

Change of payor

Use this form to change the payor on your policy.

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

Policy number

1 Policy owner(s) 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"/>	Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>
First name	First name
Last name	Last name
Nationality	Nationality
Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please confirm the country <input type="text"/>	Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please confirm the country <input type="text"/>

2 Who is the new payor

Is the new payor Policy owner 1 2 Please complete section 4 onwards. Other please complete all sections.

3 New payor details

If the new payor is a person

Title Mr Mrs Ms Other (please specify)

First name **Last name**

Previous names or alias, including maiden name (if applicable)

Date of birth **Gender** Male Female

Nationality

Do you hold nationality in another country? Yes No If 'Yes', please confirm the country

If the new payor is a company

Company name

Payor's relationship to policy owner

Reason why the third party is making the premium payment(s)

Payor's Current residential or Company registered address

Flat/Villa/Office number	City
Property/building name	PO Box
Area	Country

7 Source of funds (for UAE resident person only)

Financial details – additional payor

Same as payment details Yes No – if different, please complete bank details

Bank name		
Bank account number		
How long is the account held for?	Year(s)	Month(s)

Do you have more than one bank account? Yes No

If 'Yes', please provide details below

Bank name		
Bank account number		
How long is the account held for?	Year(s)	Month(s)

Are there any other parties directly involved with this application (i.e. beneficial owners, lenders, potential borrowers)? Yes No

If 'Yes', please give details

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Where the source is from income, please give a breakdown of your annual earnings from all sources for the last three years:

	Earned income	Investment income	Other income	Currency of income
Current year's income to date				
Last year				
Previous year				

8 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/en/zurich-international-life/about-us/privacy>.

9 Declaration

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).

<p>Signature of policy owner 1</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p>Full name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Date</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<p>Signature of policy owner 2</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p>Full name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Date</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y										
D	D	M	M	Y	Y	Y	Y										
<p>Additional payor/Company's authorised signatory</p> <p>Signature</p> <div style="border: 1px solid black; height: 50px; width: 100%;"></div> <p>Full name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Designation</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Date</p> <table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">D</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">M</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> <td style="border: 1px solid black; width: 20px;">Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	<p>Company stamp</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>								
D	D	M	M	Y	Y	Y	Y										

10 Payment Instruction – Credit Card

Please do not detach from this 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.

Special instructions for collection

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. **Not available for AED currency policies.**

Name of card issuer (such as HSBC).

Currency of card Preferred date of collection*

Credit card expiry date

Credit card number

Name on card

Cardholder's address – as held by the credit card company.

*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

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.

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