

Zurich Wealth Protection, Active and Sumo Life Insured's Statement Alteration Form



Life details

Title _____ Surname _____

First name(s) _____ Date of birth / / _____

With reference to Zurich Wealth Protection, Active or Sumo Application submitted _____ (date of application)

This form must be completed if you need to:

- make an alteration to the information provided in your Life Insured's Statement
- provide additional relevant information to Zurich that was not included in your Life Insured's Statement
- inform Zurich of any change in your circumstances since completing your application for insurance.

Once you have completed this form, please sign and return it to Zurich as a scanned email attachment or by post, using the address details set out below. Zurich will then use this information, in conjunction with your original Life Insured's Statement, to assess your application for insurance.

Your Duty of Disclosure

Your duty of disclosure requires you to provide true and complete information in your application to us. Your duty of disclosure applies until Zurich accepts or declines your application in writing.

Please provide details of relevant alterations in the table below.

#	Section	Question	Alteration
Example	Family medical history	Diabetes	My father was diagnosed with type II diabetes at the age of 52
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Please provide any additional information relevant to the assessment of your application

Life insured to acknowledge

I, _____, the life to be insured, acknowledge and agree to the following:

- I have read and understood my duty of disclosure, as set out in the Application or in the Product Disclosure Statement, and declare that the statements and answers provided in the Life Insured's Statement as updated by this Alteration Form are true and complete.
- I confirm that I am not now receiving or considering any medical or surgical attention or treatment other than that detailed above.
- I understand that the policy/policies applied for will not become effective until the Application is approved by Zurich.

I understand that my duty of disclosure continues until the Application is approved or declined by Zurich.

Declaration acknowledge

Name of life to be insured

Signature of life to be insured

Date

X

/ /

Zurich Australia Limited

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postal address: Zurich Customer Care
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North Sydney NSW 2059