



Right to cancel form

As part of our customer satisfaction policy, you have the opportunity to review your policy and your commitment to use this policy to help look after your financial future. However, we do understand that you may want to change your mind. If you do, you can cancel your policy in line with the right to cancel conditions detailed in your policy terms and conditions. To do this, you need to complete this form and return it to your local Zurich office.

Notes

For regular premium policies the full premium will be refunded. For single premium policies, the amount refunded will be the amount of premium paid or the account value of the units on the effective date, whichever is the lower. The account value will be the value of the units on the day units are cancelled for the refund. The effective date will be on receipt of this form.

All refunds will be made to the original payor using the same method of payment the payor used.

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.

Policy number

Policy owner 1

Full name of policy owner

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

Family name

Forename(s)

Any previous names or alias used, including maiden name (*if applicable*)

Current residential address

UAE policies only

If your permanent residential address is different to the address above, please state address here.

Reason for cancellation

Policy owner 2

Full name of policy owner

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

Family name

Forename(s)

Any previous names or alias used, including maiden name (*if applicable*)

Current residential address

UAE policies only

If your permanent residential address is different to the address above, please state address here.

Reason for cancellation

UAE policies only

Have you cancelled any insurance policies held with Zurich or another insurance provider within the last 12 months? Yes No

If 'Yes', please provide details of the insurance provider and any fees/deductions taken.

Privacy Notice

The personal information requested in this form is collected and used by Zurich International Life Limited 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.

I/We declare that the answers given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief. I/We confirm that this/these signature(s) is/are mine/ours or that/those of my/our appointed legal representative(s).

Signature of policy owner 1

Date

D	D	M	M	Y	Y	Y	Y
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Print name

Signature of policy owner 2

Date

D	D	M	M	Y	Y	Y	Y
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Print name

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