A guide for Financial Brokers

Protection - Financial Planning Report

Your essential pre-sales report for your protection clients.

Simple and easy to make it even easier for clients to understand

Generate a **full pre-sales pack in minutes** - including application forms and customer guides

Tailored **statement of suitability**

Your branding is the dominant brand

WALSH & COMPANY
FINANCIAL SERVICES

Mr Ryan Shaw
43 Irish Street
Blackrock
Co Dublin

Matilda Walsh
Walsh & Company
Blackrock
Co Dublin

Dear Ryan,

In light of our recent discussion, I have created the attached financial planning report.

This report includes information and guidance to help you better understand the product I've recommended. I look forward to hearing from you. Don't hesitate to contact me if you have any questions.

Yours sincerely

.....

Matilda Walsh

Email: Matilda@Walshlife.ie
Phone: 01 798 2819

Printed 17.05.2022

Statement of Suitability

Important Notice - Statement of Suitability
This is an important document which sets out the reasons why the product(s) or service(s) offered or recommended is/are considered suitable, or the most suitable, for your particular needs, objectives and circumstances.
It is important to note that this is not an offer of contract. The premium stated may change subject to a number of considerations such as underwriting.

Financial Advisor:	**Matilda Walsh**	Date: **17.05.2022**
Client:	**Mr Ryan Shaw**	
Age:	**36**	
Recommended Product:	**Guaranteed Term Protection**	

After analysing your personal circumstances from the information you provided me with and the fact find we completed, the following are my recommendations.

1. Your Personal Circumstances

- You are married.
- You have no dependents.
- You are not a smoker.
- You are currently in good health with no pre-existing health conditions.
- You have no life cover.
- You have no serious illness cover.
- You have no disability cover.

2. Your Needs and Objectives

- In the event of your premature death and/ or the onset of a specified serious illness within the insurance term, you would like to protect yourself and provide financial support to your family.
- You would like your cover to last for 20 years.

3. Your Financial Situation

- Your annual salary is EUR 55,000.
- You are self employed.
- You work full time and your employment is secure.
- You are not entitled to social welfare benefits.

Assets and Other Income
- Total monthly income amounts to EUR 4,580 .
- The current value of your home is EUR 250,000.
- An emergency fund of EUR 15,000 exists.
- Other assets (Credit Union Savings accounts) amount to EUR 10,000.

Liabilities

Other liabilities (e.g. loans, utility bills, living costs) come to a total of EUR 1,000 per month.

We have captured all this and more in the fact find completed on 15/01/2020, a copy of which is enclosed.

4. Recommended Product: Guaranteed Term Protection

- I have examined your financial needs, and I believe you should take out a Guaranteed Term Protection policy on a Single Life basis for at least 20 years.

- A Life Cover sum insured of EUR 250,000 is suitable.
- A Serious Illness sum insured of EUR 100,000 on a Stand Alone basis is suitable.

- The Monthly premium required is EUR 69.89.
- There is a Government life insurance levy of 1% applied to this premium.
- In terms of affordability, there is a sufficient amount of capital available to pay this into the protection plan.
- This plan is in line with your personal circumstances and suits your requirements. I recommend that your circumstances are reviewed every year to ensure your needs and objectives are still being catered for.

- Prior to policy purchase, you may be able to add the following benefits to your protection plan:
o Monthly income replacement
o Daily hospital cash payment
o Weekly personal accident payment
o Waiver of premium
o Extension of cover beyond the 20 years, without providing further medical evidence
o Option to escalate your premium and sum(s) insured each year to protect against inflation

- Please see policy documentation for further details on the benefits and options available.

5. Our Recommended Product Provider

- We are authorised to advise on six life companies in Ireland and recommend that you effect the protection plan with Zurich Life Assurance plc.
- Zurich Life is one of Ireland's largest Pension, Investment and Protection Providers. Zurich Life is a member of the Zurich Insurance Group, a multi-line insurer serving customers in more than 210 countries and territories.
- Within the current market, Zurich Life offer very competitive regular premiums.

6. Risk profile of this product and your Attitude to Risk

- N/A

7. Guarantees and Limitations

- The benefit of this plan is the provision of a lump sum commencing on the death or, if applicable, the diagnosis of one of a set of specified serious illnesses or permanent and total disablement of a life insured within the insurance term.
- Benefits are provided by the payment of a regular premium for the term of the plan.
- If the inflation protection option is included, benefits will increase by 3% per annum and the premiums will increase at a rate no greater than 4.5% per annum.
- This premium cannot be reviewed by Zurich Life once the policy has been set up and accepted.
- This policy never acquires a cash value and is not appropriate for retirement funding or savings purposes.
- As this is a protection plan, if the premiums cease to be paid, no encashment value will be paid, and the policy will be terminated, after which Zurich Life will have no further liability under this policy.

This document does not constitute an offer of contract. Full details of your plan will be available when the contract is issued.

It is very important that you disclose all material facts to us, including those relating to your health.

Please read the Guarantees and Limitations section.

I have provided you with a Customer Guide and a copy of your Policy Document which explains how this policy works in more detail. Please read them carefully and make sure you understand the benefits provided by the policy.

Additional notes

Advisor Name: .....

Advisor Signature: ..... Date / /

I confirm that I/we have read and understand this Statement of Suitability and I/we wish to proceed with this recommendation.

Client Name: **Ryan Shaw**

Client Signature: ..... Date / /

Additional notes

Advisor Name: .....

Advisor Signature: ..... Date / /

I confirm that I/we have read and understand this Statement of Suitability and I/we wish to proceed with this recommendation.

Client Name: **Ryan Shaw**

Client Signature: ..... Date / /

WALSH & COMPANY
FINANCIAL SERVICES

Financial Planning Report

Mr Ryan Shaw

An Overview of your Product Choice

Guaranteed Term Protection on a Single Life Basis

Life Cover for Mr Ryan Shaw	€250,000

Serious Illness Cover for Mr Ryan Shaw	€100,000

****Please note that this Serious Illness Cover is on a stand alone basis.**

Monthly Premium	€ 64.33
Term Years	20

- A Guaranteed Term Protection plan allows you to protect yourself and/or provide financial support to your family/ dependants in the event of your death and/or the onset of a specified serious illness within the insurance term. The benefits can be payable on a stand alone or accelerated basis.
- If you have chosen inflation protection, the premium payable will increase along with the life and/or serious illness benefit amounts. Otherwise the premium payable and the life and/or serious illness benefit amounts remain level.
- You pay a regular premium towards the policy. This premium can be paid monthly, quarterly, half-yearly or yearly.
- You may be in a position to add other benefits upon policy purchase, which provide funds on permanent total disablement, accident, hospitalisations and/or specific surgeries.
- The amount of cover can be increased on certain life events e.g. the birth of a new child.

Please note that:

1. Any of the product and benefit details referenced above are for illustrative purposes only.

2. This is not an offer of contract.

3. Eligibility for this product with Zurich Life is subject to a number of considerations such as underwriting.

Key thoughts on a protection plan

The type and amount of cover required

Estimate the amounts of cover you would be required to have in place if you were to pass away or become seriously ill during a period of time. This involves identifying what you and your family would need to remain financially secure if faced with life‘s difficult uncertainties. For Example:

- Do you have a mortgage? If so, you need to protect your home and the capital outstanding.
- Do you have a family? How much cover would give you peace of mind knowing that you and/or your family would be protected against financial strain in difficult times? This involves identifying items such as current bills, loans, living costs etc.
- Do you have existing life cover in place?
- Do you currently have any savings set aside for such events?

As your financial advisor, we can help you with this.

Affordability

With our help, a regular premium can be estimated based on the cover required. Consider how much money is available to you now to purchase a protection plan, while still retaining enough money on deposit to cover potential emergencies and daily living costs.

You might be in a position where you can comfortably afford what is needed. However, you might need to look at your monthly expenditure to see if there is any scope to make changes to afford the cover required. Alternatively, you might be happy to purchase a protection plan which covers most of your needs with a lesser regular premium attached.

Why choose Zurich?

Zurich Life Assurance plc ('Zurich Life') is one of Ireland‘s most successful life insurance companies, offering a full range of Pension, Investment and Protection products. We have been meeting our customers' needs in Ireland for over 30 years. Our investment team, based in Blackrock, Co. Dublin, is responsible for funds under management of approximately €24 billion, of which pension assets amount to €10.7 billion (as at 30 June 2019).

Zurich Insurance Group (Zurich) is a leading multi-line insurer that serves its customers in global and local markets. With more than 55,000 employees, it provides a wide range of general insurance and life insurance products and services. Zurich‘s customers include individuals, small businesses, and mid-sized and large companies, including multinational corporations, in more than 170 countries. The Group is headquartered in Zurich, Switzerland, where it was founded in 1872.

Important Notes

This document is designed to provide you with details of your potential protection plan.

This is not an offer of contract by Zurich Life and is provided for information purposes only.

Any of the product or benefit details (including sum assured(s), premium(s), term etc.) referenced in this document are for illustrative proposes only and may not be available from Zurich Life.

Eligibility for a protection product with Zurich Life is subject to a number of considerations such as underwriting.

Personal Information Form

Application for Guaranteed Term and Mortgage Protection

To be completed in addition to the Personal Declaration Form

Intermediary Name:

Intermediary Number:

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 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.

Important note for customers: All of the information you provide in the Personal Information Form must be provided honestly and with reasonable care by the Policy Owner and by any Life/Lives Insured. Failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.

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

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

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

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

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

	First/Joint Life	Dual Life
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		
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) →	€	€
Permanent Total Disablement (PTD) 'Own' Occupation Cover	○ Yes ○ No	○ Yes ○ No
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.	○	○

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.

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.

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.

ii. Additional Benefits and Options

	First Life	Second Life
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.	○ Yes ○ No	○ Yes ○ No
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.	€ Per day	€ Per day
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.	€ Per week	€ Per week
Waiver of Premium Benefit If joint life, first life only. Only available if aged 59 next birthday or less. Benefit ceases at age 60.	○ Yes ○ No	○ Yes ○ No
Protection Continuation Option Only available if aged 65 next birthday or less. Does not apply to Monthly Income benefit.	○ Yes ○ No	

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.

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

	First/Joint Life	Dual Life
Life Cover Sum Insured (only available if aged 75 next birthday or less)	€	€

Continued overleaf

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.

C2 Plan Details

Guaranteed Mortgage Protection

i. Main Benefits (Continued)

	First/Joint Life	Dual Life
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 %.	○ 100% ○ 75% ○ 50% ○ 25% ○ 0%	○ 100% ○ 75% ○ 50% ○ 25% ○ 0%
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.	○ Yes ○ No	○ Yes ○ No
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

	First/Joint Life	Dual Life
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.	€ Per day	€ Per day
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.	€ Per week	€ Per week

Protection Continuation Option
Only available if aged 65 next birthday or less. ○ Yes ○ No

Note: A Government Insurance Levy (currently 1% as at April 2022 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.

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.

(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.

E Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Note:
Please see below for definitions of these terms.

Are any of the roleholders linked to this policy (or have any of the roleholders linked to this policy been within the last 12 months), a PEP or a RCA of a PEP? ○ Yes ○ No

For each roleholder for whom you have answered yes to the above question, please complete the following:

Role (see note)	Name	Address	Date of Birth	Nationality

Note:
Roleholders may include (depending on the policy type) Owners, Lives Assured, Payors, Beneficiaries, Trustees. If a roleholder is a Company additional roleholders include Beneficial Owners and Directors.

Who is a Politically Exposed Person (PEP)?

A 'Politically Exposed Person' means an individual who is, or has at any time in the preceding 12 months been, entrusted with a prominent public function, (but not including any middle ranking or more junior official) and performs one of the following roles:

- a head of state, head of government, government minister or deputy or assistant government minister.
- a member of a parliament or a similar legislative body.
- a member of the governing body of a political party.
- 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.
- a director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation.
- a member of the administrative, management or supervisory body of a state-owned enterprise.

Who is a Relative of a PEP?

- any spouse of the politically exposed person.
- any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides.
- any child of the politically exposed person.
- any spouse of a child of the politically exposed person.
- any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides.
- any parent of the politically exposed person.
- any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance.

Who is a Close Associate of a PEP?

- any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person.
- any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed Person.

F Health Statement and Other Information

Important note

When answering the questions in this section you, as the Policy Owner and/or the Life/Lives insured, must answer all questions honestly and with reasonable care. Failure by you or the Life/Lives Insured to comply with these requirements and/or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced. These questions are designed to identify factors that may influence the assessment and acceptance of an application for insurance or may increase the possibility that you will make a claim. If you are in any doubt in relation to giving details to a question then you should provide these 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.

Personal Details

	First Life	Second Life	Details
1. (i) What is your height?			
(ii) What is your weight? (Please specify stones, pounds or kilos.)			

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

	First Life	Second Life
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?	○ Yes ○ No	○ Yes ○ No
What is your average weekly consumption in units?		

(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: 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.

Occupation/Activities/Travel

	First Life	Second Life
3. Please state your occupation.		

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

	First Life	Second Life	Details
4. Does your occupation involve any of the following: working externally at heights greater than 40 feet/12 metres†, offshore in oil, gas or fishing industries, underground, handling explosives, flying, diving or are you in the armed forces?	○ Yes ○ No	○ Yes ○ No	
5. Do you have any intention of flying other than as a passenger on a public airline?	○ Yes ○ No	○ Yes ○ No	
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.)	○ Yes ○ No	○ Yes ○ No	
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.)	○ Yes ○ No	○ Yes ○ No	
8. Do you take part or intend to take part in any hazardous pastimes such as motor racing, diving, private aviation or flying, mountaineering or off piste snow sports?	○ Yes ○ No	○ Yes ○ No	
9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?	○ Yes ○ No	○ Yes ○ No	

†Note: For anyone working at heights, please confirm percentage of time and maximum heights.

Continued overleaf

F Health Statement and Other Information (continued)

Health

	First Life	Second Life	Details
10. Have you ever suffered from or received treatment, medical advice or had investigations for any of the following:			
(i) Cancer, including less advanced early or in situ cancer, tumour, leukaemia, hodgkin's disease, lymphoma or any cyst or tumour in the brain or spine?	○ 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, Transient Ischaemic Attack (TIA), Mini Stroke 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 or Haemochromatosis or clotting disorders?	○ 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 or raised blood sugars or sugar in the urine, thyroid disorders* or any hormone abnormalities?	○ Yes ○ No	○ Yes ○ No	
(xi) Any mental illness that required hospitalisation or inpatient treatment including psychosis, schizophrenia, bipolar disorder, an eating disorder or have you ever self-harmed or attempted suicide?*	○ Yes ○ No	○ Yes ○ No	
11. In the last 5 years have you suffered from or received treatment, medical advice or had investigations for any of the following:			
(i) Have you required attendance with a GP, Doctor or any mental health service for any of the following: anxiety, depression, low mood, stress or any mental health issue including addiction?*	○ Yes ○ No	○ Yes ○ No	
(ii) Chronic fatigue syndrome or fibromyalgia or myalgic encephalomyelitis (ME), fatigue or persistent tiredness?	○ Yes ○ No	○ Yes ○ No	
(iii) Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful?	○ Yes ○ No	○ Yes ○ No	
(iv) High blood pressure*, raised cholesterol*, chest pain or irregular heart beat?	○ Yes ○ No	○ Yes ○ No	
(v) 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	
(vi) Ulcers or any disorder of the oesophagus, stomach, intestine, pancreas, bowel, bladder or urinary system including blood or protein in the urine?	○ Yes ○ No	○ Yes ○ No	

***Note:** Please complete the appropriate questionnaire at the back of the application

Continued overleaf

F Health Statement and Other Information (continued)

*Note: Please complete the appropriate questionnaire at the back of the application

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.

Health (continued)

	First Life	Second Life	Details
11.(vii) Asthma*, bronchitis*, emphysema, shortness of breath, sleep apnoea or any other respiratory disorder? (Colds, influenza, hay fever and simple respiratory tract infections can be omitted.)	Yes No	Yes No	
(viii) Blurred or double vision, or any disorder affecting the eye (and not wholly corrected by spectacles or contact lenses), ear, nose, or throat?	Yes No	Yes No	
(ix) Arthritis or joint disorders, gout, back, neck or muscular disorder?	Yes No	Yes No	
(x) **If male** - prostate or any other urinary disorders? **If female** - abnormal mammogram, abnormal cervical smear or any other gynecological or urinary disorder?	Yes No	Yes No	
(xi) Other than for the conditions you have already disclosed, are you taking any prescribed drugs, medicines, tablets or any other treatment at present? (Please give the name of the condition for which you are taking this treatment and not the medication itself.)	Yes No	Yes No	
(xii) Other than the conditions disclosed above have you sought medical advice, treatment or had investigations for any other condition in the past 5 years? (Colds, influenza and hay fever can be omitted.)	Yes No	Yes No	
(xiii) 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, heroin, anabolic steroids 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	
(v) In the past five years have you been accepted with special terms, postponed or declined by Zurich Life or any other insurance company for Life cover, Serious Illness or Income Protection benefit?	Yes No	Yes No	
(vi) Have you any medical condition which you know or suspect to be hereditary or for which you have received or advised to receive follow up or screening?	Yes No	Yes No	

Continued overleaf

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.

F Health Statement and Other Information (continued)

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

	First Life	Second Life	Details
(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? Note: there is no need to repeat disclosure given in question 13 (i) and (iii) above.	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	

Note to Financial Advisor:
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.

G Please complete this section if 'Own' Occupation Permanent Total Disablement Cover is required

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

	First Life	Second Life
(a) Manual or physical activity?	Yes No	Yes No
If YES: Percentage of time	%	%
Please give nature of this activity.		
(b) Use of machinery or tools?	Yes No	Yes No
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?	Yes No	Yes No
If YES: Average height worked		

H 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 (and any additional medical questionnaires overleaf), please ensure that you sign the Personal Declaration Form.

Additional Medical Questionnaires

If you have answered 'yes' to any of the indicated questions in the main body of the Application, you can provide further details by completing the appropriate 'Additional Medical Questionnaire'. By providing this further information you will help to speed up the underwriting process and lead to a quicker decision.

Asthma and / or Bronchitis

	First Life	Second Life
1. When were you diagnosed with Asthma and / or Bronchitis?		
Within the past 12 months?	○	○
Greater than 12 months ago?	○	○
2. Were you ever told you had Chronic Obstructive Pulmonary Disease (COPD) / Emphysema or any other respiratory disorder other than asthma and / or bronchitis?	○ Yes ○ No	○ Yes ○ No
3. Have you required hospitalisation for your asthma and / or bronchitis in the past 5 years?	○ Yes ○ No	○ Yes ○ No
4. Have you required oral steroids (not inhaled) MORE THAN ONCE in the past 2 years for your asthma and / or bronchitis?	○ Yes ○ No	○ Yes ○ No
If Yes, how many times were you required to go on a course of these steroids?	○ Twice ○ Three or more	○ Twice ○ Three or more
5. Have you missed more than 5 days work / normal activities due to your asthma and / or bronchitis in the past 2 years?	○ Yes ○ No	○ Yes ○ No
6. Do you suffer symptoms of your asthma and / or bronchitis on a daily basis?	○ Yes ○ No	○ Yes ○ No

Additional Medical Questionnaires Continued

Anxiety, Stress & Depression

1. What have you been diagnosed with?

	First Life	Second Life
• Anxiety	○	○
• Stress	○	○
• Depression	○	○
• Post Natal Depression	○	○
• Post Traumatic Stress Disorder / Obsessive Compulsive Disorder	○	○
• Bipolar Disorder / Schizophrenia / Major Mood Disorder	○	○
• Psychosis	○	○
• Combination of above	○	○
• Other	○	○

If 'Other' Please confirm diagnosis

2. When were you first diagnosed with this condition?

• Within the past 6 months?	○	○
• Greater than 6 months ago?	○	○

3. Who have you sought advice or received treatment from?

• Cognitive Behavioural Therapist	○	○
• GP / Counsellor	○	○
• Psychologist	○	○
• Hospital Doctor or Psychiatrist	○	○
• No one	○	○
• Combination of above	○	○

If combination - Please provide details of the attendances including who you attended and last attendances

4. Have you ever intentionally harmed yourself, taken an overdose of drugs, attempted to take your own life or considered one of these things?

	First Life	Second Life
	○ Yes ○ No	○ Yes ○ No
When was the last episode / attempt?	○ Within the past 2 years ○ Over 2 years ago	○ Within the past 2 years ○ Over 2 years ago

5. Are you having treatment now?

	First Life	Second Life
	○ Yes ○ No	○ Yes ○ No

If Yes, please confirm which best describes your treatment

• Counsellor	○	○
• Cognitive Behavioural Therapy (CBT)	○	○
• Medication	○	○
• Combination of above	○	○

If currently on medication, please confirm the name(s) of the medication and dosage if known.

6. In the past 5 years have you had to take any time off work or unable to carry out daily activities?

	First Life	Second Life
	○ Yes ○ No	○ Yes ○ No

If yes, please confirm full details including the number of days and dates of last time off work / inability to carry out activities.

Additional Medical Questionnaires Continued

High Blood Pressure

	First Life	Second Life
1. What age were you when you first diagnosed with high blood pressure?		
• Age under 30	○	○
• 30 or over	○	○
2. Are you currently waiting on tests or referrals in relation to your blood pressure?	○ Yes ○ No	○ Yes ○ No
3. Are you currently on medication / treatment for your blood pressure?	○ Yes ○ No	○ Yes ○ No
Are you on more than one medication for this?	○ Yes ○ No	○ Yes ○ No
Were you previously on treatment for your blood pressure?	○ Yes ○ No	○ Yes ○ No
If Yes, Please confirm the reason why this treatment stopped		
• Advised by GP / Doctor no longer required	○	○
• I decided to stop the treatment myself	○	○
4. Have you ever had any kidney problems, protein in your urine, eye problems or other medical conditions due to your blood pressure?	○ Yes ○ No	○ Yes ○ No
If yes, please confirm which best describes your condition		
• Kidney Problems	○	○
• Protein in urine	○	○
• Eye problems	○	○
• Some or all of the above	○	○
• None of the above	○	○
• Other	○	○

If 'Other', please explain

5. When was the last time your blood pressure was checked?

• Within the past 12 months?	○	○
• Greater than 12 months ago?	○	○

6. Please confirm the result of your last reading

• Normal	○	○
• Slightly high	○	○
• High and needs to be reduced or medication increased	○	○
• Don't know	○	○

	First Life	Second Life
7. Apart from blood tests, have you had any investigations of your heart or circulatory system (such as an ECG or other tests)?	○ Yes ○ No	○ Yes ○ No
If Yes, Please confirm the result		
• Electrocardiogram (ECG)	○	○
• Echocardiogram	○	○
• Exercise / Stress Electrocardiogram (ECG)	○	○
• Angiogram	○	○
• Combination of above or other	○	○

If other, please confirm type of test

Additional Medical Questionnaires Continued

Thyroid Disorders

1. What illness have you been diagnosed as suffering from?

	First Life	Second Life
• Hypothyroidism (i.e Underactive)	○	○
• Hyperthyroidism (i.e. Overactve)	○	○
• Benign Nodule / Goitre	○	○
• Thyroiditis	○	○
• Other, please give details	○	○

2. Have you ever had any of the following complications of this illness?

• Irregular heartbeat / palpitations	○	○
• Eye problems	○	○
• Tremor	○	○
• High blood pressure	○	○
• Other	○	○
• No complications	○	○

3. What tests and investigations have you had done?

• Routine blood tests with GP	○	○
• Specialist referral and tests	○	○
• Biopsy	○	○
• Other	○	○

4. What treatment was undertaken for this condition?

• Medication	○	○
• Surgery	○	○
• No treatment	○	○
• Combination of medication and surgery	○	○

5. Have you been treated as an in-patient in hospital for this condition? ○ Yes ○ No ○ Yes ○ No

6. Is your condition now classed as controlled? ○ Yes ○ No ○ Yes ○ No

If No, please confirm full details

Additional Medical Questionnaires Continued

High Cholesterol

	First Life	Second Life
1. When were you found to have high cholesterol?		
• Within the past 6 months	○	○
• Greater than 6 months ago	○	○
2. What was your cholesterol level at the time of diagnosis?		
• 7.6mmol/l or higher	○	○
• 7.5mmol/l or less	○	○
• Don't know	○	○
3. Are you on treatment for this?		
• **Medication**	○	○
• Has your treatment changed in the last 12 months?		
• No	○	○
• Increased	○	○
• Decreased on medical advice	○	○
• **Diet / Lifestyle changes only**	○	○
• Were you previously on treatment for your high cholesterol?	○ Yes ○ No	○ Yes ○ No
• If Yes, Please confirm the reason why this treatment stopped		
• Advised by GP / Doctor no longer required	○	○
• I decided to stop the treatment myself	○	○
4. When was your cholesterol last checked?		
• Within the past 12 months?	○	○
• Greater than 12 months ago?	○	○
5. Do you know the result of your last cholesterol level?	○ Yes ○ No	○ Yes ○ No
• If **Yes** please confirm the result		
• 5.5mmol/l or under	○	○
• 5.6mmol/l to 6mmol/l	○	○
• 6.1mmol/l or higher	○	○
• If **No** please confirm if you were told it was any of the following:		
• Normal	○	○
• Slightly high	○	○
• High and needs to be reduced or medication increased	○	○
• Don't know	○	○
6. Have you ever been advised that you have raised Triglycerides?	○ Yes ○ No	○ Yes ○ No
If Yes, Please give details of when this was and reading(s) if known.		
7. Apart from blood tests, have you had any investigations of your heart or circulatory system (such as an ECG or other tests)?	○ Yes ○ No	○ Yes ○ No
If Yes, please confirm the type of test		
• Electrocardiogram (ECG)	○	○
• Echocardiogram	○	○
• Exercise / Stress Electrocardiogram (ECG)	○	○
• Angiogram	○	○
• Combination of above or other	○	○
If Yes to any of above 'Please confirm full details including when this was and result(s)'		

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