financial professional.

I/we am/are applying for a Wealth Accumulation plan Simple Wealth Global Choice RSP/Legacy

I/We have signed a document which describes the value of my/our policy if I/we choose to terminate and get back some ('Partial Surrender') or all ('Surrender') of the policy value. The document showed the Surrender Charges and Surrender Value of the policy at the end of each year. I/We signed a copy of the document that was printed in black and white and I/we confirm that the document was shown to me/us on a computer screen on which the surrender values and charges were in red writing. I/We confirm that the importance of the Surrender Charges and Values were explained to me/us by our financial professional. I/We confirm that I/we am/are aware that this product has a limited or no protection benefit

Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited 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 or contact us for a copy.

I/We confirm that this/these signature(s) is/are mine/ours or that/those of my/our appointed legal representative(s).

Signature of policy owner 1			Signature of policy owner 2									
Date		[Date									
Financial professional's det	D M M Y Y Date D M Y Y Y ncial professional's details (To be completed by your financial professional) D M Y Y Y											

Signature									
	Date	D	D	\mathbb{M}	Μ	Y	Y	Y	Y

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