



Application for LifeProtect Guaranteed Term and Mortgage Protection

To be completed in addition to the Personal Information Form



Important Information for Customers

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 2 and 3 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 at the end of page 3.

Your application for Guaranteed Term and Mortgage Protection can be submitted as a paper application form or submitted online.

If submitting online, then your Financial Advisor can:

- Send us your completed Personal Declaration Form only (that is a 'Declaration Only' application). In this instance, Zurich Life will only receive the Personal Declaration Form (pages 1 - 4) and your Financial Advisor will retain the paper copy of the Personal Information Form. Zurich Life will send you a copy of the application submitted by your Financial Advisor.

OR

- Send us both your completed Personal Information and Personal Declaration Forms.

For any applications sent via email or fax to Zurich Life, we will treat these as a true copy of the application you completed.

Note that all of the information you provide in the Personal Information Form must be true and complete otherwise payment of any future benefits may be affected.

Your commitment to provide honest and complete information to us:

- 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 overleaf).
- 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.

Note:
Please complete in
BLOCK CAPITALS.

| | | | |
|---|--|---------------------|---|
| Plan Type <small>(as per the illustration)</small> | R <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | Intermediary Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Intermediary Name | <input type="text"/> | | |
| Financial Advisor Name | <input type="text"/> | | |

Life / Lives Insured Details

| | | | |
|-------------------|----------------------|---------------|---|
| First Life Name: | <input type="text"/> | Date of Birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Second Life Name: | <input type="text"/> | Date of Birth | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Plan(s) applied for

Guaranteed Term Protection Guaranteed Mortgage Protection

Proposal Number
(If available)

Consumer Declarations

(i) Policy Declaration

- **This application:** I declare that I have read the entire application form (i.e. the Personal Information Form and the Personal Declaration Form) after it was fully completed and I am satisfied that all the answers and statements in the Personal Declaration Form and the Personal Information Form are true and complete (including those completed by my Financial Advisor).
- **Contract of insurance:** I agree that this Personal Declaration and the completed Personal Information Form together 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.
- **'Declaration Only' Applications:** I understand that if I submit a 'Declaration Only' application, Zurich Life will send me a copy of the application (i.e. the Personal Declaration Form and the Personal Information Form) submitted by my Financial Advisor. If any answers or statements in the online application are incorrect or incomplete, I will advise Zurich Life in writing within ten days of receiving the copy of the online application, or payment of the first premium, whichever is later.

(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.

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

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:

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 disclose all Material Facts (see definition on page 2) including all Material Facts and changes in your health since the date the existing policy was issued.

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

(iv) Permission to request further information

I agree to give Zurich Life permission to request medical information from any doctor 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, fully understand and agree to all parts of the above declarations ((i), (ii), (iii) and (iv)), the commitment to provide honest and complete information on page 1 and that, as policy owner I will be the beneficial owner(s) of this policy.

I am aware that if I do not answer all questions honestly and completely, Zurich Life may decline to pay a future claim.



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.

Signature of Financial Advisor

Date

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
(to be completed by the creditor)

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) **X**

SWIFT BIC (Bank Identification Code) **X**

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.

Special Instructions (to be completed by Financial Advisor)

Start of Policy

If you do not want us to start the policy until instructed, tick here

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



Application for LifeProtect Guaranteed Term and Mortgage Protection

To be completed in addition to the Personal Declaration Form



Intermediary Name:

| |
|--|
| |
|--|

Intermediary Number:

| | | | | |
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Note to Financial Advisor:

If you submit the details in the Personal Information Form [via our secure online system](#), you have the option to:

- 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.

If you are not submitting online, then please send us the completed paper copy of both forms.

Important note for customers: All of the information you provide in the Personal Information Form must be true and complete otherwise payment of any future benefits may be affected.

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/Lives Insured is required to make a claim. If your date of birth is incorrect any claim payment will be recalculated.

A Life/Lives Insured Details First Life Insured

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------------|--------------------------|-------------------------|-------------------------------|------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------------|--|--|--|--|--|-------------------|--|--|-----|-------------------------|-------------------------|
| <input type="radio"/> Mr | <input type="radio"/> Mrs | <input type="radio"/> Ms | Forename | | | | | | | | | | | | | | | | | |
| | | | Surname | | | | | | | | | | | | | | | | | |
| | | | Address | | | | | | | | | | | | | | | | | |
| | | | 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 | | | | | | | | | | | | | | | | | |

Life/Lives Insured Details Second Life Insured

| | | | | | | | | | | | | | | | | | | | | |
|--------------------------|---------------------------|--------------------------|-------------------------|-------------------------------|------------------------------|---------------------------------|---------------------------------|--------------------------------|-------------------------------------|--|--|--|--|--|-------------------|--|--|-----|-------------------------|-------------------------|
| <input type="radio"/> Mr | <input type="radio"/> Mrs | <input type="radio"/> Ms | Forename | | | | | | | | | | | | | | | | | |
| | | | Surname | | | | | | | | | | | | | | | | | |
| | | | Address | | | | | | | | | | | | | | | | | |
| | | | 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 | | | | | | | | | | | | | | | | | |

B Policy Owner(s) Details - if different to Life/Lives Insured **First Owner**

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

Policy Owner(s) Details - if different to Life/Lives Insured **Second Owner**

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

Insurable Interest

If the relationship between the Life (Lives) Insured and the Policy Owner(s) is not husband and wife, please give reasons for insurance.

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C Plan Details

1. For Guaranteed Term Protection complete section **C1** OR
2. For Guaranteed Mortgage Protection complete section **C2**

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.

†Note:
If no Serious Illness cover is selected: if First Life Insured selects Life cover, Cancer cover only, or Monthly Income cover only, Second Life Insured must select the same cover.

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.

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.

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 85th birthday (or 75th birthday if Serious Illness or Cancer cover has been chosen).

i. Main Benefits

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

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.

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

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. Please note you must complete section G.

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.

| First/Joint Life | Dual Life [†] |
|--|--|
| € <input type="text"/> | € <input type="text"/> |
| € <input type="text"/> | € <input type="text"/> |
| € <input type="text"/> | € <input type="text"/> |
| € <input type="text"/> | € <input type="text"/> |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> | <input type="radio"/> |

ii. Additional Benefits and Options

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.

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.

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.

Waiver of Premium Benefit

If joint life, first life only. Only available if aged 59 next birthday or less. Benefit ceases at age 60.

Protection Continuation Option

Only available if aged 65 next birthday or less. Does not apply to Monthly Income benefit.

| First Life | Second Life |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| € <input type="text"/> Per day | € <input type="text"/> Per day |
| € <input type="text"/> Per week | € <input type="text"/> Per week |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | |

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 Joint Life

Term of Cover* Years

* **Minimum** - 5 years; **Maximum** - 40 years but cover cannot extend beyond the older life's 85th 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

Life Cover Sum Insured

(only available if aged 75 next birthday or less)

€

Continued overleaf

C2 Plan Details

Guaranteed Mortgage Protection

i. Main Benefits (Continued)

Serious Illness Cover

(only available if aged 65 next birthday or less)

100% 75% 50% 25% 0%

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 %.

Permanent Total Disablement (PTD)

Yes No

'Own' Occupation Cover*

The PTD Own Occupation benefit sum insured is the same as the Serious Illness % sum insured. Only available if Serious Illness cover has been chosen and the Life (Lives) insured is aged 60 next birthday or less. Cover ceases at age 65.

Please note you must complete Section G.

* If you have chosen Own Occupation PTD cover and if, for any underwriting reasons, you are not eligible for Own Occupation PTD cover, please tick here if you **do not wish** the application to proceed without Own Occupation PTD cover.

ii. Additional Benefits and Options

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.

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.

| First Life | | Second Life | |
|------------|----------|-------------|----------|
| € | Per day | € | Per day |
| € | Per week | € | Per week |

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.

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 by personal cheque or Direct Debit drawn on Policy Owner(s) bank account)

First Owner

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

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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SWIFT BIC

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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.

Second Owner

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

| | | | | | | | | | | | | | | | | | | | |
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SWIFT BIC

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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.

Note:
A Government Insurance Levy (currently 1% as at June 2014 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 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:
IBAN (International Bank Account Number) and BIC (Bank Identification Code) details are included on bank statements.

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

| |
|--|
| |
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| |

F Health Statement and Other Information

Important note

When answering the questions in this section you must give full and accurate information in relation to all Material Facts.

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.

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 12.

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?

Second Life Insured

Doctor's Name

Address

For how many years?

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

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?

| First Life | Second Life | Details |
|--|--|---------|
| <input type="text"/> | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="text"/> | <input type="text"/> | |

(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

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?

| First Life | Second Life | Details |
|--|--|---------|
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |

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?

| First Life | Second Life | Details |
|--|--|---------|
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |

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)

Health (continued)

| | First Life | Second Life | Details |
|--|--|--|---------|
| 10.(x) Diabetes, thyroid disorders or any hormone abnormalities? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (xi) Any mental illness including anxiety, depression, stress or eating disorder, or have you attempted to harm yourself? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| 11. In the last 5 years have you suffered from or received treatment, advice or had investigations for any of the following: | | | |
| (i) Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (ii) High blood pressure, raised cholesterol, chest pain or irregular heart beat? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (iii) 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? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (iv) Ulcers or any disorder of the oesophagus, intestine, pancreas, bowel or urinary system? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (v) Asthma, bronchitis, emphysema, shortness of breath or any other respiratory disorder? <small>(Colds, influenza, hay fever and simple respiratory tract infections can be omitted.)</small> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (vi) Disorders affecting the eye (and not wholly corrected by spectacles or contact lenses), ear, nose or throat? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (vii) Arthritis or joint disorders, back, neck or muscular disorder or chronic fatigue syndrome? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (viii) If male - prostate or any other urinary disorders? If female - abnormal cervical smear or any other gynaecological or urinary disorder? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (ix) Other than for the conditions you have already disclosed, are you taking any prescribed drugs, medicines, tablets or any other treatment at present? <small>(Please give the name of the condition for which you are taking this treatment and not the medication itself.)</small> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (x) Other than the conditions disclosed above have you sought medical advice, treatment or had investigations for any other condition in the past 5 years? <small>(Colds, influenza and hay fever can be omitted.)</small> | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (xi) 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? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| 12.(i) Have you used any nicotine replacement products in the last 12 months? This may include electronic cigarettes, nicotine patches or gum. Please confirm type of product used. | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (ii) Have you ever been treated for alcohol misuse, or advised/counselled to reduce your consumption of alcohol? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |
| (iii) Have you taken cocaine, cannabis or any drugs other than for medicinal purposes within the last 10 years? | <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No | |

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)

Health (continued)

12. (iv) Have you ever tested positive for HIV/AIDS or are you awaiting the results of such a test?
 (v) Have you ever tested positive for Hepatitis B or C or are you awaiting the results of such a test?

| First Life | Second Life |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Details

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?

| First Life | Second Life |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
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| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> 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?

| First Life | Second Life |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No | <input type="radio"/> Yes <input type="radio"/> No |

Details

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.

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

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

| First Life |
|--|
| <input type="radio"/> Yes <input type="radio"/> No |
| _____ % |
| _____ |
| <input type="radio"/> Yes <input type="radio"/> No |
| _____ % |
| _____ |
| <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No |
| _____ |

| Second Life |
|--|
| <input type="radio"/> Yes <input type="radio"/> No |
| _____ % |
| _____ |
| <input type="radio"/> Yes <input type="radio"/> No |
| _____ % |
| _____ |
| <input type="radio"/> Yes <input type="radio"/> No |
| <input type="radio"/> Yes <input type="radio"/> No |
| _____ |

Note: Having completed this Personal Information Form, please ensure that you sign the Personal Declaration Form.

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.

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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.

