

Benefit payment claim form

(To be completed by the claimant)

You should use this form if you need to make a death or benefit claim.

Please complete this form in English and in **CAPITAL** letters and send it to your local Zurich International Life (Zurich) office, details of which are on page 9. All claimants or legal representatives should sign the form. If this has not been done, we will be unable to accept the instruction and your payment will be delayed.

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

Any benefit payment made will be subject to any applicable trade or economic sanctions.

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.

1 Policy and contact details

For completion by claimant(s)

Policy number(s) if known

Life insured

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

Family name

Forename(s)

Claimant 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)

Country of birth

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

Correspondence address (if applicable)

Telephone number (including international country code)

Mobile number (including international country code)

Country of telephone number

Country of mobile number

Claimant 1 (continued)

Is this a US* based telephone number? Yes No
Are you a US* tax payer? Yes No
Are you a US* citizen? 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.

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

Table with 2 columns: 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.

Email address

Relationship to life insured

Please tick your preferred method of contact: Telephone Mobile Email By post at the address given above

Claimant 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)

Country of birth

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

Correspondence address (if applicable)

Telephone number (including international country code)

Mobile number (including international country code)

Country of telephone number

Country of mobile number

Is this a US* based telephone number? Yes No
Are you a US* tax payer? Yes No
Are you a US* citizen? 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.

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

Table with 2 columns: 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.

Email address

Relationship to life insured

Please tick your preferred method of contact: Telephone Mobile Email By post at the address given above

2 Advanced payment claim details – Futura/Lifelong International Term Assurance only

If your claim for Futura/Lifelong only meets the criteria for an advanced payment** and you wish to accept this payment, please tick here to confirm.

**An advanced payment of USD5,000 (or currency equivalent) will be made on all Futura/Lifelong death claims, or your claim is for International Term Assurance (ITA) as long as the policy has passed the nil allocation period (usually 24 months). This payment will be made as an advance of the life cover sum insured, so that on full settlement of the life cover claim, the amount payable will be reduced by the amount of the advanced payment already made. The advanced payment will be made following satisfactory notification of death and receipt of the relevant claimant anti-money laundering information.

Please note that there may be circumstances where Zurich declines to pay an advanced payment, such as (but not limited to) where the policy does not qualify for this payment, or where all relevant documentation has not been received; the final decision to pay an advanced payment will rest with Zurich.

Claim amount

Please return the policy schedule(s). If you have lost or misplaced these, please complete section 8 on page 8.

3 Claim details

Please tick option A, B or C (tick one only)

Claimant 1

- | | |
|--|---|
| <input type="checkbox"/> Option A – death claim | <input type="checkbox"/> Option C – children's claim (please specify benefit below) |
| <input type="checkbox"/> Option B – critical illness claim | <input type="checkbox"/> Option D – other claim (please specify below) |

Benefit

Claim amount

Child's Name

Child's Date of Birth Gender Male Female

If you are making a death claim, please return the policy schedule(s). If you have lost or misplaced these, please complete section 8 on page 8.

4 Method of payment

Please state the currency you would like to receive payments in

Please tick one of the following options only.

- | | | |
|--|---|---|
| <input type="checkbox"/> Autopay (Hong Kong dollars in Hong Kong only) | <input type="checkbox"/> Interbank giro payment (Singapore dollars in Singapore only) | |
| <input type="checkbox"/> Telegraphic transfer (bank charges apply) | <input type="checkbox"/> Swedish giro (Swedish krona to Swedish banks) | <input type="checkbox"/> BACS (UK only) |

If you do not indicate a currency here, we will make the payment in the plan currency and this may incur additional charges or exchange rate charges by your bank.

For payments by telegraphic transfer (your claim payment will be delayed if you do not complete all of these details)

Note: to make the payment we are obliged to disclose the beneficiary details to the relevant banks or bank service providers involved such as correspondent banks, SWIFT and BACS. Personal information may therefore be transferred to countries which may not necessarily provide an equivalent level of data protection.

Bank name

Bank address

Account holder's name(s)

If the account holder's name differs from the claimant's name please clarify why and complete the following information.

Method of payment (continued)

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)

Country of birth

Place of birth (town or city)

Nationality

Current residential address

Correspondence address (if applicable)

Telephone number (including international country code)

Mobile number (including international country code)

Country of telephone number

Country of mobile number

Is this a US* based telephone number? Yes No

Are you a US* tax payer? Yes No

Are you a US* citizen? 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.

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

Country/Countries of tax residence

Tax reference number(s)*

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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

Email address

Relationship to Claimant

Account number

Sort code (for UK banks only)

SWIFT code

IBAN (**Note:** depending on your region, you may not need to use all the IBAN boxes)

ABA number (if known – not required for UK banks)

5 Proof of identity and residential address for claimant(s)

For each claimant, please ensure photographic ID and proof of address documents are attached to the form.

Proof of identity

Claimant(s) must provide one of the following valid primary documents that has been suitably certified (please tick to confirm which document is attached).

	Claimant 1	Claimant 2
• Passport	<input type="checkbox"/>	<input type="checkbox"/>
• Government issued ID card	<input type="checkbox"/>	<input type="checkbox"/>
• Hong Kong Identity card	<input type="checkbox"/>	<input type="checkbox"/>

Please note that anyone with permanent residency status in Hong Kong must provide the Hong Kong Permanent Identity card as evidence of identity. Non-permanent residents in Hong Kong must provide the Hong Kong Identity card, together with passport or a government issued ID card displaying nationality as evidence of identity.

Proof of residential address

In order to verify the claimant(s) current residential address, please attach either an original or suitably certified copy of one of the following documents (the document seen must be **less than three months old** upon receipt by us, unless advised otherwise). The document must be issued in the name of the claimant and show the address appearing on the application or held in our records as the current residence.

	Claimant 1	Claimant 2
• Utility bill	<input type="checkbox"/>	<input type="checkbox"/>
• Bank statement/Bank credit card statement	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from bank/employer	<input type="checkbox"/>	<input type="checkbox"/>
• Tenancy contract*	<input type="checkbox"/>	<input type="checkbox"/>
• State pension statement (e.g. CPF statement)	<input type="checkbox"/>	<input type="checkbox"/>
• Driving licence*†	<input type="checkbox"/>	<input type="checkbox"/>
• Local tax bill	<input type="checkbox"/>	<input type="checkbox"/>
• Electoral register search	<input type="checkbox"/>	<input type="checkbox"/>
• Singapore Government Foreign Worker Levy (must state full name and residential address)	<input type="checkbox"/>	<input type="checkbox"/>

*These documents do not need to be less than three months old – just valid and in force.

†Certified copies of all parts of the license must be provided.

If you have a P.O. Box address we will need either: (please tick to confirm which document is attached)

Proof of payment for the box address (this must reference your physical residential address)

OR

A utility bill referencing your physical residential address

Note: in certain circumstances, other forms of ID and/or address verification may be accepted; please contact your local Zurich office for further guidance.

Information to be included on certified client documentation.

The suitable certifier (see definitions overleaf) should write the following relevant phrase including all information below on all certified documents. (Failure to do so may result in a delay in the settlement of the claim.)

For photographic documents

'I certify this to be a true copy of the original document and that the photograph is a true likeness of the holder.'

For non photographic documents

'I certify this document is a true copy of the original.'

- Signature of certifier.
- Full name of certifier (in **CAPITAL** letters underneath the certifier's signature).
- Position/Job title.
- Company name, address, telephone number and email address.
- Date.
- FCA/HKCIB/MAS/PIBA/QFCRA registration number (if applicable).
- Zurich International Life Limited appointed suitable certifier number (where applicable).
- Details of the certifier's regulatory/affiliate body and their reference number.

Proof of identity and proof of residential address (continued)

Document certification – all copy documents must be certified as true copies of the originals by a suitable certifier and must be certified with the wording above or we may require a new document completed in line with this guidance.

Suitable certifiers will fall into one of the following categories:

- A regulated introducer, who is incorporated in or formed under the law of a country which is a recognised jurisdiction, or authorised employee of a regulated introducer. If terms of business are not held with Zurich, confirmation of the introducers regulatory reference number or documentary evidence of their regulatory status must be provided;
- An individual introducer who has been accepted as a suitable certifier by Zurich International Life Limited (including introducers registered by the FCA/HKCIB/PIBA/QFCRA/MAS);
- A notary public, lawyer, advocate or an embassy official (from the embassy of the country who issued the ID document);
- An appointed representative to the Zurich Insurance Group;
- Commissioner of Oaths within a 'recognised jurisdiction' (verification of their professional status must be obtained)*;
- Formally appointed member of the judiciary (excluding Justice of the Peace);
- Accountant who is a member of a professional organisation, whose members are required to abide by anti-money laundering regulations, or who is regulated by a regulatory organisation;
- Director/Manager of an authorised credit or financial institute in a 'recognised jurisdiction'.

*South African Commissioner of Oaths are not acceptable as suitable certifiers unless it is clear they are signing in their capacity as a notary public, lawyer or advocate.

6 Proof of identity and residential address for the deceased

We may require proof of ID and proof of residential address of the deceased (if not previously obtained). If these are required, we will request them on notification of the claim.

7 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.

8 Declaration/Consent

I/We confirm that I/we am/are aware of my/our options for full/partial encashment of my/our policy which forms the basis of this request.

I/We confirm that this/these signature(s) is/are mine/ours or that/those of my/our appointed legal representative(s).

All claimant(s) or authorised signatories must sign this form

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

Signature of claimant 1				Signature of claimant 2											
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country of residence								Country of residence							
Date residency effective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date residency effective	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9 Lost policy declaration and indemnity form to be completed by the claimant(s)

To be completed if the policy terminates following the claim and the original documents cannot be located.

I/We:

Claimant 1

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

Family name

Forename(s)

Claimant 2

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

Family name

Forename(s)

Being the claimant of the policy number confirm that I/we believe the policy documentation to be lost or destroyed so that it cannot be found.

I/We agree to repay any claim value paid by Zurich in connection with the policy if a competing claim is made for some or all the monies and to be responsible for and to repay any additional payments that Zurich may have to make, or any costs and expenses that Zurich may incur as a result of any false, inaccurate or misleading information that I/we have given to Zurich in connection with the policy.

I/We confirm that the statements made in this declaration to be true to the best of my/our knowledge and belief.

Please confirm if this form is being used in the event of a requirement for policy schedules.

Signature of claimant 1

Signature of claimant 2

Print name

Print name

Date

Date

Signature of witness*

Date

Name of witness

Address of witness

*Please note that a witness must be an unrelated third party.

10 Local Zurich office contact details

Bahrain

P.O. Box 10032, 27th Floor, Almoayyed Tower, Seef District, Kingdom of Bahrain.
Telephone: +973 1756 3321
Email: helppoint.bh@zurich.com

Isle of Man

PO Box 67, Douglas, Isle of Man, IM99 1EF, British Isles.
Telephone: +44 1624 662266
Email: helppoint.iom@zurich.com

Qatar

P.O. Box 26777, 404 Fourth Floor, Qatar Financial Centre Tower, West Bay, Doha, Qatar.
Telephone: +974 4496 7555
Email: helppoint.qa@zurich.com

Singapore

Singapore Land Tower #29-05, 50 Raffles Place, Singapore 048623.
Telephone: +65 6876 6750
Email: helppoint.singapore@zurich.com

United Arab Emirates

P.O. Box 50389, Level 4 Building 3, Emaar Square, Dubai, United Arab Emirates.
Telephone: +971 4 363 4567
Email: helppoint.uae@zurich.com

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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Registered in Singapore No. T05FC6754E.

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