

# Companies and trusts

## Application form

### Financial professional use only

### Completing this form

Please read the principle product brochure(s) before completing this application.

This form should be completed in conjunction with the main product application form. When completed, this form will replace the details of policy owner(s) and proof of identity section only in the main product application form.

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

All policy documents, transaction reports and other correspondence will be sent directly to the policy owners using the residential address unless an alternative correspondence address is provided. If you wish for the policy documents to be sent to you via your financial adviser please tick here.

### For QROPS arrangements

Is this application part of a QROPS arrangement?  Yes  No

If 'Yes', a 'Qualifying Recognised Overseas Pension Scheme (QROPS) Due diligence form' must be completed by the QROPS provider/manager'.

### Automatic Exchange of Information (AEI) requirement

Please complete the Automatic Exchange of Information Self-Certification for Entities form.

Zurich International Life (Zurich) cannot accept applications for:

- Legal entities incorporated or organised in the United States,
- Foreign Financial Institutions (FFIs) or other foreign entities expressly acting as nominees or trustees for the benefit of individuals who are US persons,
- Passive Non-Financial Foreign Entities (PNFFEs) that have a controlling person\*\* who is a US\* person at the time of sale.

\*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.

\*\*Controlling person is an individual who exercises direct or indirect control over the entity. This includes the natural person on whose behalf a transaction is being conducted and those persons who exercise ultimate effective control of the entity by means of control other than direct control.

For trusts, this includes the settlor, the trustees, the protector, the identifiable beneficiaries or class of beneficiaries and other individuals exercising ultimate effective control over the trust. For other legal arrangements, Controlling Person means a person in an equivalent or similar position.

# 1. Policy owner

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

Name of the company/trust (policy owner)

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Registered office address (companies only)

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Incorporation number (companies only)

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Place of incorporation (companies only)

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Please state all countries where the company is currently deemed to be resident for tax purposes.

Country/Countries of tax residence

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Tax reference number(s)

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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.

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Has the company been/Is the company in the process of being wound up/struck off/dissolved/terminated (companies only)?

Yes

No

If 'Yes', please provide details

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Please provide details of all shareholders of the company and the percentage of shares that they each own (companies only).

Name

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Shareholding %

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Please complete an 'Automatic exchange of information form' for each shareholder listed

## Contact details

Name of trustee or company representative for correspondence

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Correspondence address

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Is the telephone number you intend to supply, a US\* based number?

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.

Telephone number

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Mobile number

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Email address

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Website address (if available)

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## 2. Life/Lives to be insured

### Life to be insured 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)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender  Male  Female

Country of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Marital status

Single  Married  Other (please give details)

Current residential address \_\_\_\_\_

Is the above address permanent or temporary?

Permanent  Temporary

If temporary, please state the reason for this

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.

Telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to policy owner \_\_\_\_\_

If your application includes any benefits (e.g. life cover, critical illness, waiver of premium etc.), have you smoked or used any form of tobacco or nicotine product within the past 12 months (e.g. cigarettes, cigars, pipe or chewing tobacco, shisha or nicotine products such as patches, gum or ecigarettes)?

Yes  No

### Life to be insured 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)

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender  Male  Female

Country of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Occupation \_\_\_\_\_

Marital status

Single  Married  Other (please give details)

Current residential address \_\_\_\_\_

Is the above address permanent or temporary?

Permanent  Temporary

If temporary, please state the reason for this

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.

Telephone number \_\_\_\_\_

Mobile number \_\_\_\_\_

Email address \_\_\_\_\_

Relationship to policy owner \_\_\_\_\_

If your application includes any benefits (e.g. life cover, critical illness, waiver of premium etc.), have you smoked or used any form of tobacco or nicotine product within the past 12 months (e.g. cigarettes, cigars, pipe or chewing tobacco, shisha or nicotine products such as patches, gum or ecigarettes)?

Yes  No

### 3. Proof of identity

#### Corporate policy owner(s) only

Please attach either an original or a suitably certified true copy of all the following documents and additional information where requested – all additional information should be on company headed stationery and signed by an authorised official(s), as per the signing mandate (please tick to confirm documents are attached):

- Certificate of Incorporation or equivalent document.
- Evidence of the registered office address of the contracting party, and if this is not the address being used, evidence that the applicant is using the different address and the reasons for that address being used.
- A list of all the directors; and verification of the identity<sup>1</sup> (including proof of address) of at least two directors (please refer to ID requirements on main product application form), one of whom must be an executive director.
- Where possible a set of the latest annual report and accounts. These need to be audited for high risk clients. If these are not available, please provide a reason why you are unable to supply a copy.
- A list of the authorised signatories, specimen signatures, and the required number of signatories who can sign on behalf of the company at any one time.
- ID verification of all shareholders holding 25%<sup>2</sup> or more of the issued share capital. Where the 25%<sup>2</sup> holder is a holding company or trust, or nominee, further verification of ID of its ultimate beneficial owner must also be provided. Where there are numerous companies in the structure, we may need full ID for each one. **Please provide evidence of identification of a shareholder who owns less than 25% but holds a controlling interest.**

<sup>1</sup> Verification of directors identity is not required for public limited companies.

<sup>2</sup> This is 10% or more for high-risk business. (High risk is a case above the contribution limit for its relevant country category as per our origin of wealth guidelines.)

Please note for UAE and Qatar companies, additional documentation is required; please contact your local Zurich office for further details.

Depending upon the jurisdiction of the company there may be additional requirements.

#### Trust policy owner(s) only

Please attach a suitably certified true copy of the following:

- Evidence of proper appointment of the trustees<sup>3</sup> e.g. the relevant pages of the extracts of the Deed of Trust that show this.
- The identity of the trustees must be verified (please refer to ID requirements on the main product application form). If there is more than one individual trustee, identification must be obtained for each in accordance with the relevant ID requirements.

The following information/documentation should be provided by the trustees:

- The source and origin of the assets under the trust.
- The nature of the trust<sup>3</sup> (this means the type of trust e.g. discretionary, blind, charitable, etc.).
- The purpose of the trust<sup>3</sup> (this means the reason why the trust has been set up e.g. inheritance planning, wealth preservation, etc.).
- Details of the settlor(s), which should include full name(s), date(s) of birth and if they are still living current residential address(es). If deceased the date(s) of death should be given.
- Details of protector, which should include full name, date of birth and residential address.
- Details of the beneficiary/beneficiaries of the trust should be obtained and should include full name(s), date(s) of birth and current address(es) of any individuals, and sufficient information to identify any other class, corporate entity, charity or other beneficiary.
- Details of whom we are to take instructions from and copies of their specimen signatures. It is usual for all trustees to be required to give instruction. If the trustee is a company, the authorised signatories of the company must sign for the company in addition to any other trustee(s).
- If the trustee is a financial institution, please complete a W-8BEN-E form to confirm that the trust is a 'Trustee Documented Trust'.
- If the trustee is not a financial institution, please complete an 'Automatic exchange of information form' for each trustee, protector, settlor and beneficiary of the trust.

#### 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.**

## Proof of identity (continued)

### For non photographic documents

#### I certify that 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/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

**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 based in a recognised jurisdiction. Introducers not based in the UK, Hong Kong or Singapore should supply proof of their authorisation;
- An individual introducer who has been accepted as a suitable certifier by Zurich International Life Limited (including introducers registered by the FCA 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);<sup>4</sup>
- Formally appointed member of the judiciary (excluding Justice of the Peace);
- Accountant who is a member of a 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'.

<sup>4</sup> South African Commissioner of Oaths are not acceptable as suitable certifiers unless it is clear that they are signing in their capacity as a notary public, lawyer or advocate.

## 4. 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> or contact us for a copy.

## 5. Declaration

I/We understand that this form will constitute part of my/our proposal and that failure to disclose any material fact known to me/us may constitute grounds for rejection of a claim or repudiation of the contract.

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).

### Policy owner/Authorised signatory 1

Signature
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Print name

Date

D	D	M	M	Y	Y	Y	Y
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### Policy owner/Authorised signatory 2

Signature
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Print name

Date

D	D	M	M	Y	Y	Y	Y
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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 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.

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