Your income protection plan
Before completing this application form, please read all this information very carefully.

How to contact us
If you have any questions about your application, you can phone us or write to us. We may record calls to help maintain our service standards.

Office address:
Zurich Assurance Ltd
Tricentre One
New Bridge Square
Swindon SN1 1HN
Call us on: 01793 514514
We are open from Monday to Friday 8.30am to 6pm.

Please fill in the relevant sections of this form in BLOCK CAPITALS and return it to the office address above.

Answering the questions – your duty to take reasonable care
Please read the following notes carefully. You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don’t answer the questions correctly, the plan may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid.

- When answering the questions we ask, please take reasonable care to ensure the information you provide is, to the best of your knowledge, complete and correct and answer each question in this application, and in any additional forms, honestly and accurately.
- Your duty to take reasonable care to answer all the questions honestly and to the best of your knowledge also affects any option you use to increase your cover which is included in the plan terms and conditions, and any plan we allow you to have that replaces this one.
- Please don’t assume that we will contact your doctor to ask for any medical information.
- Please let us know in writing if anything happens between completing this application and the start date of your plan that alters any answers you’ve given, whether or not you seek medical advice.
- If someone else records your answers, you need to make sure the recorded answers accurately reflect what you have said. Our decision to offer you cover, and the terms of that cover, will be based upon the recorded answers and won’t take into account any verbal information that has not been confirmed in writing.
- We’ll send you a copy of the questions and the answers you have given. You need to make sure that the information is accurate and confirm this in writing to us. If any information is incorrect please let us know in writing.

We routinely select a number of applications after cover has started and request reports from medical records from the customer’s doctor. If we discover that you haven’t answered the questions we asked correctly and this alters the underwriting terms, we may change the terms of the plan, or cancel it. If we cancel the plan our liability will end.

You may choose to complete a separate health questionnaire in private and send it direct to the Company’s Chief Medical Officer, at the address above, marked ‘Confidential – Application Questions’.

Genetic tests
- You don’t need to tell us about a genetic test result unless you are applying for more than £30,000 of cover a year.
- Above this limit, we will only be interested in genetic test results approved by the Government for insurers to use. If you are not sure what you need to tell us, please contact the Company’s Nominated Genetics Underwriter at the address above, or refer to the Consumer section of the Association of British Insurer’s website (www.abi.org.uk/consumer2/disclosure.htm).
- You must tell us if you have a family history of, are experiencing symptoms of, or are having treatment for, a medical condition including any genetically inherited condition.
- If you wish to tell us about a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account when assessing your application, provided that your clinical geneticist confirms that the test result indicates you have a reduced risk of developing the inherited disease.
Access to medical reports
We may need to apply to your doctor for a medical report and, if we do, we'll need your permission under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. Your legal rights are:

- You don't have to give your consent but if you don't we may not be able to proceed. However, this doesn't stop you applying elsewhere.
- You can ask to see the report before your doctor returns it to us. If you do, we'll ask your doctor to retain it for 21 days so that you can arrange to see the report. This may cause a delay in processing your application.
- You can ask your doctor for a copy of the report at any time during the 6 months after it has been sent to us.
- You can ask your doctor to amend the report if you consider any aspect of the report to be incorrect or misleading. If your doctor refuses to make the amendments, you may add your comments to the report.
- Your doctor can refuse you access to the report if he feels this would cause physical or mental harm to you or others.
- Your medical report will contain details of relevant illness, trauma, referrals for specialist advice or treatment, hospital admissions, operations, consultations, investigations and test results that you have undergone at any surgery, hospital or clinic. It will also include details of any family history of disease that you have told your doctor about.
- Your consent will enable us to obtain information about your physical or mental health from any doctor and will give us access to copies of any letters, reports and test results.
- Your medical report won't ask for details of any negative tests for HIV, hepatitis B or C. It won’t ask about any isolated or multiple incidences of sexually transmitted diseases unless there are long term health implications.

We may need to send your application and any medical report to our reassurers or underwriting company for their opinion or to obtain their agreement to the terms offered. We may also need to send them at a later date in connection with the management of the plan. You can get details of general reassurance principles and details of any company we use to assess your application, from us at the address above.

A doctor may choose to fax a medical report to us. The report may also be faxed to our reinsurers. If a medical report indicates abnormal findings or test results, we'll inform your doctor.

If you have any questions about your rights under the Act or any questions about the process of obtaining, assessing or storing medical information, please write to us at the address on page 2.

Data protection – your information

How do you use my personal information?
We and our selected third parties will only collect and use your personal information (i) where the processing is necessary in connection with providing you with a quotation and/or contract of insurance and/or provision of financial services that you have requested; (ii) to meet our legal or regulatory obligations; or (iii) for our “legitimate interests”. It is in our legitimate interests to collect your personal information as it provides us with the information that we need to provide our services to you more effectively including providing you with information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest. Examples of the purposes for which we will collect and use your personal information are:

1. to provide you with a quotation and/or contract of insurance;
2. to identify you when you contact us;
3. to deal with administration and assess claims;
4. to make and receive payments;
5. to obtain feedback on the service we provide to you;
6. to administer our site and for internal operations including troubleshooting, data analysis, testing, research, statistical and survey purposes;
7. for fraud prevention and detection purposes.

We will contact you to obtain consent prior to processing your personal information for any other purpose, including for the purposes of targeted marketing unless we already have consent to do so.

Who controls my personal information?
This statement tells you how Zurich Assurance Ltd (“Zurich”), as data controller, will deal with your personal information. Where Zurich introduces you to a company outside the group, that company will tell you how your personal information will be used.

You can ask for further information about our use of your personal information or complain about its use in the first instance, by contacting our Data Protection Officer at: Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN or by emailing the Data Protection Officer at GBZ.General.Data-Protection@uk.zurich.com.

If you have any concerns regarding our processing of your personal information, or are not satisfied with our handling of any request by you in relation to your rights, you also have the right to make a complaint to the Information Commissioner’s Office. Their address is: First Contact Team, Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

Warning: Wherever possible you should personally complete the answers to the questions asked in this application form. If this isn’t possible, you must ensure that the answers provided are complete and correct.

Please indicate who recorded the answers to the questions in this application form.

☐ Applicant  ☐ Adviser  ☐ Other
Your Payments

If you are paying by cheque please make it payable to Zurich Assurance Ltd, and staple the initial cheque to this page of the application.

If the proposed start date is before the date of this application, please attach a cheque to cover any payments for this period (if this application is not accepted these payments will be refunded).

If the payments to this plan are to be paid on your behalf by your employer, it is important to make sure your employer treats each payment as part of your remuneration for income tax purposes.

Cheque details

If there is more than one cheque with this application please tell us how many

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Adviser note: If the person, organisation or company making the payments is not a life assured on this plan, please complete a confirmation of verification of identity certificate for the applicant and bank account holder.

Subsequent payment method (if other than direct debit)

You can pay monthly or yearly by direct debit or yearly by cheque.
Instruction to your bank or building society to pay by direct debit

Service user number

9 9 6 4 4 4

Instruction to your bank or building society

Please pay Zurich Assurance Ltd direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Zurich Assurance Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Bank/building society account holder

The full name and address of the bank/building society account holder should be completed if the person, organisation or company making the payments is not a life assured on this plan.

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If a company makes the payments on this plan, please confirm the registration number:

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This guarantee should be detached and retained by the payer

The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay direct debits.
- If there are any changes to the amount, date or frequency of your direct debit, Zurich Assurance Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Zurich Assurance Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by Zurich Assurance Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Zurich Assurance Ltd asks you to.
- You can cancel a direct debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.
The Life to be Assured

Mr Mrs Miss Other Title Surname

Full Forenames

Address

County Postcode

Previous name (if applicable)

Have you previously submitted an application to Zurich Assurance Ltd (previously Allied Dunbar Assurance plc)?

Yes/No

NATIONALITY

If "Yes" to a previously submitted application please insert the previous plan number

Telephone number (Evening) inc. STD code

Telephone number (Daytime) inc. STD code

Sex Male Female

Marital or civil partnership status

Start date

Date of birth

Age next birthday at start

Plan termination age

Have you previously submitted an application to Zurich Assurance Ltd (previously Allied Dunbar Assurance plc)?

Yes/No

Have you used any tobacco products or nicotine substitutes in the last 12 months?

Yes/No

Do you intend to use tobacco products or nicotine substitutes in the future?

Yes/No

2. Please give an exact description of your occupation(s) and the percentage of this work carried out in your home.

..................................................................................................................

3 Which of the following duties do you perform in the course of your work? Please state percentage of time spent in each:

a) Administration, clerical, managerial duties and meetings

b) Skilled, technical, light manual work or supervisory duties in factories or on shop floors only

c) Sales, sales office based or mobile sales representatives, sales managers or sales assistants

d) Manual skilled, light unskilled or factory work including light lifting

e) Unskilled work, heavy manual and heavy lifting

f) Other duties not described in the above list. Please provide full details in box provided

4. Are you self-employed?

5. Are you in full time employment?

6. If you are unable to work due to sickness or accident:

a) How long will your income continue?

b) How much will you receive?

7. Have you been off sick for more than two weeks within the last twelve months?

8. Do you receive any earned income from any other occupation e.g. T.A. Reserve fireman?

Benefits and payments

Type of cover required

Chosen income benefit £ p.a.

Occupation group

Please refer to the occupation guide to establish the correct occupation group.

Payment £

Version

Deferred period

Please state your current annual earnings £

What percentage of these earnings are paid as bonus and/or commission %

Please tick one box on each line

Monthly Yearly

Total indexation

Indexation during claim only

Level

1 month 3 months 6 months 12 months (Premier only)

Earnings means:

- For the self-employed – net relevant earnings i.e. gross profits minus business expenses and capital allowances
- For the employed – gross salary
- P11D benefits can only be taken into account on Essential Cover (Key Person) cases.

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Please give a description of your occupation(s) and industry.

Are there any occupational hazards in your work, e.g. skilled or unskilled manual work, lifting, operating factory machines, height work, handling hazardous substances or explosives, underground mining etc.

Do you, or do you intend to, take part in any hazardous activities in the course of your leisure pursuits e.g. private aviation, motor racing?

Have you ever lived or worked outside Western Europe, North America, Australia or New Zealand in the last 5 years?

Have you any prospect of living or working outside Western Europe, North America, Australia or New Zealand in the future?

What is your height (without shoes)?

What is your weight (in indoor clothes)?

Health For confidentiality reasons you can complete a separate health questionnaire in private and send it to the Chief Medical Officer, see page 2.

Have you ever suffered from or suspect that you have suffered from or been asked to have any test or investigation for:

Cancer, tumours, lumps and growths (for example mole or cyst which needed treatment or which changed appearance, breast lump, benign tumour, melanoma)?

Heart or blood disorders (for example anaemia, heart murmur, high blood pressure, raised cholesterol, poor circulation, chest pain, Angina, stroke, heart attack)?

Respiratory disorders (for example persistent cough, pneumonia, pleurisy, asthma, bronchitis, emphysema, TB)?

Digestive disorders (for example piles, hernia, recurrent dyspepsia, stomach ulcers, polyps, colitis, Crohn’s Disease, hepatitis, cirrhosis of the liver)?

Genitourinary disorders (for example bladder infection, urine abnormality, nephritis, other kidney disorder, prostate disorder, STD, pregnancy complication, gynaecological disorder, abnormal cervical smear)?

Musculoskeletal/nervous system disorders (for example joint or back or neck disorders, arthritis, dizzy spells, fits, epilepsy, pins and needles, numbness or tingling, multiple sclerosis, paralysis)?

Other significant disorders (for example thyroid disorder, migraine, severe headaches, panic attacks, stress, anxiety, depression, chronic or post viral fatigue syndrome, eye or ear disorders, infectious diseases, skin disorders, diabetes or any other illness requiring more than two continuous weeks absence from work)?

Within the last five years have you tested positive or been treated for any disease that was transmitted sexually?

Are you taking or receiving any types of treatment or medication?

Please include any recreational drugs used in the last ten years.

In the last five years have you had or been asked to have or are you waiting for any investigations, tests, or operations or are you currently suffering from any symptoms not disclosed above. Please see the notes on page 2.

Have your parents, brothers or sisters, prior to age 60, ever suffered from heart disease, stroke, diabetes, kidney disease, cancer, multiple sclerosis, Alzheimer’s disease or any inherited disorder (e.g. Huntington’s Disease, Familial Polyposis Coli, Retinitis Pigmentosa)? Please state type of cancer if known e.g. breast cancer, bowel cancer.

Please also answer the questions on page 10.
Please note: your application is subject to acceptance by Zurich Assurance Ltd (Zurich). Completing this application form does not guarantee that we will accept your application and the collection of payments does not mean that we have accepted your application.

The terms and conditions for the plan are available from us on request. Our address and telephone number are on page 2 of this application form.

By completing this application form you are applying to make a legally binding agreement with Zurich. Please read this declaration carefully before signing it.

I declare that

I have read the section ‘Answering the questions – your duty to take reasonable care’. I have answered the questions in this application, and in any additional forms, honestly and accurately and the information I have provided in response to the questions is, to the best of my knowledge, complete and correct.

I will tell Zurich about any change to my personal health, family history, occupation, travel or place of residence, hazardous activities, alcohol consumption, smoking habits or use of recreational drugs, that happens before the plan starts if that change makes any of my answers to the questions Zurich asked wrong or incomplete. I am aware that if I haven’t answered the questions correctly my plan may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a plan means that no cover or other benefits will be provided.

I have read the section headed ‘Access to medical reports’. I agree to Zurich obtaining medical information from any doctor about anything affecting my physical or mental health and to Zurich obtaining information from other insurers about previous applications I have made for any life, sickness, accident or private medical insurance. I authorise those asked for such information to provide it on the production of a copy of this consent.

I do/do not* want access to any medical report prepared as a result. *delete as appropriate.

I am aware that the maximum income protection benefit I can choose is limited to 60% of my earnings, up to a maximum of £45,000 a year. If my earnings are more than £45,000 a year, I am aware that the maximum income protection benefit I can choose is limited to 60% of £45,000 plus one third of my earnings over £45,000. Earnings are defined in the plan terms and conditions. (NB for ‘key person’ plans the maximum income protection benefit is limited to twice the life assured’s earnings before tax is deducted including the value of any benefits in kind.)

I am aware that Zurich will reduce any payments made to me by the amount of any income I receive while I am unable to work (as set out in the plan’s terms and conditions). Zurich will also reduce any payments made to me by the amount of any payments that are made to me, or made on my behalf, from any other disability insurance and also by the amount of the Employment and Support Allowance (whether or not I receive it).

Data Protection

Disclosures:
Where necessary, we will share the personal information you gave us for the purposes of providing you with the goods and services you requested with the types of organisations described below:

■ associated companies including reinsurers, suppliers and service providers;
■ introducers and professional advisers;
■ regulatory and legal bodies;
■ survey and research organisations;
■ credit reference agencies;
■ healthcare professionals, social and welfare organisations; and
■ other insurance companies

Or, in order to meet our legal or regulatory requirements, with the types of organisations described below:

■ regulatory and legal bodies;
■ central government or local councils;
■ law enforcement bodies, including investigators;
■ credit reference agencies; and
■ other insurance companies

Where we transfer your personal information to countries that are outside of the UK and the European Union (EU) we will ensure that it is protected and that the transfer is lawful. We will do this by ensuring that the personal information is given adequate safeguards by using ‘standard contractual clauses’ which have been adopted or approved by the UK and the EU, or other solutions that are in line with the requirements of European data protection laws.

A copy of our security measures for personal information transfers can be obtained from our Data Protection Officer at: Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN, or by emailing the Data Protection Officer at GBZ.General.Data-Protection@uk.zurich.com.
Rights:
You have a number of rights under the data protection laws, namely:

- to access your data (by way of a subject access request);
- to have your data rectified if it is inaccurate or incomplete;
- in certain circumstances, to have your data deleted or removed;
- in certain circumstances, to restrict the processing of your data;
- a right of data portability, namely to obtain and reuse your data for your own purposes across different services;
- to object to direct marketing;
- not to be subject to automated decision making (including profiling), where it produces a legal effect or a similarly significant effect on you;
- to claim compensation for damages caused by a breach of the data protection legislation.

If we are processing your personal information with your consent, you have the right to withdraw your consent at any time.

We will, for the purposes of providing you with a contract of insurance, processing claims, reinsurance and targeted marketing, process your personal information by means of automated decision making and profiling where we have a legitimate interest or you have consented to this.

To obtain a copy of your information, please write to the Data Protection Officer at the address on page 2.

I/We consent to

- My/Our medical data and other data concerning my health being used in the ways set out above and on page 2 of this application.
- My/Our personal data being used in the ways set out above and on page 2 of this application.
- Zurich obtaining medical information from any Doctor who I/we have consulted about my/our physical or mental health, in order to assess this application.
- Zurich, its agents, the Zurich Group, and any companies they become associated with, using my/our information for setting up, processing and administering my/our plan(s).
- I/We authorise those asked by Zurich for such information to provide it on the production of a copy of this consent.

Can we keep in touch?
With your permission we will share your personal information with other Zurich Group companies so we can let you know about other Zurich products and offers we think will be of interest to you. We won't pass your personal information to any company that isn't part of the Zurich Group. If you are happy with this, please select your preferred option(s).

☐ Yes, I would like to receive communications by post

Address (if different from above):

County Postcode

☐ Yes, I would like to receive communications by phone

Daytime phone number:

Mobile phone number:

☐ Yes, I would like to receive communications by email

Email address:

☐ Yes, I would like to receive communications by text message

Mobile phone number (if different from above):

Your selection isn't permanent. If you change your mind at any time, you can write to us at: Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN or by emailing GBZ.General.Data.Protection@uk.zurich.com. You can also change your account preferences where you have registered with us. For more information on what we do with the information you give us, please read our Privacy Statement on pages 10 and 11.

Important
Before signing this declaration please complete the sections in this application on the preceding pages and on page 8, which ask for details of your occupation, activities, health and medical conditions, and read the notes on pages 2 and 3 which include an explanation of your rights regarding Access to Medical Reports and the Data Protection Statement on page 10.

Please take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't answer the questions correctly, your plan may be cancelled, or its terms may be changed, or a claim may be rejected or not fully paid. Cancelling a plan means that no cover or other benefits will be provided.
Within the last five years, have you been exposed to the risk of HIV infection?  
(Yes or No)  
(Note: This can be caught through unsafe sex, Intravenous drug abuse, or blood transfusions or surgery undertaken outside the European Union.)

Have you ever injected or used drugs that were not prescribed for you? Please include recreational drugs.  

Have you ever tested positive for HIV?  

Have you ever tested positive for Hepatitis B or C?  

Are you awaiting the result of an HIV test, or Hepatitis B or C test?  
(Yes or No)  
(Note: If the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.)

Who controls my personal information?  
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If you have any concerns regarding our processing of your personal information, or are not satisfied with our handling of any request by you in relation to your rights, you also have the right to make a complaint to the Information Commissioner’s Office. Their address is: First Contact Team, Information Commissioner’s Office, Wycliffe House, Water Lane, Wilmslow, SK9 5AF.

What personal information will you collect about me?  
We will collect and process the personal information that you give us by phone, e-mail, filling in forms, including on our website, and when you report a problem with our website. We also collect personal information from your appointed agent such as your trustee, broker, intermediary or financial adviser in order to provide you with the services you have requested and from other sources, such as credit reference agencies and other insurance companies, for verification purposes. We will also collect information you have volunteered to be in the public domain and other industry-wide sources.

We will collect personal information that we require to fulfil our contractual or legal requirements unless you consent to provide additional information. The type of personal information we will collect includes; basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

If you give us personal information on other individuals, this will be used to provide you with a quotation and/or contract of insurance and/or provision of financial services. You agree you have their permission to do so. Except where you are managing the contract on another’s behalf, please ensure that the individual knows how their personal information will be used by Zurich. More information about this can be found in the ‘How do you use my personal information’ section.

How do you use my personal information?  
We and our selected third parties will only collect and use your personal information (i) where the processing is necessary in connection with providing you with a quotation and/or contract of insurance and/or provision of financial services that you have requested; (ii) to meet our legal or regulatory obligations; or (iii) for our “legitimate interests”. It is in our legitimate interests to collect your personal information as it provides us with the information that we need to provide our services to you more effectively including providing you with information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest. Examples of the purposes for which we will collect and use your personal information are:

1. to provide you with a quotation and/or contract of insurance;
2. to identify you when you contact us;
3. to deal with administration and assess claims;
4. to make and receive payments;
5. to obtain feedback on the service we provide to you;
6. to administer our site and for internal operations including troubleshooting, data analysis, testing, research, statistical and survey purposes;
7. for fraud prevention and detection purposes.

We will contact you to obtain consent prior to processing your personal information for any other purpose, including for the purposes of targeted marketing unless we already have consent to do so.
Who do you share my personal information with?
Where necessary, we will share the personal information you gave us for the purposes of providing you with the goods and services you requested with the types of organisations described below:

- associated companies including reinsurers, suppliers and service providers;
- introducers and professional advisers;
- regulatory and legal bodies;
- survey and research organisations;
- credit reference agencies;
- healthcare professionals, social and welfare organisations; and
- other insurance companies

Or, in order to meet our legal or regulatory requirements, with the types of organisations described below:

- regulatory and legal bodies;
- central government or local councils;
- law enforcement bodies, including investigators;
- credit reference agencies; and
- other insurance companies

How do you use my personal information for websites and email communications?
When you visit one of our websites we may collect information from you such as your email address or IP address. This helps us to track unique visits and monitor patterns of customer website traffic, such as who visits and why they visit.

We use cookies and/or pixel tags on some pages of our website. A cookie is a small text file sent to your computer. A pixel tag is an invisible tag placed on certain pages of our website but not on your computer. Pixel tags usually work together with cookies to assist us to provide you with a more tailored service. This allows us to monitor and improve our email communications and website. Useful information about cookies, including how to remove them, can be found on our websites.

How do you transfer my personal information to other countries?
Where we transfer your personal information to countries that are outside of the UK and the European Union (EU) we will ensure that it is protected and that the transfer is lawful. We will do this by ensuring that the personal information is given adequate safeguards by using ‘standard contractual clauses’ which have been adopted or approved by the UK and the EU, or other solutions that are in line with the requirements of European data protection laws.

A copy of our security measures for personal information transfers can be obtained from our Data Protection Officer at: Zurich Insurance Group, Tri-centre 1, Newbridge Square, Swindon, SN1 1HN, or by emailing the Data Protection Officer at GBZ.General.Data.Protection@uk.zurich.com.

How long do you retain my personal information for?
We will retain and process your personal information for as long as necessary to meet the purposes for which it was originally collected. These periods of time are subject to legal, tax and regulatory requirements or to enable us to manage our business.

What are my data protection rights?
You have a number of rights under the data protection laws, namely:

- to access your data (by way of a subject access request);
- to have your data rectified if it is inaccurate or incomplete;
- in certain circumstances, to have your data deleted or removed;
- in certain circumstances, to restrict the processing of your data;
- a right of data portability, namely to obtain and reuse your data for your own purposes across different services;
- to object to direct marketing;
- not to be subject to automated decision making (including profiling), where it produces a legal effect or a similarly significant effect on you;
- to claim compensation for damages caused by a breach of the data protection legislation.
- if we are processing your personal information with your consent, you have the right to withdraw your consent at any time.

We will, for the purposes of providing you with a contract of insurance, processing claims, reinsurance and targeted marketing, process your personal information by means of automated decision making and profiling where we have a legitimate interest or you have consented to this.

What happens if I fail to provide my personal information to you?
If you do not provide us with your personal information, we will not be able to provide you with a contract or assess future claims for the service you have requested.
Office information to be completed by adviser

Illustration information

<table>
<thead>
<tr>
<th>Do special commission terms apply?</th>
<th>Yes or No</th>
<th>If ‘Yes’ please attach the relevant page from the illustration and/or enter the illustration reference number</th>
</tr>
</thead>
</table>

Additional information

<table>
<thead>
<tr>
<th>Birth certificate..........................01</th>
<th>Attached</th>
<th>To follow before issue</th>
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<tbody>
<tr>
<td>Marriage certificate........................02</td>
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<tr>
<td>Divorce certificate..........................03</td>
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<tr>
<td>If ME arranged at branch, papers are........04</td>
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<tr>
<td>Life of another form........................11</td>
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<tr>
<th>Occupation questionnaire.....................19</th>
<th>Attached</th>
<th>To follow before issue</th>
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<tbody>
<tr>
<td>Pursuits questionnaire..........................20</td>
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<tr>
<td>Aviation questionnaire..........................21</td>
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<tr>
<td>IPP Financial questionnaire....................28</td>
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<tr>
<td>Special definition of disability...............29</td>
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<tr>
<td>Additional health questions....................35</td>
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<tr>
<th>Please state plan number(s) of simultaneous application(s):</th>
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</table>

Does your client(s) require access to the medical report? Yes or No

If the doctor required for the ME is not the client’s current doctor, please give details:

<table>
<thead>
<tr>
<th>Dr</th>
<th>Initials</th>
<th>Surname</th>
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Address

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<tr>
<th>County</th>
<th>Post Code</th>
<th>Tele. No.</th>
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If after Underwriting, the payment level cannot provide the income benefit applied for, would the client prefer the rating letter to show (please tick) an increased payment or a reduced Income Benefit? Yes or No

If no preference is stated the rating letter will show an increased payment.

It is an FCA requirement for product providers to report if advice has been given in relation to all policies sold.

The following question must be answered.

Did you give advice in relation to this application? Yes or No

I confirm that this business has been solicited, sold, signed and completed in the UK and that all persons involved in transacting this business are authorised or exempt persons as defined in the Financial Services Markets Act 2000 and are permitted to conduct this type of business. Please tick this box to confirm: Yes or No

Verification of Identity

Please tick as appropriate

The source of funds concession has been applied as the account holder of the Direct Debit instruction is the same as the applicant.

The source of funds concession cannot be applied. A Confirmation of Verification of Identity certificate has been completed

Please state any special instructions

Adviser stamp

<table>
<thead>
<tr>
<th>Adviser code</th>
<th>Adviser name</th>
<th>Reference</th>
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Adviser’s signature

Date
Confirmation of verification of identity certificate

To be completed by an FCA Regulated or EU Regulated Introducer

Please complete the certificate and complete separate certificates for all parties to the contract (e.g. joint applicants, trustees, settlors and attorneys acting under Power of Attorney and third parties where you have been required to undertake identification).

Name of applicant*/trustee*/third party*/attorney* (in full)

<table>
<thead>
<tr>
<th>Title</th>
<th>Surname</th>
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<tbody>
<tr>
<td>Full forenames</td>
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<tr>
<th>Date of birth</th>
<th>Nationality</th>
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Plan number to which this certificate relates:

Previous address if moved in last 3 months

<table>
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<tr>
<th>Address</th>
<th>Postcode</th>
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I/We certify that:

(a) the information above was obtained by me/us in relation to the customer;
(b) the evidence I/we have obtained to verify the identity of the customer either meets or exceeds the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG. Where the evidence obtained exceeds the standard evidence, for example high risk situations, copies of this evidence are attached.

This certificate cannot be used to verify the identity of any customer that falls into one of the following categories:

- those who are exempt from verification as being an existing client of the introducing firm prior to the introduction of the requirement for such verification;
- those whose identity has not been verified by virtue of the application of a permitted exemption under the Money Laundering Regulations; or
- those whose identity has been verified using the ‘Source of funds’ as evidence.

If you have not verified the identity of the applicant please give reasons below:

Adviser name

<table>
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<tr>
<th>Address</th>
<th>Postcode</th>
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<tbody>
<tr>
<td>Telephone number</td>
<td></td>
</tr>
</tbody>
</table>

Adviser code

Financial Services Register number

Details of person completing this certificate

Name

Job title

Signature

Date

* Delete as applicable. Beneficial owners must also be identified if different from the applicants.

Note this certificate must be signed by an officer of the Introducer Firm who is authorised to confirm the accuracy and effectiveness of the firm’s customer identification verification records to which this certificate relates.

Zurich cannot accept photocopies of completed certificates.
Please let us know if you would like a copy of this in large print or braille, or on audio tape or CD.