

Director information form

To Zurich International Life Limited (Zurich)

Policyholder Name (full company legal name)

(the **policyholder**)

Policy Number (existing policies only)

(the **policy**)

Completing this form

- This form is to be used to notify or update the personal information of the Directors of the policyholder, which is required in accordance with anti-money laundering regulations.

Please tick below to confirm the reason for use

notification of Directors

update of current Director information

- This form must be authorized by company representatives that have authority to act on behalf of the policyholder, in accordance with company designated authorized signatories.

Director 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

Director 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

Director 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

Director 4

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

Director 5

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

Please note: for the addition of further directors, please print a duplicate copy of this form and attach to the signed copy.

Please tick here if additional sheets are attached

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 applicable 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.
- I/We have read and understood the Data Privacy Notice.
- I/We understand that failure to disclose a material fact may cause legal and/or regulatory issues should relevant information not be provided.

Name _____ (print)

Signature

Name _____ (print)

Signature

Job title _____

Date

D	D	M	M	Y	Y	Y	Y
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Job title _____

Date

D	D	M	M	Y	Y	Y	Y
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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.

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