

Zurich International Group Risk Solutions Group Life Policy (Isle of Man and Channel Islands business)

Application for insurance – policies in trust

Completing this form

Please complete this form in English using CAPITAL letters. If the form is incomplete or inaccurate it will result in delays. Coverage will start when we confirm acceptance. Please keep all correspondence related to this application and your policy documentation, when you receive it, safe and secure.

Important Notes

If the information provided in this form is different from the information on which the quotation is based, we may need to issue a new quotation with revised terms and rates.

If you do not give us complete and accurate information whether on this application form or for the quotation then this may affect the assessment and acceptance of any cover we offer or continue to offer. If you fail to give us the information we need or the information provided is inaccurate, this could invalidate your policy or the insurance benefits provided and may lead to a claim not being paid.

Our contact details

Email: zigrs.admin@zurich.com

Details of the policy

Policy name

Accepted quotation reference number

Requested policy start date

Policy anniversary date

Scheme Approval (if applicable)

- The scheme is or will be approved under applicable income tax legislation in your jurisdiction
- Tax authorities have confirmed or will confirm that the scheme is satisfactory for income tax purposes as though it were approved under applicable income tax legislation in your jurisdiction
- The scheme is (or is to be) held in a discretionary trust and is not subject to approval under applicable income tax legislation

Please confirm the following information is correctly reflected in the quotation this application is based on

- Policy details (page 1 of quotation)
- Eligibility criteria (page 2 of quotation)
- Benefit structures, including sums insured, coverage type, minimum/maximum entry age etc. (page 3 of quotation onwards)

If any of the above cannot be confirmed, please specify the required changes to the quotation information.

Employees not actively at work

- Please tick to confirm that as of the requested policy start date, there are no employees absent from work due to accident or illness that have been absent, or are likely to be absent, for a period of 12 weeks or more.

If the above cannot be confirmed, please complete the 'Employees not actively at work' form.

1 Trustee details

Please tick to confirm there is a trust deed in place. We cannot go on risk if you do not have a trust deed in place

Please confirm the date the scheme trust documentation was signed by all parties

To identify the proposed trustees, please tick the box below that applies:

Corporate entity, within the same group of companies as the principal employer, to be trustee

Principal employer to be trustee and is a Ltd Company or plc. Two directors (or a director and Company Secretary) to sign the Authorised Signatories Mandate

Principal employer to be trustee and is an LLP. At least two signatories to sign the Authorised Signatories Mandate

Individuals to be trustees. All individuals to sign the Authorised Signatories Mandate

Professional Trust company to be trustee. Two directors (or a director and Company Secretary) to sign the Authorised Signatories Mandate

Please provide a certified copy of the extract of the trust deed confirming the following:

- Appointment of trustees
- Nature and purpose of the trust
- Who are the beneficiaries of the trust
- Date trust was established
- Details of the settlor (if applicable)

1a Where the trustee is a company, please complete the below:

Company name

Place of incorporation

Date of incorporation

Companies registration number/Incorporation number

Registered business address (including postcode)

Trading names

Mailing address (if different to registered office)

Nature of company business

Website address

Contact person

Job title

Email address

Telephone number

We adhere to strict confidentiality procedures when we communicate with our customers. We will regard the details you provide as your authorized contact details; it is therefore important that they are accurate and that you let us know if any of the details change.

1b Where the scheme has appointed individuals as trustees, please provide the full name, date of birth and home address of each individual trustee.

Name	_____	Address	_____
Date of birth	<input type="text"/>	Postcode	_____

Name	_____	Address	_____
Date of birth	<input type="text"/>	Postcode	_____

Name	_____	Address	_____
Date of birth	<input type="text"/>	Postcode	_____

2 Principal employer details (please complete if a different company to the trustee)

Company name _____

Place of incorporation _____

Date of incorporation

Incorporation number _____

Registered office address _____

Trading names _____

Mailing address (if different to registered office) _____

Nature of company business _____

Website address _____

Contact person _____

Job title _____

Email address _____

Telephone number _____

We adhere to strict confidentiality procedures when we communicate with our customers. We will regard the details you provide as your authorized contact details; it is therefore important that they are accurate and that you let us know if any of the details change.

3 Participating employers

Does the principal employer have a direct or indirect commitment to provide benefits to the employees of a participating employer?

Yes No

If 'yes', and if the employees are to form part of the policy, please give details below for each participating employer.

Company name

Registered office address

Relationship¹

Company name

Registered office address

Relationship¹

Company name

Registered office address

Relationship¹

¹ Please explain the relationship of the principal employer to these participating employers, for example, parent company, service provider to group of companies, etc.

5 Source of funds

Please provide details of the bank account from which premiums will be paid.

We expect all premiums to be paid from an account in the name of the policyholder. By exception, Zurich may accept a premium from a third party if it complies with its business acceptance criteria. However, this will result in additional requirements in order to comply with our anti-money laundering requirements. Please discuss your requirements with us prior to completing the application form.

If the premium is being paid by your intermediary/broker, the intermediary/broker must be permitted to do so in the country of their registration, be authorized to hold client money and have valid terms of business with us.

If premiums are received from any other source that has not been accepted by Zurich, then they shall be returned and this may result in the cancellation of cover.

Account holder

Account number

Sort code (for UK banks only)

SWIFT code (if known)

IBAN

Bank name

Bank address

Country

Please confirm the origin of the monies which will be used to fund the premiums.

Company operating costs/profits

Other – Please specify below

Zurich reserves the right to request supporting documentation evidencing the origin of the funds, e.g. a copy of your most recent reports and accounts.

6 Authorized signatories

Are signatories able to sign independently? Yes No If no, please state the number of signatories required here:

Authorized signatory 1

Title

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

Date

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

Authorized signatory 2

Title _____

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

Date

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

Authorized signatory 3

Title _____

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

Date

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

7 Customer Due Diligence for Corporate Trustee or Professional Trustee

Zurich International Life Limited requires the following information in order to comply with the regulations set out by the Isle of Man Financial Service Authority.

Section 7a

Please tick if one of the below conditions apply (only one condition is required to satisfy our requirements). I/We confirm that we, as the Policyholder, are one of the following:

- (i) A person (or nominee of) who acts in the course of external regulated business and is regulated under the law of jurisdiction.
Click **here** for a list of jurisdictions.

Please complete the following declaration.

I/We confirm that I/we am/are overseen for Anti-Money Laundering (AML) and combatting the financing of terrorism (CFT) compliance by:

Name of professional body or regulator

Jurisdiction of professional body or regulator

or

- (ii) A company listed on a recognised stock exchange or a wholly owned subsidiary of such a company.
Note: AIM is not classified a recognised stock exchange.

Name of recognised stock exchange

If you have not selected one of the above options then please complete **Section 7b** Company Shareholder and **Section 7c** Proof of identity and residential address of authorized signatories. If you have selected one of the above options, please continue to **Section 8**.

Section 7b Company Shareholder

Please use the box below to provide a list of Company Shareholders that hold more than 25% of the share capital. Alternatively, if there are more legal entities involved in ownership, please provide a separate structure chart showing the ownership trail.

Once this has been confirmed, further requirements may be required to ensure we fully comply with our requirements.

Please contact us if the applicant is not an incorporated company as different documentation may be required.

Section 7c Proof of identity and residential address of authorized signatories

- (i) A suitably certified copy of at least two individual signatories' valid passport/ID card/driver's license.
(ii) Confirmation of at least two individual signatories' residential address, such as a utility bill, alternatively this can be confirmed by an Independent Senior Manager/HR Official using the declaration below.

I confirm that the residential address shown in the authorized signatory section of this form for the authorized signatory(ies) matches the address held in our HR records.

Name	Signature
Title	
Date <input type="text"/>	

8 Intermediary/Broker details

Please note an application submitted to us by your intermediary/broker can only be accepted if they have a valid terms of business with Zurich.

Company name

First name

Telephone number

Surname

Email address

Office address

Is correspondence to go to your intermediary/broker? Yes No

If you select 'no', please note all correspondence will be sent to the contact person provided in section 1.

9 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.

10 Declaration

- I/We declare that the information given in this form is true and accurate.
- I/We declare that the trust has been established as an irrevocable discretionary trust vehicle and as a trustee have a demonstrable interest in the insurance cover being requested.
- I/We understand that under no circumstances will Zurich express any view on the tax treatment of any insurance benefit payable to the policyholder or any nominated beneficiary.
- I/We have read the information relating to data protection.
- 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 personal information about individuals, all necessary permissions and consent have been received and where necessary the individuals have been informed about the content of the Zurich International Life Limited privacy notice.
- I/We confirm that we have read and accepted the information stated within the Quote and Policy Terms and Conditions provided.

Name _____

Position _____

Company name _____

Date

Signature

Name _____

Position _____

Company name _____

Date

Signature

Once this form has been provided and reviewed, Zurich may request further documentation to fulfil its regulatory obligations.

Zurich International Life Limited 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.

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