



Futura Application form



(For office use only)

Futura policy number:

This section is to be completed by the relevant financial professional.

Introducer number:

Your application

Please read the principal brochure before you complete this form. A copy of the Futura policy terms and conditions (if applicable) are available on request.

Completing this application form

Use blue or black ink and write clearly in **capital** letters. Please complete the form in English. If your application is incomplete or does not include all the information we ask for, it will result in delays. Please send your completed application form with your initial remittance to your relevant financial professional or to:

Bahrain

P.O. Box 10032, 19th Floor,
Almoayyed Tower, Seef District,
Kingdom of Bahrain.
Telephone +973 175 63322
Telefax +973 175 64291

Dubai

P.O. Box 50389, Al Mussalla Towers,
Khaled Bin Al Walid Street,
Dubai, United Arab Emirates.
Telephone +971 4 397 4444
Telefax +971 4 397 4443

Qatar

404 Fourth Floor,
Qatar Financial Centre Tower,
West Bay, Doha, Qatar.
Telephone +974 496 75
Telefax +974 496 7555

1 Policy owner(s)

What type of policy do you require?

Single life
 Joint life, first death
 Both lives

If the policy owner is also the life to be insured then a beneficiary may be designated. The beneficiary will only receive the proceeds when the life to be insured dies.

Do you wish to nominate beneficiaries to receive policy proceeds on death? Yes No

If 'yes' please complete a 'Wealth appointment beneficiary form' (MSP2103) and return it with this application form.

Policy owner 1

Title

Mr
 Mrs
 Miss
 Ms
 Dr
 Other (please give details)

Family name

Forename(s)

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

Policy owner 2

Title

Mr
 Mrs
 Miss
 Ms
 Dr
 Other (please give details)

Family name

Forename(s)

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

1 Details of policy owner(s) (continued)

Policy owner 1

Date of birth

Day Month Year

Sex

Male Female

Nationality

Occupation

Marital status

Single Married
 Other (please give details)

Contact details

Current residential address
.....
.....
.....

Is the above address permanent or temporary?

Permanent Temporary

If temporary, please state the reason for this.

.....
.....
.....

Correspondence address (if different)

.....
.....
.....

Telephone number

Email address

Policy owner 2

Date of birth

Day Month Year

Sex

Male Female

Nationality

Occupation

Marital status

Single Married
 Other (please give details)

Contact details

Current residential address
.....
.....
.....

Is the above address permanent or temporary?

Permanent Temporary

If temporary, please state the reason for this.

.....
.....
.....

Correspondence address (if different)

.....
.....
.....

Telephone number

Email address

Who will be the life/lives insured? (tick one only):

Policy owner 1 Policy owner 2 Both policy owners
 Other – Please complete the 'Life insured application form' (MSP2713)

Please consult your relevant financial professional with regard to the availability of these options. Each life to be insured must complete the Futura health and lifestyle questionnaire (pages 7-8) and return it with this application form. Please note that the protection benefits in this section must be expressed in the same currency as the policy currency you choose overleaf in section 3. The policy currency will also determine the currency of your premium payments.

2 Protection benefits

Level of **life cover** required

Life to be insured 1

Life to be insured 2

Please state the amount of **critical illness benefit** required (maximum age at entry 59)

Please state the amount of **family income benefit** required and the length of time the benefit is required (minimum 10 years, maximum 40 years)

Please state the amount of **accidental death benefit** required (maximum age at entry 59)

Please state the amount of **hospitalisation benefit** required (maximum age at entry 59)

Please note this benefit is restricted to 75% of gross weekly earned income or USD2,800 per week, whichever is the lesser.

Please state the amount of **long term care benefit** required (maximum age at entry 54)

Please state the amount of **dismemberment benefit** required (maximum age at entry 59)

Please state the amount of **permanent total disability benefit** required (maximum age at entry 59)

Do you require **waiver of premium benefit?** (only available to the single/first life to be insured, maximum age at entry 59)

 per annum

 per annum

 years

 years

 per week

 per week

Yes No

3 Payment details

Policy currency (tick one only)

USD GBP EUR HKD SGD JPY CHF AUD

Payment details

Please give all amounts in the policy currency as chosen above

Single payment

If you wish to pay a single payment when you start your policy, please give the amount here

(A)

Regular payment

Please give the amount and tick to show how often you wish to pay into your policy

(B)

Monthly Quarterly Half-yearly Yearly

Total initial payment

(A+B)

Payment method (please tick)

- Credit card (please complete page 10)
- Authorisation to make telegraphic transfer/standing order (please complete page 11)
- Direct debit (please complete 'Method of payment form' (MSP769) – available on request)
- Personal cheque* (yearly and half-yearly, please complete additional details below)

* Bank details for personal cheque payments

Cheques must be made payable to: 'Zurich International Life Limited'

Name of bank on which personal cheque is drawn

Address of bank

Country

Account name

Account number

Sort code (for GBP cheques only)

Swift code (if known)

Is the policy owner making the payments from their own funds?

Yes

No

If 'no' please complete the remainder of this section. For acceptable third party payors we will require full evidence of their identity; as stated in section 5, page 5. There are restrictions on who can make the payments. Your relevant financial professional should refer to the 'Anti-money laundering checklist for personal business' (MSP2187).

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

Family names

Forename(s)

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

Date of birth

Day Month Year

Nationality

Residential address

Relationship to policy owner

Reason for individual other than policy owner(s) making payments

3 Payment details (continued)

Please note that it is not possible to select both vanishing premiums as well as indexation of benefits and premiums

Do you require vanishing premiums?

Yes

No

If 'yes' over what period?

years

(minimum 7 years, maximum 15 years)

Do you require indexation of benefits and premiums?

Yes

No

4 Investment details

If you wish to invest in a combination of Blue Chip and Guaranteed Accumulation funds, please state the proportions you wish to select in the boxes below. Please ensure that the total investment adds up to 100%.

Fund name	%
Blue Chip*	
Blue Chip – Series B** (USD only)	
Guaranteed Accumulation fund	
	100%

* This fund is advised upon by Threadneedle.

** This fund is only available in US dollars and is advised upon by BlackRock.

Currency of investment fund
(tick one only)

GBP

USD

EUR

5 Proof of identity

For each policy owner or third party payor, please ensure a suitably certified true copy of one of the following ID documents are attached to the form.

Policy owners must provide one of the following valid primary documents:

(please tick to confirm document is attached)

- Passport
- Government issued ID card

Policy owner 1

Policy owner 2

Proof of address

In order to verify the policy owner's current residential address, please attach either an original or suitably certified copy of one of the following documents (in all cases the document seen must be **less than three months old** upon receipt by us). This should be issued in the name of the policy owner to show the address appearing on the application or held in our records as the current residence.

- Utility bill
- Tenancy contract*
- Letter from employer

Policy owner 1

Policy owner 2

*These documents do not need to be less than three months old – just valid and in date.

Note: If you require further guidance, your relevant financial professional should refer to the 'Anti-money laundering checklist for personal business' (MSP2187).

In Qatar, no other forms of ID are acceptable.

6 Origin of wealth

Important information

Before completing this section please read the 'Origin of wealth guidelines' (MSP2117) carefully and discuss with your relevant financial professional.

If you are an existing policy owner, your existing premium levels will be included for the purposes of calculating the limits for which documentary evidence is required.

How you acquired the money (policy owner)

Savings from income/salary

Employer's name

Employer's physical address

Employer's telephone number

Annual income and/or bonus amount and currency

Number of years you have been saving

Other

Please provide details here if your premium is from a source other than those listed above. Please include full details of where funds are from, dates, currency and amount.

How you acquired the money – documentary evidence

If your payment exceeds or equals the limits in the origin of wealth guidelines, please tick the relevant circles to confirm documents attached.

Please note: all documents submitted should be original or a copy certified by a suitable certifier.

Savings from income/salary

- A copy of my recent financial accounts (I am self-employed)
- An original letter on company letterhead from my employer confirming my income
- Original or certified copies of my bank statements clearly showing receipt of my most recent regular salary payments from my employer

Other – please provide the appropriate documentary evidence as defined in MSP2187.

7 Temporary life cover

Upon receipt of this application in conjunction with the first premium or valid method of payment form by Zurich International Life, the life/lives insured will be provided with immediate life cover of up to a maximum of USD250,000/ EUR200,000 (or currency equivalent) or the amount of life cover applied for, whichever is lower. This cover will remain in force for a maximum of 60 days or until the cover applied for on the Futura policy is in place, whichever is earlier.

Please refer to the 'Temporary life cover terms and conditions' (MSP2808).

8 Health and lifestyle

If you answer 'yes' to any questions, please provide details in the space provided at the end of this section.

(a) Have you smoked tobacco in the last 12 months?
If 'yes', please provide the type and quantity per day.

Yes No

(b) Do you consume alcohol?
If 'yes', please provide number of units consumed each week.

Yes No

1 unit = single measure of spirits or 125ml glass of wine or 250ml beer

(c) What percentage of your occupation involves manual work?

(d) In which industry are you employed?

(e) Have you been resident in your current country of residence for less than five years and/or do you have any intention of visiting (other than for vacation of less than 30 days), living or working in countries outside your current country of residence?

Yes No

(f) Does your occupation or any sport or activity that you participate in include activities that may be considered hazardous? If 'yes' please give full details, including frequency of sport/activity and dates. Please also complete the relevant sport/activity questionnaire.

Yes No

Note: for example including, but not limited to, working at heights, underground or with explosives, motor racing, flying other than as a fare paying passenger, diving, mountaineering.

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

Yes No

(h) Have you or are you applying simultaneously to any other insurance company? If 'yes' please provide details of the company, type and amount of insurance.

Yes No

(i) Have any of your parents, brothers or sisters suffered or died from heart disease, diabetes, stroke, kidney disease, cancer, multiple sclerosis or Huntington's disease before the age of 60?

Yes No

(j) Do you take any medications, drugs, stimulants, sedatives or tranquillisers or have you done so in the last five years?

Yes No

(k) Do you have or have you ever been diagnosed as having high blood pressure, chest pain, or any heart complaint, stroke, paralysis, epilepsy, anxiety, depression, diabetes, asthma, liver, kidney or bowel disease, cancer, tumour, or any disease or injury to the neck, spine or joint?

Yes No

(l) Have you undergone any medical treatment or examination for any illness or injury not covered above in the last five years, or are you intending to seek medical treatment or undergo a medical examination in the near future?

Yes No

Life to be insured 2

Yes No

Yes No

1 unit = single measure of spirits or 125ml glass of wine or 250ml beer

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

8 Health and lifestyle (continued)

(m) Have you ever tested positive for HIV, or are you awaiting the results of a HIV test?

Life to be insured 1

Yes No

Height cms

Weight kgs

Life to be insured 2

Yes No

Height cms

Weight kgs

(n) What is your height and weight?

If you have answered 'yes' to any of the questions in this section, please give full details in the box below.

Doctor's details

Please give details of your usual doctor or medical attendant. If you do not have one, please state the name of the doctor you last consulted.

Life to be insured 1

Doctor's name

Doctor's address

Telephone number

Email address

Life to be insured 2

Doctor's name

Doctor's address

Telephone number

Email address

9 Relevant financial professional's details and declaration

To be completed by the applicant's relevant financial professional.

Family name

Forename(s)

Job title

Brokerage name

Suitable certifier number (if applicable)

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.

Signature

Date

Day			Month			Year				
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10 Declaration

I/We apply for a Futura on the Company's standard terms and conditions. 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, and will form the basis of the contract for my/our application for life insurance.

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 consent to Zurich International Life seeking information from any medical practitioner who has attended me/us or from any insurer to which an application has been made for insurance and I/we authorise the giving of such information. I/We confirm such authorisation shall remain in force after my/our death.

I/We agree to inform the Company in writing of any change in my/our circumstances between the date of this application and issue of the policy contract.

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 understand and consent to Zurich International Life seeking independent verification (if considered necessary) of any of the information given in this application.

I/We declare that the life/lives to be insured is/are not a resident of the Isle of Man or the United States of America.

I/We confirm that I/we have reviewed the information given in this application and it is correct.

Data protection

I/We understand that the information that I/we supply will be held and used for the purposes of setting up, processing and administering the contract/policies and to prevent and detect fraud and financial crime by any of your Group companies, by re-insurers, by reference agencies, by third parties who provide relevant services to you and by my/our relevant financial professional. To prevent and detect fraud and financial crime, my/our health and other details may be required to be passed to other companies, public bodies including the police, or to an insurers' database. I/We understand that my/our personal information may be passed to governmental, regulatory or other bodies as required by law.

The information may also be used by your Group companies for accounting, statistical or marketing purposes and may be transmitted by any usual means including the internet. I/We also understand that your Group companies, and any companies that they become associated with, may share the information so that they can contact me/us by mail, email, telephone or other appropriate means about carefully selected products, services or offers that they believe will be of interest to me/us.

You will not contact me/us in this way if I/we tick here

I/We note that you may record or monitor my/our calls in order to offer additional security, resolve complaints and for training and quality purposes.

I/We confirm that I/we agree to my/our personal data being collected and used as set out above. I/We understand that I/we am/are entitled to receive a copy of my/our personal data held by you (and you may charge the statutory fee for this) and to correct any errors.

Signature of policy owner 1

Date

Day			Month			Year			
-----	--	--	-------	--	--	------	--	--	--

Signature of policy owner 2

Date

Day			Month			Year			
-----	--	--	-------	--	--	------	--	--	--

Signature of life to be insured 1

(if different to policy owner)

Date

Day			Month			Year			
-----	--	--	-------	--	--	------	--	--	--

Signature of life to be insured 2

(if different to policy owner)

Date

Day			Month			Year			
-----	--	--	-------	--	--	------	--	--	--

Country where application was signed

Country

We will let you know when cover on the benefits you have selected starts.

This will be subject to:

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

11 Payment instruction

Credit card payment instruction

Do not detach from main application.

Any additional charge made by your credit card company for collection of your premiums 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 can only accept Visa or Mastercard.

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 and in respect of any charges for the collection of the premiums by credit card that are passed onto me by Zurich International Life Limited.

Details of current rates of charges are available on request.

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

Name of card issuer – such as HSBC.

Currency of card

Credit card expiry date

Month Year

Credit card number

Name on card

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

Currency

Amount in figures

Amount in words

Premium collection date

Day Month Year

and Yearly Half-yearly Quarterly Monthly thereafter

* Premiums will only be collected on this date should there be a run, otherwise they will be collected on the next available run.

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

Date

Day Month Year



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 Government Insurance and Pensions Authority.

Registered in the Isle of Man number 20126C.

Registered office: 43-51 Athol Street, Douglas, Isle of Man, IM99 1EF, British Isles.

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Zurich International Life Limited is registered (Registration Number 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Zurich International Life Limited is part of the Zurich Financial Services Group which has a representation in more than 50 countries.



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