

International Decreasing Term Assurance

Key features



Contents

Helping you decide

This important document explains the main features of your International Decreasing Term Assurance policy. Please read this together with your personalised illustration.

You should read this document carefully so that you understand what you are buying, and keep this document and your personalised illustration in a safe place for future reference.

International Decreasing Term Assurance	3
Why choose IDTA?	3
Your commitment	3
Understanding the risk factors	4
Other documents you should consider reading	4
Questions and answers	5
After your policy starts	10
Cancelling your policy or making a claim	12
About Zurich	13
How to contact us	15

International Decreasing Term Assurance is designed to meet legal and regulatory requirements for customers resident in the country in which it is purchased. Should the policy owner or the life insured move to another country during the term of the policy, it may no longer be suitable.

Laws and regulations in a different country may affect our ability to continue to service the policy in accordance with the terms and conditions and we may no longer be able to provide all the benefits under the policy. We may, for example, be unable to accept future contributions. The policy owner must advise us of any change to country of residence during the term of the policy prior to such change becoming effective. In these circumstances, and subject to the policy owner's consent, we may provide contact details to another company within the Zurich Insurance Group in order to check whether there is an alternative product suited to the new situation and country of residence.

We do not offer tax advice and recommend that independent advice is obtained in respect of any tax consequences which may arise from a change in country of residence.

Any assignment of the policy to a person resident in a different country from the policy owner may be subject to the above provisions.

International Decreasing Term Assurance

International Decreasing Term Assurance (IDTA) is a protection policy, where the amount of life cover reduces yearly in a pre-defined formula over the policy term to zero. IDTA can be used in any circumstances where there is a need for a decreasing amount of life cover, such as to protect a repayment mortgage or other loans where the debt is being repaid over time. It provides compulsory life cover and the option to add a combination of additional benefits. Depending on the cover you choose, your premiums may be guaranteed for the policy term or reviewed periodically. Your relevant financial professional will help you to decide if this policy is right for you.

Why choose IDTA?

Let's take a closer look at the benefits of an IDTA protection policy.

It can:

- Provide you with life cover that will pay a cash sum if you die during the term of the policy.
- Pay you a cash sum if you are diagnosed with a critical illness during the policy term, if critical illness (CI) benefit is chosen.
- Pay you a cash sum if you become permanently and totally disabled during the policy term, if permanent and total disability (PTD) benefit is chosen.
- If waiver of premium (WOP) benefit is chosen, Zurich International Life (Zurich) will waive your policy premiums if you are incapacitated for a period of at least 180 days through accident, long term illness or injury.

Your commitment

There are some things you need to do to make sure your plan is properly set up and that you are well supported throughout the life of the policy.

They are to:

- Make a single payment or pay all the regular payments over the full policy term, as outlined in your personalised illustration.
- Provide us with all the information we ask for when applying for your policy. Please don't assume we'll contact your doctor for any medical information.
- Tell us about any changes to the information you give us on your application that happen before your policy starts. Please see 'When will the policy not pay out?' on page 10 of this document.
- Choose a rate of interest at the outset which will be fixed throughout the policy term on which we calculate the way your life cover reduces each year (and critical illness benefit and permanent and total disability benefit, if applicable).
- When choosing the level of protection you want, take into account any other insurance policies you already have that provide cover for death, disability, serious illness or injury (including any other policies with Zurich).
- Review your cover regularly, with your relevant financial professional, to make sure it continues to be right for your needs.
- Ensure you are satisfied that you understand the important aspects of your policy, especially the associated risks and charge.

Understanding the risk factors

What you need to be aware of

- If you don't answer all the questions on your application fully, truthfully and accurately, we may not pay a claim.
- We will not pay a claim in the circumstances described in the section 'When will the policy not pay out?' on page 10.
- If you stop paying your regular premiums, all cover and your policy will end. We won't refund any of your premium payments.
- Where the policy is used to protect a repayment mortgage, we do not guarantee to repay your mortgage in full in the event of a life cover, critical illness or permanent and total disability claim. If your mortgage interest rate increases above the rate you choose for this policy, and/or if you do not keep up your mortgage repayments and/or if you increase your mortgage without taking out additional cover, your cover may not be enough to pay off your mortgage or loan in full.
- If you choose CI benefit, we may ask you to pay more for this benefit in future. There is no limit to the increase in payments that may apply. You may not be able to afford the same level of cover after a review or be able to take out replacement cover.
- Apart from the standard exclusions within the policy terms and conditions, we may apply specific exclusions to your policy when we accept your application. If we do this, we will advise you before starting your policy and capture this within your policy schedule.
- The policy has no cash in value at any time.

Other documents you should consider reading

This document gives you key information about the policy. If you want more detail on specific points, please read the following documents. We have highlighted when they are relevant throughout this document.

International Decreasing Term Assurance policy terms and conditions Provides the full terms and conditions for IDTA.

International Decreasing Term Assurance personal illustration Provides the costs for the benefit(s) selected based on your specific personal circumstances.

These are all available from your relevant financial professional or direct from us. Our contact details are on page 15.

Questions and answers

Setting up your policy

Is the IDTA right for me?

It may be right for you if you have a requirement for a reducing amount of life cover, for example to protect a repayment mortgage/loan and want to make sure that the debt will be repaid if, depending on the cover you choose, you die, are diagnosed with a critical illness, or become permanently and totally disabled.

It also allows you to include waiver of premium benefit which ensures your premium payments are waived by Zurich if you are incapacitated for a period of at least 180 days through accident, long term illness or injury.

If you live to the end of the policy term, all cover stops, no further premiums are waived and the policy ends without value.

What types of cover can IDTA provide?

IDTA offers life cover as a compulsory benefit, along with a range of optional additional benefits. You must apply for life cover; you can choose to add any combination of additional benefits – see the table below:

Compulsory benefit	Additional benefits – you can choose any combination of additional benefits		
Life cover	Critical illness	Permanent and total disability	Waiver of premium
✓	✓	✓	✓
✓	✓	✓	✗
✓	✓	✗	✓
✓	✓	✗	✗
✓	✗	✓	✓
✓	✗	✓	✗
✓	✗	✗	✓
✓	✗	✗	✗

✓ benefit chosen ✗ benefit not chosen

For joint life policies each life insured must choose the same benefit options with the same levels of cover for life cover, critical illness benefit and/or permanent and total disability benefit. Waiver of premium benefit can be chosen by any life or both lives.

Life cover

This is a compulsory benefit and it pays a decreasing cash sum if you die during the policy term. The policy will then end.

If you survive to the end of the policy term, the policy ends and all cover stops.

Your premium payments for life cover are guaranteed for the policy term.

Additional benefits

At the outset, you can choose to add any combination of additional benefits to compulsory life cover, as shown in the table on page 6 for an extra cost. The maximum total amount that can be claimed from a policy for life cover, CI benefit and/or PTD benefit cannot exceed the life cover amount. Where you chose to add CI benefit and/or PTD benefit to your policy, the amount of cover for each of these benefits must match the life cover amount.

You must decide at the start of your policy if you want to include any of these benefits – you can't add them later.

Critical illness benefit

Pays a lump sum if you are diagnosed with one of the defined illnesses or disabilities covered by your policy. For full details and definitions of the illnesses covered, please refer to the IDTA policy terms and conditions.

Can be chosen in conjunction with any other additional benefit.

Is subject to an initial qualifying period of 90 days from the risk commencement date stated in your policy schedule (or from the start of any reinstatement of the policy), although premiums for CI benefit are payable from the start of the policy. This means that any claims within the qualifying period will not be paid.

Claims are paid as an advance payment of the life cover amount. This means that when a CI benefit claim is paid, the life cover amount will be fully extinguished, the policy ends and all benefits stop.

Your premium payments for CI benefit will be reviewed every five years and may increase each time.

Permanent and total disability benefit

Pays a lump sum if you become permanently and totally disabled and therefore are unlikely to ever work again. To make a claim you need to have been permanently and totally disabled for at least 180 consecutive days. During the waiting period you would still need to pay your policy premiums.

Claims are paid as an advance payment of the life cover amount, which means that when a claim is paid, the life cover amount will be fully extinguished, the policy ends and all benefits stop.

Your premium payments for permanent and total disability benefit are guaranteed for the policy term.

Waiver of premium benefit

This option will waive premiums for a life or lives insured (for all benefits under your policy), provided that they are incapacitated and unable to carry out their own and suited occupation, or be unable to perform a set number of activities of daily living or activities of daily working, due to accident, long term illness or injury.

Claims are subject to a waiting period of 180 days. This means that you would need to satisfy Zurich that the incapacity has existed for a continuous period of at least 180 days prior to any claim. During the waiting period you would still need to pay your policy premiums, although

if we accept the claim we will refund those premiums and then waive future premiums.

During a valid waiver of premium claim, Zurich will waive regular premiums for the earlier of the full length of the claim, or until the end of the premium payment term for the policy.

Ensures that your policy and the cover it provides, continues when you need it most.

Where your policy includes life cover and/or permanent and total disability benefit, your premium payments for waiver of premium benefit are guaranteed for the policy term.

Where your policy includes critical illness cover, a future critical illness premium review may result in a need to increase your premium, which in turn will require an increase to the cost of waiver of premium benefit. Where this happens, no further medical underwriting will be required for the increase in waiver of premium benefit.

How does decreasing cover work?

Your life cover (and/or CI benefit and/or PTD benefit, if chosen) decreases each year in a pre-defined formula and is designed to reach zero by the end of the policy term. If you claim, the amount we pay will be the sum insured applicable to your policy at the time your claim is accepted. Please note that if you have a mortgage/loan we do not guarantee to repay it in full, we will only pay the sum insured applicable to your policy at the time of a valid claim.

Who can the policy cover?

The policy can cover one person or two people jointly. If the policy covers two people, we'll pay out the policy's sum insured as a cash sum when the first person suffers the critical illness, becomes permanently and totally disabled or dies (depending on the cover you have). In each of these instances, the policy will end and all cover stop.

For policies that include CI benefit, PTD benefit and/or WOP benefit you must be aged between 18 and 59 when the policy starts.

For policies that include life cover only you must be aged between 18 and 74 when the policy starts.

If the policy covers two people, these age restrictions apply to both of you.

How long can the policy last?

The term of the policy must be at least five years and the longest it can run is 35 years. The policy must end before your 80th birthday.

If we have not paid out the full sum insured, the policy will end at the end of the term you've chosen.

If the policy covers two people, these age restrictions apply to both of you.

Your policy will end:

- if your policy reaches the end of the policy term
- if we pay a claim that extinguishes all the life cover
- if you stop paying your regular premiums before the end of the premium payment term.

What are the minimum and maximum benefit levels?

Life cover

Currency	Minimum	Maximum
USD	100,000	20,000,000
AED	400,000	80,000,000
BHD	40,000	8,000,000
QAR	400,000	80,000,000
HKD	800,000	160,000,000
GBP	60,000	12,000,000
EUR	80,000	16,000,000
AUD	100,000	20,000,000

Critical illness benefit and permanent and total disability benefit

Currency	Minimum	Maximum
USD	100,000	2,000,000
AED	400,000	8,000,000
BHD	40,000	800,000
QAR	400,000	8,000,000
HKD	800,000	16,000,000
GBP	60,000	1,200,000
EUR	80,000	1,600,000
AUD	100,000	2,000,000

Where critical illness benefit and/or permanent and total disability benefit are chosen on the same policy, the maximum life cover amount will be limited to the maximum critical illness benefit and/or permanent and total disability benefit amount, as the amount of each benefit must be the same at the outset.

If you require more life cover than the maximum critical illness benefit and/or permanent and total disability benefit amount, you may need to consider applying for two separate policies, one for life cover including critical illness and/or permanent and total disability benefit and one for the remaining life cover only.

For example, a customer wishes to protect a mortgage of USD5,000,000, but wants the maximum amount of cover for critical illness and permanent and total disability benefit. This could only be achieved with two policies:

Policy 1:

Life cover	USD2,000,000
Critical illness benefit	USD2,000,000
Permanent and total disability benefit	USD2,000,000

Policy 2:

Life cover	USD3,000,000
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What are the minimum contributions?

The minimum regular and single premium amounts are as follows:

Regular premiums

Currency	Monthly	Quarterly	Half yearly	Yearly
USD	25	75	150	250
AED	100	300	600	1,000
BHD	10	30	60	100
QAR	100	300	600	1,000
HKD	200	600	1,200	2,000
GBP	15	45	90	150
EUR	20	60	120	200
AUD	25	75	150	250

Single premiums

Currency	Minimum
USD	5,000
AED	20,000
BHD	2,000
QAR	20,000
HKD	40,000
GBP	3,000
EUR	4,000
AUD	5,000

How much does the policy cost?

Your adviser will tell you how much the policy will cost you, but it will depend on the following:

- Your personal circumstances – for example, your age, health, nationality and whether you smoke.
- The amount and type of cover, and any optional additional benefits you choose.
- How long you want the cover to last.

You can pay by a single premium only, or you can pay regular premiums monthly, quarterly, half yearly or yearly by bank standing order, direct debit, credit card or by cheque.

Does the policy include any free cover?

You may be eligible for free temporary life cover of up to USD250,000 (or see currency equivalents in the table below), or the amount of life cover applied for (whichever is lower), on receipt of a completed application form and a valid premium payment method. This cover will remain in force for up to 60 days, or until your policy is issued, whichever is earlier.

Please refer to the temporary life cover terms and conditions for full details of this valuable free cover.

Currency	Temporary life cover maximum benefit
USD	250,000
AED	1,000,000
BHD	100,000
QAR	1,000,000
HKD	2,000,000
GBP	150,000
EUR	200,000
AUD	250,000

What conditions are covered under critical illness benefit?

The complete list of medical conditions and operations we cover is set out below. These headings are only a guide to what is covered.

Our definitions typically use medical terms to describe the illnesses but in some cases the cover may be limited, for example:

- some types of cancer are not covered, and
- for some illnesses, such as stroke, you need to have permanent symptoms, and for others, such as a heart attack, the illness must be of a specified severity.

We'll pay a maximum of one claim for each event for each life assured for these conditions.

1. Aorta graft surgery – for disease and trauma.
2. Aplastic anaemia – resulting in permanent symptoms.
3. Bacterial meningitis – resulting in permanent symptoms.
4. Benign brain tumour – resulting in permanent symptoms.
5. Blindness – permanent and irreversible.
6. Cancer – excluding less advanced cases.
7. Cardiomyopathy.
8. Coma – resulting in permanent symptoms.
9. Coronary artery by-pass grafts – with surgery to divide the breastbone.
10. Creutzfeldt-Jakob Disease (CJD) – requiring continuous assistance.
11. Deafness – permanent and irreversible.
12. Dementia (including Alzheimer's disease) before age 65 – resulting in permanent symptoms.
13. Encephalitis.
14. Heart attack – of specified severity.
15. Heart failure.
16. Heart-valve replacement or repair – with surgery to divide the breastbone.
17. HIV caught in a specified country* from a blood transfusion, a physical assault or at work in an eligible occupation.
18. Kidney failure – requiring dialysis.
19. Liver failure – end stage.
20. Loss of independent existence – resulting in permanent symptoms.
21. Loss of hands or feet – permanent physical severance.
22. Loss of speech – permanent and irreversible.
23. Lung disease – end stage/respiratory failure of specified severity.
24. Major organ transplant.
25. Motor neurone disease – resulting in permanent symptoms.
26. Multiple sclerosis – with persisting symptoms.
27. Open heart surgery – with surgery to divide the breastbone.
28. Paralysis of limbs – total and irreversible.
29. Parkinson's disease before age 65 – resulting in permanent symptoms.
30. Primary pulmonary arterial hypertension – resulting in permanent symptoms.
31. Stroke – resulting in permanent symptoms.
32. Systemic lupus erythematosus – of specified severity.
33. Terminal illness.
34. Third degree burns – covering 20% of the body's surface area or 50% of the face's surface area.
35. Traumatic head injury – resulting in permanent symptoms.

*Specified country list

Andorra, Australia, Austria, Bahrain, Belgium, Bulgaria, Canada, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Gibraltar, Greece, Hong Kong, Hungary, Isle of Man, Iceland, Italy, Japan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Monaco, Netherlands, New Zealand, Norway, Oman, Poland, Portugal, Qatar, Republic of Ireland, Republic of Macedonia, Romania, San Marino, Saudi Arabia, Singapore, Slovakia, Slovenia, South Africa, Spain, Sweden, Switzerland, Turkey, United Arab Emirates, United Kingdom, United States of America.

After your policy starts

Can I change my policy after it starts?

Increasing your cover

It is not possible to increase the cover available with IDTA. If you increase your loan or mortgage, you may wish to consider applying for an additional policy; there are no restrictions on owning multiple policies other than the product minimum and maximum cover and premium requirements.

Reducing your cover

It is not possible to voluntarily reduce any of the benefit amounts on your policy.

In the event that we wish to increase the cost of critical illness benefit as a result of a review at each fifth policy anniversary, you will be given three options.

- Maintain your critical illness benefit at the same level and pay a higher premium. Where waiver of premium applies to your policy, any premium increase will also include an increase to the waiver of premium benefit cost to ensure the new premium amount is protected. Continue paying the same premium and reduce your benefit amount(s).
- Remove critical illness benefit entirely and reduce your premium. Where waiver of premium applies to your policy, the premium decrease will also take account of a reduction in cost for waiver of premium benefit.

Can my payments change in the future?

For regular premium policies, you need to pay premiums for the full policy term.

If your policy does not include critical illness benefit, then your payments will stay the same during the term of the policy.

If your policy includes CI benefit, we may ask you to pay more for this benefit and where applicable for waiver of premium benefit every fifth policy anniversary if there has been a significant change to our claims experience and/or there have been significant changes to medical advancements. There is no limit to the increase in payments that may apply and you may not be able to afford the same level of cover after a review or be able to take out replacement cover. In the event of a review, we will provide you with three options – to pay an increased premium for the same benefit amount, keep the premium amount unchanged but reduce your cover level, or remove critical illness benefit entirely and reduce your premium as a result.

Please be aware that if you reduce or remove your CI benefit amount as the result of a CI benefit review, this may affect your ability to repay any associated mortgage or loan in the event of suffering a critical illness.

What if I stop paying regular premiums?

Your cover and policy will end and all the associated benefits will stop if you stop paying your regular premiums. You won't get back any of your regular premium payments.

How much does the policy pay out?

You decide how much cover you would like when you take the policy out.

For any life cover, CI and/or PTD benefit, the amount of cover decreases at each policy anniversary so the amount we pay out will be the amount of cover remaining at the time of the claim.

If you choose WOP benefit, the amount of cover stays the same throughout the term of the policy unless your policy is subject to a CI review, in which case the cost of WOP benefit may increase.

The policy never has a cash in value.

When will the policy not pay out?

We will not pay (or fully pay) a claim or we may cancel all cover under the policy in the following circumstances:

You don't give us all the information we ask for when you apply for your policy or when you make a claim. Please don't assume we'll contact your doctor for any medical information.

You don't tell us about any changes in the following between making your application and when your policy starts:

- Personal health
- Family medical history
- Occupation
- Where you live – if you move to live outside the country in which you bought the policy
- The frequency and extent of your foreign travel
- Any hazardous leisure activities you do
- Alcohol consumption

- Use of tobacco or nicotine products
- Use of recreational drugs or drugs not prescribed for you

If we apply any additional specific policy exclusions, we will show them on your policy schedule.

We will not pay a claim for life cover if

You haven't made all the regular premium payments that were due.

You commit suicide within 12 months of the date the policy started or was reinstated.

We are not told about the claim within 30 days of the death of the life insured, or within a longer period if we are satisfied that there are circumstances preventing notification being provided in this period.

We will not pay a claim for critical illness cover if

You haven't made all the payments that were due.

Your policy does not include critical illness benefit.

The illness or medical condition or procedure is not covered by the policy.

The illness or medical condition or procedure does not meet the policy definition exactly.

The illness, medical condition or procedure occurs during the initial qualifying period of 90 days from the risk commencement date or within 90 days of any reinstatement of the policy.

You don't tell us about the claim within 60 days of diagnosis of the illness or medical condition or of the medical procedure taking place, or within a longer period if we are satisfied that there are circumstances preventing notification being provided in this period.

We will not pay a claim for PTD benefit if

Your policy does not include permanent and total disability benefit.

The extent and permanence of your disability does not meet the policy definition exactly.

Your claim is within the 180 day waiting period.

You don't tell us about the claim within 60 days of diagnosis of the disability, or within a longer period if we are satisfied that there are circumstances preventing notification being provided in this period.

We will not pay a claim for WOP benefit if

Your policy does not include waiver of premium benefit.

The extent of your incapacity does not meet the policy definition exactly.

Your claim is within the 180 day waiting period.

You don't tell us about the claim within 60 days of diagnosis of the disability, or within a longer period if we are satisfied that there are circumstances preventing notification being provided in this period.

Can I stop the policy before the end of the policy term?

If you have paid a single premium it is not possible to cancel your policy before the end of the policy term. The cover remains in place for the full policy term.

For regular premium policies, you can stop your policy at any time; if the premiums stop you will no longer be covered for any benefits.

Cancelling your policy or making a claim

Right to cancel

You have 30 days from the date you receive your policy documents to write to us to ask us to cancel the policy without penalty.

You can cancel your policy before you receive your policy documents by contacting us or your financial professional.

Our contact details are provided in the 'How to contact us' section.

How can I make a claim?

To make a claim, contact us or your relevant financial professional. We'll let you or your representative know what information we need so that we can process the claim as quickly as possible. You must tell us within the stated time limits of any claim you wish to make.

In the event of a claim, we may need to see the life insured's medical records and we may need the life insured to undergo a medical examination or testing if the claim is for any Additional Benefit.

About Zurich

Zurich International Life

Zurich International Life is part of the Zurich Insurance Group which is headquartered in Zurich, Switzerland. The Group is a global insurer with superior financial strength, a talented workforce and a highly valued brand. Acting as one team with one purpose we take a global approach to resources and capabilities. The Group applies these strengths to help our individual, commercial and corporate customers understand and protect themselves from risk.

Here for when it matters

Zurich is one of the world's most experienced insurers.

We're in business to help our customers understand and protect themselves from risk. Risk is part of everyone's life. Individuals, families, businesses and communities can prosper only when they are protected against critical risks. We help our customers to manage the risks they face, making their lives more secure and helping them to grow their businesses.

Our customers choose Zurich to protect the people and things they love because they value our knowledge, expertise and stability.

The Isle of Man

The Isle of Man offers distinct benefits as a base for your investment and protection policies, which include:

Financial and political stability – the Isle of Man has one of the longest standing continuous parliaments in the world, and the island has enjoyed the stability of its own government for more than 1,000 years.

Robust insurance and policyholder protection legislation – the island is world renowned thriving financial centre with stringent legislation, which includes:

- The Isle of Man Insurance Act 2008 ensures that senior management and controlling parties of insurance businesses are fit and proper, and that the companies are financially sound.

- The Isle of Man's Life Assurance (Compensation of Policyholders) Regulations 1991 ensure that, in the event of an Isle of Man authorised life assurance company being unable to meet its liabilities to its policy owners, the Policyholders' Compensation Fund would pay policy owners a sum up to 90% of the amount of any liability of the insurer under the contract. The Island's scheme operates globally, providing protection to policy owners no matter where they reside and would be funded by a levy on the funds of the other Isle of Man authorised life assurance companies.

Taxation

There are no deductions made in respect of any tax in the Isle of Man from investments held on behalf of our investors, or from any policy proceeds in the event of a valid policy claim.

You should note that the tax treatment of any benefits taken from this policy will depend on the personal circumstances of the claimant at the time of the claim, including their country of residence.

If the IDTA is held by a trust or company then different taxation rules may apply. Please consult your relevant financial professional if you are in any doubt as to the extent to which you may be liable to tax under this policy.

The information contained in this document is based on our understanding of relevant legislation, regulation and taxation issues as at June 2014 and may change in the future.

Zurich International Life is unable to provide individual tax guidance and recommends that you always seek professional tax advice.

How to complain

If you ever need to complain about your policy, please contact us in the first instance, using the address or the contact numbers in section 'How to contact us' on page 15. Details of our complaint handling process are available on our website www.zurich.ae.

If you are not satisfied with our response, you may also have the right to refer your complaint to the local regulator.

Insurance Authority
P.O. Box 113332
Abu Dhabi
United Arab Emirates

Telephone: +971 2 499 0111
Website: www.ia.gov.ae

You also have the option to refer your complaint to the Isle of Man dispute resolution service, the Isle of Man Financial Services Ombudsman Scheme (the FSOS) to formally review your case.

The FSOS contact details are:

The Financial Service Ombudsman Scheme
Isle of Man Office of Fair Trading
Thie Slieau Whallian
Foxdale Road
St John's
Isle of Man
IM4 3AS
British Isles.

Telephone: +44 1624 686500
Email: ombudsman@iomoft.gov.im
Website: www.gov.im/oft

Complaining to the Ombudsman will not affect your legal rights. You should note that companies and trusts are not eligible to refer a complaint to the Ombudsman.

Compensation

- Your relevant financial professional will recommend products that are suitable for you.

You may have a right to compensation if an authority decides that a recommendation was unsuitable when it was made.

- The Isle of Man Life Assurance (Compensation of Policyholders) Regulations 1991 cover your policy. This means that if we become insolvent, you will be protected for up to 90% of our liability to you.

How to contact us

Your financial adviser will normally be your first point of contact for any financial advice related to your Policy. If you wish to contact us for any queries, you can call us, email or write to us.



Phone: +971 4 3634567

We're available Sunday to Thursday between 8am and 5pm.



Email: helppoint.uae@zurich.com and benefit.claims@zurich.com
for Benefit claims



Write to:

Zurich International Life
P.O. Box 50389
Unit 601, Floor 6, Building 6
Emaar Square
Dubai
United Arab Emirates



Website: www.zurich.ae

Calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

Important information

Zurich International Life is a business name of Zurich International Life Limited.

Zurich International Life Limited is fully authorised under the Isle of Man Insurance Act 2008 and is regulated by the Isle of Man Financial Services Authority which ensures that the Company has sound and professional management and provision has been made to protect policy owners.

For life assurance companies authorised in the Isle of Man, the Isle of Man's Life Assurance (Compensation of Policyholders) Regulations 1991, ensure that in the event of a life assurance company being unable to meet its liabilities to its policy owners, up to 90% of the liability to the protected policy owner will be met.

Not for sale to residents or nationals of the United States including any United States federally controlled territory. This document is not intended as an offer to invest.

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law No.6 of 2007 and its activities in the UAE are governed by such law.

Zurich International Life Limited 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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