



ZURICH[®]

Futura

Key Features Document



Helping you decide

This important document explains the main features of the Futura policy. Please read this together with your personalised illustration and the Policy Terms and Conditions.

You should read all of these documents carefully so that you understand what you are buying and keep them in a safe place for future reference.

What is Futura?

Futura is a unit-linked policy which has the flexibility to protect you and your family for your entire lifetime. It can give you, your family and your business financial security in the event of death, serious illness, accident or disability.

Your adviser will help you to decide if this policy is right for you, the levels and types of cover that are appropriate for your circumstances and the funds in which to invest in, based on your risk profile.

What Futura can do for you?

- Provide insurance for the whole of your life that pays a cash sum to your loved ones if you die.
- Provide a comprehensive range of optional benefits to protect you against the financial impact of a serious accident or illness.
- Allow you to change the levels of protection and add more benefits from the available options.

What you need to do?

- Provide us all the information we ask for when you apply for the policy and answer all the questions on your application fully, truthfully and accurately.
- Tell us about any changes between signing the application and when your cover starts, in your health, family history, occupation or if you take up any hazardous activities.
- Pay all the premiums outlined in your personalised illustration, or required as a result of a future change to the policy, or as a result of a regular policy review.
- Advise us of any significant changes to your personal circumstances, such as moving to a different country of residence.
- Seek ongoing financial advice; you should seek advice before you make any changes to your policy and whenever your circumstances change.
- Ensure you understand the details of your policy and the fund(s) you choose, especially the associated risks and charges.

What you need to be aware of

- Buying Futura is a long term commitment. If you stop or reduce your payments, your policy may not have sufficient value to cover the ongoing policy and benefit charges and will lapse. If this happens, all your benefits will stop and your policy will come to an end without any value.
- The value of your policy is linked to the performance of your fund selection. The value of these funds can fall as well as rise and is not guaranteed.
- If the investment return of the funds selected is less than illustrated, you may have to increase your payments to maintain your chosen benefits, or if your vanishing premium payment term has already ended, you may have to recommence payments or pay an additional single premium.
- If you make a withdrawal and your policy value is not sufficient to cover ongoing policy and benefit charges, your policy may come to an end without any value.

- Policy charges as detailed in the 'policy charges' section of this document and these may be subject to variation with prior notification from us.
- Depending on your personal circumstances at the time (including your country of tax residence) you may be liable to pay tax on the proceeds of the policy.

Age eligibility

- Insured lives must be aged between 18 and 74 to apply for life cover and family income benefit. To apply for any optional benefits, insured lives must be aged between 18 and 64. Most optional benefits will stop at age 70.

Policy basis

Futura can be issued on any of the following bases:

1. Single life only – If you are a single person or the main wage earner in a family you may need life insurance in order to leave a legacy or plan your estate. Once your policy has started, you can add an additional person to be insured and the policy basis can be changed to joint life first death or joint life both death.
2. Joint life first death – For a couple or business partners looking for cover for the first insured event only – to repay a mortgage or loan, for example. The policy ends on the first death.
3. Joint life both death – For a couple each looking for independent cover amounts, like having two policies tied together. The policy pays out on the first insured event and continues for the survivor.
4. Joint life last death – For example a couple looking for cover in order to leave behind a legacy. The policy pays out when the last life insured dies.

Compulsory benefits

Life cover is a compulsory benefit, which includes terminal illness benefit, aeroplane cover and medical second opinion service.

Life cover

- Pays a cash sum benefit on the death of the life insured.

Terminal Illness

- We would pay the life cover benefit on the diagnosis of a terminal illness of the relevant life insured. This is not available to joint life last death policies.

Funeral coverage

- In the event of a death claim, we can pay an advance of USD 7,500 from the claim proceeds in order to cover the initial funeral costs/repatriation expenses. The payment will be made to the identified beneficiary or to the policy owner in case of the life insured's death.

Aeroplane cover

- We would pay a cash sum in addition to the life cover amount (up to a maximum of USD 1 million), in the event that the life insured dies while traveling as a fare paying passenger on a commercial airline.

Life event increase option

- Available to all lives insured accepted at our standard underwriting terms. This option allows the policy owner to increase selected policy benefits within the 90 days of a specific 'life event' without further underwriting. Life events include marriage, birth of a child or buying a house.

Medical second opinion service (including your family)

- When you are facing a critical medical decision – whether an important health question or a serious diagnosis – getting it right is everything. We connect you to thousands of world-renowned medical experts. As a result, this provides additional comfort in having more than one opinion.

Optional benefits to protect yourself and your family

The optional benefits available with a Futura policy are:

- Accidental death benefit,
- Critical illness benefit or Cancer cover (which includes Children's critical illness benefit or cancer cover)
- Dismemberment benefit,
- Family income benefit,
- Fixed term income benefit,

- Hospitalisation benefit,
- Permanent and total disability,
- Waiver of premium.

The optional benefits can be added, removed, increased or decreased, to meet with your changing circumstances.

Accidental death benefit

- Pays a cash sum in addition to the life cover sum insured where the life insured dies as a result of an accident.

Critical illness benefit or cancer cover – you can choose one of these options:

Critical illness benefit

- Pays a cash sum if the life insured is diagnosed with a critical illness, or undergoes a medical procedure covered under the policy. Critical illness claims are paid as an advance of the life cover sum insured, so in the event of a claim the life cover sum insured will be reduced or end altogether. 36 conditions are covered by this benefit.
- Children's critical illness benefit is included within the critical illness benefit. The cover starts on the child's first birthday and ends on the day before the child's 19th birthday. This will pay a cash sum of the lower of USD 15,000 or 10% of the critical illness sum insured per claim event if the life insured's child is diagnosed with a critical illness, or undergoes a medical procedure covered under our children's critical illness definition. We will pay one claim per child and up to a maximum of three claims under this benefit.
- The payment of a valid children's critical illness claim does not reduce the critical illness benefit sum insured or the policy value.

Cancer cover

- Pays a cash sum if the life insured is diagnosed with one of the cancers listed in our Policy Terms and Conditions, or undergoes a medical procedure covered under the policy. Cancer claims are paid as an advance of the life cover sum insured, so in the event of a claim the life cover sum insured will be reduced or extinguished altogether.
- Children's cancer cover is included within cancer cover. The cover starts on the child's first birthday and ends on the day before the child's 19th birthday. This will pay a cash sum of the lower of USD 15,000 or 10% of the cancer cover sum insured per claim event if the life insured's child is diagnosed with cancer. We will pay one claim per child and up to a maximum of three claims under this benefit.
- The payment of a valid children's cancer cover claim does not reduce the cancer cover benefit sum insured or the policy value.

Dismemberment benefit

- Pays a cash sum if the life insured suffers the loss of sight or limb as the result of an accident as defined in the Policy Terms and Conditions.

Family income benefit

- Pays a series of regular payments in the event of the death of the relevant life insured for the remaining benefit term. The term of cover is selected by you and begins from the start of the policy.

Fixed term income benefit

- Pays a series of regular payments in the event of the death of the relevant life insured before the age of 70. The term of benefit payments is selected by you and begins from the date the death claim is accepted by us.

Hospitalisation benefit

- Is payable if the life insured is hospitalised for 4 or more consecutive days.

Permanent and total disability

- Pays a cash sum amount in the event that the life insured is diagnosed as permanently and totally disabled as per the definitions in the Policy Terms and Conditions. A valid claim for permanent and total disability will not reduce the life cover sum insured.

Waiver of premium

- Ensures that in the event that a life insured is totally incapacitated as per the definitions in our Policy Terms and Conditions by illness or accident the policy premiums are paid by us. This means that the policy can continue as originally planned.

Please refer to the Policy Terms and Conditions for detailed information on all the benefits.

How Futura Works

Premium payment options

You can choose to pay a single premium or to pay regular premiums until age 96, or for a reduced period of between 7 and 50 years (this is known as a 'vanishing premium'). Regular premiums can be paid monthly, quarterly, half-yearly or yearly.

The numbers shown in this document are USD - please see your financial professional for the other currency amounts.

The policy is available in USD, GBP, EUR, AED, BHD and QAR.

What is the minimum premium?

The minimum regular and single premium amounts are as follows:

Regular premiums

Currency	Monthly	Quarterly	Half-yearly	Yearly
USD	150	450	900	1,800

Single premium

Currency	Single premiums	Additional single premiums
USD	15,000	5,000

How can I pay my premiums?

We accept regular premiums by UAE direct debit, standing order, cheque, credit card or TT (first premium only). You can pay your single premiums by cheque or TT.

How do my premiums get invested?

Your premiums will be used to buy units in your chosen funds at the relevant premium allocation rate as shown in the 'Policy charges' section of this document. The value of the units will increase or decrease depending on the investment performance of the fund(s). The value of your policy, at any time, will be the current value of the units in the fund(s) you have chosen.

You should ensure that you are aware of the level of risk and the potential investment performance of the funds you choose under this policy. Your financial professional can help you to decide the funds that suit your risk profile.

Further information on the funds available with Futura, including the fund prices, charges, fund performance and historical data are available in the fund centre on our website www.zurich.ae.

Can I make changes to my premiums?

You can increase your regular premiums at any time. The increased premium will also be subject to a regular premium charge.

Changes in premium frequency, can only happen at the policy anniversary.

Can I lower the amount of premium I am paying?

You can decrease your regular premium at any time, subject to the minimum regular premium amounts.

If you reduce your regular premium, you may need to revise the amount of cover on your policy or your policy value may not be sufficient to cover the ongoing charges for long and your policy may lapse without value.

Can I change my benefits in the future?

Yes, you can change the amounts of any benefits and change your choice of additional benefits at any time. Changing the benefits may mean that you have to change your premium levels. An increase in the benefits may be subject to additional requirements.

Can I take withdrawals from the policy?

Taking withdrawals will result in a reduction of the benefit amount by the amount of the withdrawal.

If you decide to fully surrender your policy, you are entitled to the policy value at the time. There is no surrender charge, however your policy will end and all your benefits will stop.

What happens if I stop paying premiums?

If premiums are unpaid for more than 90 days, the policy will either be made 'paid up' and the policy value will fund the policy's ongoing charges; or the policy will lapse if there is no policy value to sustain the ongoing policy and benefit charges.

How will I know how my policy is doing?

You can keep up to date with your policy details online through Zurich International Online (ZIO) once we issue your policy. To register, go to www.zurich.ae and click on 'My Account'.

What critical illnesses are covered under Futura?

The critical illness benefit covers the following:

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. Children's critical illness
9. Coma – resulting in permanent symptoms
10. Coronary artery by-pass grafts – with surgery to divide the breastbone*
11. Creutzfeldt-Jakob disease – requiring continuous assistance
12. Deafness – permanent and irreversible
13. Dementia (including Alzheimer's disease) before age 65 – resulting in permanent symptoms
14. Ductal Carcinoma in Situ ('DCIS') of the Breast – with specific treatment (Partial Payment)
15. Encephalitis
16. Heart attack – of specified severity
17. Heart failure
18. Heart valve replacement or repair – with surgery to divide the breastbone
19. HIV infection – caught in a specified country* from a blood transfusion, a physical assault or work in an eligible occupation
20. Kidney failure – requiring dialysis
21. Liver failure – end stage
22. Loss of hands or feet – permanent physical severance
23. Loss of independent existence – resulting in permanent symptoms
24. Loss of speech – total, permanent and irreversible
25. Lung disease – end stage/respiratory failure – of specified severity
26. Major organ transplant*
27. Motor neurone disease – resulting in permanent symptoms
28. Multiple sclerosis – with persisting symptoms
29. Open heart surgery – with surgery to divide the breastbone

30. Paralysis of limbs – total, permanent and irreversible
31. Parkinson’s disease before age 65 – resulting in permanent symptoms
32. Primary pulmonary arterial hypertension – resulting in permanent symptoms
33. Stroke – with permanent symptoms
34. Systemic lupus erythematosus – of specified severity
35. Third-degree burns – covering 20% of the body’s surface area or 50% of the face’s surface area
36. Traumatic head injury – with permanent symptoms

*Conditions where claims must originate or may be conditional on inclusion on a surgical waiting list within a specific list of countries, which is currently as follows, but may be subject to change in the future.

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

The updated list can be viewed under the Futura product information on our website www.zurich.ae.

Cancer cover covers the following:

- 1 Benign brain tumour – resulting in permanent symptoms
- 2 Cancer – excluding less advanced cases
- 3 Ductal carcinoma in situ of the breast – with specific treatment (partial payment)
- 4 Children’s cancer cover

For full details and definitions of the critical illness and cancer conditions covered, please refer to the Futura Policy Terms and Conditions.

Right to cancel

You have the right to cancel your policy within 30 days of receipt of your policy documents. You will need to complete and return the cancellation notice provided within your policy pack to us.

On acceptance of your cancellation notice, Zurich will refund your premiums in full.

You can also 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.

Policy charges

Policy charges

Charge type	Applicable rate			How and when it is taken
Regular premium charge	Policy months	Charge%	Allocation rate	For the first two years of your policy, 50% of your premiums are used to pay the policy set up charges. For years three to five we take a 7% charge from all your regular premiums and from year six onwards, we take a 2% charge from all your regular premiums. Any increase in premiums will be allocated using a similar allocation pattern starting from the date of the increase.
	1 to 24	50%	50%	
	25 to 60	7%	93%	
	61+	2%	98%	
Single premium charge	Single premiums are allocated at 92%. This means that for all single premiums we take a charge of 8%.			The charge is deducted from your premium before it is added to your policy.
Benefit charges	The cost of providing benefits is determined by the age, gender, smoker status and other personal details of the life or lives insured, together with the levels of cover required. Benefit charges will increase yearly.			Benefit charges are deducted on the first of every month by cancelling units in your funds.
Policy administration charge	Currency	Monthly policy charge		A policy charge is deducted from your policy each month by cancelling units in your funds.
	USD	7.50		

Fund Charges

Ongoing charges figure	The ongoing charges figure (OCF), is deducted from each fund by the fund manager, prior to calculating the unit price. This includes charges levied by fund managers to cover fees and costs incurred in the running of the funds.	For full details of the available range of funds and their charges please log on to the fund centre on www.zurich.ae .
Fund Investment Adviser charge	<p>This charge is applicable if you appoint an authorised fund investment adviser at policy commencement, to give instructions to us regarding your funds and you agree with them to pay a charge for the service they provide.</p> <p>The charge will be made in accordance with the agreement between you and your fund investment adviser, up to 1% each year of the value in units.</p>	Deducted monthly by cancellation of units on the first day of each month and while the agreement between you and your fund investment adviser is in place.

Transactional charges

Currency switch charge	0.175% of the value switched between currencies	If you switch between funds of different currencies then we make a charge based on the value switched between currencies.
Currency exchange charge	<p>A currency exchange charge will be made by us when:</p> <ul style="list-style-type: none"> we receive premiums in a different currency to the policy currency, or we buy or sell units in a fund(s) in a different currency to the policy currency, or we make payments from the policy (including claims) in a different currency to the policy currency. 	A currency exchange charge is not an explicit Policy deduction; it is incorporated within the currency exchange rates we use for each transaction.

Making a claim

- Zurich should be the first point of contact to make a claim. Your relevant financial professional will also be able to assist you.
- The person making the claim should notify us as soon as possible at benefit.claims@zurich.com.

In the event of a claim under the policy we may need to see the relevant life insured's medical records and in the case of a waiver of premium claim, we may need the life insured to undergo a medical examination or testing. You will be required to supply this information at your own expense. Full details on how to make a claim can be found in the Policy Terms and Conditions.

When a claim won't be paid

Please refer to the Policy Terms and Conditions for a full list of reasons why a claim may not be paid; there are specific exclusions for each benefit. The following is not an exhaustive list of all exclusions but it's important that you should understand that we will not pay a claim if:

- The policy lapsed or the benefit lapsed or ended before the claim event took place.
- The claim event does not meet the definition of benefit or it occurred before the risk commencement date, or before the policy was reinstated, or before the completion of a qualifying period relevant to the benefit being claimed.
- The life insured knowingly or unintentionally fails to disclose or deliberately misrepresents any fact in relation to the policy and the non-disclosure or misrepresentation is such that it would cause us either to decline any benefits in part or in full.
- The life insured commits suicide within the first year of the policy or attempts to commit suicide and/or intentionally causes a self-inflicted injury.
- The claim is attributable to the addiction to, abuse or misuse of alcohol or prescribed or non-prescribed drugs.
- The claim is attributable to a criminal act perpetrated by a life insured or a policy owner or beneficiary against a life insured.

For more information on Futura please visit our website www.zurich.ae.

How to make a complaint

If you have any issues with your policy, please contact us in the first instance using the address or the contact numbers in the 'How to contact us' section. Details of our complaint handling process are available in the Futura Policy Terms and Conditions and on our website www.zurich.ae.

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, you can call us, email or write to us:



Phone: +971 4 363 4567.

We're available Monday to Friday between 8am and 5pm.



Email: helppoint.uae@zurich.com

or benefit.claims@zurich.com for benefit claims.



Write to:

Zurich International Life

Zurich HelpPoint

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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 owners will be met.

The protection only applies to the solvency of Zurich International Life Limited and does not extend to protecting the value of the assets held within any unit-linked funds linked to your policy.

Not for sale to residents or nationals of the United States including any United States federally controlled territory.

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 Limited provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

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