



ZURICH®

Contribution decrease request form

Policy number

1 Policy details

Policy owner 1

Title

Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous names used (including maiden name)

Policy owner 2

Title

Mr Mrs Miss Ms Dr Other (please give details)

Family name

Forename(s)

Please give details of any previous names used (including maiden name)

I/We, the signatories, as owner(s) of the above policy request a reduction to the regular contribution amount, as detailed below:

2 Present contribution details

Current regular contribution amount

Currency of contribution

GBP USD EUR HKD JPY CHF AUD SGD SEK (tick one only)

3 Future contribution details

Future regular contribution amount

Date when regular contributions will commence

Day Month Year
□ □ □ □ □ □ □ □

Currency of contribution

GBP USD EUR HKD JPY CHF AUD SGD SEK (tick one only)

4 Notes

- 1 Where the regular contributions on a policy are decreased, previous illustrations of benefits (illustrative maturity values) will no longer be applicable.
- 2 Reduced contributions are expected to continue at the same frequency and by the same payment method as before the decrease.
- 3 The Company will assess whether the proposed decrease in regular contributions will affect the ability of the policy to sustain the desired level of benefits for the full term of the policy.

Policy owner 1

Signature

Date Day Month Year

Policy owner 2

Signature

Date Day Month Year

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