



# International Term Assurance

## Application form

### Financial professional use only

Agency number

Bank/Broker name

External reference number

Please read the International Term Assurance Key features/Customer product disclosure document carefully before you complete this application form. Copies are available on our website [zurich.ae](http://zurich.ae). The policy terms and conditions can be provided upon request.

**Please ensure all questions are answered fully and honestly. Incorrect or incomplete information could invalidate your insurance claim and your beneficiaries may not receive the claim amount.**

### Completing this form

Please write clearly in **BLOCK CAPITAL** letters and complete the form in English

#### 1 Policy owner(s) details

##### Policy owner 1

Title  Mr  Mrs  Ms

Other (please specify)

First name

Last name

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

Date of birth

Marital status  Single  Married

Gender  Male  Female

Occupation

Country of birth

Nationality

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

##### Current residential address

Flat/villa number

Property/building name

Area

City

Country

##### Policy owner 2

Title  Mr  Mrs  Ms

Other (please specify)

First name

Last name

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

Date of birth

Marital status  Single  Married

Gender  Male  Female

Occupation

Country of birth

Nationality

Do you hold nationality in another country?  Yes  No

If 'Yes', please confirm the country

##### Current residential address

Same as policy owner 1  Yes  No

if different, complete the below

Flat/villa number

Property/building name

Area

City

Country

## Policy owner(s) details (continued)

### Policy owner 1

#### Correspondence address

<b>P.O. Box number</b>
<b>City</b>
<b>Country</b>
<b>Additional details</b> (if any)

<b>Mobile number</b> (include international country code)		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email address</b>		

### Policy owner 2

#### Correspondence address

Same as policy owner 1  Yes  No  
if different, complete the below

<b>P.O. Box number</b>
<b>City</b>
<b>Country</b>
<b>Additional details</b> (if any)

<b>Mobile number</b> (include international country code)		
Country code	Area code	Phone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email address</b>		

#### Who will be the life insured?

Policy owner 1  Policy owner 2  Other – please complete the ‘Lives/Additional lives insured application form’

**Note:** when there are two lives assured, the policy will be issued on a joint life first death basis.

## 2 Premium details

**Policy currency** (tick one only)  USD  GBP  EUR  AED  BHD  QAR

**Premium amount**  (In policy currency)

**Premium frequency**  Monthly  Yearly

**Policy term**  years

## 3 Protection benefits

Please state the amount of cover required in the policy currency.

<b>Compulsory benefits:</b>	<b>Amount</b>
Life cover	
<b>Additional benefits:</b>	
Critical illness benefit	
Permanent and total disability benefit	
Waiver of premium benefit	<b>Life insured 1</b> <input type="checkbox"/> Yes <b>Life insured 2</b> <input type="checkbox"/> Yes

## 4 Payment details

#### Payor details (tick one for each type)

#### Premiums for this policy will be paid from my salary/business income

<b>Primary payor</b> <input type="checkbox"/> Policy owner 1 <input type="checkbox"/> Policy owner 2 <input type="checkbox"/> Third party	Annual income <input type="checkbox"/> Yes, <b>USD</b> <input type="text"/>	<input type="checkbox"/> No
<b>Additional payor</b> (if required) <input type="checkbox"/> Policy owner 1 <input type="checkbox"/> Policy owner 2 <input type="checkbox"/> Third party	Annual income <input type="checkbox"/> Yes, <b>USD</b> <input type="text"/>	<input type="checkbox"/> No

If 'No', please complete a separate 'Origin of wealth' questionnaire.

## Payment details (continued)

### Payment method (tick one only)

- Credit card (complete page 5 – Available for USD, GBP and EUR only)
- Direct debit\*\* (please setup via your online banking or provide a completed direct debit form)
- Standing order (please setup the instruction via your online banking)
- Cheque\* Cheques must be made payable to: 'Zurich International Life Limited'

\*Cheques are accepted only in UAE Dirham(USD1=3.6775), Bahraini Dinar(USD1=0.3775), and Qatari Riyal(USD1=3.65)

\*\*UAE direct debit can be setup for your credit card or bank account in the UAE. Please pay the initial premium via telegraphic transfer or cheque. Direct debit will be used to collect the subsequent payments only.

### Bank details for all payments.

Bank name
Bank branch and address
Account name
Account number
IBAN

### Third party payor details (please complete the section below if applicable)

Please refer the "Customer's guide to AML" for details on acceptable third party payors and requirements.

<b>If the payor is a person</b>	
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other (please specify) <input type="text"/>
First name	Last name
Please give details of any previous names or alias used, including maiden name (if applicable)	
Date of birth	Gender
<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="checkbox"/> Male <input type="checkbox"/> Female
Nationality	
Do you hold nationality in another country?	If 'Yes', please confirm the country
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

<b>If the payor is a company</b>
Company name

Current residential or company registered address

Same as policy owner 1  Yes  No 2  Yes  No If different, please fill in the details below

Flat/Villa/Office number	City
Property/building name	PO Box
Area	Country

Relationship to policy owner
Reason why the third party is making the premium payment(s)

## 5 Zurich bank account details

Please use the below bank account details to set-up a payment instruction with your bank, and remember to include your full name and policy/application reference in your payment instruction.

### Bank details for Bahrain:

Bahraini Dinar	To: Ahli United Bank (Bahrain) B.S.C (c), Manama, Bahrain. SWIFT code: AUBBBHBM	In favour of: Zurich International Life Limited IBAN number: BH97AUBB00001752655001 Account number: 0001752655001
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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 Account number: 0001753667100
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### Bank details for premium 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: QA73BBME000000000001012673053 Account number: 001012673053
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Qatari riyals	To: HSBC Bank Middle East Limited, Doha, Qatar. SWIFT code: BBMEQAQX	In favour of: Zurich International Life Limited IBAN: QA22BBME000000000001012673001 Account number: 001012673001
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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: QA03BBME000000000001012673052 Account number: 001012673052
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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: QA57BBME000000000001012673050 Account number: 001012673050
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### Bank details for premium 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 Account number: 030123657213
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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 Account number: 030123657212
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UAE dirhams	To: HSBC Bank Middle East Limited, Dubai, UAE. SWIFT code: BBMEAEAD	In favour of: Zurich International Life Limited IBAN: AE210200000030123657200 Account number: 030123657200
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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 Account number: 030123657211
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## 6 Proof of identity

The policy owner(s) and third party payor must provide a valid and certified copy of their ID.

- Passport copy – including signature page and residence visa (expats)
- Government issued identity card (both sides)

Please refer to the “Customer’s guide to AML” for further information on proof of ID and certification of copy documents.

## 7 Payment Instruction – Credit Card

Please do not detach from the application form.

Any additional charge made by your credit card provider for collection of your premiums will be covered by the payor.

Credit cards can only be used for regular premiums. If you wish to pay a single premium, please use a different payment method.

### Special instructions for collection

### Authorisation

I authorise Zurich International Life Limited, 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 Limited policy as and when they fall due.

Please note that Zurich International Life Limited is not liable for any losses arising as a result of action taken by the cardholder's credit card company.

### Details

Credit card type  Visa  Mastercard

We do not accept prepaid or exchange credit cards.

**Name of card issuer (such as HSBC).**

**Currency of card**

Preferred date of collection\*

D	D
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**Credit card expiry date**

M	M	Y	Y	Y	Y
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**Credit card number**

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**Name on card**

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

\*Your regular payments 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.

### Cancellation and refund policy

We do not offer premium refunds after the 30 days free look period. For more information, please refer to the 'Right to cancel' section of your policy conditions.

**Any changes to the credit card agreement will be communicated to you in advance.**

**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

D	D	M	M	Y	Y	Y	Y
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## 8 Request for conditional assignment

To be completed by the policy owner(s) when conditionally assigning their policy to a bank or a financial institution as protection against a liability. The conditional assignee has the right to receive some or all of the benefits payable under the policy terms and conditions; however the policy owner retains ownership.

I/We hereby appoint the following bank/financial institution as the conditional assignee of my/our policy by ticking here.

Policy owner 1

Policy owner 2

### Details of assignee

Full name
Branch
Assignee e-mail (if available)

Correspondence address

PO Box
City
Country

Reason for assignment
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Assignment Amount

Currency	Amount
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### Rights of a conditional assignee:

- All future requests from the policy owner(s) for changes to the protection benefit amount, claims or policy cancellation must be ratified in advance by the assignee;
- The policy owner(s) cannot now request to cancel this assignment or assign the policy to any other party without the written agreement of the assignee being forwarded to Zurich;
- No instructions will be accepted from the assignee acting alone; unless such actions are allowed for in the deed of assignment or in any other agreement between the policy owner(s) and the assignee;
- All relevant correspondence relating to the policy will be copied to the assignee.

## 9 Beneficiary nomination

This beneficiary nomination is applicable for both lives. To appoint a separate set of beneficiaries for each life insured, please complete the 'Appointment of beneficiary' form and submit with this application.

Beneficiary 1

Title  Mr  Mrs  Ms  Dr

First name
Last name

Date of birth 

D	D	M	M	Y	Y	Y	Y
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Relationship to life insured
Email address
Share percentage

Beneficiary 2

Title  Mr  Mrs  Ms  Dr

First name
Last name

Date of birth 

D	D	M	M	Y	Y	Y	Y
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Relationship to life insured
Email address
Share percentage

Please ensure the percentage share for the beneficiaries equals 100%.

## 10 Health and lifestyle questionnaire

### To be completed by all lives to be insured

Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.

1. (a) In which industry are you employed and what is your job title?

Life insured 1

Industry
Job title

Life insured 2

Industry
Job title

(b) What percentage of your occupation involves manual work and what is the nature of these duties?

Life insured 1

%	<b>Duties</b>
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Life insured 2

%	<b>Duties</b>
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If your occupation includes activities that may be considered hazardous (for example – working at heights or underground), please complete the relevant questionnaire as appropriate.

(c) Do you participate in any sport or activity that may be considered hazardous? For example, motor racing, diving, mountaineering, private flying etc

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the relevant questionnaire

2. (a) Please state your earned income in the last 12 months from employment or business operations.

Life insured 1

Amount (in USD)
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Life insured 2

Amount (in USD)
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(b) Please confirm the purpose of this insurance application

Personal cover  Family protection  Mortgage/loan cover  Keyman insurance  Partnership protection

(c) Do you have any existing life, disability or critical illness cover already in force with any other insurance company?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

Life insured	Insurer	Benefits and sum insured	Policy term	Start date	Reason for cover	Intending to replace (Yes/No)

(d) Have you ever had an application for life, disability or critical illness insurance declined, postponed or accepted at other than normal terms?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

Life insured	Insurer	Benefits	Date of application	Decision

## Health and lifestyle questionnaire (continued)

**Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.**

(e) Are you currently applying or applied in the last 180 days to any other insurance company for cover?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

Life insured	Insurer	Benefits and sum insured	Date of application	Reason for cover

(f) Have you in the previous 12 months travelled or in the following 12 months intend to travel to any of the following countries:

• Iraq • Iran • Syria • Yemen • Pakistan • Afghanistan • any country in Africa • any country of the Former Soviet Union

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the travel and residency questionnaire

3. Have you smoked cigarettes or used\* any other tobacco or nicotine based products, or smoking cessation aids within the last 12 months?

\*Use of tobacco or nicotine includes the following: cigarettes including hand-rolled unfiltered cigarette- variants, cigars, pipes, dokha (midwakh), smokeless (chewing or snuff), shisha and tobacco-free nicotine delivery (nicotine gums, e-cigarettes) among others.

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below

	Product	Frequency	Amount
Life insured 1			
Life insured 2			

4. Do you consume alcohol?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the below. 1 unit = single measure of spirits or 125ml glass of wine or 250ml of beer.

Average weekly consumption	Unit(s)	Average weekly consumption	Unit(s)
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5. In the last 5 years have you used marijuana, hashish, cocaine, LSD, ecstasy, heroin or other psychoactive drugs or narcotics or prescription medication that was not prescribed to you?

Life insured 1  Yes  No

Life insured 2  Yes  No

If 'Yes', please complete the substance use questionnaire

6. Life insured 1

Weight	kgs	Height	cms
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Life insured 2

Weight	kgs	Height	cms
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## Health and lifestyle questionnaire (continued)

**Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.**

### 7. Medical questions – Please complete the relevant special questionnaires and provide the same with this application.

Do you have or have you ever been diagnosed as having any of the following common medical conditions

	Life insured 1		Life insured 2	
(a) High blood sugar, insulin resistance, or diabetes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) High blood pressure or hypertension?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Any disease or disorder of the respiratory system (e.g asthma, or bronchitis)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any disease or disorder of the digestive system (ulcerative colitis, Crohn's disease, gastric reflux, ulcers, hernia, etc)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Epilepsy, fits, involuntary shaking or seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any mood or adjustment disorder, anxiety, depression, eating disorder, bipolar disorder, schizophrenia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Any disease or disorder of the genito-urinary system (ie: kidneys including urine abnormalities, bladder, prostate, testicles, uterus, ovaries & vagina)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Any disease or disorder of the muscles, bones (back, hip, neck) or joints including arthritis or gout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) Any growth, cyst, lump, polyp, tumor, cancer or malignancy (eg: Leukaemia, Lymphoma, Myeloma, Melanoma etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### 8. Medical questions – If 'Yes', please give details in the 'Additional Information' section.

Do you have or have you ever been diagnosed as having any of the following common medical conditions

	Life insured 1		Life insured 2	
(a) Raised cholesterol or any heart related problems? (Example: chest pain, heart attack, palpitation, rheumatic heart disease, murmur or heart enlargement)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Any disease or disorder of the central nervous system (Example: blackout, vertigo or temporary loss of muscle power or co-ordination, stroke or transient ischemic attack)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Any disease or disorder of the liver (eg: fatty liver, hepatitis, including carrier state), gall bladder or spleen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Any glandular disease or disorder (eg: the thyroid, pancreas, adrenal, pituitary, parathyroid glands, hypothalamus & pineal body)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) A disease or disorder of the skin, eyes, ears (including loss of hearing), nose, throat, mouth or impairment of speech?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(f) Any progressive debilitating disease including multiple sclerosis, Parkinson's disease, motor neuron disease or had symptoms such as numbness, dizziness, loss of feeling, tingling of limbs or face?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(g) Any disease or disorder of the blood including anaemia, haemophilia, thalassaemia and any auto immune condition (eg: SLE or lupus)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(h) Are you currently taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(i) In the last 5 years, have you undergone any medical test or special examination including x-ray, echocardiogram, ECG, CT angiography, PAP Smear, PSA screening, mammography, ultrasound, scans, blood or urine tests not mentioned above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(j) In the last 5 years, have you undergone any surgery or were hospitalised, for any reason not covered above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(k) Do you experience any symptoms or conditions for which you have yet to seek medical advice for or planning to undergo medical investigations within the next six months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Health and lifestyle questionnaire (continued)

Please ensure all questions are answered fully and honestly. Incorrect information could invalidate your insurance claim and your beneficiaries may not receive the insurance amount.

9. Please give details of the medical or health care advisor or clinic most familiar with your medical history (even if this is in a country other than your current country of residence)

	Life insured 1	Life insured 2
Name and address of medical or health care advisor or clinic		
Date of last consultation		
Reason for last consultation		

10. Family history

Have any of your natural parents, brothers or sisters had any of the following medical conditions **before the age of 60**: heart disease, stroke, cancer, diabetes, multiple sclerosis, polycystic kidney disease, ALS, Huntington’s chorea, Alzheimer’s disease, Parkinson’s disease, any other hereditary disorder?

Life insured 1  Yes  No

Life insured 2  Yes  No

If ‘Yes’, please complete the below

Life insured	Family member relationship	Condition, including type of cancer	Age at diagnosis

Additional information

Life insured	Question	Details of disease or disorder, treatment given, date of diagnosis, details of doctor consulted, ongoing symptoms, date of next consultation, etc. If you are in possession of copies of reports in relation to these matters, please submit copies with this application for our consideration

## 11 Relevant financial professional's details and declaration

### To be completed by your relevant financial professional

Full name
Email address
Contact number

#### Declaration

I declare that, to the best of my knowledge and belief, the information given is true and shall form the basis of the proposed contract with Zurich International Life Limited.

I further declare that no unauthorised third parties have provided any advice or been involved in any stage of the sale.

Signature
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Date 

D	D	M	M	Y	Y	Y	Y
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## 12 Privacy notice

This Notice is a summary of our (Zurich International Life Limited "the Company") 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 we operate.

## 13 Declaration/Consent

#### If you are buying this policy in the United Arab Emirates

The Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2018 requires Isle of Man authorised insurers to put in place measures to ensure the fair treatment of its customers, including providing you with information about this insurance product to help you understand the nature, risks and cost of this product. As this product is being sold to you through your intermediary in the United Arab Emirates, the insurer is not obliged under local regulations to provide you with the same information.

If you have any questions about the information that has been provided to you in deciding to purchase this product, you should raise them with your adviser. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your adviser.

#### If you are buying this policy in Bahrain

This notice is being provided to you as a customer of Zurich International Life Limited (Bahrain Branch), which 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 and is part of the Zurich Insurance Group. Zurich International Life Limited is based in the Isle of Man and regulated by the Isle of Man Financial Services Authority.

The Isle of Man Financial Services Authority's Insurance (Conduct of Business) (Long Term Business) Code 2018 requires Isle of Man authorised insurers to put in place measures to ensure the fair treatment of its customers, including providing you with information about this insurance product to help you understand the nature, risks and cost of this product. Zurich International Life Limited is not obliged under local regulations to provide you with the same information.

If you have any questions about the information that has been provided, you should raise them with your adviser. In the event of any issues or concerns regarding the sale of the product, recourse for complaints will be to your adviser or the Central Bank of Bahrain.

## Declaration/Consent (continued)

### Declaration

I/We apply for an International Term Assurance policy as detailed in this application form and in accordance with Zurich International Life Limited (the Company) standard terms and conditions. I/We declare that I/We have reviewed the answers given in this application, whether in my/our handwriting or not, and are true and complete to the best of my/our knowledge and belief, and will form the basis of my/our contract of life insurance.

I/We will tell the Company, in writing, if anything happens between completing this application and the commencement date of the policy that alters any of the answers I/we have given in this application form. Specifically, I/we will advise on any changes to the details provided by me/us in the health and lifestyle questionnaire sections contained within the application or any other circumstances which happen before the policy commencement, if that change makes any of my/our answers wrong or incomplete.

I/We understand that failure to disclose any material fact may invalidate the contract resulting in the loss of benefits.

**Note: a material fact is one which may influence the assessment or acceptance of your application for insurance. If you are in any doubt as to the relevance of any information, please give details.**

I/We confirm that I/we understand that a change in my/our country of residence, or that of any life insured, could mean that the Company may no longer be able to provide all the benefits under this policy.

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

### 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.

### Marketing consent

The Company, or the Zurich group companies, may wish to contact you by mail, email, telephone or other appropriate means about carefully selected products, services or offers that may be of interest to you.

I/We consent to being contacted in this way for this purpose by ticking here

### Special category data consent

By signing below, I/We consent to the Company processing my/our medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me/us or from any insurer to which an application has been made for insurance. I/We confirm such authorisation shall remain in force after my/our death.

### Withdrawal of consent

I/We understand that where I/we have provided consent I/we have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

I/We confirm that this/these signature(s) below 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, you will need to complete a 'Certifying signature form'.

Country where this application is signed

### Signature of policy owner 1

Print name

Date

### Signature of life to be insured 1 (if different to policy owner)

Print name

Date

### Signature of policy owner 2

Print name

Date

### Signature of life to be insured 2 (if different to policy owner)

Print name

Date

We will let you know when cover on the benefits you have selected starts. This will be subject to:

- The final underwriting decision;
- Receipt of the initial premium payment;
- Receipt of satisfactory proof of identity and any other documentation we require.

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





ZURICH<sup>®</sup>

# International Term Assurance

## Temporary life cover terms and conditions

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### Qualifying conditions

- (a) A payment or payment instruction must be submitted with the application form to the value of the minimum initial regular premium payable under the policy applied for on the application form.
- (b) The proposed life or lives to be insured must not be older than 74 years attained as at the date of issue of this cover note.

### Life cover

The amount of life cover provided by this cover note is the lesser of the amount of life cover benefit applied for under the application form or USD250,000. This cover note is in respect of life cover benefit applied for only, and does not apply to any other benefit, other supplementary applications or additional or alternative policies for which application has been made.

### Period of cover

This cover note is valid from the date Zurich International Life Limited ('the Company') receives a fully completed application form, in conjunction with the first premium or a valid payment instruction until the earlier of the following dates:

- (a) The date the policy becomes effective.
- (b) At midnight (local time) on the sixtieth (60th) day after risk commenced under this cover note.
- (c) The date of issue by the Company of a notice that cover has been declined, postponed or a counter offer is issued.

Where the application is for a joint life policy and one of the proposed lives to be insured dies during the period of temporary life cover, cover on the other life will be cancelled with effect from the date of death of the deceased life. If appropriate, a new application form will then be requested from the surviving life.

### Exclusions

Notwithstanding the above this cover note will not be valid if:

- (a) it has been altered or modified in any way or;
- (b) if the payment in respect of the initial premium under the policy is not honoured on the first presentation for payment;
- (c) there is any material misrepresentation in this cover note, the application form or any other supplementary forms;
- (d) the death of a proposed life to be insured during the period of cover is by suicide;
- (e) a proposed life to be insured has in the past five years had or been diagnosed as having, or has been treated by a physician or medical professional for:
  - cancer, or any malignant tumour or growth including melanoma, angina, heart attack, coronary artery disease, heart or brain surgery, stroke, diabetes, psychosis or other form of mental disease, alcoholism or drug addiction, Acquired Immune Deficiency Syndrome (AIDS), HIV virus infection, or any other disabling disease or condition;
- (f) a proposed life to be insured has ever been declined, postponed or accepted on special terms for life cover in the past;
- (g) death or disappearance is caused directly by or resulting from or in any way related to:
  - (i) war or warlike operations (whether war be declared or not) including invasion, act of foreign enemy, hostilities, mutiny, riot, civil commotion, civil war rebellion, insurrection, conspiracy, military or usurped power, martial law or state of siege, or any of the events or causes which determine the proclamation or maintenance of martial law or state of siege;
  - (ii) acts of terrorism including any related act or activity that is dangerous to human life or property, whether claimed or not.
- (h) the death of a proposed life to be insured occurs directly or indirectly as a result of any hazardous pursuit or pastime (for example, aviation other than as a fare paying passenger on a regular scheduled airline, motor racing, diving).



## Payment of claim

The life cover under this cover note becomes payable upon proof being provided to the satisfaction of the Company of the death of the proposed life to be insured or one of the joint lives to be insured. Payment will be by a single lump sum in the currency and location stipulated by the representative of the life insured's estate, or, if applicable, to the beneficiary named in an appropriate beneficiary nomination form lodged with Zurich International Life Limited.

Notwithstanding any other terms under this agreement, the Company shall not be deemed to provide coverage or make any payments or provide any service or benefit to any insured or other party to the extent that such cover, payment, service, benefit and/or any business or activity of the insured would violate any applicable trade or economic sanctions law or regulation.

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Calls may be recorded or monitored in order to offer additional security, resolve complaints and for training, administrative and quality purposes.

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## دفع المطالبة

بصرف النظر عن أي شروط أخرى بموجب هذا الاتفاق، لا يفترض قيام الشركة بتوفير التغطية أو تقديم أي مبالغ أو تقديم أي خدمة أو ميزة لأي طرف مؤمن عليه أو طرف غيره إلى حد انتهاك هذه التغطية و/أو الدفع و/أو الخدمة و/أو الميزة و/أو أي عمل أو نشاط للمؤمن عليه لأي قوانين أو لوائح عقوبات تجارية أو اقتصادية معمول بها.

يصبح التأمين على الحياة بموجب عقد التأمين المؤقت هذا مستحق الدفع عند تقديم دليل يرضي الشركة بوفاة الشخص المقترح التأمين عليه أو أحد الأشخاص المشتركين الذين سيتم التأمين عليهم. وسوف يكون الدفع عن طريق مبلغ إجمالي بالعملة وفي المكان المنصوص عليهما بواسطة ممثل شركة المؤمن على حياته، أو عند الاقتضاء، إلى المستفيد المذكور في نموذج ترشيح مستفيد مناسب مودع لدى زيورخ إنترناشيونال لايف ليميتد.

زيورخ إنترناشيونال لايف ليميتد هي شركة مسجلة في مملكة البحرين برقم سجل تجاري 17444 وهي مرخصة من قبل مصرف البحرين المركزي كشركة تأمين أجنبية – التأمين على الحياة.

زيورخ إنترناشيونال لايف ليميتد معتمدة من هيئة تنظيم مركز قطر للمال.

زيورخ إنترناشيونال لايف ليميتد مسجلة بموجب القانون الاتحادي رقم 6 لسنة 2007 لدولة الإمارات العربية المتحدة (رقم التسجيل 63) وتخضع أنشطتها في الإمارات العربية المتحدة لهذا القانون.

قد يتم تسجيل أو مراقبة المكالمات لتقديم المزيد من الأمان وحل الشكاوى ولأغراض التدريب والجودة وللأغراض الإدارية.

زيورخ إنترناشيونال لايف هو اسم تجاري لزيورخ إنترناشيونال لايف ليميتد والتي تقدم منتجات تأمين على الحياة واستثمار وحماية، وهي مفوضة من قبل هيئة الخدمات المالية في آيل أوف مان.

مسجلة في جزيرة مان برقم 20126C.

المكتب المسجل: زيورخ هاوس، آيل أوف مان بزنس بارك، دو غلاس، آيل أوف مان، آي إم 22 كيو زد، الجزر البريطانية.  
الهاتف 44 1624 662038 + تليفاكس 44 1624 662038 + www.zurichinternational.com



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# انترناشيونال تيرم انشورانس أحكام وشروط التأمين المؤقت على الحياة

## الشروط المؤهلة

(أ) يجب تقديم الدفع أو تعليمات الدفع مع نموذج الطلب بقيمة الحد الأدنى للقسط العادي الابتدائي مستحق الدفع بموجب.

(ب) يجب ألا يتجاوز عمر الشخص المقترح أو الأشخاص المقترحين الذين سيؤمن عليهم 74 عاماً يتم بلوغها في تاريخ إصدار عقد التأمين المؤقت هذا.

## التأمين على الحياة

مبلغ التأمين على الحياة الذي يقدمه عقد التأمين المؤقت هذا هو الأقل من بين مبلغ مزية التأمين على الحياة التي يقدم بشأنها بطلب بموجب نموذج الطلب أو 250000 دولار أمريكي. ويتعلق عقد التأمين المؤقت هذا بمزية التأمين على الحياة المقدم بشأنها طلب فقط، ولا ينطبق على أي مزية أخرى، أو طلبات تكميلية أخرى، أو بوالص إضافية أو بديلة تم تقديم طلب بشأنها.

## فترة التغطية

يسري عقد التأمين المؤقت من تاريخ تلقي زيورخ إنترناشيونال لايف ليميتد (والذي يشار إليها لاحقاً بـ "الشركة") نموذج طلب معاً بالكامل، بالتزامن مع أول قسط أو تعليمات دفع سارية حتى الأسبق من التواريخ التالية:

(أ) يصبح تاريخ البوليصه نافذاً.

(ب) عند منتصف الليل (بالتوقيت المحلي) في اليوم الستين (60) بعد بدء الخطر بموجب عقد التأمين المؤقت هذا.

(ج) تاريخ إصدار إشعار من قبل الشركة برفض التغطية أو بتأجيله أو بتقديم عرض مقابل.

عندما يكون الطلب خاصاً ببوليصه تأمين على الحياة مشتركة وتوفي أحد الأشخاص المقترح التأمين على حياتهم أثناء فترة التأمين على الحياة المؤقتة، سوف يتم إلغاء التغطية على الحياة الأخرى اعتباراً من تاريخ وفاة المؤمن على حياته المتوفى. وإذا كان مناسباً، سوف يتم بعد ذلك طلب نموذج طلب جديد من المؤمن الذي ما زال على قيد الحياة.

## الاستثناءات

بالرغم مما تقدم فإن عقد التأمين المؤقت هذا لن يكون سارياً إذا:

(أ) تم تغييره أو تعديله بأي شكل من الأشكال؛

(ب) إذا لم يتم الالتزام بالدفع فيما يتعلق بالقسط الابتدائي بموجب البوليصه في أول تقديم للدفع؛

(ج) وجود أي تشويه مادي في عقد التأمين المؤقت هذا أو نموذج الطلب أو أي نماذج تكميلية أخرى؛

(د) وفاة الشخص المقترح التأمين عليه خلال الفترة التغطية عن طريق الانتحار؛

(هـ) تم تشخيص إصابة الشخص المقترح التأمين على حياته خلال السنوات الخمس الماضية أو تم علاجه بواسطة طبيب أو أخصائي طبي من التالي:

سرطان، أو أي ورم أو نمو خبيث بما في ذلك سرطان الجلد، أو الذبحة الصدرية، أو السكتة القلبية، أو مرض الشريان التاجي أو جراحة القلب أو المخ، أو السكتة الدماغية، أو مرض السكري، أو الدهان أو أي شكل آخر من أشكال المرض، أو إدمان الكحول أو إدمان المخدرات، أو مرض العوز المناعي المكتسب (الإيدز)، أو عدوى فيروس نقص المناعة البشرية، أو أي مرض أو حالة عجز أخرى؛

(و) سبق رفض الشخص المقترح التأمين عليه أو تأجيله أو قبوله بشروط خاصة للتأمين على الحياة في الماضي؛

(ز) تحدث الوفاة أو الاختفاء مباشرة بسبب أو نتيجة أي شكل من الأشكال المتعلقة بما يلي:

(أولاً) الحرب أو العمليات الحربية (سواء أعلنت الحرب أم لا) بما في ذلك غزو أو أعمال عدو أجنبي أو أعمال عدائية أو تمرد أو شغب أو اضطرابات مدنية أو عصيان أو عصيان مسلح أو حرب أهلية أو تأمر أو قوة عسكرية أو مغنصبة أو أحكام عرفية أو حالة حصار، أو أي من الأحداث أو الأسباب التي تحدد إعلان أو مواصلة الأحكام العرفية أو حالة حصار؛

(ثانياً) أعمال الإرهاب بما في ذلك أي فعل أو نشاط ذي صلة يشكل خطورة على حياة الإنسان أو ممتلكاته، سواء تم تقديم طلب بشأنها أم لا.

(ح) حدوث وفاة لشخص مقترح التأمين عليه مباشرة أو غير مباشرة نتيجة لأي ممارسة أو هواية خطيرة (على سبيل المثال، الطيران بخلاف راكب يدفع أجره على خط الجوية منتظمة محددة المواعيد، أو سباقات السيارات، أو الغوص).

الرجاء الرجوع إلى شروط وأحكام البوليصه للاطلاع على التفاصيل الكاملة للاستثناءات.