

Authorized signatory mandate form

To Zurich International Life Limited (Zurich)

Policyholder Name

(the **policyholder**)

Policy Number (existing policies only)

(the **policy**)

Completing this form

- This form is to be used to notify, update or replace authorized signatories who may instruct Zurich in respect of the Policy.

Please tick below to confirm the reason for use

notification of authorized signatories

update of existing authorized signatories

replace existing authorized signatories

- This form must be authorized by company representatives that have authority to act on behalf of the company, in accordance with company designated rules. The persons signing will be accepted by Zurich as authorized signatories in addition to those named as authorized signatories on page 2 of this form (each an authorized signatory). All Policyholder authorized signatories will be deemed to have all powers, consents and approvals to instruct Zurich in respect of the Policyholder.

Policy authorized signatories

By populating and signing the signatory mandate you are confirming that all information is correct and that each specimen signature is genuine.

Signatory requirements

Please specify the signing requirements for Policy documentation:

Single signatory

Joint signatory

Other – please specify

Section 1: Details of individuals

To comply with Isle of Man Financial Services Authority, UAE Insurance Authority and Central Bank of Bahrain regulations (where applicable), we require identification documentation for signatories as listed below.

UAE Policyholders

A suitably certified copy of each individual signatory's valid passport or government issued ID card or driver's license and a proof of address document such as a utility bill or employer address confirmation (see page 4).

Bahrain Policyholders

A suitably certified copy of each individual signatory's valid passport, Bahrain government ID card (CPR) and a proof of address document such as a utility bill or driver's license.

Isle of Man, Channel Islands or UK Policyholders

For any policyholder that does not fall under the definition of an Acceptable Applicant, a suitably certified copy of at least two individual signatory's valid passport/ID card/driver's license and proof of their address such as a utility bill or employers confirmation (see page 4).

Authorized signatory 1

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Current residential address

Date of birth

Place of birth

Nationality (please include all)

Gender

Identification Number

Email

Specimen signature

Add

Remove

Please tick if individual is a member of your company's board of directors

Authorized signatory 2

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Current residential address

Date of birth

Place of birth

Nationality (please include all)

Gender

Identification Number

Email

Specimen signature

Add

Remove

Please tick if individual is a member of your company's board of directors

Authorized signatory 3

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous names or aliases used (including maiden name)

Current residential address

Date of birth Place of birth

Nationality (please include all) Gender

Identification Number

Email

Specimen signature Add
 Remove

Please tick if individual is a member of your company's board of directors

Data privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (Zurich) as Data Controller under applicable data protection laws. Full details of our data protection policy can be found at www.zurichinternational.com/im/legal/privacy.

Declaration

- I/We declare that the information given in this form is true and accurate.
- I/We confirm that all the information passed to Zurich has been obtained in accordance with the data protection laws and where I/we have provided Zurich with information about an individual, I/we have obtained the individual's consent to the processing of their personal information.

By signing this form I/we agree to hold harmless Zurich from and against all liabilities arising from accepting instructions from each authorized signatory to the policy.

On behalf of the policyholder I/we the undersigned confirm my/our full power and authority to mandate Zurich to accept instructions from each authorized signatory mandated by this form. Each authorized signatory shall be empowered to approve, sign and execute all Policy documentation from the date of each authorized signatories appointment until Zurich is notified of their removal.

Name (print)

Signature

Name (print)

Signature

Job title

Date

Job title

Date

Residential Address Authorisation

The address confirmation above may be used as the signatory's proof of address if it is confirmed by an independent Senior Manager/HR Official.

I confirm that the residential address confirmed for the authorized signatory(ies) above matches the address held in our HR records.

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name

Title

Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) 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.

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