Important information for customers

Before completing this questionnaire it is important that you read this statement, as you will be required to sign a declaration stating that you understand and agree to the following:

That if you do not answer the questions honestly and completely, Zurich Life may not pay any claim. It is vital that you answer all questions fully as Zurich Life will not necessarily obtain any medical reports from your doctor in respect of the answers given in this form. Zurich Life may accept or provide terms based on your answers alone. The information requested below is to enable Zurich Life make a decision in some instances without having to request a report from your General Practitioner (GP). If some of the answers are unknown to you please try to obtain this information from your GP. If you are in doubt about this declaration please refer to your Financial Adviser or Zurich Life.

Skin Disorders

1. Have you been diagnosed with any of the following?

- □ Dermatitis
- □ Psoriasis
- □ Other

If other please give details.
### 2. If dermatitis do you know the type of dermatitis?

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<tr>
<td>□ Yes</td>
<td>□ No</td>
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If Yes, please give details

### 3. Were you told by your doctor that your condition is related to or caused by another medical condition?

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<tr>
<td>□ Yes</td>
<td>□ No</td>
<td>□ Don’t know</td>
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If Yes, please give details.

### 4. When were you first diagnosed with this condition or first have symptoms?


### 5. When did you last experience any symptoms?


6. Do you suffer with any complications of this condition such as weight loss, swollen joints or arthritis?

- [ ] Yes
- [ ] No

If Yes, please give details.

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7. Are you awaiting any hospital referral or investigations for this condition?

- [ ] Yes
- [ ] No

If Yes, please give details.

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8. Please list any treatment that you have had including medical treatment or surgical procedures.

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9. Are your symptoms?

- [ ] Improving
- [ ] Staying the same
- [ ] Getting worse
10. How many days have you taken off work due to this problem in the last two years?

11. Does your condition limit your ability to work or carry out your normal day to day activities?

□ Yes □ No

If Yes, please give details.

Declaration

I declare that the answers to the above questions are true and complete (including any statements written down for me).

I have read and understood the ‘important information for customer’ notice on page one of this form and understand that failure to give true and complete answers to the above questions could result in Zurich Life rejecting all or part of any claim that may arise.

I agree that this declaration shall be incorporated with and form part of the original application form.

Signature of the life insured _____________________ Date _____________________