

# Notification of leavers form and employer confirmation of residential address

## 1. Introduction

Please complete this form in English and **CAPITAL** letters and email to: [corporate.pensions@zurich.com](mailto:corporate.pensions@zurich.com), or post to: Zurich Corporate Savings, Zurich International Life, PO BOX 67, Douglas, Isle of Man, IM99 1EF, British Isles.

Plan name

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Plan number

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Policy number(s)

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

Member's name

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

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Member's address for correspondence

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Personal email address

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The above member left our employment on

D	D	M	M	Y	Y	Y	Y
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If the product charges are currently invoiced, should they be deducted from the units of the member's policy upon leaving employment?

Yes  No  N/A

Have all contributions been paid?

Yes  No

If Yes, payment date of final contribution

D	D	M	M	Y	Y	Y	Y
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If No, expected date of final payment

D	D	M	M	Y	Y	Y	Y
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We confirm as employer, that the current residential address of the member is:

Current residential address

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Authorised signatory

Date

D	D	M	M	Y	Y	Y	Y
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Print name

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Branch offices: 27th Floor, Almoayyed Tower, Seef District, Kingdom of Bahrain.  
Telephone +973 1756 3322.

Zurich International Life Limited, UAE Branch, which is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE governed by such law.

Registered offices at Unit 601, Building 6, Emaar Square, Dubai. (PO Box 50389 Dubai)  
Telephone: +971 4 425 2300 [www.zurich.ae](http://www.zurich.ae)

Zurich International Life Limited, Qatar Branch, which is authorised by the Qatar Financial Centre Regulatory Authority.

Branch offices: Office No. 404, 4th Floor, Qatar Financial Centre Tower, West Bay, Doha, Qatar.  
Telephone: + 974 4428 6322.

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.

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](http://www.zurichinternational.com)