

Guaranteed Whole of Life Protection



This policy is a protection policy, the primary purpose of which is to provide cover in the event of death during the whole of life.

Note:
Please complete in
BLOCK CAPITALS.

Plan Type

R

Intermediary
Number

Intermediary Name

Financial
Advisor Name**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.

Important Notice: Legal duty of Policy Owner and Life/Lives Insured to answer questions honestly and with reasonable care:

You, as the Policy Owner and/or the Life/Lives Insured, have a legal duty to answer questions honestly and with reasonable care. You must carefully read the statements below, together with all of the Declarations including (i) the Policy Declaration, (ii) the Data Protection Notice, (iii) the Marketing Preferences, (iv) the Disclosure Confirmation and (v) the Permission to request further information. If you have read and understand each of these declarations, please sign at the end of page 10.

- I am aware, as the Policy Owner and/or the Life/Lives Insured, that I have a legal duty to answer all questions asked in relation to the application for this policy honestly and with reasonable care. 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.
- As the Policy Owner, I understand that any answers and information provided by the Life/Lives Insured in relation to the application for this policy will be treated as if they were provided by me. This means that I am ultimately responsible for answers and information provided to Zurich Life by the Life/Lives Insured.
- I understand that Zurich Life will not necessarily obtain a report from my doctor, so it is vital that I answer all questions honestly and with reasonable care (see overleaf).
- I understand that Zurich Life will assess the application based on the information in this form. I understand that it is my responsibility to check that the completed application is answered honestly and with reasonable care before submitting it to Zurich Life.

Special Instructions

Hold for Risk
Commencement Date
YES NO

A Policy Owner(s) Details First Owner

Mr Mrs Ms Forename

Surname

Residential
Address

Date of Birth

Sex M F

Marital Status Married/Civil Partner Single Separated Widow(er) Divorced/Formal Civil Partner

Contact Number

Email Address

Nationality

Country of
ResidenceOccupation
(Please describe fully)

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

Policy Owner(s) Details Second Owner

Mr Mrs Ms Forename

Surname

Residential
Address

Date of Birth

Sex M F

A Policy Owner(s) Details (continued) Second Owner

Marital Status Married/Civil Partner Single Separated Widow(er) Divorced/Formal Civil Partner

Contact Number

Email Address

Nationality

Country of Residence

Occupation
(Please describe fully)

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

B Life/Lives Insured Details - if different to Policy Owner details First Life Insured

Mr Mrs Ms Forename

Surname

Residential Address

Date of Birth Sex M F

Marital Status Married/Civil Partner Single Separated Widow(er) Divorced/Formal Civil Partner

Contact Number

Email Address

Nationality

Country of Residence

Occupation
(Please describe fully)

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

Life/Lives Insured Details - if different to Policy Owner details Second Life Insured

Mr Mrs Ms Forename

Surname

Residential Address

Date of Birth Sex M F

Marital Status Married/Civil Partner Single Separated Widow(er) Divorced/Formal Civil Partner

Contact Number

Email Address

Nationality

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.

B Life/Lives Insured Details - if different to Policy Owner details Second Life Insured (contd.)Country of
ResidenceOccupation
(Please describe fully)**Note:** If your occupation is 'Company Director' please advise the nature of the business.

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**Basis of Cover**Single Life **OR**Dual Life **OR**Joint Life First Death **OR**

Joint Life Second Death

If this plan is being used for relief under Section 72 and if there are two lives to be covered it must be set up as a Joint Life - Second Death policy and the two lives must be a married couple or registered civil partnership.

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

First/Joint Life

€

Dual Life

€

Waiver of Premium Benefit
If Joint Life, first life only. Only available if aged 59 next birthday or less. Benefit ceases at age 60.

First Life

Yes

No

Second Life

Yes

No

Inflation Protection Option - automatically includedPlease tick here if you **do not** want the Inflation Protection Option.**Note:** This benefit is only available if aged 74 next birthday or less and the benefit ceases at age 75.**Inflation Protection****Option:**

If joint/dual life, this applies to both lives.

If Monthly Income benefit is chosen, income continues to increase even while a claim is being paid out.

Note:

You are advised to consult your own tax and legal advisers as to the suitability of this product for you.

**First Life Insured:**

Please sign and date.

**Second Life Insured:**

Please sign and date.

D Section 72 Election

Is it your intention that this policy be eligible for relief under 'Section 72 of the Capital Acquisitions Tax Consolidation Act 2003 ('Section 72')'?

Yes

No

(Go to 'Important Note') (Go to Section E)

IMPORTANT NOTE: To ensure that the proceeds of this 'Section 72' policy are applied in the tax-efficient manner you intend, it is highly recommended that you complete a Section 72 Trust Form or alternatively, that you expressly direct in your Will the manner in which you wish these policy proceeds to pass.**Declaration**If you want this policy to be eligible for relief under Section 72 but have not completed a Section 72 Trust Form then please sign the following declaration:

I/We have read the 'Important Note' above and have had the opportunity to obtain legal advice before signing this 'Application'.

Signature of the First Life Insured

X

Date

Signature of the Second Life Insured

X

Date

Note:

A Government Insurance Levy will apply to your policy (currently 1% as at August 2023 and may change in the future). Zurich Life will collect this levy in addition to your premium.

E 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**Cheque**

Half-yearly

Yearly

Cheques should be made payable to Zurich Life.

Continued overleaf

Note: **E Contribution Details and Source of Funds (continued)**

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

(i) Source of Funds

Please complete if payment is not by personal cheque or direct debit on the Policy Owner(s) own account.

First Owner**Payment by:**

Third Party Cheque/Direct Debit

Please provide Payor Name (if Third Party Cheque).

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

Second Owner**Payment by:**

Third Party Cheque/Direct Debit

Please provide Payor Name (if Third Party Cheque).

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

F 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.



Smoking Habits

First Life

Second Life

Note:

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

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



Health Statement and Other Information

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.

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 on page 7.

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.

H Health Statement and Other Information (Continued)

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:

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:

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

Personal Details

- (i) What is your height?
(ii) What is your weight?
(Please specify stones, pounds or kilos.)
- Do you drink alcohol?
What is your average weekly consumption in units?

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.)

Occupation/Activities/Travel

- Please state your occupation.
- 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?
- Do you have any intention of flying other than as a passenger on a public airline?
- 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.)
- 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.)
- 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?
- 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

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

Yes No

Yes No

Health

- 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?

First Life

Second Life

Details

Yes No

Yes No

Note: **H** 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.

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

Health (continued)

	First Life		Second Life		Details
(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?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> 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), long covid, 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	
(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	

H 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.

Health (continued)		First Life		Second Life		Details
(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, been hospitalised 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	

Family History		First Life		Second Life		Details
13. Have any of your parents, brothers or sisters ever had one or more of the following medical conditions at the age specified: <i>(Please specify age at diagnosis of the relevant medical history)</i>						
Family member(s) age 60 OR less						
(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	

Note: Please sign the appropriate boxes at the bottom of page 10.

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 answered honestly and with reasonable care (including those completed by my Financial Advisor).
- **Consumer Insurance Contracts Act:** I understand that I have a legal duty to answer all questions addressed by or on behalf of Zurich Life in relation to the application for this policy honestly and with reasonable care (including but not limited to questions asked in this Application Form and any medical exam (if requested) for Zurich Life, along with any answers to questions provided by Zurich Life). I understand that I must also ensure that any information voluntarily provided by me or on my behalf is provided honestly and with reasonable care. I understand that Zurich Life shall rely upon this information when deciding whether to accept this policy, what terms to apply to it and the premium to be charged. I understand that failure to comply with these requirements and/or any negligent misrepresentation 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. I further understand that:
 - any matter about which Zurich Life asks a specific question is material to the risk undertaken, or the calculation of the premium, by Zurich Life, or both.
 - a fraudulent misrepresentation is a representation that is false or misleading in any material respect and which the person making the representation either (a) knows to be false or misleading or (b) consciously disregards whether it is false or misleading.
 - a negligent misrepresentation is a representation made without reasonable care by the person making the representation, but which is not a fraudulent misrepresentation.
 - any and all answers, representations and/or information given by the Life/Lives Insured, or any third party on behalf of the Policy Owner, whether in the application documentation for this policy or via a separate medical examination or otherwise, are provided by the Life/Lives Insured and/or third party as agent for and on behalf of the Policy Owner, by which the Policy Owner will be bound.
- **Changes to answers arising after completion of Application Form:** I agree to notify Zurich Life if there is any change in the answers to any questions addressed in relation to this application for a policy between the date of completion of this application form and the date that the policy issues. Any failure on my part to do so 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.
- **Smoking Habits:** I understand that I am expected to answer honestly and with reasonable care in relation to my smoking habits. I understand that if I provide incorrect or false information about my smoking habits, this may be considered by Zurich Life to constitute misrepresentation and it may refuse to pay all or part of my claim.
- **Copy of application:** I understand Zurich Life will send the Policy Owner a copy of the application submitted by the relevant Financial Advisor. If any answers or statements in the application are incorrect or inaccurate, I will advise Zurich Life in writing within ten days of receiving the copy of the application submitted by the Financial Advisor, or payment of the first premium, whichever is later.
- **Exclusions:** I understand that the policy of insurance contains specific conditions and exclusions relating to the cover provided as summarised in Appendix A of the relevant Customer Guide and the relevant Policy Document, a copy of which is available on request.

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

Post	Email	Phone	Text/Digital message
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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 answer all the questions in this application honestly and with reasonable care. 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.

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

1 Declaration (continued)

(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 all parts of the above declarations ((i), (ii), (iii) and (iv)), the legal duty to answer questions honestly and with reasonable care on page 1 and that, 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 understand that failure to comply with the requirements in the above declarations and/or any negligent or fraudulent misrepresentation by me 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.



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.



Financial Advisor:

Please sign and date.

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).
- 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.

Continued overleaf

Data Protection Notice (continued)

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.

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

1. When were you diagnosed with Asthma and / or Bronchitis?	First Life		Second Life	
	Yes	No	Yes	No
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		Twice	
	Three or more		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?

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?

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?

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				
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

	First Life	Second Life
1. What illness have you been diagnosed as suffering from? <ul style="list-style-type: none"> • Hypothyroidism (i.e Underactive) • Hyperthyroidism (i.e. Overactive) • Benign Nodule / Goitre • Thyroiditis • Other, please give details 		
2. Have you ever had any of the following complications of this illness? <ul style="list-style-type: none"> • Irregular heartbeat / palpitations • Eye problems • Tremor • High blood pressure • Other • No complications 		
3. What tests and investigations have you had done? <ul style="list-style-type: none"> • Routine blood tests with GP • Specialist referral and tests • Biopsy • Other 		
4. What treatment was undertaken for this condition? <ul style="list-style-type: none"> • 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? If No, please confirm full details	Yes No	Yes No

Additional Medical Questionnaires Continued

High Cholesterol

	First Life		Second Life					
1. When were you found to have high cholesterol?								
<ul style="list-style-type: none"> • Within the past 6 months • Greater than 6 months ago 								
2. What was your cholesterol level at the time of diagnosis?								
<ul style="list-style-type: none"> • 7.6mmol/l or higher • 7.5mmol/l or less • Don't know 								
3. Are you on treatment for this?								
<ul style="list-style-type: none"> • Medication <ul style="list-style-type: none"> • Has your treatment changed in the last 12 months? <ul style="list-style-type: none"> • No • Increased • Decreased on medical advice • Diet / Lifestyle changes only <ul style="list-style-type: none"> • Were you previously on treatment for your high cholesterol? <table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> </table> • If Yes, Please confirm the reason why this treatment stopped <ul style="list-style-type: none"> • Advised by GP / Doctor no longer required • I decided to stop the treatment myself 					Yes	No	Yes	No
Yes	No	Yes	No					
4. When was your cholesterol last checked?								
<ul style="list-style-type: none"> • Within the past 12 months? • Greater than 12 months ago? 								
5. Do you know the result of your last cholesterol level?								
<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> </table> <ul style="list-style-type: none"> • If Yes please confirm the result <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • Normal • Slightly high • High and needs to be reduced or medication increased • Don't know 					Yes	No	Yes	No
Yes	No	Yes	No					
6. Have you ever been advised that you have raised Triglycerides?								
<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> </table> <p>If Yes, Please give details of when this was and reading(s) if known.</p>					Yes	No	Yes	No
Yes	No	Yes	No					
7. Apart from blood tests, have you had any investigations of your heart or circulatory system (such as an ECG or other tests)?								
<table border="0"> <tr> <td>Yes</td> <td>No</td> <td>Yes</td> <td>No</td> </tr> </table> <p>If Yes, please confirm the type of test</p> <ul style="list-style-type: none"> • Electrocardiogram (ECG) • Echocardiogram • Exercise / Stress Electrocardiogram (ECG) • Angiogram • Combination of above or other <p>If Yes to any of above 'Please confirm full details including when this was and result(s)'</p>					Yes	No	Yes	No
Yes	No	Yes	No					

SEPA Direct Debit Mandate

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

IE 43 ZZZ 992 829



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

IBAN (International Bank
Account Number)

**Signature(s)
of Account
Holder(s)**

X

X

Please Return to:

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

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.

Zurich Life Assurance plc
Zurich House, Frascati Road, Blackrock, Co. Dublin, A94 X9Y3, 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 September 2023 and may change in the future.

Intended for distribution within the Republic of Ireland.

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