

Restart my policy payments

Please use this form if you want to restart your regular payments.

Please write clearly in **CAPITAL** letters and complete the form in English.

Policy number	Broker/Bank name
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What was your reason for purchasing this policy:

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1 Your Premium

Do you want to change your premium amount?		<input type="checkbox"/> 1. Increase regular premium	<input type="checkbox"/> 2. Decrease regular premium	<input type="checkbox"/> 3. No change		
Premium amount	Currency		Frequency			
Month from which regular premiums will restart	<input type="checkbox"/> M	<input type="checkbox"/> M	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y	<input type="checkbox"/> Y

For UAE residents: If you are increasing your premium – please complete the ‘Source of funds questionnaire’, applicable for all policy owners and additional payor.

2 Your details

Policy owner 1		Policy owner 2	
Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms
<input type="checkbox"/> Other (please specify) <input type="text"/>		<input type="checkbox"/> Other (please specify) <input type="text"/>	
First name		First name	
Last name		Last name	
Previous names or alias, including maiden name (if applicable)			
Nationality			
Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="text"/> If 'Yes', please confirm the country		<input type="text"/> If 'Yes', please confirm the country	
Are you a US* tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US* tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US* citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US* citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	

* The definition of US includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, US Virgin Islands, American Samoa and the Northern Mariana Islands.

Please note that if either policy owner resides in the United States, including any United States federally controlled territory, no changes can be made to the premiums, including restarting your policy payments. Some policy types may be exempt. If you are unsure whether this restriction applies, please contact us on helppointusa@zurich.com.

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)**	Country/Countries of tax residence	Tax reference number(s)**

** If you are currently tax resident in the United Kingdom, please provide your National Insurance number.

Policy owner 1

Current residential address

Flat/villa number
Property/building name
Area
City
Country

Correspondence address (If different from residential address)

P.O. Box number
City
Country
Additional details (if any)

Mobile number		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of mobile number		
Email address		

Policy owner 2

Current residential address

Flat/villa number
Property/building name
Area
City
Country

Correspondence address (If different from residential address)

P.O. Box number
City
Country
Additional details (if any)

Mobile number		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of mobile number		
Email address		

3 Your payment details

Who will make the payments?

Policy owner 1 Policy owner 2 Additional payor – please complete the ‘Change of payor form’

Payment method (tick one only)

- Credit card (Please provide a ‘**Credit card mandate**’, available in the method of payment form)
- Direct debit (DD)* (provide a completed form for ‘**UAE DD**’, ‘**UK DD**’, ‘**Singapore Giro**’. UAE DD can be set up via online banking)
- Telegraphic transfer/Standing order (please set up via your online banking or visit your bank)
- Cheque** Cheques must be made payable to: ‘**Zurich International Life Limited**’

* UAE DD can be set up for your credit card or bank account in the UAE. Please pay any missed premiums via telegraphic transfer or cheque. UAE DD will be used to collect the regular payments only.

** For Middle East: cheques are accepted only in UAE Dirham (USD1=3.6775), Bahraini Dinar (USD1=0.3775) and Qatari Riyal (USD1=3.65)

4 Bank details

For our reference, provide details of the bank account you will use for DD, telegraphic transfer, standing order or cheque.

Bank name
Bank branch and address
Account name
Account number <input type="text"/>
IBAN <input type="text"/>

5 Your investment details – Fill only for restart of lapsed policy

For lapsed policy: When a policy is lapsed, any funds on the policy will automatically be switched into the Money Market funds. If a new investment instruction is not received, your policy value and regular premiums will be invested in the money market funds until you advise us of your new investment strategy.

Please choose from one of the following options.

Option 1 – Invest in my previous investment strategy

This is the last investment strategy you have on your policy.

Option 2 – Automatic investment strategy (Vista/Investplus policy only)

What currency do you want the AIS in? (tick one only) USD GBP EUR

Option 3 – My own choice of funds

If you would like to select more funds please complete the 'Additional fund selection form' and submit with this request form.

Fund code	Fund name (including name of fund management company)	Allocation %
Please ensure the total adds up to 100%.		TOTAL

6 Origin of wealth

Important information

If there are joint payors, we require origin of wealth for both. Please refer to the 'Origin of wealth guidelines' document for cumulative premium levels (existing and new policies) above which we will require documentary evidence to support the information you are providing below.

How the payor acquired the money

<input type="checkbox"/> Savings from income/salary/ company profits/bonus	Policy owner 1	Policy owner 2	Additional payor (if applicable)
1) Employer's/Company's name			

For UAE Armed Forces employees, questions 2 to 4 are not applicable. Please proceed to question 5.

2) Employer's/Company's physical address			
3) Nature of company business			
4) Job title			
5) Number of years employed with company			
6) Number of years you have been saving			
7) Annual income (in USD)			
8) Bonus (in USD)			
9) Country of origin of wealth			

6 Origin of wealth (Continued)

<input type="checkbox"/> Other (proceeds from shares/investment holdings/property sale)	Policy owner 1	Policy owner 2	Additional payor (if applicable)
Please include full details of where funds are from, dates, currency and amount, country of origin of wealth			

7 Your proof of identity and proof of residential address

The policy owner(s) must provide a valid and certified copy of their ID and proof of address.

Proof of identity	Proof of residential address
<ul style="list-style-type: none">Passport copy – including signature page and residence visa (expats)Government issued identity card (both sides) (Singapore identity card and Singapore armed forces ID card can be used	<ul style="list-style-type: none">Emirates ID (for UAE residents and passport copy must be provided as proof of ID)Utility bill/letter from employer (less than three months old)A valid tenancy/lease contract, orBahrain CPR info sheet.

Please refer to the **“Customer’s guide to AML”** for further information on proof of ID, proof of address and certification of copy documents.

8 Underwriting requirements to restart (for policies with insurance benefits only)

Please complete the ‘Reinstatement Health and Lifestyle questionnaire’ if:

- Your policy has lapsed, or
- You are restarting payments within six months and have a waiver of premium benefit for over USD 60,000 yearly, or
- You are restarting payments after six months and have a waiver of premium benefit.

We reserve the right to request additional medical and financial requirements after reviewing your policy (including amount of cover and duration for which the plan has been lapsed/unpaid).

9 Privacy notice

The personal information requested in this form is collected and used by Zurich International Life Limited (the Company) as Data Controller in line with the Data Protection Policy. Full details can be found online at <https://www.zurichinternational.com/im/legal/privacy>.

10 Declaration

I/We declare that the answers I/we have given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this form.

I/We agree to inform the Company in writing of any change to the information provided in this form. I/We also agree to inform the Company of any change of name, address, etc. that may occur during the life of this policy.

I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it is necessary to seek clarification regarding any part of the certification.

I/We declare that the policy owner(s) is/are not resident(s) of the United States including any United States federally controlled territories.

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

I/We request to restart the regular payments on my policy and/or the change in regular premiums be applied to my/our original policy in accordance with Zurich International Life Limited’s standard terms and conditions. Full terms and conditions are available on www.zurich.ae.

I/We confirm that I/we understand that changing the regular premium is solely my/our own choice, and/or that of my/our adviser and that the acceptance of the asset link by Zurich International Life Limited does not constitute a warranty or representation of the suitability of the asset for investment purposes.

Contact details

I/We understand that for security purposes, the Company will regard the contact details provided as my/our authorised contact details and that it is important that I/we let the Company know if any of these details change.

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

If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.

Country where this form was signed**Policy owner/Authorised signatory 1**

Signature

Policy owner/Authorised signatory 2

Signature

Date

D D M M Y Y Y Y

Date

D D M M Y Y Y Y

Financial Professional Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the restart of policy payments and any additional premiums with Zurich International Life Limited.

Full name

Signature

Date

D D M M Y Y Y Y

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

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

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Decree-Law Number 48 of 2023, 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 020126C.

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