

# Maturity and reinvestment form

## Guidance notes

Now that your policy is reaching its full term, it is important that you tell us what you want to do with your proceeds.

Please use this form for any Zurich International Life investment policy that has a maturity or termination date.

The 'Your maturity options' section outlines three potential choices. We strongly recommend that you consult your relevant financial professional or authorised consultant before making a decision. When the maturity/normal retirement date is reached, your policy comes to an end. At this point, we will hold the policy value securely, pending your instructions for payment. It is therefore in your interest to complete and return this form prior to the maturity/normal retirement date.

If you are not satisfied with our handling of your claim, please refer to our complaints procedure.

### Completing this form

Please complete this form in English, in blue or black ink and in **CAPITAL** letters. All policy owners/trustees should sign the form. Once you have completed the form, please include all the required documentation and information because if anything is missing, we will have to return the form to you for clarification.

### Contact details

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

### General points to note

Any withdrawal will affect the future capital growth of your initial investment.

All payments will be subject to any applicable trade or economic sanctions.

The amount you receive may be less than the dealing amount.

A withdrawal may cause a chargeable event for UK income tax. For further information, please contact your financial professional.

## 1. Policy details

Policy number

### Policy owner 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)

Place of birth (town or city)

Nationality

Do you hold nationality in another country?

Yes  No

If 'Yes', please confirm the country

Current residential address

Telephone number (include international country code)

Mobile number (include international country code)

Country of telephone number

Country of mobile number

Is this a US\* based telephone 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.

Policy details (continued)

Are you a US\* tax payer?

Are you a US\* citizen?

Email address

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.

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)*

\*If you are currently tax resident in the United Kingdom, please provide your National Insurance number.

Policy owner 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)

Place of birth (town or city)

Nationality

Do you hold nationality in another country?

Yes  No

If 'Yes', please confirm the country

Current residential address

Telephone number (include international country code)

Mobile number (include international country code)

Country of telephone number

Country of mobile number

Is this a US\* based telephone 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.

Are you a US\* tax payer?

Are you a US\* citizen?

Email address

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.

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)*

\*If you are currently tax resident in the United Kingdom, please provide your National Insurance number.

## Policy details (continued)

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

Name of the company/trust (policy owner)

Registered company number (if applicable)

Country of incorporation (companies only)

Registered office of company

Name of trustee or company representative for correspondence

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence	Tax reference number(s)*

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.

## 2. Your maturity options

**Please note that if we do not receive an instruction from you before your maturity date, we will transfer your proceeds to our post maturity reserve.**

When your policy matures you need to choose from one of the options below.

Depending on your country of residence and your policy type your choice of options may be limited.

Zurich International Life (Zurich) reserves the right to reject any application received.

### **Option 1 – Extend**

**Please note this option is not available to US residents.**

- Extend the term of the policy up to age 75 by at least one year (five years if you are invested in the Guaranteed Accumulation funds). This includes the option to make contributions to the policy.
- Leave your investment fund to accumulate as a lump sum, or choose to make regular contributions. One-off payments to your account can also be made.
- Choose to maintain, extend or remove additional benefits from the policy.
- Continuing with any existing additional benefits on your policy will be subject to underwriting and we will let you know the underwriting requirements when you apply to extend your benefit(s).
- Switch your investment to (an)other fund(s) from the Zurich International Life fund range for your policy.
- For Vista/InvestPlus/Harvester policies, the expense recoupment charge will no longer be deducted if you extend your policy and contributions continue at their current level or contributions are no longer made.
- The policy fee and any charges for additional benefits will be deducted from your account as before.

1. I/We would like to extend by a further \_\_\_\_\_ years and I/we understand that if I am/we are invested in the Guaranteed Accumulation funds, this must be a minimum of five years.

If the money invested in the Guaranteed Accumulation funds is taken out at any time other than at a permitted withdrawal point (variable by product), the amount paid out may be reduced to reflect the current market value of the underlying assets. This is known as market level adjustment (MLA). The MLA therefore ensures that other investors reducing the size of their holdings early do not affect the value of your continuing investment in the Guaranteed Accumulation fund(s). The amount of the MLA depends on when you invested in the fund, the period you have invested and the investment market conditions over this period.

A. (Please tick one option)

I/We would like to continue paying premiums of \_\_\_\_\_ until my/our new maturity/retirement date.

Or

I/We would like to stop paying premiums of \_\_\_\_\_ until my/our new maturity/retirement date.

## Your maturity options (continued)

B. (Please tick one option)

I/We would like to maintain the current levels of additional benefits on this policy in accordance with the terms and conditions.

Or

I/We would like to remove the additional benefits from this policy.

2. If your policy has already matured, it is currently invested in the post maturity reserve and we require a new investment strategy from you. Please provide new investment details below.

Fund code	Fund name	%
Total – please make sure the total adds up to 100%.		<b>100%</b>

### Option 2 – Reinvest

I/We have discussed this option with my/our financial professional and I/we would like to reinvest my/our proceeds.

Your financial adviser will need to contact us to arrange for your new policy to be set up.

Please note:

- This option is only available if the policy owner(s) and any lives insured are resident and have a correspondence address in Bahrain, Qatar, Singapore or the United Arab Emirates.
- A new policy will incur new set up charges.

### Option 3 – Surrender

Take your proceeds in full or part, as a lump sum.

I/We would like to select the maturity/retirement option (please tick one option only).

Please tick one option only – A, B, C. Please note that option B is not available for Vista/InvestPlus/Harvester policies issued after January 2005. Owners of Vista/InvestPlus/Harvester policies issued after January 2005 wishing to surrender must select option C to fully surrender or option A to partially surrender.

If you do not select a payment currency, the payment will be made in the policy currency.

If selecting option A or B please ensure you also fully complete 'Section 1 – Extend', confirming how your remaining proceeds should be treated.

#### Option A (tick one only)

Partial surrender across all policies and funds and I have also completed section 1 to extend my policy.

Amount

Payment currency

#### or, Option B

Maximum partial surrender across all policies and funds and I have also completed section 1 to extend my policy.

Amount

Payment currency

#### or, Option C

Full surrender when we receive this instruction

Payment currency

Full surrender at maturity date



## 5. Declaration/Data protection

### Declaration

I/We give the necessary authority for you to contact the certifier(s) of my/our documents directly if it is necessary to seek clarification regarding any part of the certification. I/We acknowledge that once my/our surrender instruction is received it cannot be reversed. In the case of a full surrender, once the value is dispatched, as set out above, it will be a full and final settlement and discharge of this claim under the above-mentioned policy (see guidance notes).

I/We the undersigned, as policy owner(s)/beneficiary/trustee/assignee (delete as appropriate) warrant that I am/we are legally entitled to claim the amount detailed above from the policy, less any sums owing to Zurich International Life.

### Data protection

I/We understand that the personal information (including health information) that I/we supply or is derived from relevant background checks may be held and used by Zurich International Life Limited (the Company) in the following ways:

- to process, evaluate and administer the contracts/policies/claims
- to prevent and detect fraud and financial crime
- to perform accounting, statistical and research activities.

I/We also understand that to carry out the above the Company may need to pass the information to:

- any Zurich Insurance Group companies, re-insurers, reference agencies, auditors, third parties who provide relevant services to the Company and my/our relevant financial professional
- countries outside the Isle of Man (or the Company's regional branches) that may not have equivalent levels of data protection; however the Company would be responsible for ensuring that equivalent levels of protection are maintained
- public bodies including the police, or insurers' database
- any relevant tax authority or governmental, regulatory or other bodies as required by law, regulation, codes or guidelines and /or pursuant to any order of a court of competent jurisdiction and the information may be transmitted by any usual means including the internet.

I/We understand that the Company will only communicate with me/us using the contact details that I/we have supplied. Where I/we have provided more than one form of contact details, the most appropriate method of communication will be used depending on the urgency and sensitivity of the information.

I/We also note that my/our telephone calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive (from the Company's Data Protection Officer) a copy of my/our personal data held by the Company (and may be charged the statutory fee for this) and to have any errors corrected.

### All policy owners, trustees or authorised signatories must sign this form.

If your signature is different from the signature in your passport/identification provided or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form'.

#### Policy owner/Authorised signatory 1

Signature
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Country of residence

Date residency effective from

D	D	M	M	Y	Y	Y	Y
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Date signed

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

Signature
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Country of residence

Date residency effective from

D	D	M	M	Y	Y	Y	Y
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Date signed

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 Limited (Singapore branch) is licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme.

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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