

# International Decreasing Term Assurance Application form

Bahrain and Qatar

## Financial professional use only

Agency number

Bank/Broker name

External reference number

## Completing this form

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

Please read the International Decreasing Term Assurance Policy Terms and Conditions, Key Information/Customer Product Disclosure document carefully before you complete this application form. Copies are available on our website [www.zurich.ae](http://www.zurich.ae).

**Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.**

## 1 Policy owner(s) details

### Policy owner 1

Title  Mr  Mrs  Ms

First name

Last name

Any previous names or alias used, including maiden name (if applicable)

Date of birth

Gender

Male

Female

Job title

Country of birth

Nationality

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

### Current residential address

Flat/villa number

Property/building name

Area

City

Country

### Policy owner 2

Title  Mr  Mrs  Ms

First name

Last name

Any previous names or alias used, including maiden name (if applicable)

Date of birth

Gender

Male

Female

Job title

Country of birth

Nationality

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

### Current residential address

Same as policy owner 1  Yes  No

if different, complete the below

Flat/villa number

Property/building name

Area

City

Country

## Policy owner(s) details (continued)

### Policy owner 1

#### Correspondence address

<b>P.O. Box number</b>
<b>City</b>
<b>Country</b>

<b>Mobile number</b> (include international country code)		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email address</b>		

Are you a politically exposed person?  Yes  No

Politically exposed persons are individuals or international entities who are or have been entrusted with prominent public functions and their immediate family members and close associates. A full description can be found in the 'Customer's guide to AML'.

#### Who will be the life insured?

Policy owner 1  Policy owner 2  Other – please complete the 'Lives/Additional lives insured application form'

**Note:** when there are two lives assured, the policy will be issued on a joint life first death basis.

## 2 Premium details

<b>Policy currency</b> (tick one only)	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> AED	<input type="checkbox"/> BHD	<input type="checkbox"/> QAR
<b>Premium type</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Regular				
<b>Premium amount</b>	<input type="text"/>	(In policy currency)				
<b>Regular premium frequency</b>	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly		
<b>Policy term</b>	<input type="text"/>	years				
<b>Interest rate to calculate reduction in life cover amount</b> (tick one only)	<input type="checkbox"/> 0%	<input type="checkbox"/> 7%	<input type="checkbox"/> 9%	<input type="checkbox"/> 11%		

## 3 Protection benefits

Please state the amount of cover required in the policy currency.

Compulsory benefits:	Amount
Life cover	
<b>Additional benefits:</b>	
Critical illness benefit	
Permanent and total disability benefit	
Waiver of premium benefit	<b>Life insured 1</b> <input type="checkbox"/> Yes <b>Life insured 2</b> <input type="checkbox"/> Yes

## 4 Payment details

#### Payor details (tick one for each type)

<b>Primary payor</b>	<input type="checkbox"/> Policy owner 1 <input type="checkbox"/> Policy owner 2 <input type="checkbox"/> Third party	<b>Premiums for this policy will be paid from my salary/business income</b>	Annual income	<input type="checkbox"/> Yes, USD <input type="text"/>	<input type="checkbox"/> No*
<b>Additional payor</b> (if required)	<input type="checkbox"/> Policy owner 1 <input type="checkbox"/> Policy owner 2 <input type="checkbox"/> Third party		Annual income	<input type="checkbox"/> Yes, USD <input type="text"/>	<input type="checkbox"/> No*

\*If 'No', please complete a separate 'Origin of wealth questionnaire'.

## Payment details (continued)

### Payment method (tick one only)

- Credit card (complete page 5 – Available for USD, GBP and EUR policy currency only)
- Standing order (please setup the instruction via your online banking)
- Cheque\* Cheques must be made payable to: 'Zurich International Life Limited'

\*Cheques are accepted only in Bahraini Dinar(USD1=0.3775), and Qatari Riyal(USD1=3.65)

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

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

### Third party payor details (please complete the section below if applicable)

Please refer the "Customer's guide to AML" for details on acceptable third party payors and requirements.

#### If the payor is a person

Title  Mr  Mrs  Ms

<b>First name</b>	<b>Last name</b>
Please give details of any previous names or alias used, including maiden name (if applicable)	

Date of birth  Gender  Male  Female

<b>Nationality</b>
Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text" value="If 'Yes', please confirm the country"/>

#### If the payor is a company

<b>Company name</b>
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Is the payor a politically exposed person?  Yes  No

Politically exposed persons are individuals or international entities who are or have been entrusted with prominent public functions and their immediate family members and close associates. A full description can be found in the 'Customer's guide to AML'.

### Current residential or company registered address

Same as policy owner 1  2   No, please fill in the details below

<b>Flat/Villa/Office number</b>	<b>City</b>
<b>Property/building name</b>	<b>PO Box</b>
<b>Area</b>	<b>Country</b>
<b>Relationship to policy owner</b>	
<b>Reason why the third party is making the premium payment(s)</b>	

## 5 Zurich bank account details

**Please use the below bank account details to set-up a payment instruction with your bank, and remember to include your full name and policy/application reference in your payment instruction.**

### Bank details for Bahrain:

Bahraini Dinar	To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Bahrain. SWIFT code: AUBBBHBM	In favour of: Zurich International Life Limited IBAN number: BH97AUBB00001752655001 Account number: 0001752655001
US dollars	To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Kingdom of Bahrain. SWIFT code: AUBBBHBM Via correspondent bank: J P Morgan Chase Bank N.A., New York, USA. Account number: 400937913, SWIFT code: CHASUS33	In favour of: Zurich International Life Limited IBAN: BH70AUBB00001753667100 Account number: 0001753667100

### Bank details for Qatar:

Euros	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: QA73BBME0000000000001012673053 Account number: 001012673053
Qatari riyals	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX	In favour of: Zurich International Life Limited IBAN: QA22BBME0000000000001012673001 Account number: 001012673001
Sterling	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: QA03BBME0000000000001012673052 Account number: 001012673052
US dollars	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX Via correspondent bank: HSBC Bank, USA. SWIFT code: MRMDUS33	In favour of: Zurich International Life Limited IBAN: QA57BBME0000000000001012673050 Account number: 001012673050

### Bank details for United Arab Emirates:

Euros	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: AE580200000030123657213 Account number: 030123657213
Sterling	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank plc, London. SWIFT code: MIDLGB22	In favour of: Zurich International Life Limited IBAN: AE850200000030123657212 Account number: 030123657212
UAE dirhams	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD	In favour of: Zurich International Life Limited IBAN: AE210200000030123657200 Account number: 030123657200
US dollars	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD Via correspondent bank: HSBC Bank USA NA, USA. SWIFT code: MRMDUS33	In favour of: Zurich International Life Limited IBAN: AE150200000030123657211 Account number: 030123657211

## 6 Proof of identity

The policy owner(s) and third party payor must provide a valid and certified copy of their ID.

- Passport copy – including signature page and residence visa (expats)
- Government issued identity card (both sides)

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

## 7 Payment Instruction – Credit Card

Please do not detach from the application form.

Any additional charge made by your credit card provider for collection of your premiums will be covered by the payor.

Credit cards can only be used for regular premiums. If you wish to pay a single premium, please use a different payment method.

### Authorisation

I authorise Zurich International Life Limited, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich International Life Limited policy as and when they fall due.

Please note that Zurich International Life Limited is not liable for any losses arising as a result of action taken by the cardholder's credit card company.

### Details

Credit card type  Visa  Mastercard

We do not accept prepaid or exchange credit cards.

Name of card issuer (such as HSBC).

Currency of card

Preferred date of collection\*

Credit card expiry date

Credit card number

Name on card

\*Your regular payments will be collected on this date or the nearest available date.

Future payments will be collected in line with the premium frequency you have selected.

### Cancellation and refund policy

We do not offer premium refunds after the 30 days free look period. For more information, please refer to the 'Right to cancel' section of your policy conditions.

**Any changes to the credit card agreement will be communicated to you in advance.**

**I understand that this authority in favour of Zurich International Life will remain in force until such time as I cancel it in writing.**

Signature of cardholder

Date

## 8 Request for conditional assignment

To be completed by the policy owner(s) when conditionally assigning their policy to a bank or a financial institution as protection against a liability. The conditional assignee has the right to receive some or all of the benefits payable under the policy conditions; however the policy owner retains ownership.

I/We hereby appoint the following bank/financial institution as the conditional assignee of my/our policy by ticking here.

Policy owner 1

Policy owner 2

### Details of assignee

Full name
Branch
Assignee e-mail (if available)

Correspondence address

PO Box
City
Country

Reason for assignment
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Assignment Amount

Currency	Amount
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### Rights of a conditional assignee:

- All future requests from the policy owner(s) for changes to the protection benefit amount, claims or policy cancellation must be ratified in advance by the assignee;
- The policy owner(s) cannot now request to cancel this assignment or assign the policy to any other party without the written agreement of the assignee being forwarded to Zurich;
- No instructions will be accepted from the assignee acting alone; unless such actions are allowed for in the deed of assignment or in any other agreement between the policy owner(s) and the assignee;
- All relevant correspondence relating to the policy will be copied to the assignee.

## 9 Beneficiary nomination

This beneficiary nomination is applicable for both lives. To appoint a separate set of beneficiaries for each life insured, please complete the **'Appointment of beneficiary'** form and submit with this application.

Beneficiary 1

Title  Mr  Mrs  Ms  Dr

First name
Last name

Date of birth 

D	D	M	M	Y	Y	Y	Y
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Relationship to life insured
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Residential address

Flat/villa number
Building/property name
Area
City
Country

Email address
Share percentage

Beneficiary 2

Title  Mr  Mrs  Ms  Dr

First name
Last name

Date of birth 

D	D	M	M	Y	Y	Y	Y
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Relationship to life insured
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Residential address

Flat/villa number
Building/property name
Area
City
Country

Email address
Share percentage

Please ensure the percentage share for the beneficiaries equals 100%.

## 10 Health and lifestyle questionnaire

### To be completed by all lives to be insured

Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.

1. (a) In which industry are you employed and what is your occupation?

Life insured 1

Industry
Occupation

Life insured 2

Industry
Occupation

(b) What percentage of your occupation involves manual work and what is the nature of these duties?

Life insured 1

%	Duties
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Life insured 2

%	Duties
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If your occupation includes activities that may be considered hazardous (for example – working at heights or underground), please complete the relevant questionnaire as appropriate.

(c) Do you participate in any sport or activity that may be considered hazardous? For example, motor racing, diving, mountaineering, private flying etc

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the relevant questionnaire

2. (a) Please state your earned income in the last 12 months from employment or business operations.

Life insured 1

Amount (in USD)
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Life insured 2

Amount (in USD)
-----------------

(b) Please confirm the purpose of this insurance application

Personal cover  Family protection  Mortgage/loan cover  Keyman insurance  Partnership protection

(c) Do you have any existing life, disability or critical illness cover already in force with any other insurance company?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

Life insured	Insurer	Benefits and sum insured	Policy term	Start date	Reason for cover	Intending to replace (Yes/No)

(d) Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

Life insured	Insurer	Benefits	Date of application	Decision

## Health and lifestyle questionnaire (continued)

**Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.**

(e) Are you currently applying or applied in the last 180 days to any other insurance company for cover?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

Life insured	Insurer	Benefits and sum insured	Date of application	Reason for cover

(f) Have you in the previous 12 months travelled or in the following 12 months intend to travel to any of the following countries:

• Iraq • Iran • Syria • Yemen • Pakistan • Afghanistan • any country in Africa • any country of the Former Soviet Union

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the travel and residency questionnaire

3. Have you smoked cigarettes or used\* any other tobacco or nicotine based products, or smoking cessation aids within the last 12 months?

\*Use of tobacco or nicotine includes the following: cigarettes including hand-rolled unfiltered cigarette- variants, cigars, pipes, dokha (midwakh), smokeless (chewing or snuff), shisha and tobacco-free nicotine delivery (nicotine gums, e-cigarettes) among others.

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

	Product	Frequency	Amount
Life insured 1			
Life insured 2			

4. Do you consume alcohol?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below. 1 unit = single measure of spirits or 125ml glass of wine or 250ml of beer.

Average weekly consumption	Unit(s)	Average weekly consumption	Unit(s)

5. In the last 5 years have you used marijuana, hashish, cocaine, LSD, ecstasy, heroin or other psychoactive drugs or narcotics or prescription medication that was not prescribed to you?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the substance use questionnaire

6. Life insured 1

Weight	kgs	Height	cms
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Life insured 2

Weight	kgs	Height	cms
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## Health and lifestyle questionnaire (continued)

**Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.**

### 7. Medical questions – Please complete the relevant special questionnaires and provide the same with this application.

Do you have or have you ever been diagnosed as having any of the following common medical conditions

	Life insured 1		Life insured 2	
(a) High blood sugar, insulin resistance, or diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) High blood pressure or hypertension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Any disease or disorder of the respiratory system (e.g asthma, or bronchitis)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any disease or disorder of the digestive system (ulcerative colitis, Crohn’s disease, gastric reflux, ulcers, hernia, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Epilepsy, fits, involuntary shaking or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any mood or adjustment disorder, anxiety, depression, eating disorder, bipolar disorder, schizophrenia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Any disease or disorder of the genito-urinary system (ie: kidneys including urine abnormalities, bladder, prostate, testicles, uterus, ovaries & vagina)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Any disease or disorder of the muscles, bones (back, hip, neck) or joints including arthritis or gout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Any growth, cyst, lump, polyp, tumor, cancer or malignancy (eg: Leukaemia, Lymphoma, Myeloma, Melanoma etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 8. Medical questions – If ‘Yes’, please give details in the ‘Additional Information’ section.

Do you have or have you ever been diagnosed as having any of the following common medical conditions

	Life insured 1		Life insured 2	
(a) Raised cholesterol or any heart related problems? (Example: chest pain, heart attack, palpitation, rheumatic heart disease, murmur or heart enlargement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Any disease or disorder of the central nervous system (Example: blackout, vertigo or temporary loss of muscle power or co-ordination, stroke or transient ischemic attack)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Any disease or disorder of the liver (eg: fatty liver, hepatitis, including carrier state), gall bladder or spleen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any glandular disease or disorder (eg: the thyroid, pancreas, adrenal, pituitary, parathyroid glands, hypothalamus & pineal body)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) A disease or disorder of the skin, eyes, ears (including loss of hearing), nose, throat, mouth or impairment of speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any progressive debilitating disease including multiple sclerosis, Parkinson’s disease, motor neuron disease or had symptoms such as numbness, dizziness, loss of feeling, tingling of limbs or face?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Any disease or disorder of the blood including anaemia, haemophilia, thalassaemia and any auto immune condition (eg: SLE or lupus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Are you currently taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) In the last 5 years, have you been under medical review or follow-ups with a medical specialist, been advised to self-isolate or undergone any medical test or special examination including x-ray, echocardiogram, ECG, CT angiography, PAP Smear, PSA screening, mammography, ultrasound, scans, COVID 19, urine or blood tests not mentioned above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(j) In the last 5 years, have you undergone any surgery or were hospitalised, for any reason not covered above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(k) Do you experience any symptoms or conditions for which you have yet to seek medical advice (including persistent cough, fever and/ or raised temperature), waiting for a test result or are you planning to undergo medical investigations within the next six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health and lifestyle questionnaire (continued)

Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.

9. Please give details of the medical or health care advisor or clinic most familiar with your medical history (even if this is in a country other than your current country of residence)

	Life insured 1	Life insured 2
Name and address of medical or health care advisor or clinic		
Date of last consultation		
Reason for last consultation		

10. Family history

Have any of your natural parents, brothers or sisters had any of the following medical conditions **before the age of 60**: heart disease, stroke, cancer, diabetes, multiple sclerosis, polycystic kidney disease, ALS, Huntington’s chorea, Alzheimer’s disease, Parkinson’s disease, any other hereditary disorder?

Life insured 1  Yes  No

Life insured 2  Yes  No

If ‘Yes’, please complete the below

Life insured	Family member relationship	Description of medical condition (including type of cancer – if applicable)	Age at diagnosis

Additional information

Life insured	Question	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with this application for our consideration

## 11 Relevant financial professional's details and declaration

### To be completed by your relevant financial professional

First name	Last name
Email address	
Contact number	

#### Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Zurich International Life Limited.

I confirm that I have met the customer whether in person or virtually, and that no third parties have been involved in providing the advice or the collection/certification of the customer due diligence documentation (where applicable) at any stage of the policy application process.

Signature
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Date 

D	D	M	M	Y	Y	Y	Y
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## 12 Privacy notice

This Notice is a summary of our (Zurich International Life Limited "the Company") Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/im/legal/privacy> or contact us for a copy.

#### Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

#### What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

#### Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

#### How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which we operate.

#### How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

#### Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

#### Data Protection contact

- Email our Data Protection Officer at [ZILLPrivacy@Zurich.com](mailto:ZILLPrivacy@Zurich.com).
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the 'contact us' page of our website [zurich.ae](https://www.zurich.ae).

## 13 Declaration/Consent

### If you are buying this policy in Bahrain

This notice is being provided to you as a customer of Zurich International Life Limited (Bahrain Branch), which 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 and is part of the Zurich Insurance Group. Zurich International Life Limited is based in the Isle of Man and regulated by the Isle of Man Financial Services Authority.

The Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2021 requires Isle of Man authorised insurers to put in place measures to ensure the fair treatment of its customers. As part of these conduct requirements Zurich International Life Limited (Bahrain Branch) is required to provide you with information about this product to help you understand the nature, risks and cost of this product, including commission paid to third parties. Zurich International Life Limited (Bahrain Branch) is not obliged under local regulations to provide you with the specific information required under the Isle of Man legal and regulatory framework.

If you have any questions about the information that has been provided, you should raise them with your adviser. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your adviser or the Central Bank of Bahrain.

## Declaration/Consent (continued)

### Declaration

I/We apply for an International Decreasing Term Assurance policy as detailed in this application form and in accordance with Zurich International Life Limited (the Company) standard policy conditions. I/We declare that I/We have reviewed the answers given in this application, whether in my/our handwriting or not, and are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

I/We will tell the Company, in writing, if anything happens between completing this application and the commencement date of the policy that alters any of the answers I/We have given in this application form. Specifically, I/we will advise on any changes to the details provided by me/us in the health and lifestyle questionnaire sections contained within the application or any other circumstances which happen before the policy commencement, if that change makes any of my/our answers wrong or incomplete.

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.

**Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.**

I/We confirm that I/we understand that a change in my/our country of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

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

### 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.

### Marketing consent

The Company, or the Zurich group companies, may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I/we consent to being contacted in this way for this purpose by ticking here

### Special category data consent

By signing below, 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 confirm that this/these signature(s) below 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, you will need to complete a 'Certifying signature form'.

Country where this application is signed

### Signature of policy owner 1

Print name

Date

### Signature of life to be insured 1 (if different to policy owner)

Print name

Date

### Signature of policy owner 2

Print name

Date

### Signature of life to be insured 2 (if different to policy owner)

Print name

Date

We will let you know when cover on the benefits you have selected starts. This will be subject to:

- The final underwriting decision;
- Receipt of the initial premium payment;
- Receipt of satisfactory proof of identity and any other documentation we require.

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 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 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



# Policy owner(s) declaration

I/We declare that I/we have met the Financial Professional in person or virtually and that no third parties have been involved in providing the advice or the collection/certification of my/our due diligence documentation (where applicable) at any stage of the policy application process.

## Signature of policy owner 1

Date

D	D	M	M	Y	Y	Y	Y
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## Signature of policy owner 2

Date

D	D	M	M	Y	Y	Y	Y
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# International Decreasing Term Assurance

## Temporary life cover conditions

### Qualifying conditions

- (a) A payment or payment instruction must be submitted with the application form to the value of the minimum initial regular premium payable under the policy applied for on the application form.
- (b) The proposed life or lives to be insured must not be older than 74 years attained as at the date of issue of this cover note.

### Life cover

The amount of life cover provided by this cover note is the lesser of the amount of life cover benefit applied for under the application form or USD250,000. This cover note is in respect of life cover benefit applied for only, and does not apply to any other benefit, other supplementary applications or additional or alternative policies for which application has been made.

### Period of cover

This cover note is valid from the date Zurich International Life receives a fully completed application form, in conjunction with the first premium or a valid payment instruction until the earlier of the following dates:

- (a) The date the policy becomes effective.
- (b) At midnight (local time) on the sixtieth (60th) day after risk commenced under this cover note.
- (c) The date of issue by the Company of a notice that cover has been declined or postponed.

Where the application is for a joint life policy and one of the proposed lives to be insured dies during the period of temporary life cover, cover on the other life will be cancelled with effect from the date of death of the deceased life.

If appropriate, a new application form will then be requested from the remaining life.

### Exclusions

Notwithstanding the above this cover note will not be valid if:

- (a) it has been altered or modified in any way or if the payment in respect of the initial premium under the policy is not honoured on the first presentation for payment;
- (b) there is any material misrepresentation in this cover note, the application form or any other supplementary forms;
- (c) the death of a proposed life to be insured during the period of cover is by suicide;
- (d) a proposed life to be insured has in the past five years had or been diagnosed as having, or has been treated by a physician or medical professional for:
  - cancer, or any malignant tumour or growth including melanoma, angina, heart attack, coronary artery disease, heart or brain surgery, stroke, diabetes, psychosis or other form of mental disease, alcoholism or drug addiction, Acquired Immune Deficiency Syndrome (AIDS), HIV virus infection, or any other disabling disease or condition;
- (e) a proposed life to be insured has ever been declined, postponed or accepted on special terms for life cover in the past;
- (f) death or disappearance is caused directly by or resulting from or in any way related to:
  - (i) war or warlike operations (whether war be declared or not) including invasion, act of foreign enemy, hostilities, mutiny, riot, civil commotion, civil war rebellion, insurrection, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege;
  - (ii) acts of terrorism including any related act or activity that is dangerous to human life or property, whether claimed or not.
- (g) the death of a proposed life to be insured occurs directly or indirectly as a result of any hazardous pursuit or pastime (for example, aviation other than as a fare paying passenger on a regular scheduled airline, motor racing, diving).

## International Decreasing Term Assurance Temporary life conditions (continued)

### Payment of claim

The life cover under this cover note becomes payable upon proof being provided to the satisfaction of the Company of the death of the proposed life to be insured or one of the joint lives to be insured. Payment will be by a single lump sum in the currency and location stipulated by the representative of the life insured's estate, or, if applicable, to the beneficiary named in an appropriate beneficiary nomination form lodged with Zurich International Life.

Notwithstanding any other terms under this agreement, no insurer shall be deemed to provide coverage or will make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

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## دفع المطالبة

بصرف النظر عن أية شروط أخرى بموجب هذا العقد، يجب ألا تعتبر أي شركة تأمين على أنها تقدم تغطية تأمينية أو ستدفع أي دفعات أو تقدم أي خدمة أو مزية لأي مؤمن له أو طرف آخر إلى المدى الذي تكون معه تلك التغطية التأمينية و/أو الدفعة و/أو الخدمة و/أو المزية و/أو أي عمل و/أو نشاط للمؤمن له على الحياة ينتهك قانون أو لوائح عقوبات تجارية أو اقتصادية معمول بها.

تصبح التغطية التأمينية بموجب إشعار التغطية التأمينية هذا مستحقة الدفع عند تقديم دليل مقنع لزيورخ حول وفاة المراد التأمين له على الحياة المقترح أو واحدا من المراد التأمين لهما على الحياة المشتركين.

يكون الدفع بمبلغ مقطوع فردي بالعملة وفي المكان الذي يحدده ممثل ورثة المؤمن له على الحياة، أو إذا انطبق ذلك، للمستفيد المحدد في نموذج تعيين مستفيد مناسب تم إيداعه لدى زيورخ انترناشيونال لايف.

زيورخ انترناشيونال لايف ليمتد مسجلة في البحرين بموجب السجل التجاري رقم 17444 ومرخصة كشركة تأمين أجنبية - التأمين على الحياة بواسطة مصرف البحرين المركزي.

زيورخ انترناشيونال لايف ليمتد مرخصة من قبل هيئة تنظيم مركز قطر للمال.

زيورخ انترناشيونال لايف هو اسم تجاري لزيورخ انترناشيونال لايف ليمتد والتي تقدم منتجات التأمين على الحياة والاستثمار والحماية، ومرخصة من قبل هيئة الخدمات المالية في آيل أوف مان.

مسجلة في آيل أوف مان بموجب رقم تسجيل 20126 سي

مكتبها المسجل: زيورخ هاوس، مجمع آيل أوف مان للأعمال، دوغلاس، آيل أوف مان، آي إم 2 كيو زي، الجزر البريطانية

رقم الهاتف: +44 1624 662266 الفاكس: +44 1624 662038 [www.zurichinternational.com](http://www.zurichinternational.com)



# وثيقة انترناشيونال ديكريسينغ تيرم أشورانس شروط وأحكام التغطية التأمينية المؤقتة على الحياة

## الشروط المؤهلة

(أ) يجب سداد الدفعة أو تقديم تعليمات دفع مع نموذج الطلب بقيمة الحد الأدنى من قسط التأمين المنتظم مستحق الدفع بموجب الوثيقة الذي تم تقديمه له في نموذج الطلب.

(ب) يجب ألا يكون عمر المراد التأمين له/لها على الحياة أكبر من 74 كما في تاريخ إصدار إشعار التغطية التأمينية هذه.

## التغطية التأمينية على الحياة

يكون مبلغ التغطية التأمينية على الحياة المقدم بموجب إشعار التغطية التأمينية هذا أقل من مزية التغطية التأمينية على الحياة المطبقة بموجب نموذج الطلب أو 250,000 دولار أمريكي. يتعلق إشعار التغطية التأمينية هذا بمزية التغطية التأمينية على الحياة التي تم التقديم لها فقط، ولا ينطبق على أي مزية أخرى، طلبات إضافية أخرى أو الوثائق الإضافية أو البديلة التي تم التقديم لها.

## مدة التغطية التأمينية

يسري إشعار التغطية التأمينية هذا من تاريخ استلام زيورخ انترناشيونال لايف (زيورخ) لنموذج طلب مكتمل بالاقتران مع أول قسط تأمين أو تعليمات دفع صحيحة في أي من التواريخ التالية أيهما يأتي أولاً:

(أ) التاريخ الذي تصبح فيه الوثيقة نافذة.

(ب) في منتصف الليل (بالتوقيت المحلي) في اليوم الستين (60) بعد بدء التغطية التأمينية على المخاطر بموجب إشعار التغطية التأمينية هذا.

(ج) تاريخ إصدار الشركة لإشعار بأن التغطية التأمينية قد تم رفضها أو تأجيلها.

إذا كان الطلب لوثيقة التأمين المشترك على الحياة وتوفى أحد المراد التأمين لهما على الحياة المقترحين خلال فترة التغطية التأمينية المؤقتة، يتم إلغاء التغطية التأمينية على المؤمن له على الحياة الثاني ابتداءً من تاريخ وفاة المؤمن له على الحياة المتوفى.

إذا كان مناسباً سوف يطلب نموذج طلب جديد من المؤمن له على الحياة الباقي على قيد الحياة.

## استثناءات

بصرف النظر عما ذكر أعلاه، لن يسري إشعار التغطية التأمينية هذا إذا:

(أ) تم تعديله أو تغييره بأي حال من الأحوال أو إذا لم يتم دفع قسط التأمين الابتدائي بموجب الوثيقة عند تقديمه للدفع أول مرة؛

(ب) كان هنالك تحريف جوهري في إشعار التغطية التأمينية هذا، أو في نموذج الطلب أو أي نماذج إضافية أخرى؛

(ج) توفى المراد التأمين له على الحياة المقترح خلال مدة التغطية التأمينية بالانتحار؛

(د) تم تشخيص المراد التأمين له على الحياة المقترح في الخمسة سنوات السابقة على أنه يعاني من أو تم علاجه من قبل طبيب أو مهني طبي من:

السرطان أو أي ورم خبيث أو نمو بما في ذلك سرطان الجلد، والذبحة الصدرية والنوبات القلبية، وأمراض الشريان التاجي، وجراحة القلب أو الدماغ، والسكتة الدماغية، ومرض السكري، والذهان أو شكل آخر من أشكال المرض العقلي، وإدمان الكحول أو إدمان المخدرات ومرض العوز المناعي المكتسب (الإيدز)، وفيروس نقص المناعة البشرية العدوى، أو أي مرض أو حالة تؤدي للعجز؛

(هـ) تم رفض أو تأجيل أو قبول تغطية تأمينية على الحياة مقترحة بشروط خاصة في الماضي للمراد التأمين له على الحياة المقترح؛

(و) إذا كانت وفاة المراد التأمين له على الحياة المقترح قد حدثت نتيجة لمشاركته/مشاركته الفعلية في:

- الحرب أو العمليات شبه الحربية (سواء أن أعلنت الحرب أم لم تعلن)
- الغزو أو الأعمال العدائية أو التمرد أو أعمال الشغب أو الاضطرابات المدنية أو الحرب الأهلية أو الثورة أو العصيان المسلح أو اغتصاب سلطة الحكومة
- عمل قام به عدو أجنبي
- أي نشاط (عسكري أو خلاف ذلك) أو مؤامرة تسبب أو تقود إلى إعلان الحكم العرفي أو حالة حصار؛

(ز) حدوث وفاة المراد التأمين له على الحياة المقترح كنتيجة لمشاركته/مشاركته الفعلية في الإرهاب أو التآمر للإرهاب، والذي يشمل أي نشاط يهدد استمرار الحياة البشرية أو يتسبب تلف الممتلكات؛

(ح) وفاة المراد التأمين له على الحياة المقترح نتيجة لعمل إجرامي ارتكبه:

- المراد التأمين له على الحياة المقترح؛ أو
- مالك الوثيقة المقترح أو أي مستفيد مقترح ضد المراد التأمين له على الحياة المقترح.

(ط) حدوث وفاة المراد التأمين له على الحياة المقترح بشكل مباشر أو غير مباشر بسبب أي مهنة أو هواية خطيرة (على سبيل المثال، الطيران بخلاف ما يكون كراكب بالأجرة على خط طيران اعتيادي مجدول، أو سباق الدراجات البخارية أو الغوص).