



Eagle Star Guaranteed Term and Mortgage Protection Application Form



Note:

Please complete in BLOCK CAPITALS.

Note:

Under the Criminal Justice Act, 1994, Zurich Life may require clients to provide 'Evidence of Identity' and 'Proof of Address' by means of supporting documentation.

Note:

Proof of date of birth of Life/Lives Insured is required to make a claim. If your date of birth is incorrect any claim payment will be recalculated.

This policy is a protection policy, the primary purpose of which is to provide cover in the event of specified serious illnesses, permanent total disablement or death, as applicable.

Plan Type <small>(as per the illustration)</small>	R	Intermediary Number	
Intermediary Name			
Financial Advisor Name			

To make sure you complete this application form correctly, please refer to the checklist in Section I at the end of this form. Please indicate your product choice by ticking as appropriate:

1. Guaranteed Term Protection

2. Guaranteed Mortgage Protection

WARNING: When completing this application form you must disclose all Material Facts. A Material Fact is any fact about your health, family history, smoking or drinking habits, occupation, pastimes, policies with other insurance companies or any other fact that may increase the risk of you making a claim or influence the assessment and acceptance of your application by Zurich Life Assurance plc ('Zurich Life'). You must also advise Zurich Life immediately of any Material Facts or change in Material Facts that come to light between the date you sign the application form and the date the policy is issued. If you fail to disclose all Material Facts or provide Zurich Life with full and accurate information any subsequent claim may be rejected and your policy cancelled from the inception date. If you are in any doubt about whether a fact is material you should disclose full details.

Special Instructions

Hold for Risk Commencement Date

YES NO

Policy Documentation Printing

Do you want to print the policy documentation in your office?

YES NO

Note:

If YES, do not input policy dispatch address below.

Policy Dispatch Address

Other Instructions

A Life/Lives Insured Details First Life Insured

Mr Mrs Ms Forename

Surname

Address for correspondence

Date of Birth Age Next Birthday

Marital Status M S Sep. Div. Wid. Sex M F

Telephone Number (work) (home) (mobile)

Email Address

Country of Citizenship

Life/Lives Insured Details Second Life Insured

Mr Mrs Ms Forename

Surname

Address for correspondence

Date of Birth Age Next Birthday

A Life/Lives Insured Details (continued) Second Life Insured

Marital Status M S Sep. Div. Wid. Sex M F

Telephone Number (work)

(home)

(mobile)

Email Address

Country of Citizenship

B Policy Owner(s) Details - if different to Life/Lives Insured First Owner

Mr Mrs Ms Forename

Surname

Address

Date of Birth

 Sex M F

Marital Status M S Sep. Div. Wid.

Telephone Number (work)

(home)

(mobile)

Email Address

Country of Citizenship

Policy Owner(s) Details - if different to Life/Lives Insured Second Owner

Mr Mrs Ms Forename

Surname

Address

Date of Birth

 Sex M F

Marital Status M S Sep. Div. Wid.

Telephone Number (work)

(home)

(mobile)

Email Address

Country of Citizenship

Insurable Interest

If the relationship between the Life (Lives) Insured and the Policy Owner(s) is not husband and wife, please give reasons for insurance.

Note:

For descriptions of cover, please refer to Section J.

C Plan Details

1. For Guaranteed Term Protection complete section C1
OR
2. For Guaranteed Mortgage Protection complete section C2

Note:

Only illnesses specified in your policy document are covered under Serious Illness benefit. Claims for any other serious or minor illnesses are not covered.

Note:

For single or joint life policies, please complete first/joint life section. For dual life policies, please complete both first/joint life and dual life sections.

Note:

Serious Illness includes PTD on the basis of inability to perform at least 3 out of 5 activities of daily work.

Note:

For a single life policy, please complete first life section. For joint life or dual life policies, complete first and second life sections.

Note:

Only surgeries specified in your policy document are covered under Surgical Cash benefit. Claims for any other surgeries are not covered.

C1 Guaranteed Term Protection

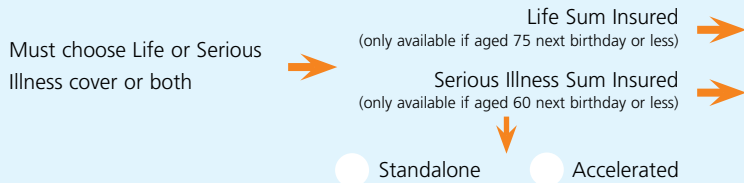
Basis of Cover

Single Life or Dual Life or Joint Life

Term of Cover* Years

** Minimum - 2 years; Maximum - 40 years but cover cannot extend beyond the older life's 85th birthday (or 75th birthday if Serious Illness cover has been chosen).*

i. Main Benefits



First/Joint Life	Dual Life
€ <input type="text"/>	€ <input type="text"/>
€ <input type="text"/>	€ <input type="text"/>
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/>	<input type="radio"/>

Permanent Total Disablement (PTD) 'Own' Occupation Cover
Only available if Serious Illness cover is chosen and Life (Lives) Insured is aged 60 next birthday or less. PTD cover ceases at age 65. Please note you must complete Section G.

If for any underwriting reasons you are not eligible for 'Own' Occupation PTD cover, please tick here if you **do not want** the application to proceed without 'Own' Occupation PTD cover.

ii. Additional Benefits and Options

Surgical Cash Benefit
Only available if Serious Illness cover is chosen. Only available if aged 60 next birthday or less. Benefit ceases at age 65.

Hospital Cash Benefit
Minimum: €30 per day - Maximum: €200 per day
Only available if aged 60 next birthday or less. Benefit ceases at age 65.

Personal Accident Benefit (limited to 50% of weekly earnings)
Minimum: €100 per week - Maximum: €400 per week
Only available if aged 55 next birthday or less. Benefit ceases at age 60.

Waiver of Premium Benefit
If joint life, first life only. Only available if aged 59 next birthday or less. Benefit ceases at age 60.

Inflation Protection Option
If joint/dual life, this applies to both lives. Only available if aged 59 next birthday or less. Benefit ceases at age 60.

Protection Continuation Option
Only available if aged 65 next birthday or less.

First Life	Second Life
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
€ <input type="text"/> Per day	€ <input type="text"/> Per day
€ <input type="text"/> Per week	€ <input type="text"/> Per week
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

C2 Guaranteed Mortgage Protection

Basis of Cover

Single Life or Joint Life

Term of Cover* Years ** Minimum - 5 years; Maximum - 40 years but cover cannot extend beyond the older life's 85th birthday (or 75th birthday if Serious Illness cover has been chosen).*

Choose any one of the following interest rates (5, 6, 7, 8, 9%) %

The interest rate selected will determine the rate at which your sum insured will decrease over the term you have selected. If your actual mortgage interest rate exceeds your selected interest rate over the mortgage term, the amount payable on death (or Serious Illness if selected) may not be sufficient to repay the outstanding balance on your mortgage. Zurich Life's liability will be limited to the sum insured in force at the date of the claim.

i. Main Benefits

Life Cover Sum Insured (only available if aged 75 next birthday or less) €

If the sum insured is between €750,000 and €1 million please confirm the name of the lending institution.

Serious Illness Cover (only available if aged 60 next birthday or less) 100% 75% 50% 25% 0%

This is the % of the then in force Life cover sum insured payable on diagnosis of one of a specified number of serious illnesses. On payment of a claim, the Life cover sum insured will be reduced by this %.

Permanent Total Disablement (PTD) 'Own' Occupation Cover* Yes No

The PTD Own Occupation benefit sum insured is the same as the Serious Illness % sum insured. Only available if Serious Illness cover has been chosen and Life (Lives) insured is aged 60 next birthday or less. Cover ceases at age 65.

Please note you must complete Section G.

* If you have chosen Own Occupation PTD cover and if, for any underwriting reasons, you are not eligible for Own Occupation PTD cover, please tick here if you **do not wish** the application to proceed without Own Occupation PTD cover.

Note: **F** Health Statement and Other Information (continued)

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Health

10. Have you ever suffered from or received treatment, advice or had investigations for any of the following:
- (i) Cancer or tumour, leukaemia, Hodgkin's disease or lymphoma?
 - (ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease?
 - (iii) Stroke, brain haemorrhage or brain injury through any cause?
 - (iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs?
 - (v) Disease or disorder of the blood, including anaemia?
 - (vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause?
 - (vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?
 - (viii) Crohn's disease, ulcerative colitis, cirrhosis or any other liver disorders?
 - (ix) Kidney failure or kidney disease including cystic kidney disease?
 - (x) Diabetes, thyroid disorders or any hormone abnormalities?
 - (xi) Anxiety, depression or other nervous or psychiatric disorder?
11. In the last 5 years have you suffered from or received treatment, advice or had investigations for any of the following:
- (i) Lump, growth, cyst, mole or freckle that has bled, changed shape, colour or size or become painful?
 - (ii) High blood pressure, raised cholesterol, chest pain or irregular heart beat?
 - (iii) Any form of numbness or tingling, temporary loss of muscle power or tremor, severe headaches, dizziness or any other symptom that may be due to a nervous system disorder?
 - (iv) Ulcers or any disorder of the oesophagus, intestine, pancreas, bowel or urinary system?
 - (v) Asthma, bronchitis, emphysema, shortness of breath or any other respiratory disorder?
(Colds, influenza, hay fever and simple respiratory tract infections can be omitted.)
 - (vi) Eye disorders (not wholly corrected by lenses), ear, nose or throat disorders?
 - (vii) Arthritis or joint disorders, back, neck or muscular disorder or chronic fatigue syndrome?
 - (viii) Prostate disorders, abnormal cervical smears or any urinary problems?

First Life

Second Life

Details

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Note: **F** **Health Statement and Other Information (continued)**

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

Health (continued)

	First Life	Second Life	Details
(ix) Are you currently experiencing any symptoms or signs of ill-health or disability for which you have not yet consulted a doctor OR are you awaiting the results of any tests or for an operation to be carried out?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
12. (i) Have you ever been treated for alcohol misuse, or advised/counselled to reduce your consumption of alcohol?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(ii) Have you taken cocaine, cannabis or any drugs other than for medicinal purposes within the last 10 years?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(iii) Have you ever tested positive for HIV/AIDS or are you awaiting the results of such a test?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(iv) Have you ever tested positive for Hepatitis B or C or are you awaiting the results of such a test?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Existing Cover

	First Life	Second Life	Details
13. (i) Have you ever been accepted on special terms, postponed or declined for Life, Serious Illness or Disability insurance?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(ii) Does the Serious Illness sum insured on this application and any other Serious Illness cover you have with any other company exceed €500,000?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

Family History

	First Life	Second Life	Details <i>(Please specify age at diagnosis of the relevant medical history.)</i>
14. Have any of your parents, brothers or sisters ever had one or more of the following medical conditions at the ages specified:			
Family member(s) age 50 OR less			
(i) Breast or ovarian cancer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(ii) Multiple Sclerosis, Motor Neurone disease or Parkinson's disease?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
Family member(s) age 60 OR less			
(iii) Bowel or colon cancer?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(iv) Stroke or heart disease (for example heart attack or angina)?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(v) Cardiomyopathy?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(vi) Muscular dystrophy of any kind?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(vii) Polycystic kidney disease?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(viii) Huntington's disease or Alzheimer's disease?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(ix) Cancer of any type in two or more family members (please state the original site of the cancer)? <i>Note: there is no need to repeat disclosure given in question 14 (i) and (iii) above.</i>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	
(x) Any other hereditary disorder?	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	

G Please complete this section if 'Own' Occupation Permanent Total Disablement Cover is required.

Note to Financial Advisor:

Please consult the online Occupational Benefits Guidelines (in the Underwriting section of the Broker Centre) to check if your client's occupation is acceptable for 'Own' Occupation PTD cover.

Do any of the following activities form an essential part of your work?

(a) Manual or physical activity?

If YES:

Percentage of time

Please give nature of this activity.

(b) Use of machinery or tools?

If YES:

Percentage of time

Please give nature of this activity.

(c) Annual business mileage greater than 25,000 miles (40,000 km)?

(d) Working at heights?

If YES:

Average height worked

First Life

Yes No

Percentage of time %

Please give nature of this activity.

Yes No

Percentage of time %

Please give nature of this activity.

Yes No

Yes No

Average height worked

Second Life

Yes No

Percentage of time %

Please give nature of this activity.

Yes No

Percentage of time %

Please give nature of this activity.

Yes No

Yes No

Average height worked

Note: H Declaration (continued on next page)

Part A

(i) Data Protection

Zurich Life Assurance plc ('Zurich Life') or its authorised agents, may hold, use, disclose and process any information provided by me ('data'), which shall include information contained in this application (or provided subsequently in discussion or otherwise) and any information arising in relation to my policy and my relationship with them, in order to:

- process this application, manage and administer my policy; provide data to any of the companies that make up the Zurich Financial Services group (the 'Group') to enable them to do so; and provide the data to my Financial Advisor to enable them to administer my policy;
- report to a central registry administered by the Irish Insurance Federation (except as required by law), if my application for insurance is declined or offered to me on special terms;
- comply with legal and regulatory obligations;
- overview and analyse my policy regularly for Group reporting;
- communicate with me (subject to legislation) by post, telephone, email or SMS unless instructed not to by me in writing;
- disclose the data to any (or any proposed) assignee, disposee or successor or any re-insurer; and
- disclose/transfer the data abroad (subject to legislation) for the above purposes to persons approved of by Zurich Life.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do **not** want your data to be used for these purposes, please tick here.

You can ask Zurich Life/the Group at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Eagle Star House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

(ii) Consumer Disclosure

I confirm that I have received the relevant Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part?

Yes No

If YES, and that policy is a Zurich Life policy, please specify policy number:

Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.

Please sign the appropriate boxes at the bottom of Part A.

H Declaration (continued)

(iii) Policy Declaration

Note:
Please sign the appropriate boxes at the bottom of Part A.

I declare that I have read the entire application form after it was fully completed and that I am satisfied that all the answers and statements in this application are true and complete (including those completed by my Financial Advisor). I agree that this Declaration, together with any statements made or to be made to the medical examiner for Zurich Life, along with any verbal statements to be made to and acknowledged in writing by Zurich Life, which shall be deemed to be part of this Declaration shall form the basis of this contract of insurance.

I understand that I must disclose all **Material Facts. A Material Fact is any fact about your health, smoking or drinking habits, occupation, pastimes or policies with other insurance companies that will increase the risk of you making a claim or any other fact that may influence the assessment and acceptance of your application by Zurich Life.** I declare that I have provided full details of all medical conditions from which I have ever suffered. I have read and understand the requirements relating to the disclosure of genetic testing and genetic conditions in Section F of this application. **If you are in any doubt about whether a fact is material you should disclose full details.** I understand that I must advise Zurich Life immediately of any material facts or any changes in my health between the date I sign this Declaration and the date my policy is issued.

I understand that if I fail to disclose all material facts or provide Zurich Life with full and accurate information then any subsequent claim may be rejected and the policy cancelled from inception.

I agree to Zurich Life seeking full medical information from any doctor that at any time has attended me, or seeking information from any insurance office to which I have ever made an application for insurance on my life, and I authorise the giving of any such information. I agree that this authority will remain in force after my death.

I understand that Zurich Life may add extra benefits to my policy at any time in the future and charge me an appropriate additional premium. I shall have the right to refuse these new benefit offers by notifying Zurich Life.

If your application for insurance is declined or if you are offered insurance on special terms, this fact will be noted on a central registry, administered by the Irish Insurance Federation, and may be shared with other insurance offices as a protection against non-disclosure of material facts.

I confirm that I have read and fully understand all parts of the above declaration (Part A (i), (ii), and (iii)).



Policy Owner(s):
Please sign and date.

Signature of Policy Owner
X

Date

Signature of Policy Owner
X

Date



Life (Lives) Insured
(if different from Policy Owner(s)):
Please sign and date.

Signature of Life Insured, if different from Policy Owner
X

Date

Signature of Life Insured, if different from Policy Owner
X

Date

Part B - This part should be completed by your Financial Advisor.

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant(s) has been provided with the information specified in Schedule 1 to those Regulations (the relevant Zurich Life Customer Guide) and that I have advised the client(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.



Financial Advisor:
Please sign and date.

Signature of Financial Advisor
X

Date



Direct Debit Instruction



Zurich Life Originator Ref.

9 9 2 8 2 9

Zurich Life Reference

Please complete

1. The Manager Bank Limited

Full Postal Address

2. Name(s) in which Account to be debited is held

3. Bank Account Number

Sort Code

4. Your Instruction to the Bank, and Signature(s)

I instruct you to pay Direct Debits from my account at the request of Zurich Life Assurance plc. The amounts are variable and may be deducted on various dates. I understand that if any Direct Debit is paid that breaks the terms of the Instruction, the Bank will make a refund. I understand that Zurich Life Assurance plc may change the amounts and dates only after giving me prior notice. I will inform the Bank in writing if I wish to cancel this Instruction.

The Direct Debit Guarantee

This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.

If you authorise payment by Direct Debit, then:

- your Direct Debit Originator will notify you in advance of the amounts to be debited to your account;
- your Bank will accept and pay such debits, provided that your account has sufficient available funds.

If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged. You can cancel the Direct Debit Instruction in good time by writing to your Bank.

Signature(s) of Account Holder(s)

X _____

Date

X _____

I Application Checklist

Please ensure that the following details have been completed on the application form.

Please tick

- Any questions which are amended have been initialled.
- Indicated whether this replaces an existing policy in whole or in part, and that the Customer and Financial Advisor Declarations have been signed. If this replaces a Zurich Life policy please confirm the existing policy number.
- All personal details are fully complete.
- Intermediary name, Financial Advisor name and Intermediary number are complete.
- All medical questions are fully answered, including height/weight and family history.
- The occupation(s) of the Life (Lives) Insured has been supplied.
- The Declaration has been signed and dated by the Life (Lives) Insured and Policy Owner(s).
- The risk benefits and sums insured have been clearly stated.
- The information submitted with this application is consistent with any previously submitted online application.

J Description of Covers

1. Guaranteed Term Protection

Depending on the cover you select, pays a lump sum benefit under the policy in the event of:

- (i) death;
- (ii) terminal illness;
- (iii) diagnosis of a specified serious illness; or
- (iv) permanent and total disablement (own occupation definition).

2. Guaranteed Mortgage Protection

Depending on the cover you select, pays a lump sum benefit under the policy in the event of:

- (i) death;
- (ii) terminal illness;
- (iii) diagnosis of a specified serious illness; or
- (iv) permanent and total disablement (own occupation definition).

3. Permanent Total Disablement (PTD) Own Occupation Cover (Only available if Serious Illness Cover is chosen)

Pays a lump sum benefit if the Life Insured becomes permanently, totally and irreversibly unable by reason of sickness or bodily injury to carry out the duties pertaining to his/her normal gainful occupation as stated on the application form.

4. Surgical Cash Benefit (Only available if Serious Illness Cover is chosen)

For a major surgery, the Surgical Cash benefit will be the lesser of 10% of the Serious Illness sum insured then in force for that Life Insured and €25,000. For an intermediate surgery, the Surgical Cash benefit will be the lesser of 5% of the Serious Illness sum insured then in force for that Life Insured and €12,500.

5. Hospital Cash Benefit

Hospital Cash benefit will help you cope with the effects of a hospital stay on your income. If you are admitted to hospital as an in-patient for more than three days (72 hours), we shall pay the amount of Hospital Cash benefit you choose multiplied by the number of days (24 hours) you are in hospital to a maximum of one year (365 days). Hospital Cash benefit will not be paid for periods of hospitalisation arising from psychiatric, mental or nervous illnesses or any related symptoms.

6. Personal Accident Benefit

The amount of the Personal Accident benefit is equal to the lesser of the Personal Accident benefit sum insured for that Life Insured and 50% of the Life Insured's weekly earnings for each week of temporary disablement to a maximum of 52 weeks.

Personal Accident benefit ceases on the earlier of the death, recovery and 60th birthday of a Life Insured. Personal Accident benefit will not be paid for the first 14 days of temporary disability.

7. Waiver of Premium Benefit

This benefit provides for the payment of premiums by Zurich Life if you are unable to work because of accident or illness for a period longer than 26 weeks. In joint life cases, it only applies to the first Life Insured, if selected. In dual life cases, it can be selected by each life separately, and in the case of a claim, only the relevant Life Insured's premium will be waived.

8. Inflation Protection Option

Zurich Life shall write to you every year giving you the option to increase your premium and sums insured by specific amounts to protect against inflation (7.5% for your premium and 5% for your sums insured).

Zurich Life will not offer any further increases if the following have occurred:

- you have refused a previous offer of an increase;
- the relevant Life Insured has reached his/her 60th birthday, if the basis of cover is single life or dual life; or
- the older of the Lives Insured has reached his/her 60th birthday, if the basis of cover is joint life.

9. Protection Continuation Option

Option to continue life or serious illness cover at end of term by lesser of 40 years and 85 (75 if Serious Illness cover is chosen) minus the then age next birthday of the (older) life. Premium calculated on Life Insured's age next birthday and rates ruling at date of continuation.

Note: Please refer to your policy document for a full description of the covers and benefits described above.

Zurich Life Assurance plc

Eagle Star House, Frascati Road, Blackrock, Co. Dublin, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurichlife.ie

Zurich Life Assurance plc is regulated by the Financial Regulator.

Intended for distribution within the Republic of Ireland.

