

# Method of payment form

## **Completing this form**

Please use blue or black ink and write clearly in **CAPITAL** letters. Please complete the form in English. **The completed form should not be submitted direct to your bank.**

Please take the time to read through these notes before completing this form, as we will have to return this form to you if any information is incorrect or missing. Please complete the personal details section and the section appropriate to your intended method of payment and return the form to your relevant financial professional or Zurich International Life.

## **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.

## **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.

## 1 Policy owner details

Type of policy/application

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Policy/Application number (if known)

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### Policy owner 1/Applicant 1

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

Family name

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Forename(s)

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Please give details of any previous names or aliases used (*including maiden name*)

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### Policy owner 2/Applicant 2 (*where applicable*)

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

Family name

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Forename(s)

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Please give details of any previous names or aliases used (*including maiden name*)

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## Credit card payment

Suitable for use with Global Choice, Futura, International Decreasing Term Assurance, International Term Assurance, SavingsPlus and Vista policies. It can only be used by policy owners/applicants and their spouses. If the payor is the policy owner's/applicants spouse we will require identification details and proof of their relationship to the policy owner. Instructions from other third parties will not be accepted. Only suitable for regular premium new business. If paying a combination of regular and single contributions, please arrange payment using one of the other methods. Any changes to the consent agreement will be communicated to you in advance. We do not offer premium refunds after the cooling off period.

### Credit card payment instruction

Any additional charge made by your credit card company for collection of your contributions will be met by the payor.

Credit cards can only be used for regular payments. If you wish to make a lump sum payment, please use a different payment method.

We only accept Visa or Mastercard. *(not available for ITA AED denominated policies)*

### Special instructions for collection

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### Authorisation

I authorise Zurich International Life, until further notice in writing, to debit my credit card account, as detailed below, with unspecified amounts in respect of the premiums for my Zurich International Life policy as and when they fall due and in respect of charges for collection of the premiums by credit card that are passed onto me by Zurich International Life.

*Details of current rates of charges are available on request. Please note that Zurich International Life is not liable for any losses arising as a result of action taken by the cardholder's credit card company.*

### Credit card type

Visa  Mastercard

We do not accept prepaid or exchange credit cards.

### Preferred collection date\*

**\*Your regular payment will be collected on this date or the nearest available date. Future payments will be collected in line with the premium frequency you have selected.**

**Name of card issuer – such as HSBC**

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**Currency of card**

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### Credit card expiry date

### Credit card number

### Name on card

**Cardholder's address – as held by credit card company**

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**I understand that this authority in favour of Zurich International Life will remain in force until such time as I cancel it in writing.**

Signature of cardholder

Date

Authorisation to make a telegraphic transfer/standing order for Bahrain, Qatar and UAE local accounts (single and regular premiums). For all other accounts, please complete the authorisation on page 7.

Please select which method of payment you require

Telegraphic transfer

Standing order

To: **The Manager** (name and address of bank). Please complete in **CAPITAL** letters.

SWIFT code

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

Account details

Account name

Account number

Regular payments

Please transfer the exact amount detailed below (and debit my account with this amount and all charges) until further notice.

Currency

Amount in figures

Amount in words

Single or initial payments

On receipt of this form, please transfer the exact amount detailed below (and debit my account with this amount and all charges).

Currency

Amount in figures

Amount in words

Commencing on



and\*

Yearly

Half-yearly

Quarterly

Monthly

thereafter

Please pay to Zurich International Life Limited

Bank details for contribution collection in Bahrain:

US dollars

To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Kingdom of Bahrain.  
SWIFT code: AUBBBHBM  
Via correspondent bank: J.P. Morgan Chase Bank N.A., New York, USA.  
Account number: 400937913, SWIFT code: CHASUS33

In favour of:

Zurich International Life Limited  
IBAN: BH70AUBB00001753667100

Bank details for contribution collection in Qatar:

Euros

To: HSBC Bank Middle East Limited, Doha, Qatar.  
SWIFT code: BBMEQAQX  
Via correspondent bank: HSBC Bank, London.  
SWIFT code: MIDLGB22

In favour of:

Zurich International Life Limited  
IBAN: QA73BBME00000000001012673053

Qatari riyals

To: HSBC Bank Middle East Limited, Doha, Qatar.  
SWIFT code: BBMEQAQX

In favour of:

Zurich International Life Limited  
IBAN: QA22BBME00000000001012673001

Sterling

To: HSBC Bank Middle East Limited, Doha, Qatar.  
SWIFT code: BBMEQAQX  
Via correspondent bank: HSBC Bank, London.  
SWIFT code: MIDLGB22

In favour of:

Zurich International Life Limited  
IBAN: QA03BBME00000000001012673052

US dollars

To: HSBC Bank Middle East Limited, Doha, Qatar.  
SWIFT code: BBMEQAQX  
Via correspondent bank: HSBC Bank, USA.  
SWIFT code: MRMDUS33

In favour of:

Zurich International Life Limited  
IBAN: QA57BBME00000000001012673050

Bank details for contribution collection in United Arab Emirates:

Euros

To: HSBC Bank Middle East Limited, Dubai, UAE.  
SWIFT code: BBMEAEAD  
Via correspondent bank: HSBC Bank plc, London.  
SWIFT code: MIDLGB22

In favour of:

Zurich International Life Limited  
IBAN: AE580200000030123657213

Sterling

To: HSBC Bank Middle East Limited, Dubai, UAE.  
SWIFT code: BBMEAEAD  
Via correspondent bank: HSBC Bank plc, London.  
SWIFT code: MIDLGB22

In favour of:

Zurich International Life Limited  
IBAN: AE850200000030123657212

UAE dirhams

To: HSBC Bank Middle East Limited, Dubai, UAE.  
SWIFT code: BBMEAEAD

In favour of:

Zurich International Life Limited  
IBAN: AE210200000030123657200

US dollars

To: HSBC Bank Middle East Limited, Dubai, UAE.  
SWIFT code: BBMEAEAD  
Via correspondent bank: HSBC Bank USA NA, USA.  
SWIFT code: MRMDUS33

In favour of:

Zurich International Life Limited  
IBAN: AE150200000030123657211

Note to remitting bank

Please ensure that the standard SWIFT format, line 50 'ordering customer' is fully completed. Also, please ensure that the standard SWIFT format, line 70 'Details of Payment' is completed quoting the:

Policy/Application reference\*

Client name\*

Signature(s) of account holder(s)

Date

(\*to be completed by Zurich International Life)



**Part 1 – For applicants completion**

Please complete in **CAPITAL** letters. The completed form should not be submitted direct to your bank. Any additional charge made by your bank for collection of your premiums will be met by the payor.

**To: The Manager**

Name and full postal address of my bank/finance company)

**Name of billing organisation ('BO')**

ZURICH INTERNATIONAL LIFE LIMITED

**Billing organisation's customer's name**

**Billing organisation's customer's reference number  
(applicant to leave blank)**

Date 

D	D	M	M	Y	Y	Y	Y
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- a) I/We hereby instruct you to process the BO's instructions to debit my/our account.
- b) You are entitled to reject the BO's debit instruction if my/our account does not have sufficient funds and charge me/us a fee for this. You may also at your discretion allow the debit even if this results in an overdraft on the account and impose charges accordingly.
- c) This authorisation will remain in force until terminated by your written notice sent to my/our address last known to you or upon receipt of my/our written revocation through the BO.

**My/Our name(s)**

**My/Our company stamp/signature(s)/thumbprint(s)\***

**My/Our account number(s)**

**My/Our contact (telephone/fax number(s))**

(As in financial institutions records)

\* For thumbprints, please go to the branch with your identification

**Part 2 – For Zurich International Life Limited's completion (applicant to leave blank)**

**Bank**

7	2	3	2
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**Branch**

0	4	1
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**Billing organisation's account number**

6	9	8	4	8	1	0	0	1
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**Billing organisation's customer's reference number**

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**Bank**

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**Branch**

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**Account number to be debited**

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**Part 3 – For financial institution's completion**

**To: Zurich International Life Limited**

**This application is hereby REJECTED (please tick) for the following reason(s):**

- Signature/Thumbprint\*\* differs from financial institution's records
- Signature/Thumbprint\*\* incomplete/unclear
- Wrong account number
- Account operated by signature/thumbprint\*\*
- Amendments not countersigned by customer

Others

Name of approving officer

Signature(s) of account holder(s)

Date 

D	D	M	M	Y	Y	Y	Y
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\*\*Please delete where inapplicable

Direct Debit

Application for UAE bank accounts

Please ensure you complete the separate direct debit request form in English.

Application for UK bank accounts

Direct debit instruction (this form can only be used for making GBP sterling payments from a UK bank account for a GBP sterling premium).

Do not detach from main application.

Any additional charge made by your bank for collection of your premiums will be met by the payer.



Instruction to bank or building society

Please complete in CAPITAL letters and send to:

Zurich International Life, PO Box 67, Douglas, Isle of Man, IM99 1EF, British Isles.

Name(s) of account holder(s)

Originator's identification number

9 4 0 0 1 7

Bank/Building society account number

□ □ □ □ □ □ □ □

Branch sort code

□ □ - □ □ - □ □

To: The Manager

Name and full postal address of bank or building society

Instruction to your bank or building society

Please pay Zurich International Life direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with Zurich International Life and, if so, details will be passed electronically to my bank/building society.

Signature of account holder(s)

Reference number

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

Date

□ D □ D □ M □ M □ Y □ Y □ Y □ Y

Banks and building societies may not accept direct debit instructions for some types of account.

The direct debit guarantee

This guarantee should be detached and retained by the payer.



Please note: this form can only be used for UK clearing banks.

- This guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
If the amounts to be paid or the payment dates change Zurich International Life will notify you seven working days in advance of your account being debited or as otherwise agreed.
If an error is made by Zurich International Life or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.

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.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles. Telephone +44 1624 662266 Telefax +44 1624 662038

Zurich International Life Limited acting through its Singapore branch at Singapore Land Tower #29-05, 50 Raffles Place, Singapore 048623. Telephone +65 6876 6750 Telefax +65 6876 6751.

Registered in Singapore No. T05FC6754E.

[www.zurichinternational.com](http://www.zurichinternational.com)