

Gift inter vivos benefit

Instruction form

Completing this form

You need to complete and return this form if you want to use the gift inter vivos benefit on your Personal Protection policy. Please read the 'Important notes' section before completing this form.

Before we can convert part of your protection cover to 5 new single life Personal Protection policies, we'll need the authority of the following:

- All policyholders
- All the settlors and any additional trustees if the policy is held in trust
- All assignees if the existing 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 can't provide you with advice on your protection needs or suitability, please seek advice from your adviser.

Your information

When you took out the existing policy, you were required to answer all the questions in the application fully, accurately and honestly. If you didn't give us all the information we asked for when you took out the original policy, we may change the terms of the new policies, cancel them, or a claim may not be accepted or fully paid. Cancelling a policy means that no protection or other benefits will be provided.

We'll collect and use your personal information to set up the 5 new policies by using the gift inter vivos benefit on your existing Personal Protection policy. 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

Policy trusts

If your existing policy is held in trust, the new policies will be held in the same trust. Please speak with your adviser to ensure you know how using the gift inter vivos benefit may affect your trust arrangement.

Premiums

The start date of your new policies will be communicated to you separately. If you pay yearly, please speak to your adviser about when the changes can take effect. We'll issue your policy documents and the new policy numbers separately, which will apply to each of the 5 new policies. You'll have 30 days to change your mind.

Using the gift inter vivos benefit

- Any remaining cover on your existing policy will continue at a reduced level.
- You'll have 6 policies, your existing joint life second event policy with reduced cover and 5 new single life Personal Protection policies.
- Your premiums will reduce on your existing policy. We'll collect the reduced premiums from your original policy and the new premiums for your 5 new Personal Protection single life policies. We'll write to you separately with details of your new premiums.
- You won't be able to use the gift inter vivos benefit if you've already been diagnosed with a terminal illness or if your existing policy includes waiver of premium benefit and you are incapacitated.



Your policy details

Policyholder/Life assured 1

Name

Date of birth
(DD-MM-YYYY)

Address

Postcode

Policyholder/Life assured 2

Name

Date of birth
(DD-MM-YYYY)

Address
(If different to
Life assured 1)

Postcode

Policy number

(The policy from which you wish to
use the gift inter vivos benefit)

Please select which life assured you would like the 5
new policies to cover. (You can only choose one)

☐

Life assured 1

☐

Life assured 2

Please tell us the total amount you wish to use from
your policy to set up the 5 new policies. This can be
up to 50% of the sum assured of the existing policy,
including any increases.

£

Your payment details

Please complete the enclosed Direct Debit instruction form with details of the bank account you wish to use to pay the premiums for all 5 policies. 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 from your bank.
(Please choose between 1 to 28).

Day



Adviser declaration

I confirm that:

- All policyholders and lives assured are resident in the United Kingdom (UK) (this excludes the Channel Islands and the Isle of Man) and intend to remain resident in the UK.
- 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 life assured is aged over 18 and all policyholders want to proceed with this application.
- The customer identity details presented to me for the policyholder(s) and bank account payer(s) 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 they are aware of how Zurich will process their data.
- I have provided the Personal Protection key features, policy terms and conditions and the most recent confirmation of terms which apply to the 5 new policies to the policyholder(s).
- I have attached evidence that a gift has been made by the life assured and that this was within 180 days of this application to use the gift inter vivos benefit.



Adviser signature

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.

Full name of
adviser

Signature

Date
(DD-MM-YYYY)



Customer declaration

I/We confirm that:

- I'm/We're a resident in the United Kingdom (UK) (this excludes the Channel Islands and the Isle of Man) and intend to remain resident in the UK.
- I'm/We're over the age of 18 and entitled to authorise the use of the gift inter vivos benefit on the policy.
- I'm/We're not bankrupt and haven't been made bankrupt since I/we acquired the existing policy.
- I've/We've read the 'Important notes' section of this form, and request Zurich Assurance Ltd (Zurich) to convert part of my/our life cover into 5 single life Personal Protection policies as set out in this form.
- I'm/We're aware that the 5 new policies will each have a new policy number and new direct debit, and I'll/we'll reference these in the future and I/we understand what will happen to my/our existing policy by exercising the gift inter vivos benefit.
- 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.
- I've/We've read the Personal Protection 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 5 new policies.
- I've/We've provided evidence that a gift has been made by the life assured and that this was within 180 days of this application to use the gift inter vivos benefit.
- I/We understand Zurich will use the information I've/we've provided for the existing policy and if any information is missing or incorrect, the new policies may be cancelled or amended, or a claim may not be accepted or fully paid.
- I/We acknowledge Zurich recommends I/we consult my/our financial adviser regarding the use of the gift inter vivos benefit and that Zurich cannot advise me/us.



Signatures of authority

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.

Policyholder 1

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

Policyholder 2

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

Trustee 1

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

Trustee 2

Full name				
Signature		Date (DD-MM-YYYY)		

Assignee

Full name				
Signature		Date (DD-MM-YYYY)		



Instruction to your bank or building society to pay by Direct Debit

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Reference (policy number)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

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.