

Lives/Additional lives insured

Application form

Financial professional use only

Agency number
Bank/broker name
External reference number

Please complete this form if you wish to insure lives in addition to, or instead of the policy owner(s). Please submit this form along with your product application.

Completing this form

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

1 Policy details

Name of policy owner 1

Name of policy owner 2

2 Life/Lives insured details

Life to be insured 1	Life to be insured 2
<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p><input type="checkbox"/> Other (please give details) <input type="text"/></p> <p>Family name <input type="text"/></p> <p>Forename(s) <input type="text"/></p> <p>Please give details of any previous names or alias used, including maiden name (if applicable)</p> <p><input type="text"/></p> <p>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Nationality <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Job title <input type="text"/></p>	<p>Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr</p> <p><input type="checkbox"/> Other (please give details) <input type="text"/></p> <p>Family name <input type="text"/></p> <p>Forename(s) <input type="text"/></p> <p>Please give details of any previous names or alias used, including maiden name (if applicable)</p> <p><input type="text"/></p> <p>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p>Nationality <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Job title <input type="text"/></p>

Life/Lives to be insured (continued)

Life to be insured 1

Marital status

Single Married Other (please give details)

Contact details

Current residential address

Flat/villa number

Property/building name

Area

City

Country

Correspondence address

P.O. Box number

City

Country

Additional details (if any)

Telephone number

Mobile number

Email address

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 in the past 12 months (e.g. cigarettes, cigars, pipe or chewing tobacco or nicotine products such as patches, gum or ecigarettes)?

Yes No

Relationship to policy owner

Spouse Other (please give details below)

Life to be insured 2

Marital status

Single Married Other (please give details)

Contact details

Current residential address

Flat/villa number

Property/building name

Area

City

Country

Correspondence address

P.O. Box number

City

Country

Additional details (if any)

Telephone number

Mobile number

Email address

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 in the past 12 months (e.g. cigarettes, cigars, pipe or chewing tobacco or nicotine products such as patches, gum or ecigarettes)?

Yes No

Relationship to policy owner

Spouse Other (please give details below)

3 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>.

4 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).

Signature of policy owner/Authorised signatory 1	Signature of policy owner/Authorised signatory 2
Print name	Print name
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Signature of life insured 1	Signature of life insured 2
Print name	Print name
Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

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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.

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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