



Application for LifeProtect Guaranteed Term and Mortgage Protection

To be completed in addition to the Personal Information Form

Important Information for Customers

You must carefully read the statements below regarding your commitment to provide honest and complete information to us together with all of the Consumer Declarations on pages 2 and 3 including (i) the Policy Declaration, (ii) the Data Protection Notice, (iii) the Marketing Preferences, (iv) the Consumer Disclosure and (v) the Permission to request further information. If you have read and understand each declaration, please sign at the end of page 3.

Your application for Guaranteed Term and Mortgage Protection can be submitted as a paper application form or submitted online.

If submitting online, then your Financial Advisor can:

- Send us your completed Personal Declaration Form only (that is a 'Declaration Only' application). In this instance, Zurich Life will only receive the Personal Declaration Form (pages 1 - 6). Your Financial Advisor will input your personal information online and retain the paper copy of the Personal Information Form. Zurich Life will send you a copy of the application submitted by your Financial Advisor.

OR

- Send us your completed Personal Information and Personal Declaration Forms.

For any applications sent via email or fax to Zurich Life, we will treat these as a true copy of the application you completed.

Note that all of the information you provide in the Personal Information Form must be true and complete otherwise payment of any future benefits may be affected.

Your commitment to provide honest and complete information to us:

- I am aware that if I do not answer all questions honestly and completely, then Zurich Life may not pay out if I need to make a claim in the future.
- I understand that Zurich Life will not necessarily obtain a report from my doctor, so it is vital that I fully disclose all Material Facts (see overleaf).
- I understand that Zurich Life will assess my application based on the information in this form. I understand that it is my responsibility to check that my completed application is honest and complete before submitting it to Zurich Life.

Note:

Please complete in
BLOCK CAPITALS.

Intermediary Number

Intermediary Name

Financial
Advisor Name

Life / Lives Insured Details

First Life Name:

Date of Birth

Second Life Name:

Date of Birth

Plan(s) applied for

Guaranteed Term Protection

Guaranteed Mortgage Protection

Proposal Number
(If available)

Consumer Declarations

(i) Policy Declaration

- **This application:** I declare that I have read the entire application form (i.e. the Personal Information Form and the Personal Declaration Form) after it was fully completed and I am satisfied that all the answers and statements in the Personal Declaration Form and the Personal Information Form are true and complete (including those completed by my Financial Advisor).
- **Contract of insurance:** I agree that this Personal Declaration and the completed Personal Information Form together with any statements made or to be made to the medical examiner (if requested) for Zurich Life, along with any verbal statements to be made to and acknowledged in writing by Zurich Life which shall be deemed to be part of this Declaration and shall form the basis of this contract of insurance.
- **Material Facts:** I understand that I must disclose all Material Facts. A Material Fact is any fact that may influence the assessment and acceptance of an application for insurance or may increase the possibility that you will make a claim under this policy. If you are in any doubt about whether a fact is material, you should disclose full details.
- **Events prior to the start of this policy:** I understand that I must advise Zurich Life immediately about any changes in my health or other Material Facts that occur between now and the date my policy starts.
- **Smoking Habits:** I understand that if I provide incorrect or false information about my smoking habits any claim may not be paid.
- **'Declaration Only' Applications:** I understand that if I submit a 'Declaration Only' application, Zurich Life will send me a copy of the application (i.e. the Personal Declaration Form and the Personal Information Form) submitted by my Financial Advisor. If any answers or statements in the online application are incorrect or incomplete, I will advise Zurich Life in writing within ten days of receiving the copy of the online application, or payment of the first premium, whichever is later.

(ii) Data Protection Notice

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life is the data controller for this contract under data protection legislation. Our Data Protection Notice ('Notice') for this product is detailed at the end of this form. Please read this carefully.

By signing this form I confirm that I have read and understood the Data Protection Notice.

(iii) Marketing Preferences

From time to time, we would like to contact you to keep you up to date with news and offers from Zurich Life and those of the Zurich Group or third parties that we recommend. If you are happy for us to do this, please choose how you would like us to contact you.

For news, updates and offers from Zurich Life by:

Post Email Phone Text/Digital message

For news, updates and offers from the Zurich Group or third parties by:

Post Email Phone Text/Digital message

If at any time you would like to change your preferences or remove your permission, all you need to do is contact us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

(iv) Consumer Disclosure

I confirm that I have received the relevant Zurich Life Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part? Yes No

If YES, and that policy is a Zurich Life policy, please specify policy number:

Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

Where this policy is replacing an existing policy you must disclose all Material Facts (see definition on page 2) including all Material Facts and changes in your health since the date the existing policy was issued.

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

(v) Permission to request further information

I agree to give Zurich Life permission to request medical information from any doctor, hospital or clinic that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.

I confirm that I have read and fully understand:

- 1. parts (i), (ii), (iii) and (iv) of the above declaration;**
- 2. the commitment to provide honest and complete information on page 1; and**
- 3. as policy owner, I will be the beneficial owner(s) of this policy.**

I have read, fully understand and agree to part (v) of the above declaration.

I am aware that if I do not answer all questions honestly and completely, Zurich Life may decline to pay a future claim.

 **Policy Owner(s):**
Please sign and date.

X _____ Date

 **Policy Owner(s):**
Please sign and date.

X _____ Date

 **Life (Lives)
Insured**
(if different from Policy
Owner(s)):
Please sign and date.

X _____ Date

 **Life (Lives)
Insured**
(if different from Policy
Owner(s)):
Please sign and date.

X _____ Date

This part should be completed by your Financial Advisor.

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant(s) has been provided with the information specified in Schedule 1 to those Regulations (the relevant Zurich Life Customer Guide) and that I have advised the client(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Financial Advisor
X _____ Date

Data Protection Notice

About this Notice

Everyone has rights with regard to the way in which their personal data is handled. During the course of our activities we will collect, store and process personal data about you. The purpose of this Notice is to set out some information on the collection and processing of your personal data. Further information can be obtained in our Privacy Policy which is available at www.zurich.ie/privacy-policy.

The Data we collect

We collect the following personal data ('Data') from you (unless you are a member of a group scheme, in which case we may collect the Data from your employer or the trustee of the scheme):

- **Contact and identifying information** such as title, name, address, email, telephone number, gender, marital status, date of birth, occupation, PPS number, nationality, country of residence and photographic identification. We require this Data to identify you, contact you, conduct a suitability assessment (in the event of a sale via a financial advisor employed by or tied to Zurich Life), to fulfil our contract with you and to comply with legal obligations (e.g. performance of anti-money laundering checks). For investment products we also collect your US citizen status and your Tax Identification Numbers from other countries (if applicable) which we require to comply with Revenue law. If you are a member of a group scheme, we may also collect your employer's details.
- **Financial information** such as bank details, credit/debit card details (where needed) and income details (where applicable). We require this Data so we can assess the premium to be paid, to fulfil our contract with you and to comply with legal obligations.
- **Medical condition and health status** for protection products and some pension and investment products which also offer life and serious illness benefits, we collect medical information relating to: personal habits (e.g. smoking or consumption of alcohol), prescription information and medical history. For pension products we may collect disability information (e.g. if you apply for an early retirement due to ill health). We require this Data so that we can fulfil our contract with you.
- **Other sensitive information** - in certain cases, we may receive sensitive information from which it may be possible to infer your trade union membership, religious or political beliefs (e.g. if you are a member of a group scheme through a professional, trade, religious, community or political organisation). In addition, we may obtain information about your criminal record or civil litigation history in the process of preventing, detecting and investigating fraud. We may obtain your PEP (politically exposed person) status, which is necessary for compliance with anti-money laundering legislation.

Data collected from third parties

We may collect Data from third parties if you engage with us through a third party e.g. through a financial broker/advisor or, in the case of a group scheme, through your employer. We do this in order to fulfil our contract and provide services to you. We may also obtain Data from third parties so that we can assess a claim.

What do we do with your Data?

We collect and process this Data to manage and administer our relationship with you. We may use, process and store the Data, for the following purposes:

- Risk evaluation, product suitability, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, to provide annual statements, to create trustee annual reports (in the context of group schemes), for statistical evaluation, for survey purposes or to otherwise ensure the Group service delivery. Zurich Life or other members of the Group may contact you in connection with these purposes. We do this in order to provide you with the services for which you have contracted with us.
- We may check the Data you have provided against international/economic or financial sanctions laws or regulated listings to comply with legal obligations (e.g. anti-fraud and anti-money laundering requirements) or otherwise to protect our legitimate interests and/or the legitimate interests of others.

Sharing of Data

In order to provide a seamless service, we may share your Data (where appropriate):

- With other companies in the Group such as branches, subsidiaries, affiliates within the Group, partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA').
- If you apply for, or purchase, one of our products through a financial broker/advisor or another third party (e.g. your employer if you are a member of a group scheme), we will, as appropriate, correspond with that third party in relation to your products: this may result in us sharing your Data with that third party.
- Without your consent or without consulting you, when we believe that it is appropriate to comply with our legal obligations, a Court Order or to cooperate with State bodies (e.g. Revenue, the Central Bank, The Pensions Authority and law enforcement agencies).
- On the sale, transfer or reorganisation of our or our Group's business (or any part of it).

Continued overleaf

Data Protection Notice (continued)

- With business partners, suppliers and sub-contractors with whom we work and/or engage (e.g. auditors, cloud service providers, medical professionals, third-party claim administrators and outsourced service providers) to assist us in carrying out business activities which are in our legitimate business interest and where such interests are not overridden by your interests.
- In order to enforce this Notice or other legal rights, to protect the security and safety of others, and to prevent fraud.

For further information with respect to the third parties that we may share Data with, please see our Privacy Policy which is available at www.zurich.ie/privacy-policy.

Where transfers of Data take place outside the European Economic Area ("EEA"), we ensure that they are undertaken lawfully and in accordance with appropriate safeguards. Data may be transferred to, and stored outside the European Union ("EU") or EEA and in a country for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission. In such instances, appropriate safeguards are put in place to protect your Data. For further information with respect to the non-EU or non-EEA countries to which your Data may be transferred and for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission or for a copy of the safeguards put in place to protect your Data, please see our Privacy Policy which is available at www.zurich.ie/privacy-policy.

If you have any questions about your Data, you can contact our Data Protection Officer, free of charge, using the contact details below.

Marketing

Depending on the marketing preferences you have expressed in any application forms for our products or services, we may send you details of offers and news that we would like to share with you. Please note that you have the right to change your preferences at any time by contacting us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Data Retention

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or permitted. For more detail, see our Data Retention Policy at www.zurich.ie/privacy-policy.

Data Subject Rights

You have the following rights in relation to your Data which is held by Zurich Life:

1. To ask for details of your Data held by us.
2. To ask for a copy of your Data.
3. To have any inaccurate or misleading Data rectified.
4. To have your Data erased.
5. To restrict the processing of your Data in certain circumstances.
6. To object to the processing of your Data.
7. To transfer your Data to a third party.
8. A right not to be subject to automated decision making.
9. The right to receive notification of a Data breach.
10. Where processing is based on consent, the right to withdraw such consent.
11. The right to lodge a complaint to the Data Protection Commission.

If you wish to avail of these rights, a request must be submitted in writing to our Data Protection Officer. In order to protect your privacy, you may be asked to provide suitable proof of identification before we can process your request.

Our Data Protection Officer is contactable by phone, email, or post via:

- Zurich Life Customer Services on 01 799 2711
- dataprotectionofficer@zurich.ie
- Data Protection Officer, Zurich Life, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Privacy Policy

Please note that this Notice is not a stand-alone document and should be reviewed in conjunction with our Privacy Policy which is available at www.zurich.ie/privacy-policy.

SEPA Direct Debit Mandate



Zurich Life Unique Mandate
Reference Number (to be
completed by the creditor)
Creditor Identifier

IE43ZZZ992829

Important Note: By signing this mandate form, you authorise (A) Zurich Life Assurance plc to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Zurich Life Assurance plc. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

Please Return to:

Creditor Name	ZURICH LIFE ASSURANCE PLC
Creditor Address	ZURICH HOUSE, FRASCATI ROAD, BLACKROCK CO. DUBLIN, IRELAND
Type of Payment	RECURRENT

IBAN (International
Bank Account Number)

Signature(s)
of Account
Holder(s)

X

X

SWIFT BIC
(Bank Identification Code)

Date of Signing

Mandate Declaration

Direct debits will be collected from your bank on the chosen date* of the month the contribution is due. Under Single Euro Payments Area (SEPA) legislation, you are entitled to 14 calendar days prior notice of: (i) the commencement of a direct debit collection from your bank account by Zurich Life or (ii) where there is a change in the direct debit amounts or bank account details. However, SEPA also allows for a shorter notification period and to ensure timely collection of your contributions, Zurich Life operates a three day notification period. This does not affect your rights as outlined in the SEPA Direct Debit Mandate.

*The default chosen date is 1st of the month; the 7th and 15th of the month are available with agreement.

By signing this mandate form you are agreeing to a three day notification period before Zurich Life can collect contributions from your bank account.

Please note: Your IBAN and BIC details are included on your bank statement.

Special Instructions (to be completed by Financial Advisor)

Start of Policy

If you do not want us to start the policy until instructed, tick here

Discount code:

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.
Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie
Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at August 2020 and may change in the future.

Intended for distribution within the Republic of Ireland.

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ZURICH®

Application for LifeProtect Guaranteed Term and Mortgage Protection



To be completed in addition to the Personal Declaration Form

Intermediary Name:

Note to Financial Advisor:
 If you submit the details in the Personal Information Form [via our secure online system](#), you have the option to:
 → Upload the signed Personal Declaration Form before you submit.
 → Send only the completed Personal Declaration Form to us (note you should retain the paper copy of the Personal Information Form), or
 → Send us both the completed Personal Information and Personal Declaration Forms.
 If you are not submitting online, then please send us the completed paper copy of both forms.

Important note for customers: All of the information you provide in the Personal Information Form must be true and complete otherwise payment of any future benefits may be affected.

Intermediary Number:

A Life/Lives Insured Details First Life Insured

Mr	Mrs	Ms	First Name			
Surname						
Surname at birth if different						
Date of Birth			Age Next Birthday	Sex	M	F
Address						
Nationality						
Country of Residence						
Email Address						
Contact Number						
Are you a Politically Exposed Person (PEP)?*				Yes	No	

Note:
 Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life may require clients to provide 'Evidence of Identity' and 'Proof of Address' and other supporting documentation.

Note:
 Proof of date of birth of Life/Lives Insured is required to make a claim. If your date of birth is incorrect any claim payment will be recalculated.

***Note:**
 A politically exposed person (PEP) is a person that is, or has at any time in the past 12 months been, entrusted with a prominent public function, including any of the following individuals (but not including any middle ranking or more junior official): a head of state, head of government, government minister, or deputy or assistant government minister; a member of a parliament; a member of a supreme court, constitutional court, or other high-level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal; a member of a court of auditors or of the board of a central bank; an ambassador, chargé d'affairs, or high-ranking officer in the armed forces; or a member of the administrative, management, or supervisory body of a state-owned enterprise. A spouse (or equivalent under the law of where the PEP lives), child, spouse of a child, or parent of a PEP is also a PEP.

Life/Lives Insured Details Second Life Insured

Mr	Mrs	Ms	First Name			
Surname						
Surname at birth if different						
Date of Birth			Age Next Birthday	Sex	M	F
Address						
Nationality						
Country of Residence						
Email Address						
Contact Number						
Are you a Politically Exposed Person (PEP)?*				Yes	No	

B Policy Owner(s) Details - if different to Life/Lives Insured **First Owner**

Mr	Mrs	Ms	First Name				
Surname							
Surname at birth if different							
Date of Birth				Age Next Birthday	Sex	M	F
Address							
Nationality							
Country of Residence							
Email Address							
Contact Number							
Are you a Politically Exposed Person (PEP)?*				Yes	No		

***Note:**

A politically exposed person (PEP) is a person that is, or has at any time in the past 12 months been, entrusted with a prominent public function, including any of the following individuals (but not including any middle ranking or more junior official): a head of state, head of government, government minister, or deputy or assistant government minister; a member of a parliament; a member of a supreme court, constitutional court, or other high-level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal; a member of a court of auditors or of the board of a central bank; an ambassador, chargé d'affairs, or high-ranking officer in the armed forces; or a member of the administrative, management, or supervisory body of a state-owned enterprise. A spouse (or equivalent under the law of where the PEP lives), child, spouse of a child, or parent of a PEP is also a PEP

Policy Owner(s) Details - if different to Life/Lives Insured **Second Owner**

Mr	Mrs	Ms	First Name				
Surname							
Surname at birth if different							
Date of Birth				Age Next Birthday	Sex	M	F
Address							
Nationality							
Country of Residence							
Email Address							
Contact Number							
Are you a Politically Exposed Person (PEP)?*				Yes	No		

Economic Loss

If the relationship between the Life (Lives) Insured and the Policy Owner(s) is not that of a married couple, please give reasons for insurance.

Note: For single or joint life policies, please complete first/joint life section. For dual life policies, please complete both first/joint life and dual life sections.

C Plan Details
1. For Guaranteed Term Protection complete section C1 OR
2. For Guaranteed Mortgage Protection complete section C2

C1 Guaranteed Term Protection
Basis of Cover

Single Life or Dual Life or Joint Life Term of Cover* Years

* **Minimum** - 2 years; **Maximum** - 40 years but cover cannot extend beyond the older life's 90th birthday (or 75th birthday if Serious Illness or Cancer cover has been chosen).

i. Main Benefits

You must choose at least one of Life, Serious Illness, Monthly Income or Cancer cover

Life Sum Insured (only available if aged 75 next birthday or less)

Serious Illness Sum Insured (only available if aged 65 next birthday or less)

Standalone Accelerated

If accelerated, the Serious Illness sum insured must be less than or equal to the Life sum insured. If you select standalone Serious Illness cover, the Life cover (if chosen) is not affected by the amount of any Serious Illness/PTD claim. If you select accelerated Serious Illness cover, the Life cover is reduced by the amount of any Serious Illness/PTD claim.

Monthly Income Sum Insured (only available if aged 75 next birthday or less)

Cancer Cover Sum Insured (only available if aged 65 next birthday or less)

First/Joint Life		Dual Life	
€		€	
€		€	
€		€	
€		€	
Yes	No	Yes	No

Permanent Total Disablement (PTD) 'Own' Occupation Cover

Only available if Serious Illness cover is chosen and the Life (Lives) Insured is aged 60 next birthday or less. PTD cover ceases at age 65. Please note you must complete section G GP Details.

If for any underwriting reasons you are not eligible for 'Own' Occupation PTD cover, please tick here if you **do not want** the application to proceed without 'Own' Occupation PTD cover.

ii. Additional Benefits and Options

Surgical Cash Benefit

Only available if Serious Illness cover is chosen. Only available if aged 60 next birthday or less. Benefit ceases at age 65.

Hospital Cash Benefit

Minimum: €30 per day - Maximum: €300 per day
 Only available if aged 60 next birthday or less. Benefit ceases at age 65.

Personal Accident Benefit (limited to 50% of weekly earnings)

Minimum: €100 per week - Maximum: €400 per week
 Only available if aged 55 next birthday or less. Benefit ceases at age 60.

Waiver of Premium Benefit

If joint life, first life only. Only available if aged 59 next birthday or less. Benefit ceases at age 60.

Protection Continuation Option

Only available if aged 65 next birthday or less. Does not apply to Monthly Income benefit.

First Life		Second Life	
Yes	No	Yes	No
€	Per day	€	Per day
€	Per week	€	Per week
Yes	No	Yes	No
		Yes	No

iii. Inflation Protection Option - automatically included

Please tick here if you **do not** want the Inflation Protection Option.

Note: This benefit is only available if aged 64 next birthday or less and the benefit ceases at age 65. Inflation Protection will be included in your policy unless this box is ticked.

C2 Guaranteed Mortgage Protection

Basis of Cover Single Life or Dual Life or Joint Life

Term of Cover* Years * **Minimum** - 5 years; **Maximum** - 40 years but cover cannot extend beyond the older life's 90th birthday (or 75th birthday if Serious Illness cover has been chosen).

Choose any one of the following interest rates (5, 6, 7, 8, 9%) %

The interest rate selected will determine the rate at which your sum insured will decrease over the term you have selected. If your actual mortgage interest rate exceeds your selected interest rate over the mortgage term, the amount payable on death (or Serious Illness if selected) may not be sufficient to repay the outstanding balance on your mortgage. Zurich Life's liability will be limited to the sum insured in force at the date of the claim.

i. Main Benefits

Life Cover Sum Insured (only available if aged 75 next birthday or less)

First/Joint Life	Dual Life
€	€

Note: Only illnesses specified in your policy document are covered under Serious Illness benefit. Claims for any other serious or minor illnesses are not covered.

Note: Only cancer related illnesses specified in your policy document are covered under Cancer cover benefit. Claims for any other illnesses are not covered.

Note: Serious Illness includes PTD on the basis of inability to perform at least 3 out of 5 activities of daily work.

Note: Only surgeries specified in your policy document are covered under Surgical Cash benefit. Claims for any other surgeries are not covered.

C2

Plan Details

Guaranteed Mortgage Protection

i. Main Benefits (Continued)

Serious Illness Cover
(only available if aged 65 next birthday or less)

This is the % of the then in force Life cover sum insured payable on diagnosis of one of a specified number of serious illnesses. On payment of a claim, the Life cover sum insured will be reduced by this %.

Permanent Total Disablement (PTD) 'Own' Occupation Cover

Only available if Serious Illness cover is chosen and the Life (Lives) Insured is aged 60 next birthday or less. PTD cover ceases at age 65. Please note you must complete section G GP Details.

If for any underwriting reasons you are not eligible for 'Own' Occupation PTD cover, please tick here if you **do not want** the application to proceed without 'Own' Occupation PTD cover.

ii. Additional Benefits and Options

Hospital Cash Benefit

Minimum: €30 per day - Maximum: €300 per day

Only available if aged 60 next birthday or less. Benefit ceases at age 65.

Personal Accident Benefit (limited to 50% of weekly earnings)

Minimum: €100 per week - Maximum: €400 per week

Only available if aged 55 next birthday or less. Benefit ceases at age 60.

Protection Continuation Option

Only available if aged 65 next birthday or less.

First/Joint Life		Dual Life	
100%	75%	100%	75%
50%	25%	50%	25%
0%		0%	
Yes	No	Yes	No
€	Per day	€	Per day
€	Per week	€	Per week
		Yes	No

Note:
Only illnesses specified in your policy document are covered under Serious Illness benefit. Claims for any other serious or minor illnesses are not covered.

Note:
Serious Illness includes PTD on the basis of inability to perform at least 3 out of 5 activities of daily work.

Note:
A Government Insurance Levy (currently 1% as at August 2020 and may change in the future) will apply to your policy. Zurich Life will collect this levy in addition to your premium.

Note:
Each person making some or all of the payment of premium must complete this section.

Note:
Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain documentation and information about you, the method of payment being used and the origin of the funds used to pay the premium. Further information may subsequently be requested.

Note:
IBAN (International Bank Account Number) and BIC (Bank Identification Code) details are included on bank statements.

D

Contribution Details and Source of Funds

(i) Contribution Details

(Exclusive of Government Insurance Levy)

First Life Premium

€

Second Life Premium

€

Total Premium

€

Note: If dual life, please enter premium for each life and total premium. If joint or single life, please enter total premium only.

(ii) Source of Funds

(Complete if premium is above €1,000 per annum and not paid by personal cheque or Direct Debit drawn on Policy Owner(s) bank account)

Payment by:

Third Party Cheque / Direct Debit

Please provide Payor Name (if Third Party Cheque / Direct Debit).

Please state the exact nature of the relationship of Third Party Payor to Policy Owner(s).

Please confirm Country of Incorporation if Third Party is a Company.

or

Bank Draft

For Bank Drafts only please provide the details of the bank account from which the funds used to pay the premium were drawn.

Account Holder Name(s)

Name of Bank/Building Society

IBAN

SWIFT BIC

Country account is based in

If Third Party Payor, please state the exact nature of the relationship to Policy Owner(s).

or

Other - Please provide details.

Frequency of payment by:
DIRECT DEBIT

Monthly Quarterly

Half-yearly Yearly

OR

BANK DRAFT/CHEQUE

(only if paid half-yearly or yearly)

Half-yearly Yearly

Bank Drafts and Cheques should be made payable to Zurich Life.

Important note

When answering the questions in this section you must give full and accurate information in relation to all Material Facts.

Material Facts: I understand that I must disclose all Material Facts. A Material Fact is any fact that may influence the assessment and acceptance of an application for insurance or may increase the possibility that you will make a claim under this policy. If you are in any doubt about whether a fact is material, you should disclose full details.

However, it is important that you are aware that in accordance with the provisions of Part 4 of the Disability Act 2005 you should **NOT** disclose the result of any **Genetic (DNA or RNA) test**.

You must disclose if you are having treatment for, experiencing symptoms of, or having investigations (other than a genetic test) for a genetic condition as well as disclosing all other conditions. You must also give us full information about your family history (without disclosing the name of any relatives), including all genetic conditions as requested in Question 13 on page 8.

Note:
Nicotine replacement products may include e-cigarettes, nicotine products or gum.

Note:
Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Personal Details

1. (i) What is your height?

(ii) What is your weight?
(Please specify stones, pounds or kilos.)
2. (i) In the last 12 months, which of the following best describes your smoking habits:
 - I am a smoker
 - I am an occasional smoker or have smoked in the last 12 months
 - I have used nicotine replacement products including e-cigarettes in the last 12 months
 - I am a non-smoker

If you are a smoker, what amount of all tobacco products do you consume:
Cigarettes per day
Cigars per day
Pipe tobacco grams per day
- (ii) Do you drink alcohol?

What is your average weekly consumption in units?

First Life		Second Life		Details
First Life		Second Life		Details
Yes	No	Yes	No	

(One pint = 2 units, a bottle of beer is 1½ units, a standard glass of wine or a single measure of spirits is one unit.)

Note:
If your occupation is "Company Director" please advise the nature of the business.

Occupation/Activities/Travel

3. Please state your occupation.
4. As part of your occupation, do you work at heights greater than 40 feet / 12 metres or underground or carry out any other potentially hazardous activity?
5. Do you have any intention of flying other than as a passenger on a public airline?
6. Have you travelled or resided outside the EU for more than 3 months in the last 5 years?
(Travel to UK, USA, Canada, Australia or New Zealand need not be disclosed.)
7. Do you have any intention or prospect of travelling or residing outside the EU other than on a holiday of less than 3 months duration?
(Travel to UK, USA, Canada, Australia or New Zealand need not be disclosed.)
8. Do you take part or intend to take part in any hazardous pastime such as motor racing, diving, aviation or mountaineering?
9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?

First Life		Second Life		Details
First Life		Second Life		Details
Yes	No	Yes	No	
Yes	No	Yes	No	
Yes	No	Yes	No	
Yes	No	Yes	No	
Yes	No	Yes	No	

Health	First Life		Second Life		Details
10. Have you ever suffered from or received treatment, advice or had investigations for any of the following:					
(i) Cancer or tumour, leukaemia, Hodgkin's disease or lymphoma?	Yes	No	Yes	No	
(ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease?	Yes	No	Yes	No	
(iii) Stroke, brain haemorrhage or brain injury through any cause?	Yes	No	Yes	No	
(iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs?	Yes	No	Yes	No	
(v) Disease or disorder of the blood, including anaemia?	Yes	No	Yes	No	
(vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause?	Yes	No	Yes	No	
(vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?	Yes	No	Yes	No	
(viii) Cirrhosis or any other illness affecting the liver?	Yes	No	Yes	No	
(ix) Kidney failure or kidney disease including cystic kidney disease?	Yes	No	Yes	No	
(x) Diabetes, thyroid disorders or any hormone abnormalities?	Yes	No	Yes	No	
(xi) Any mental illness including anxiety, depression, stress or eating disorder, or have you attempted to harm yourself?	Yes	No	Yes	No	
11. In the last 5 years have you suffered from or received treatment, advice or had investigations for any of the following:					
(i) Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful?	Yes	No	Yes	No	
(ii) High blood pressure, raised cholesterol, chest pain or irregular heart beat?	Yes	No	Yes	No	
(iii) Any form of numbness or tingling, temporary loss of muscle power or tremor, severe headaches, dizziness, seizure, fit, fainting or blackout or any other symptom that may be due to a nervous system disorder?	Yes	No	Yes	No	
(iv) Ulcers or any disorder of the oesophagus, intestine, pancreas, bowel or urinary system?	Yes	No	Yes	No	
(v) Asthma, bronchitis, emphysema, shortness of breath or any other respiratory disorder? <small>(Colds, influenza, hay fever and simple respiratory tract infections can be omitted.)</small>	Yes	No	Yes	No	
(vi) Disorders affecting the eye (and not wholly corrected by spectacles or contact lenses), ear, nose or throat?	Yes	No	Yes	No	
(vii) Arthritis or joint disorders, back, neck or muscular disorder or chronic fatigue syndrome?	Yes	No	Yes	No	
(viii) If male - prostate or any other urinary disorders? If female - abnormal cervical smear or any other gynaecological or urinary disorder?	Yes	No	Yes	No	

Note: **E** Health Statement and Other Information (continued)

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Health (continued)	First Life		Second Life		Details
11.(ix) Other than for the conditions you have already disclosed, are you taking any prescribed drugs, medicines, tablets or any other treatment at present? <small>(Please give the name of the condition for which you are taking this treatment and not the medication itself.)</small>	Yes	No	Yes	No	
(x) Other than the conditions disclosed above have you sought medical advice, treatment or had investigations for any other condition in the past 5 years? <small>(Colds, influenza and hay fever can be omitted.)</small>	Yes	No	Yes	No	
(xi) Are you awaiting the results of any tests/ investigations or referral to any hospital, clinic or doctor or do you have any medical condition, pain, discomfort or other symptoms for which you have not yet sought medical advice?	Yes	No	Yes	No	
12. (i) Have you ever been treated for alcohol misuse, or advised/counselled to reduce your consumption of alcohol?	Yes	No	Yes	No	
(ii) Have you taken cocaine, cannabis or any drugs other than for medicinal purposes within the last 10 years?	Yes	No	Yes	No	
(iii) Have you ever tested positive for HIV/AIDS or are you awaiting the results of such a test?	Yes	No	Yes	No	
(iv) Have you ever tested positive for Hepatitis B or C or are you awaiting the results of such a test?	Yes	No	Yes	No	

Continued overleaf

E Health Statement and Other Information (continued)

Note:
Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Family History

13. Have any of your **parents, brothers or sisters** ever had one or more of the following medical conditions at the ages specified: *(Please specify age at diagnosis of the relevant medical history.)*

Family member(s) age 60 OR less

- (i) Breast or ovarian cancer?
- (ii) Multiple Sclerosis, Motor Neurone disease or Parkinson's disease?
- (iii) Bowel or colon cancer?
- (iv) Stroke or heart disease (for example heart attack or angina)?
- (v) Cardiomyopathy?
- (vi) Muscular dystrophy of any kind?
- (vii) Polycystic kidney disease?
- (viii) Huntington's disease or Alzheimer's disease?
- (ix) Any type of cancer that has occurred in the same site in two or more family members? Note: there is no need to repeat disclosure given in question 13 (i) and (iii) above.
- (x) Any disorder which you know or suspect to be hereditary or for which you have received follow up or screening?

	First Life		Second Life		Details
	Yes	No	Yes	No	
(i) Breast or ovarian cancer?	Yes	No	Yes	No	
(ii) Multiple Sclerosis, Motor Neurone disease or Parkinson's disease?	Yes	No	Yes	No	
(iii) Bowel or colon cancer?	Yes	No	Yes	No	
(iv) Stroke or heart disease (for example heart attack or angina)?	Yes	No	Yes	No	
(v) Cardiomyopathy?	Yes	No	Yes	No	
(vi) Muscular dystrophy of any kind?	Yes	No	Yes	No	
(vii) Polycystic kidney disease?	Yes	No	Yes	No	
(viii) Huntington's disease or Alzheimer's disease?	Yes	No	Yes	No	
(ix) Any type of cancer that has occurred in the same site in two or more family members? <small>Note: there is no need to repeat disclosure given in question 13 (i) and (iii) above.</small>	Yes	No	Yes	No	
(x) Any disorder which you know or suspect to be hereditary or for which you have received follow up or screening?	Yes	No	Yes	No	

Existing Cover

14. Does the Serious Illness sum insured on this application and any other Serious Illness cover you have with any other company exceed €500,000?

	First Life		Second Life		Details
	Yes	No	Yes	No	
14. Does the Serious Illness sum insured on this application and any other Serious Illness cover you have with any other company exceed €500,000?	Yes	No	Yes	No	

Note to Financial Advisor: Please complete this section if 'Own' Occupation Permanent Total Disablement Cover is required

Please consult the online Occupational Benefits Guidelines (in the Underwriting section of the Document Library on ZurichBroker.ie) to check if your client's occupation is acceptable for 'Own' Occupation PTD cover.

Do any of the following activities form an essential part of your work?

- (a) Manual or physical activity?
If YES:
Percentage of time
Please give nature of this activity.
- (b) Use of machinery or tools?
If YES:
Percentage of time
Please give nature of this activity.
- (c) Annual business mileage greater than 25,000 miles (40,000 km)?
- (d) Working at heights?
If YES:
Average height worked

	First Life		Second Life	
	Yes	No	Yes	No
(a) Manual or physical activity? If YES: Percentage of time Please give nature of this activity.		%		%
(b) Use of machinery or tools? If YES: Percentage of time Please give nature of this activity.		%		%
(c) Annual business mileage greater than 25,000 miles (40,000 km)?	Yes	No	Yes	No
(d) Working at heights? If YES: Average height worked	Yes	No	Yes	No

G GP Details

Please give the name, address of and the number of years that you have attended your usual doctor.

First Life Insured

Doctor's Name

Address

For how many years?

If you have been with this Doctor for more than 5 years, when did you last visit them?

Second Life Insured

Doctor's Name

Address

For how many years?

If you have been with this Doctor for more than 5 years, when did you last visit them?

If you have changed your doctor in the last year, please also give the name and address of your previous doctor.

First Life Insured

Doctor's Name

Address

Second Life Insured

Doctor's Name

Address

Note: Having completed this Personal Information Form, please ensure that you sign the Personal Declaration Form.

Zurich Life Assurance plc

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Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

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