

# Renewing your protection



## Instruction form

### Completing this form

Please complete and return this form if you want to renew your protection cover at the end of its term. We recommend you read the important notes section below before you fill in this form.

Before we can renew your protection cover, we'll need the agreement of:

- 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 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'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, you were required 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, 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 renew 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 existing policy is held in trust, the new policy will be held in the same trust. Please speak with your adviser to understand how this renewal may affect your trust arrangement.

#### New renewal policies

If you choose to renew your existing policy, we'll give you new policy documents and a new policy number after it renews. 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 renewal. If you choose to only renew part of your sum assured or term, this will limit the maximum sum assured or term on your next renewal.

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

### Renewing your cover at the end of its term

- Your existing policy and the cover it provides will stop when it expires.
- We will send you policy documents that confirm your new policy start date. Your new premiums will be due after your existing policy ends.
- We'll carry on collecting your premiums for your existing policy until it ends.
- You'll be covered under the new policy instead of your existing policy.
- Any additional benefits you've got on your existing policy will be available on the new policy, unless you've reached the age these benefits stop and subject to any special conditions.



## Your policy details

### Policyholder 1

Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>

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

Name	<input type="text"/>		
Date of birth (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>		

### Policyholder 2

Name	<input type="text"/>
Address (if different to Policyholder 1)	<input type="text"/>
Postcode	<input type="text"/>
Email	<input type="text"/>

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

Name	<input type="text"/>		
Date of birth (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (if different to Life assured 1)	<input type="text"/>		
Postcode	<input type="text"/>		

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.

<input type="checkbox"/>	Smoker
<input type="checkbox"/>	Non-smoker
<input type="checkbox"/>	Ex-smoker - Please tell us the date of last use:
	<input type="text"/>

<input type="checkbox"/>	Smoker
<input type="checkbox"/>	Non-smoker
<input type="checkbox"/>	Ex-smoker - Please tell us the date of last use:
	<input type="text"/>

Policy number  
(the policy you want to renew)

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

<input type="checkbox"/>	All	<input type="checkbox"/>	Part
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If you've chosen to renew part of your sum assured, please tell us the amount you want to renew.

£

Do you want to renew for the same term as your existing policy (if your terms and conditions allow)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you're not renewing for the same term as your existing policy what term do you want (must not exceed the term of your existing policy)?

<input type="text"/>	years	OR	<input type="text"/>	To age
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## Your payment details

To renew your cover, we'll need to set up your Direct Debit for your new 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-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 of this at any time 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.



## 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 renewal of 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 renew my/our policy as set out in this form.
- I'm/We're aware that the policy will have a new policy number and I'll/we'll reference this in the future and I/we understand by exercising the renewal my/our policy start date will be confirmed in my/our policy documents and will start after my/our existing policy ends.
- I've/We've read the Zurich Data Protection leaflet 'Your privacy is important to us' which explains how Zurich will use my/our personal information and I'm/we're happy to proceed.
- I/We understand that the existing policy terms and conditions will apply to the renewed policy.
- 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 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 renewal 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 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  
Protection Operations  
PO Box 4157  
Swindon  
SN4 4QB

Call on: 0370 850 5682

We are open from Monday to Friday 9am to 5:30pm.  
We may record or monitor calls to improve our service.

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# 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.