

# Request to exercise the future insurability benefit

(Zurich Ezicover Life Insurance)

This form allows you to exercise the Future insurability benefit for specified events. It is to be completed by the life insured and policy owner/s. To avoid delays check that all questions have been answered fully. Please use BLOCK LETTERS.



## Current policy information

Zurich Ezicover Life Insurance Policy number: \_\_\_\_\_

## Rules and restrictions

**Please refer to the relevant PDS for full details; this is a summary only.**

- the maximum increase per year is \$100,000. (For policies commenced on or after 27 September 2021, the maximum increase per year is the lesser of \$100,000 or 50% of your Death and Terminal Illness benefit amount)
- you must apply within 30 days of the policy anniversary following the specified event
- an increase cannot be made after the policy anniversary following the life insured's 54th birthday

### 1 Life insured details

Title \_\_\_\_\_ Surname \_\_\_\_\_  
Given names \_\_\_\_\_ Date of birth / / \_\_\_\_\_  
Age \_\_\_\_\_ (You may exercise this option up to the policy anniversary following the life insured's 54th birthday)

### 2 Policy Owner details

Title \_\_\_\_\_ Surname \_\_\_\_\_  
Given names \_\_\_\_\_ Date of birth / / \_\_\_\_\_  
Company/SMSF trustee name (if applicable) \_\_\_\_\_  
Address \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Contact details Work ( ) \_\_\_\_\_ Home ( ) \_\_\_\_\_  
Mobile \_\_\_\_\_ Email \_\_\_\_\_

### 3 Amount of increase being applied for

Requested increase \$ \_\_\_\_\_

#### 4 Specified event and evidence required

Event	Date of event	Attach the following proof of event
<input type="checkbox"/> life insured marries	/ /	copy of marriage certificate
<input type="checkbox"/> life insured divorces	/ /	copy of divorce certificate
<input type="checkbox"/> child born to/adopted by life insured	/ /	copy of birth certificate/adoption certificate
<input type="checkbox"/> life insured becomes full-time carer	/ /	copy of documentary evidence
<input type="checkbox"/> death of life insured's spouse	/ /	copy of death certificate

#### 5 Declaration

I/We have received, read and understood the terms and conditions that apply to the increase in cover.

I/We agree that this application will form the basis of the alteration to the policy and understand that premiums will change to reflect the increase in cover.

I/We understand that the cover applied for will not become effective until this application is accepted by Zurich in writing.

I/We understand that any special conditions or exclusions which apply to the existing cover, as shown on the policy schedule, will automatically apply to the increased cover.

I/We have received, read and understood the sections of my/our policy document which relate to the Future insurability benefit.

Name of life insured

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**Signature of life insured**

Date

X

/ /

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Name of policy owner 1

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**Signature of policy owner 1**

Date

X

/ /

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#### Privacy

Zurich is bound by the Privacy Act 1988 (Cth). In completing the forms or questions herein you will be providing us with your personal and, perhaps, sensitive information. The collection and management of this information is governed by the Privacy Act 1988. For a more detailed explanation of Zurich's Privacy Policy please visit our website at [www.zurich.com.au](http://www.zurich.com.au) or contact the Zurich Privacy Officer on 132 687 or email us at [privacy.officer@zurich.com.au](mailto:privacy.officer@zurich.com.au)

#### Any questions? Call 131 551

Please return the completed form to us:

By post, to **Zurich Australia Limited, Underwriting Department, Locked Bag 994, North Sydney NSW 2059**, or

By email, as a scanned attachment, to [life.newbusiness@zurich.com.au](mailto:life.newbusiness@zurich.com.au)