



Co-Director Insurance

Application Form

Guaranteed Term Protection



Special Instructions

Hold for Risk Commencement Date
 YES NO

Policy Documentation Printing

Do you want to print the policy documentation in your office?
 YES NO

Note:

If YES, do not input policy dispatch address below.

Policy Dispatch Address

Other Instructions

Note:

Please complete in BLOCK CAPITALS.

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, 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 Insured is required to make a claim. If your date of birth is incorrect any claim payment will be recalculated.

This policy is a protection policy, the primary purpose of which is to provide cover in the event of specified serious illnesses, permanent total disablement or death, as applicable.

Plan Type (as per the illustration)	R	Intermediary Number	
Intermediary Name			
Financial Advisor Name			

Your commitment to provide honest and complete information to us:

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 8 and 9 including:

- (i) the Policy Declaration,
- (ii) the Data Sharing Consent,
- (iii) the Consumer Disclosure, and
- (iv) the Permission to request further information.

If you agree with each declaration, please sign on page 9.

- 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 Section H, part i).
- 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.

A Life Insured Details

<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	Forename	
			Surname	
			Address for correspondence	
			Date of Birth	
			Age Next Birthday	
			Sex	<input type="radio"/> M <input type="radio"/> F
			Civil Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widow(er) <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Civil Partner <input type="radio"/> Former Civil Partner
			Telephone Number (work)	
			(home)	
			(mobile)	
			Email Address	
			Nationality	
			Country of Residence	
			Occupation	

B Policy Owner Details - if different to Life Insured

Mr Mrs Ms Forename

Surname

Address

Date of Birth Sex M F

Civil Status Married Single Widow(er) Separated Divorced Civil Partner Former Civil Partner

Telephone Number (work)

(home)

(mobile)

Email Address

Nationality

Country of Residence

Occupation

C Plan Details

Basis of Cover

Single Life

Term of Cover* Years

* **Minimum** - 2 years; **Maximum** - 40 years but cover cannot extend beyond your 85th birthday (or 75th birthday if Serious Illness cover has been chosen).

i. Main Benefits

Must choose Life or Serious Illness cover or both →

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

Details
€

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

€

As accelerated, the Serious Illness sum insured must be less than or equal to the Life sum insured. The Life cover is then 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 Life Insured is aged 60 next birthday or less. PTD cover ceases at age 65. Please note you must complete Section G.

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

Waiver of Premium Benefit

Only available if aged 59 next birthday or less. Benefit ceases at age 60.

Yes No

Protection Continuation Option

Only available if aged 65 next birthday or less.

Yes No

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.

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 July 2014 and may change in the future) will apply to your policy. Zurich Life will collect this levy in addition to your premium.

Note: Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, 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: Your IBAN (International Bank Account Number) and BIC (Bank Identification Code) details are included on your bank statements.

D Contribution Details and Source of Funds

(i) Contribution Details
(Exclusive of Government Insurance Levy)

Total Premium €

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 payment is not by personal cheque or Direct Debit drawn on the 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).

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 Tobacco Consumption

Have you smoked any tobacco products in the last twelve months?
(Please note 'Occasionally' means not smoking on a daily basis)

If YES, please enter the amount of all tobacco products below:

Cigarettes per day

Cigars per day

Pipe tobacco grams per day

First Life

Yes
 No
 Occasionally

Second Life

Yes
 No
 Occasionally

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.

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

F Health Statement and Other Information (continued)

Personal Details

1. (i) What is your height?

(ii) What is your weight?
(Please specify stones, pounds or kilos.)
2. Do you drink alcohol?
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.)

Life Insured

Yes No

Details

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 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 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?

Life Insured

Life Insured

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Details

Health

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?
 - (ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease?
 - (iii) Stroke, brain haemorrhage or brain injury through any cause?
 - (iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs?
 - (v) Disease or disorder of the blood, including anaemia?
 - (vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause?
 - (vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?
 - (viii) Cirrhosis or any other illness affecting the liver?
 - (ix) Kidney failure or kidney disease including cystic kidney disease?
 - (x) Diabetes, thyroid disorders or any hormone abnormalities?
 - (xi) Any mental illness including anxiety, depression, stress or eating disorder, or have you attempted to harm yourself?

Life Insured

Yes No

Details

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:

Family member(s) age 50 OR less

- (i) Breast or ovarian cancer?
- (ii) Multiple Sclerosis, Motor Neurone disease or Parkinson's disease?

Family member(s) age 60 OR less

- (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?

Life Insured

- Yes No

Details

(Please specify age at diagnosis of the relevant medical history.)

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?

- Yes No

Note to Financial Advisor:
Please consult the online Occupational Benefits Guidelines (in the Underwriting section of the Broker Centre) 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?

- (a) Manual or physical activity?
If YES:
Percentage of time
Please give nature of this activity.

Life Insured

- Yes No

_____ %

- (b) Use of machinery or tools?
If YES:
Percentage of time
Please give nature of this activity.

Life Insured

- Yes No

_____ %

- (c) Annual business mileage greater than 25,000 miles (40,000 km)?
- (d) Working at heights?
If YES:
Average height worked

- Yes No

- Yes No

Note: **H**

Please sign the appropriate boxes at the bottom of Part (iv).

Consumer Declaration (continued on next page)

(i) Policy Declaration

- **This application:** I declare that I have read the entire application form after it was fully completed and I am satisfied that all the answers and statements are true and complete (including those completed by my Financial Advisor).
- **Contract of insurance:** I agree that this application form 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.
- **Tobacco consumption:** I understand that if I provide incorrect or false information about my tobacco consumption any claim may not be paid.

(ii) Data Sharing Consent

Zurich Life Assurance plc ('Zurich Life') is a member of Zurich Insurance Group ('the Group').

In order to provide a seamless insurance service globally, Zurich Life may transfer any data it has received from, and any data it holds on me to other units of the Group, such as branches, subsidiaries, or affiliates within the Group, cooperative partners of the Group, coinsurance and reinsurance companies located in this country or abroad.

Zurich Life, as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure the Group global insurance service delivery.

If a Financial Advisor or agent is acting on my behalf, Zurich Life is authorised to use, process and store data received from such Financial Advisor or agent, and to forward to such Financial Advisor or agent my data relating to the execution of the policy, collection of premiums and payment of claims.

Zurich Life may procure data from third parties to assess a claim. Zurich Life may check my personal data against international/economic or financial sanctions, laws or regulated listings.

I understand that Zurich Life may add extra benefits to my policy at any time in the future and charge me an appropriate additional premium. I shall have the right to refuse these new benefit offers by notifying Zurich Life.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do **not** want your data to be used for these purposes, please tick here.

You can ask Zurich Life at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

(iii) 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:

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SEPA Direct Debit Mandate



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.

Zurich Life Unique Mandate Reference Number

Creditor Identifier **IE43ZZZ992829**

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)

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 statements.

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurichlife.ie

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

Intended for distribution within the Republic of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at July 2014 and may change in the future.

