

Death claim form (Investment only)

(to be completed by the claimant)

All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this form. Please return this questionnaire to your local Zurich office, details of which are in section 10 'Local Zurich office 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. Any benefit payment made will be subject to any applicable trade or economic sanctions.

1. Policy number

2. Details of Life Insured

Title Mr Mrs Ms Other (*specify*)

First name

Last name

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

Date of death

3. Claimant Details

Claimant 1

Title Mr Mrs Ms Other (*specify*)

First name

Last name

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

Relationship to the life insured

Date of birth

Country of birth

Place of birth Nationality

Do you hold nationality in any other country? Yes No

If yes, please confirm the country

Current residential address

3. Claimant Details (continued)

Correspondence address (if different from the residential address)

Email ID

Contact number (including country code)

Is this a U.S.* based telephone number?

Yes No

Are you a U.S.* tax payer?

Yes No

Are you a U.S.* citizen?

Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. 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)

Country/Countries of tax residence	Tax reference number(s)
<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.

Claimant 2

Title Mr Mrs Ms Other (specify)

First name

Last name

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

Relationship to the life insured

Date of birth

Country of birth

Place of birth

Nationality

Do you hold nationality in any other country?

Yes No

If yes, please confirm the country

Current residential address

Correspondence address (if different from the residential address)

Email ID

Contact number (including country code)

3. Claimant Details (continued)

Is this a U.S.* based telephone number?

Yes No

Are you a U.S.* tax payer?

Yes No

Are you a U.S.* citizen?

Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. 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)

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

4. Method of payment (tick one of the following options)

Autopay

Interbank giro payment (Singapore dollars in Singapore only)

Telegraphic transfer (bank charges apply)

Swedish giro (Swedish krona to Swedish banks)

BACS (UK only)

Claimant 1

Bank name

Bank address

Account holder's name(s)

If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail section.

Reason

Title Mr Mrs Ms Other (specify)

First name

Last name

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

Relationship to the life insured

Date of birth

Country of birth

Place of birth

Nationality

Do you hold nationality in any other country?

Yes No

If yes, please confirm the country

Current residential address

4. Method of payment (continued)

Correspondence address (if different from the residential address)

Email ID

Contact number (including country code)

Is this a U.S.* based telephone number?

Yes No

Are you a U.S.* tax payer?

Yes No

Are you a U.S.* citizen?

Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. 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)

Country/Countries of tax residence	Tax reference number(s)
<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

Claimant 2

Bank name

Bank address

Account holder's name(s)

If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail section.

Reason

Title Mr Mrs Ms Other (specify)

First name

Last name

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

Relationship to the life insured

Date of birth

Country of birth

Place of birth

Nationality

Do you hold nationality in any other country?

Yes No

If yes, please confirm the country

Current residential address

4. Method of payment (continued)

Correspondence address (if different from the residential address)

Email ID

Contact number (including country code)

Is this a U.S.* based telephone number?

Yes No

Are you a U.S.* tax payer?

Yes No

Are you a U.S.* citizen?

Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. 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)

Country/Countries of tax residence	Tax reference number(s)
<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

5. Bank account details

Claimant 1 (Please provide us bank account details of the country where you are currently resident)

Please state the currency of your bank account (AED, USD, GBP, HKD, SEK, etc.)

If you do not indicate the currency of your bank account above, we will proceed to make the payment in the plan currency and this may incur additional charges or exchange rate charges by your bank.

Account number

Sort code (for UK banks only)

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

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

Bank number (Hong Kong only)

Branch number (Hong Kong only)

Reference to be quoted (if applicable)

Correspondent bank details (if funds are to be paid through a separate bank)

Bank name

Bank address

Account holder's name

5. Bank account details (continued)

Account number

Sort code (UK banks only) – –

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

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

Claimant 2 (Please provide us bank account details of the country where you are currently resident)

Please state the currency of your bank account (AED, USD, GBP, HKD, SEK, etc.)

If you do not indicate the currency of your bank account above, we will proceed to make the payment in the plan currency and this may incur additional charges or exchange rate charges by your bank.

Account number

Sort code (for UK banks only) – –

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

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

Bank number (Hong Kong only)

Branch number (Hong Kong only)

Reference to be quoted (if applicable)

Correspondent bank details (if funds are to be paid through a separate bank)

Bank name

Bank address

Account holder's name

Account number

Sort code (UK banks only) – –

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

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

6. Proof of identity and residential address for claimant(s)

For each claimant, please ensure a valid suitably certified photographic ID and Proof of Address document are attached along with the form. For more details with regards to type of ID and Proof of Address documents that can be used, please refer to the 'Customer's guide to AML'.

7. Privacy Notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which operate.

How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

Data protection contact

- Email our Data Protection Officer at ZILLPrivacy@Zurich.com.
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the 'contact us' page of our website zurich.ae.

8. Complaints

If you are not satisfied with our handling of your claim, please refer to our complaints procedure on our website www.zurich.ae.

9. Declaration

I/We authorise any doctor, medical establishment or other life assurance company to release to Zurich International Life or its appointed representative any medical or other information relating to the deceased.

I/We declare that all the information provided herein is true and complete to the best of my/our knowledge and belief and shall be the basis of the claim with the company.

I/We confirm that I/we am/are aware of my/our options for full/partial claim 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 claimant 1		Signature claimant 2	
Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Country of residence	<input type="text"/>	Country of residence	<input type="text"/>
Date residency effective	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date residency effective	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

10. Local Zurich contact details

Email us at: benefit.claims@zurich.com

Call us:

Bahrain

Telephone: +973 1756 3321

Isle of Man

Telephone: +44 1624 662266

Qatar

Telephone: +974 4428 6322

Singapore

Telephone: +65 6876 6750

United Arab Emirates

Telephone: +971 4 363 4567

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



ZURICH®