

additional contribution form



Introduction

Please complete this application in BLOCK CAPITALS and send it with your remittance to your Relevant Financial Professional or to: Zurich International Life Limited, 43-51 Athol Street, Douglas, Isle of Man IM99 1EF, British Isles. All remittances should be made payable to 'Zurich International Life Limited' and any regular savings paid quarterly or monthly must be paid by an automated payment method approved by us.

If you currently pay your regular contributions by Direct Debit or Credit Card, Zurich International Life Limited will amend

your future payment automatically. If you pay regular contributions by Standing Order, please complete a new Standing Order and attach it with this form. If you are paying a lump sum, please attach a cheque or arrange to Telegraphic Transfer the money to the relevant Zurich International Life Limited account ensuring your policy number is clearly quoted with the transfer instructions.

A copy of this completed application and of the product terms and conditions are available on request.

Personal details

1 Full name of Policy Owner

Title (Mr/Mrs/Miss/Ms)

Family name

Forename(s)

2 Policy number

Date of birth

Day

Month

Year

3 Date of birth

5 Marital Status

4 Sex (tick box)

Male

Female

6 Nationality

7 Occupation

8 Address of Policy Owner (this should be your current residence)

9 Is the above a permanent or temporary residential address?

10 If temporary, please state the reason for this

11 Telephone number

12 Email address

13 Address for correspondence (if different)

Additional contribution details

Please note that additional contributions will, if necessary, be converted into the contribution currency of your policy before being invested. No investment will be permitted into any Guaranteed Accumulation fund within five years of the maturity date of the policy. This includes switches, redirections and additional single premiums.

14 Additional regular contribution from policy anniversary

Currency	Amount
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15 Frequency of payment Yearly Half-yearly Quarterly Monthly

16 Additional lump sum

Currency	Amount
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Declaration

I wish to invest the additional contribution(s) specified above in my policy in accordance with the terms and conditions of the contract. I understand that the investment allocation of the additional contribution(s) will be identical to the allocation of the existing contribution(s).

I agree to inform the Company of any change of name, change of address etc, that may occur during the life of this policy.

Signature of Policy Owner	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Calls may be recorded to help improve the quality of our service.

To be completed by the Relevant Financial Professional

If verification of identity has not previously been provided, the following section will need to be completed. Please attach the relevant documentation where applicable.

Document certification

All copy documents must be certified as true copies by a suitable certifier. Suitable certifiers will fall into one of the following categories:

- A FATF Regulated Introducer;
- An individual Introducer who has applied and been accepted as a suitable certifier by Zurich International Life Limited;
- A notary public, lawyer, advocate or an Embassy official from the country who issued the ID document.

Individual Policy Owners

I confirm that I have seen the originals and attach suitably certified true copies of the following ID documents for the Policy Owner.

One primary document of either: (please tick to confirm document is attached)

- Passport or
- National ID card bearing photograph

Or

Two secondary documents of either: (please tick to confirm document is attached)

- Full national driving licence;
- Official ID card e.g. armed forces/employment;
- Recent bank, building society, credit card statement or copy passbook.

Note: In certain circumstances other forms of secondary ID may be accepted. You should contact our Client Services department at the address on the back of this form, to confirm acceptance of ID documents not listed above.

In order to verify the individual Policy Owner's current residential address, please attach either an original or suitably certified copy of one of the following, issued in the name of the Policy Owner to show the address appearing on the application (please tick to confirm document is attached).

- Utility, rates or council tax bill;
- A current driving licence;
- Account statement from a bank or bank credit card;
- Letter from the Policy Owner's employer, confirming the current residential address of the Policy Owner (if a P.O. Box number, then a description of the physical location of the residential address is required);
- A letter from a bank resident and regulated in a FATF jurisdiction with whom the Policy Owner has an account which confirms the Policy Owner's current residential address;
- Proof of payment for a P.O. Box service, which must also show the residential address, where the P.O. Box shown is also the correspondence address of the Policy Owner (i.e. Middle East and Africa);
- Obtain an original or certified copy of a utility bill sent to a P.O. Box or care of address, which references the residential address (i.e. Middle East and Africa).

Note: In certain circumstances, other forms of address verification may be accepted. You should contact our Client Services department at the address on the back of this form to confirm acceptance of address verification documents not listed above.

Corporate Policy Owners

All of the following should be provided for a corporate Policy Owner (please tick to confirm document is attached).

I confirm that I have seen the original documents below, and attach suitably certified true copies and relevant additional information where requested:

- Certificate of Incorporation or equivalent and details of the registered office address (if the registered office is not the address shown on the application, please provide details as to why this address is being used);
- A list of all directors;
- A set of the latest annual report and accounts;
- Confirmation that the company has not been or is not in the process of being dissolved, struck off, wound up or terminated;
- An official mandate listing authorised signatories and specimen signatures and the number of signatories who can sign on behalf of the company at any one time;

And additionally for Private Limited Companies:

- ID documents for at least two directors, one of which must be an Executive Director (please see the list in on page 2 for acceptable forms of ID);
- Details of the corporate investor's main bank account – the name, address, sort code, account number and account name;
- ID verification of all shareholders holding 20% or more of the issued share capital as at the date of the application. Where the 20% holder is a holding company or trust, further verification of ID of its ultimate beneficial owner(s) must also be provided.

Trustee Policy Owners

All the following should be provided where the Policy Owner is a trust (please tick to confirm document is attached).

I confirm that I have seen the original and attach suitably certified true copies of the following:

- ID documents for each Trustee in accordance with the requirements for corporate (i.e. trust company) or individual Policy Owners. Where there is more than one Trustee, ID documents must be obtained for each;
- Evidence of proper appointment of the Trustees e.g. extracts of the Deed of Trust;
- The source or origin of the assets under the trust;
- The nature and purpose of the trust;
- Identity of the settlor(s) including full name, date of birth and current address. If the settlor is deceased, the date of death should be provided and/or where monies are provided by a person other than the settlor, the identity of that person should be given;
- Details of the beneficiaries. This may be stated by class;
- Details of whom instructions are to be taken and copies of their specimen signatures.

Please complete in all cases

Country where application was signed

Name of Introducer

Signature of Introducer

Day

Month

Year

Position

Agency name

Agency number

Suitable certifier number (if applicable)

origin of wealth questionnaire

additional information required for your application

Important information

Please read these notes carefully and sign the investor's declaration section.

The Isle of Man Government Insurance and Pensions Authority (IPA) has introduced new regulations which mean that Zurich International Life Limited must obtain additional information on the origin of wealth for all new investments or increases in premium.

Please read through the following sections carefully and discuss with your professional financial adviser in conjunction with the Zurich International Life Limited origin of wealth guidelines. Your Relevant Financial Professional will have copies of these.

Please note: ALL* Policy Owners must complete the following origin of wealth questions.

***This questionnaire is not required if the application falls into the exemption category as detailed in the origin of wealth guidelines.**

Origin of wealth questions

Zurich International Life Limited is required to verify the origin of the funds you are investing. Documentary evidence may be required in some cases. Please consult your Relevant Financial Professional to see if this affects you.

Please provide FULL details of the following information.

a) Please advise how you have acquired the money to be invested. You MUST give FULL details. If there is insufficient space please continue on a separate sheet of paper and attach it to this application

b) Are you making any concurrent applications to other life offices? Yes No

If 'yes' please give details.

Confidentiality

Any information given by the investor or their Relevant Financial Professional will be used solely by members of the Zurich International Life Limited group of companies, in accordance with the Data Protection Act.

Investor's declaration

I declare that the information provided on the origin of my wealth is true and complete. I agree to provide Zurich International Life Limited with any further information or documentary evidence in respect of the funds upon request. I further agree to Zurich International Life Limited contacting any third party to obtain additional information on the investment, if required.

Signature(s) of investors

Day Month Year

Introducer's declaration

I declare that to the best of my knowledge and belief all the above statements are true and I believe that they shall form the basis of the proposed investment with Zurich International Life Limited.

Signature of Introducer

Day Month Year

Name of Introducer

Agency name

Agency number

Zurich International Life Limited