

Maturity and reinvestment form

Guidance notes

Now that your policy is reaching its full term, it is important that you tell us what you want to do with your proceeds.

Please use this form for any Zurich International Life investment policy that has a maturity or termination date.

The 'Your maturity options' section outlines three potential choices. We strongly recommend that you consult your relevant financial professional or authorised consultant before making a decision. When the maturity/normal retirement date is reached, your policy comes to an end. At this point, we will hold the policy value securely, pending your instructions for payment. It is therefore in your interest to complete and return this form prior to the maturity/normal retirement date.

If you are not satisfied with our handling of your claim, please refer to our complaints procedure.

Completing this form

Please complete this form in English, in blue or black ink and in **CAPITAL** letters. All policy owners/trustees should sign the form. Once you have completed the form, please include all the required documentation and information because if anything is missing, we will have to return the form to you for clarification.

General points to note

Any withdrawal will affect the future capital growth of your initial investment.

All payments will be subject to any applicable trade or economic sanctions.

The amount you receive may be less than the dealing amount.

A withdrawal may cause a chargeable event for UK income tax. For further information, please contact your financial professional.

Automatic Exchange of Tax Information (AEOI)

AEOI is a standard through which tax authorities in different countries can routinely exchange information about financial accounts held by taxpayers. These standards include Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS).

AEOI is the result of a broader OECD initiative to prevent tax evasion. It is a powerful tool that helps tax authorities to identify and confirm whether a financial account holder is complying with the tax laws of their country of tax residence.

Zurich as a financial Institution must identify and report any of its account holders who are taxpayers in other countries in accordance with the AEOI agreements.

Once tax information is exchanged, the tax authority in each country compares that information with the customers own declaration of financial accounts.

If there is a discrepancy between the two sets of information, the tax authority may investigate.

1. Policy details

Policy number

Policy owner 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)

Place of birth (town or city)

Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Policy details (continued)

Current residential address	
Telephone number (include international country code)	Mobile number (include international country code)
Country of telephone number	Country of mobile number

Is this a US* based telephone number? Yes No
Are you a US* tax payer? Yes No
Are you a US* citizen? Yes 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.

Email address
Correspondence address (if different)
Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.

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

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 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)	
Place of birth (town or city)	Nationality

Do you hold nationality in another country? Yes No

If 'Yes', please confirm the country

Current residential address	
Telephone number (include international country code)	Mobile number (include international country code)
Country of telephone number	Country of mobile number

Is this a US* based telephone number? Yes No
Are you a US* tax payer? Yes No
Are you a US* citizen? Yes 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.

Email address
Correspondence address (if different)

Policy details (continued)

Please provide a reason why you are using a correspondence address that is different from your residential address. Depending on the answers given we may ask for further information.

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

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.

For completion by those acting on behalf of a company or a trust

Name of the company/trust (policy owner)	
Registered company number (if applicable)	Country of incorporation (companies only)
Registered office of company	
Name of trustee or company representative for correspondence	

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

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

Is the company tax-exempt in the countries of tax residence listed above? (e.g. charity, government organisation) Yes No

If 'Yes', please provide evidence of the tax exemption status from the relevant authority.

2. Your maturity options

Please note that if we do not receive an instruction from you before your maturity date, we will transfer your proceeds to our post maturity reserve.

When your policy matures you need to choose from one of the options below.

Depending on your country of residence and your policy type your choice of options may be limited.

Zurich International Life (Zurich) reserves the right to reject any application received.

Option 1 – Extend

Please note this option is not available to US residents.

- Extend the term of the policy up to age 79 by at least one year (five years if you are invested in the Guaranteed Accumulation funds). This includes the option to make contributions to the policy.
- Leave your investment fund to accumulate as a lump sum, or choose to make regular contributions. One-off payments to your account can also be made.
- Choose to maintain, extend or remove additional benefits from the policy.
- Continuing with any existing additional benefits on your policy will be subject to underwriting and we will let you know the underwriting requirements when you apply to extend your benefit(s).
- Switch your investment to (an)other fund(s) from the Zurich International Life fund range for your policy.
- For Vista/InvestPlus/Harvester policies, the expense recoupment charge will no longer be deducted if you extend your policy and contributions continue at their current level or contributions are no longer made.
- The policy fee and any charges for additional benefits will be deducted from your account as before.

Your maturity options (continued)

1. I/We would like to extend by a further years and I/we understand that if I am/we are invested in the Guaranteed Accumulation funds, this must be a minimum of five years.

If the money invested in the Guaranteed Accumulation funds is taken out at any time other than at a permitted withdrawal point (variable by product), the amount paid out may be reduced to reflect the current market value of the underlying assets. This is known as market level adjustment (MLA). The MLA therefore ensures that other investors reducing the size of their holdings early do not affect the value of your continuing investment in the Guaranteed Accumulation fund(s). The amount of the MLA depends on when you invested in the fund, the period you have invested and the investment market conditions over this period.

A. (Please tick one option)

I/We would like to continue paying premiums of until my/our new maturity/retirement date.

Or

I/We would like to stop paying premiums of until my/our new maturity/retirement date.

B. (Please tick one option)

I/We would like to maintain the current levels of additional benefits on this policy in accordance with the terms and conditions.

Or

I/We would like to remove the additional benefits from this policy.

2. If your policy has already matured, it is currently invested in the post maturity reserve and we require a new investment strategy from you. Please provide new investment details below.

Fund code	Fund name	%
Total – please make sure the total adds up to 100%.		100%

Option 2 – Take out a new Zurich policy

I/We have discussed this option with my/our financial professional and I/we would like to reinvest my/our proceeds.

Your financial adviser will need to contact us to arrange for your new policy to be set up.

Please note:

- This option is only available if the policy owner(s) and any lives insured are resident and have a correspondence address in Bahrain, Qatar or the United Arab Emirates.
- A new policy will incur new set up charges.

Option 3 – Withdraw money

Take your proceeds in full or part, as a lump sum.

I/We would like to select the maturity/retirement option (please tick one option only).

Please tick one option only – A, B, C. Please note that option B is not available for Vista/InvestPlus/Harvester policies issued after January 2005. Owners of Vista/InvestPlus/Harvester policies issued after January 2005 wishing to surrender must select option C to fully surrender or option A to partially surrender.

If you do not select a payment currency, the payment will be made in the policy currency.

If selecting option A or B please ensure you also fully complete 'Section 1 – Extend', confirming how your remaining proceeds should be treated.

An Automatic Exchange of Information form (either individual or entity) must be completed for all 3rd party payees and sent with this form.

Option A (tick one only)

Partial surrender across all policies and funds and I have also completed section 1 to extend my policy.

or, Option B

Maximum partial surrender across all policies and funds and I have also completed section 1 to extend my policy.

or, Option C

Full surrender when we receive this instruction

Full surrender at maturity date

3. Fund investment adviser

If you had an active fund investment adviser (FIA), this ended at the time of maturity. You now need to confirm if you want to reactivate your FIA, appoint another FIA or continue without an FIA.

I want to reactivate my existing FIA and continue with the existing remuneration agreement with/without discretionary power

OR

I want to appoint a new FIA or amend the remuneration agreement with my exiting FIA and enclose a completed 'Fund investment adviser with or without discretionary power form'

OR

I do not want an FIA

4. Payment method

Important: We wish to pay you as quickly as possible. To avoid delays in receiving your payment, please provide a bank account in your current country of residence. For third party payments, please contact your local Zurich office.

Please tick one of the following options only.

Telegraphic transfer (bank charges apply)

BACS (UK only)

Interbank giro payment (Singapore dollars in Singapore only)

Swedish giro (Swedish krona to Swedish banks)

Payment currency

For payment by telegraphic transfer, BACS, Interbank giro or Swedish giro

Bank name
Bank branch address (mandatory field)
Account holder(s) name

Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Sort code (UK banks only)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
SWIFT code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Building society roll number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
ABA number (U.S. banks only)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

IBAN (Note: depending on your region, you may not need to use all the IBAN boxes)

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Reference to be quoted (if applicable)
Additional information for further credit
For payments requested outside your country of residence Please provide the reason you are unable to receive the payment to a bank account in your current country of residence

Many private banks and building societies are not part of the main bank clearing system. If you require us to make payment to a private bank/building society, please contact them for their clearing bank sort code or SWIFT code and account number. You will also need to provide your account number at the private bank/building society. Failure to do so will result in your payment being delayed.

Payments to a third party

We place strict controls for payments to third parties. To avoid any delays or possible decline of the payment request it is advisable to have the payment made to a bank account in the name of the policy owner. If you wish to proceed with a payment to a third party, please ensure you fully complete the 'Payments to a third party' questions below. We may request more information and/or decline your request. Please contact your local Zurich office for further information.

Your relationship to the third party
Reason for the payment being made to a third party
Third party's email address

Please note that we require the Third Party to complete the relevant 'Automatic Exchange of Information' form before the payment can be made.

5 Proof of identity and proof of residential address

Anti-money laundering guide

Proof of identity for individual policy owners

Policy owners must provide one of the following valid primary documents that has been suitably certified: (please tick to confirm which document is attached)

	Policy owner 1	Policy owner 2
• Passport	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card	<input type="checkbox"/>	<input type="checkbox"/>

Proof of residential address for individual policy owners

In order to verify the policy owner's current residential address, please attach either an original or suitably certified copy of one of the following documents (the document seen must be **less than three months old** upon receipt by us, unless advised otherwise). The document must be issued in the name of the policy owner and show the address appearing on the application or held in our records as the current residence (please tick to confirm which document is attached).

	Policy owner 1	Policy owner 2
• Utility bill	<input type="checkbox"/>	<input type="checkbox"/>
• Bank statement/Bank credit card statement	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from bank/employer	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract*	<input type="checkbox"/>	<input type="checkbox"/>

* This document **does not** need to be less than three months old – just valid and currently in force.

If you have a P.O. Box address we will need either: (please tick to confirm which document is attached)

Proof of payment for the box address (this must reference your physical residential address)

OR

A utility bill referencing your physical residential address

In certain circumstances, other forms of ID and/or address verification may be accepted; please contact your local Zurich office for further guidance.

Information to be included on certified client documentation

The suitable certifier (see definitions below) should write the following relevant phrase including all information below on all certified documents:

For photographic documents

'I certify that this document is a true copy of the original and that the photograph is a true likeness of the holder.'

For non photographic documents

'I certify this document is a true copy of the original.'

- Signature of certifier.
- Full name of certifier (in **CAPITAL** letters underneath the certifier's signature).
- Position/Job title.
- Company name, address, telephone number and email address.
- Date.
- FCA/MAS/QFCRA registration number (if applicable).
- Zurich International Life Limited appointed suitable certifier number (where applicable).
- Details of the certifier's regulatory/affiliate body and their reference number.

Proof of identity and proof of residential address (continued)

Document certification – all copy documents must be certified as true copies of the originals by a suitable certifier and must be certified with the wording above or we may require a new document completed in line with this guidance. Suitable certifiers will fall into one of the following categories:

- a regulated introducer or authorised employee of a regulated introducer. Confirmation of the introducers regulatory reference number or documentary evidence of their regulatory status must be provided;
 - an individual introducer who has been accepted as a suitable certifier by Zurich International Life Limited, (including introducers registered by the FCA, MAS and QFCRA);
 - a notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document);
 - french maire (mayor);
 - commissioner of oaths within a 'recognised jurisdiction' (verification of their professional status must be obtained)*;
 - formally appointed member of the judiciary (excluding Justice of the Peace);
 - accountant who is a member of an institute or professional organisation, whose members are required to abide by anti-money laundering regulations, or who is regulated by a regulatory organisation;
 - director/manager of an authorised credit or financial institute in a 'recognised jurisdiction'.
- * South African Commissioner of Oaths are not acceptable as suitable certifiers unless it is clear they are signing in their capacity as a notary public, lawyer or advocate.

6. 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> or contact us for a copy.

7. Declaration/Consent

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.

Special category data consent

By signing this form, I/we consent to the Company processing my/our medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me/us or from any insurer to which an application has been made for insurance. I/We confirm such authorisation shall remain in force after my/our death.

Withdrawal of consent

I/We understand that where I/we have provided consent I/we have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

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

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

All policy owners, trustees or authorised signatories must sign this form.

If your signature is different from the signature in your passport/identification provided or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

Policy owner/Authorised signatory 1

Signature

Country of residence

Date residency effective from	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Date signed	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Policy owner/Authorised signatory 2

Signature

Country of residence

Date residency effective from	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Date signed	<table border="1"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

Local Zurich office contact details

Bahrain

P.O. Box 10032
27th Floor
Almoayyed Tower
Seef District
Kingdom of Bahrain

Telephone: +973 1756 3321

We're available Sunday to Thursday
between 8am and 5pm.

Email: helppoint.bh@zurich.com

United Arab Emirates

Zurich International Life
P.O. Box 50389
Unit 601, Floor 6, Building 6
Emaar Square
Dubai
United Arab Emirates

Telephone: +971 4 3634567

We're available Monday to Friday
between 8am and 5pm.

Email: helppoint.uae@zurich.com and
benefit.claims@zurich.com for Benefit claims

Website: www.zurich.ae

Qatar

P.O. Box 26777
404 Fourth Floor
Qatar Financial Centre Tower
West Bay
Doha
Qatar

Telephone: +974 4428 6322

We're available Sunday to Thursday
between 8am and 5pm.

Email: helppoint.qa@zurich.com

Isle of Man

PO Box 67
Douglas
Isle of Man
IM99 1EF
British Isles

Telephone: +44 1624 662266

We're available Monday to Friday
between 9am and 5pm.

Email: helppoint.iom@zurich.com

In case you are not satisfied with the processing of your claim request, please share your feedback or complaint with your regional Zurich office. If your policy was taken in the UAE, Bahrain or Qatar, you can email us at mecustomercomplaints@zurich.com.

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 Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Zurich International Life is a business name of Zurich International Life Limited (a company incorporated in the Isle of Man with limited liability) 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 20126C.

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