



ZURICH®

Restart my policy payments

Please use this form if you want to restart your regular payments.

Please note that no changes to premiums can be made where the policy owner is resident in the United States including any United States federally controlled territory.

Please write clearly in CAPITAL letters and complete the form in English.

Policy number	Broker/Bank name
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1 Your Premium

Do you want to change your premium amount? <input type="checkbox"/> 1. Increase regular premium <input type="checkbox"/> 2. Decrease regular premium <input type="checkbox"/> 3. No change		
Premium amount	Currency	Frequency
Month from which regular premiums will restart	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

For UAE residents: If you are increasing your premium – please complete the 'Source of funds questionnaire', applicable for all policy owners and additional payor.

2 Your details

Policy owner 1 Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>		Policy owner 2 Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>	
First name	<input type="text"/>	First name	<input type="text"/>
Last name	<input type="text"/>	Last name	<input type="text"/>
Previous names or alias, including maiden name (if applicable)		Previous names or alias, including maiden name (if applicable)	
Nationality	<input type="text"/>	Nationality	<input type="text"/>
Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you hold nationality in another country? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If 'Yes', please confirm the country <input type="text"/>		If 'Yes', please confirm the country <input type="text"/>	
Are you a US* tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US* tax payer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US* citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a US* citizen? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

If you have answered 'Yes' to any of the above questions, or if either policy owner is a US national, resides in the US or is requesting a regular income payment to be made to a US account, your application cannot be accepted by Zurich International Life (Zurich).

Please state all countries where you are currently deemed to be resident for tax purposes			
Country/Countries of tax residence	Tax reference number(s)**	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"/>	<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.

8 Underwriting requirements to restart (for policies with insurance benefits only)

Please complete the **'Reinstatement Health and Lifestyle questionnaire'** if:

- Your policy has lapsed, or
- You are restarting payments within six months and have a waiver of premium benefit for over USD 60,000 yearly, or
- You are restarting payments after six months and have a waiver of premium benefit.

We reserve the right to request additional medical and financial requirements after reviewing your policy (including amount of cover and duration for which the plan has been lapsed/unpaid).

9 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>.

10 Declaration

I/We declare that the answers I/we have given, whether in my/our handwriting or not, are true and complete to the best of my/our knowledge and belief and will form the basis of this form.

I/We agree to inform the Company in writing of any change to the information provided in this form. I/We also agree to inform the Company of any change of name, address, etc. that may occur during the life of this policy.

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 declare that the policy owner(s) is/are not resident(s) of the United States including any United States federally controlled territories.

I/We declare that any premiums that I/we pay to the policy will not contravene any applicable exchange control regulations or trade or economic sanctions.

I/We declare that any premium paid to the Company is not of criminal origin or directly or indirectly related to criminal activities or any actual or attempted money laundering or tax evasion.

I/We request to restart the regular payments on my policy and/or the change in regular premiums be applied to my/our original policy in accordance with Zurich International Life Limited's standard terms and conditions. Full terms and conditions are available on www.zurich.ae.

I/We confirm that I/we understand that changing the regular premium is solely my/our own choice, and/or that of my/our adviser and that the acceptance of the asset link by Zurich International Life Limited does not constitute a warranty or representation of the suitability of the asset for investment purposes.

Contact details

I/We understand that for security purposes, the Company will regard the contact details provided as my/our authorised contact details and that it is important that I/we let the Company know if any of these details change.

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

If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.

Country where this form was signed

Policy owner/Authorised signatory 1

Signature

Date

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

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Financial Professional Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the restart of policy payments and any additional premiums with Zurich International Life Limited.

Full name

Signature

Date

D	D	M	M	Y	Y	Y	Y
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