**Acceptance of Offer of Revised Terms**

By completing and returning this Acceptance, I confirm that I have explained and discussed all of the revised terms (as set out in Zurich’s offer letter), with my client(s); that my client(s) wishes/wish to accept them; and have authorised me to accept Zurich’s offer on their behalf.

|  |
| --- |
| **Please fill in details below****All sections must be completed**Please call 0500 546546 if unsure asking for Intermediary Solutions |
| **Selling Agent’s name** |  | **Agent Code** |  |
| **Policy Number** |  |
| **Policy Holder Name(s)** | **Policy Holder 1:** | **Policy Holder 2:** |
| **Original Sum Assured** **£** | **Revised Sum Assured (if different)** **£** |
| **Life Cover** | **£** | **Life Cover** | **£** |
| **Critical Illness** | **£** | **Critical Illness** | **£** |
| **PPB (please add both amounts if it applies on a joint life plan)** | **£** | **PPB (please add both amounts if it applies on a joint life plan)** | **£** |
| **Original Premium** **£** | **Revised Premium(if different)** **£** |
| **Removed Benefits** | **Detail Benefits Removed (GIO,WOC,TPD)** |
| **Removed Cover Types** | **Details Cover Type Removed (Life, CI Cover, PPB)** |
| **Exclusions** | **Details Any Exclusions (Occupational, Pursuit or Medical) :** |
| **\*Policy Commencement Date (01-XX-XXXX)** |  |

*(\*) Please note: The commencement date must be the 1st of a month. However, if a policy is put on risk part way through a month with a commencement date of the first of the next month, free cover is usually provided for the part month and the policy documents will confirm this if available. If the commencement date now asked for is different to the date shown in the revised terms offer letter, the premium may alter -, please check with our new business team on 0500 546546 before completing and returning this Acceptance.*

Please return this template: By email to

**revised.terms@uk.zurich.com**