

Appointment of beneficiary form

Completing this form

You should take legal advice before completing this form.

Please use this form if you wish to appoint a beneficiary or beneficiaries to receive the sum insured payable on the death of the relevant life insured. The appointment applies to payments made in respect of valid death claims only; valid claims payable due to terminal illness, critical illness, permanent and total disability, hospitalisation and/or dismemberment will be paid to the policy owner.

Important Guidance notes:

Appointing a beneficiary removes the need for us to obtain probate in the event of a valid death claim and so ensures we pay the policy proceeds to the appointed beneficiary without delay. Appointing a beneficiary is optional. Where there are multiple lives insured or multiple policy owners on the policy please ensure that you understand the implications of appointing a beneficiary and the effect this will have in the event of a valid death claim. If you are unsure whether or not you should appoint a beneficiary, or unsure of the effect of appointing a beneficiary on your policy, please consult your financial adviser.

You can revoke a beneficiary appointment at any time before the death of the relevant life insured.

Appointing a beneficiary does not remove any tax or reporting obligations on the policy owner, life insured and/or beneficiary.

This form should **not** be used to make a gift for UK inheritance tax purposes (UK domiciles only).

In the event of the death of the relevant life insured, we agree to pay the policy proceeds to the appointed beneficiary(ies), **subject to the following:**

- i. Where the beneficiary is a minor, we will pay to their legal guardian.
- ii. Where one or some of the primary beneficiaries predecease the life insured but other primary beneficiaries remain, the policy proceeds attributable to the deceased primary beneficiary will be shared equally amongst the remaining primary beneficiaries.
- iii. Contingent beneficiaries will only benefit if no primary beneficiaries remain. In this case, where one or some of the contingent beneficiaries predecease the life insured but other contingent beneficiaries remain, the policy proceeds attributable to the deceased contingent beneficiary will be shared equally amongst the remaining contingent beneficiaries.
- iv. If all beneficiaries pre-decease the life insured and no new beneficiary appointment is made, the policy proceeds will revert back to the life insured's estate.

Changes to beneficiaries

We will act on the most recently received appointment of beneficiary form, which must be signed by all Policy owners where applicable.

Assignments

An assignment will revoke any existing beneficiary appointment at the time of the assignment.

If you conditionally assign a policy specified in this form as security or collateral to a financial body (such as a bank), that assignment will take priority over beneficiaries' claim to any benefits designated here.

Contact details

We adhere to strict confidentiality procedures when we communicate with our clients/beneficiaries. For security purposes we will regard the details provided 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.

Please complete this form in blue or black ink, in English and in **CAPITAL** letters.

Policy number (if known):

1 Policy owner details

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 alias used, including maiden name (if applicable)

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 alias used, including maiden name (if applicable)

2 Beneficiary Nomination

Please confirm if this beneficiary nomination is applicable for both lives life insured 1 life insured 2

2.1 Primary Beneficiary

Subject to any future revocation or appointment, I hereby appoint the following person(s) as beneficiary(ies):

Note: Please ensure the percentage share for primary beneficiaries equals 100% when added together.
If you are nominating each other as primary beneficiary, then the percentage share must be 100% each.

Primary Beneficiary 1

Title

Mr Mrs Miss Ms Dr
 Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

D	D	M	M	Y	Y	Y	Y
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Share %

Relationship to life insured

Email address, if available

Emergency contact name and phone number, if available

Primary Beneficiary 2

Title

Mr Mrs Miss Ms Dr
 Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

D	D	M	M	Y	Y	Y	Y
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Share %

Relationship to life insured

Email address, if available

Emergency contact name and phone number, if available

Beneficiary Nomination (continued)

Primary Beneficiary 3

Title

Mr Mrs Miss Ms Dr

Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

Share %

Relationship to life insured

Email address, if available

Emergency contact name and phone number, if available

Primary Beneficiary 4

Title

Mr Mrs Miss Ms Dr

Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

Share %

Relationship to life insured

Email address, if available

Emergency contact name and phone number, if available

2.2 Contingent Beneficiary

Note: Please ensure the percentage share for contingent beneficiaries equals 100% when added together.

Contingent Beneficiary 1

Title

Mr Mrs Miss Ms Dr

Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

Share %

Relationship to life insured

Contingent Beneficiary 2

Title

Mr Mrs Miss Ms Dr

Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

Share %

Relationship to life insured

Beneficiary Nomination (continued)

Contingent Beneficiary 3

Title

Mr Mrs Miss Ms Dr
 Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

Share %

Relationship to life insured

Contingent Beneficiary 4

Title

Mr Mrs Miss Ms Dr
 Other (please give details)

Family name

Forename(s)

Please give details of any previous names or alias used, including maiden name (if applicable)

Residential address

Date of birth

Share %

Relationship to life insured

3 Signatures

I/We hereby declare that the information provided in this form are true and accurate to the best of my/our knowledge and belief. In case any of the information is found to be false or inaccurate or misleading or misrepresenting, including my/our signature below or registered email address, I/we may be held liable for it.

Policy owner 1

Date

Print name

Policy owner 2

Date

Print name

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