

Source of investment funds questionnaire

Completing this form

Please write clearly in **BLOCK CAPITAL** letters and complete the form in English. Zurich International Life (Zurich) is obliged to confirm the source of funds where the amount of premium is equal to or exceeds the current monetary limits. We reserve the right to seek confirmation of this information from a third party.

1 Personal details

Policy number (if known)

Title Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Date of birth

Gender

Male

Female

Nationality

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

Current residential address

2 Financial details

Please provide your bank account details.

Name of bank

Address of bank

Country

Account name

How long has the account been held?

Account number

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If there is more than one bank account please provide details.

What is the source of monies to be invested? Please give a full explanation (e.g. where the source is from sale of property, please give details of the property's address and total value of the sale proceeds).

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
This year				
Last year				
Previous year				

3 Assets

Please provide details of any assets you own (e.g. cash, shares, real estate, etc.).

Details	Currency	Value
Cash		
Shares & bonds		
Properties		
Other		
Total assets		

4 Credit liabilities

Please provide details of your credit liabilities (e.g. loans, debts, etc.).

Details	Currency	Value
Notes/loans payable to banks		
Notes/loans payable to others		
Mortgages		
Taxes/interest due		
Loans on life insurance		
Other liabilities		
Total liabilities		

5 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.

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 applicant	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"/>
	Print name _____
Signature of payor (if different to applicant)	
	Print name _____
Signature of suitable certifier/regulated introducer	
	Print name _____

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.

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