

# Converting your protection

## Instruction form

### Completing this form

Please complete and return this form if you want to convert your protection cover to a Whole of Life policy.

We recommend you read the important notes section below before you fill in this form.

Before we can convert your protection cover to a new Whole of Life policy, we'll need agreement from:

- All policyholders.
- The life/lives assured (if different to policyholders).
- All the settlors and any additional trustees if the policy is held in trust.
- All assignees if the original policy has been assigned.

If you're not sure who should sign this form, please speak to your adviser.

To sign this form, please click 'Fill & sign' in the right-hand pane, then click 'Sign' and insert your saved signature.

We cannot accept text as a signature.

**New application number**

(Zurich use only)



### Important notes – please read

#### Getting advice

We're unable to give you advice on your protection needs or suitability, please ask your adviser if you are unsure.

#### Your information

When applying for cover or making any further changes to your policy, we asked you to answer all the questions we asked fully, accurately and honestly. If you didn't give us all the information we asked for, we may change the terms of the new policy, cancel it or a claim may be rejected or not fully paid. Cancelling a policy means no protection or other benefits will be provided.

We collect and use personal information about you so that we can carry out your instructions to convert your protection cover. Please read the leaflet 'Your privacy is important to us', which explains how we use and store your personal information. This can be found at [zurich.co.uk/dp-leaflet](https://zurich.co.uk/dp-leaflet)

#### Policy trusts

If the original policy is held in trust, the new Whole of Life policy will be held in the same trust. Please speak with your adviser to understand how this conversion may affect your trust arrangement.

#### Premiums

We'll send you the start date of your new policy separately. If you pay yearly, please speak to your adviser about when the changes will take effect. We'll give you your new policy documents and a new policy number if you choose to convert part or all of your original policy, once it has converted. You'll have 30 days to change your mind. It's important you keep paying your premiums on your original policy whilst we're processing the conversion.

When you request to convert your policy, your new premium will be based on your current age.

## Converting your cover at the end of its term

### If you choose partial conversion:

- Any remaining life cover you may have on your original policy will stop when it expires.
- The new Whole of Life policy must start immediately after your original policy ends and your new premiums will be due.
- We'll continue to collect your premiums from your original policy until it ends and the new Whole of Life policy starts.
- You'll be covered under the new Whole of Life policy at the level you've selected.

### If you choose full conversion:

- Your original policy and the cover it provides will stop when it expires.
- The new Whole of Life policy must start immediately after your original policy ends and your new premiums will be due.
- We'll continue to collect your premiums from your original policy until it ends and the new Whole of Life policy starts.
- You'll be covered under the new Whole of Life policy instead of your original policy.

## Converting your cover during its term

### If you choose partial conversion and continue the remaining cover on the original policy:

- Any remaining cover on your original policy will continue at a reduced level.
- You'll have two policies, your original policy with reduced cover and your new Whole of Life policy.
- Your premiums on your original policy will reduce. We'll collect the reduced premiums from your original policy and the new premium for your new Whole of Life policy. We'll write to you separately with details of your new premiums.

### If you choose full conversion or choose partial conversion and don't continue the original policy:

- Your original policy and the cover it provides will stop when the new Whole of Life policy starts and your new premiums will be due.
- We'll continue to collect your premiums from your original policy until it ends and the new policy starts.
- You'll be covered under the new Whole of Life policy instead of your original policy.



## Your policy details

### Policyholder 1

Name

Address

Postcode

Email

### Policyholder 2

Name

Address  
(if different to  
Policyholder 1)

Postcode

Email

### Life assured 1 (if different to Policyholders)

Name

Date of birth  
(DD-MM-YYYY)

Address

Postcode

### Life assured 2 (if different to Policyholders)

Name

Date of birth  
(DD-MM-YYYY)

Address  
(if different to  
Life assured 1)

Postcode

Please indicate your current smoker status – we will only use this in the premium calculation if the terms and conditions of your original policy require them.

Smoker status	Smoker	Non-smoker	Smoker status	Smoker	Non-smoker
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Policy number  
(the policy you want to convert)

If the original policy is on a joint life basis, please select what you would like the new policy to cover.

Joint Life  
First Death

Joint Life  
Second Death

Do you want to convert all or part of your current sum assured?

All

Part

If you've chosen to convert part of your sum assured, please tell us the amount you want to convert.

£

If you've chosen to convert part of your sum assured before the policy ends, do you want to keep the original policy at a reduced level?

Yes

No

### Your payment details

To convert your cover, we'll need to set up your Direct Debit for your new Whole of Life policy. Please complete the enclosed Direct Debit instruction form with details of the bank account you want to use to pay the premiums. You're protected by the Direct Debit Guarantee, and we've included a copy of this for you.

Please choose the day of the month you would like your premiums collected (between 1st and 28th).

Day



## Correspondence preference

### Policyholder 1

Online through the Zurich portal

Post

### Policyholder 2

Online through the Zurich portal

Post

If you choose online, you will be able to access our Customer portal once your policy is issued. You'll be able to access your policy documents and policy details and will be able to manage your contact details, bank details and make a claim.

Please let us know if you'd like to receive your documents in an alternative format such as large print, braille or audio.



## Adviser declaration

I confirm that:

- For life of another cases insurable interest exists between the policyholders and the lives assured and I understand that Zurich can request evidence at any time of this from me.
- This business has been recommended, transacted, sold, signed and completed in the UK and all persons involved in transacting this business are authorised or exempt persons as defined in the Financial Services and Markets Act 2000 and are permitted to conduct this type of business.
- The lives assured and all policyholders want to proceed with this application.
- The customer identity details presented for the policyholder and bank account payer are true and accurate.
- I have passed a copy of the Zurich data protection leaflet 'Your privacy is important to us' to the policyholder(s) and lives assured, and they are aware of how Zurich will process their data.
- I have provided the Whole of Life key features, policy terms and conditions and the most recent confirmation of terms which apply to the new policy to the policyholder(s) and lives assured.



## Adviser signature

Full name of  
adviser

Signature

Date

(DD-MM-YYYY)



## Customer declaration

I/We confirm that:

- I'm/We're entitled to authorise the conversion of the policy.
- I'm/We're not bankrupt and haven't been made bankrupt since I/we acquired the original policy.
- I've/We've read the 'Important notes' section of this form and request Zurich Assurance Ltd (Zurich) to convert my/our life cover into a Whole of Life policy as set out in this form.
- I'm/We're aware that the Whole of Life policy will have a new policy number and I'll/we'll reference this in the future and I/we understand what will happen to my/our original policy by exercising the conversion.
- I've/We've read the Zurich Data Protection leaflet 'Your privacy is important to us' and I'm/we're aware of how Zurich will use my/our personal information and I'm/we're happy to proceed.
- I've/We've read the Whole of Life key features, policy terms and conditions and the most recent confirmation of terms and I/we understand these, together with this form, will apply to the policy.
- I/We understand Zurich will use the information I've/we've provided for the original policy and if any information is missing or incorrect, the new policy may be cancelled or amended or a claim may be rejected or not fully paid.
- I/We acknowledge Zurich recommends I/we consult my/our financial adviser regarding this conversion and that Zurich cannot advise me/us.



## Signatures of authority

### Policyholder 1

Full name

Signature  Date (DD-MM-YYYY)

### Policyholder 2

Full name

Signature  Date (DD-MM-YYYY)

### Trustee

Full name

Signature  Date (DD-MM-YYYY)

### Trustee

Full name

Signature  Date (DD-MM-YYYY)

### Trustee

Full name	<input type="text"/>			
Signature	<input type="text"/>	Date (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>

### Assignee

Full name	<input type="text"/>			
Signature	<input type="text"/>	Date (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>



## Where the policy is on someone else's life

Please only complete this section if the policyholder is not the life assured.

I/We agree to the new Whole of Life policy being taken out on my life/our lives.

### Life assured 1

Full name	<input type="text"/>			
Signature	<input type="text"/>	Date (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>

### Life assured 2

Full name	<input type="text"/>			
Signature	<input type="text"/>	Date (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>

### How to contact us

You can write to us or phone us at:

Our office address:  
Zurich Assurance Ltd  
Protection Operations  
PO Box 4157  
Swindon  
SN4 4QB

Call on: 0370 850 5682

Email us: [life.service@uk.zurich.com](mailto:life.service@uk.zurich.com)

We're open from Monday to Friday 9am to 5.30pm.  
We may record or monitor calls to improve our service.

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Name and full postal address of your bank or building society

Name(s) of account holder(s)Bank/building society account numberBranch sort codeReference (policy number)[illegible]

Banks and building societies may not accept Direct Debit instructions for some types of account.

Service user number

1	7	6	1	3	8
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### 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 \_\_\_\_\_

(DD-MM-YYYY)

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This is not part of the instruction to your bank or building society.

### Bank account holder declaration

Please complete if the person paying is not the life assured on this policy. I understand Zurich may use a reference agency for identification verification and fraud checking purposes.

Signature(s)


Date

(DD-MM-YYYY)

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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 policy.

Mr	Mrs	Miss	Other Title	Surname
Full forenames				Date of birth
Nationality				
Address				
County				Postcode

If a company makes the payments on this policy, 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 ten 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.