

# Registered Group Life Policy

## Proposal form

**Please make sure you complete all highlighted sections as we may not be able to accept an incomplete form, which could delay the policy going on-risk.**

Full Scheme name

(As shown in the current trust documents for example: XYZ Limited Group Life Assurance Scheme).  
Please note we will need a separate proposal form for each scheme.

Quotation reference

Quote category numbers to be included in the policy

Policy start date

Yearly revision date

Policyholder

(This should be either the trustees of the scheme or the principal employer).

We normally issue documents electronically, however, if you would like to receive paper documents please tick here

### Completing this form

If you are paying by direct debit, please also complete a direct debit form. If you have any questions or need help completing this form, please contact your intermediary or contact us using the details below. The completed form should be sent to your intermediary or direct to us no later than 30 days after the policy start date.

You need to answer all questions in full to avoid delays in us dealing with your proposal form. If you're not sure whether information is relevant, please tell us anyway. If you need to provide more information, please use the 'Other information' section at the end of this form.

### Important notes

Please note that if you don't give us complete and accurate information, this may affect the assessment and acceptance of any cover we offer or continue to offer.

If the information provided in this form is different from the information on which the quotation is based, we may need to revise or withdraw the quotation. If you fail to give us the information we need or the information provided is inaccurate, this could invalidate your policy or the benefits in respect of a particular member or lead to a claim not being paid in full or at all. The basis of cover will be what has been agreed with your intermediary and subject to the policy terms and conditions. We will issue the full policy terms and conditions when all of our requirements have been met. If you'd like to see a copy of the standard terms and conditions earlier, please contact us.

### Payments to Trustee bank account

Please note that in the event of a claim, payments must be made to the trustee. You will need to make sure a trustee bank account is active to receive any claim payments.

### How to contact us

You can contact us on 0800 141 2002. Lines are open Monday to Friday, 9.00am to 5.00pm. We may record or monitor calls to improve our service. Alternatively, you can email [zcrhelppoint@uk.zurich.com](mailto:zcrhelppoint@uk.zurich.com) or write to us at the address below:

Zurich Corporate Risk  
PO Box 3512  
Swindon  
SN3 9AH  
UK

Please complete all relevant sections and use the other information section at the end if you need more space for your answers.

**Important Notes:**

The Policy will be issued to the Policyholder, named on the front cover of this proposal. Benefits payable under this policy will be paid to the trustee(s) of the scheme.

## Scheme details

At what date was the scheme trust documentation signed by all the parties?

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>							
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				

Please insert the pension scheme tax reference number.

Is the registered scheme a 'master' trust?

If 'Yes', who is the holder of the 'master' trust?

And if 'Yes' at what date was the Deed of Participation signed by all parties?

D	D	M	M	Y	Y	Y	Y
<input type="checkbox"/>							

## Trustee(s) details

Is the principal employer the sole corporate trustee of the scheme?

Yes  No

If 'No', but either the trustee or one of the trustees is a corporate body, please give full details as follows:

Companies House registration number

Full business name

Registered business address (including postcode)

Postcode

Where the scheme has individuals appointed as trustees, please give the full name, date of birth and home address of each individual trustee.

Please complete all relevant sections and use the other information section at the end if you need more space for your answers.

## Principal employer details

Full business name (and trading name, if different)

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What is the status of the employer? Please tick the appropriate box.

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Public limited company (plc) | <input type="checkbox"/> Limited liability partnership (LLP) | <input type="checkbox"/> Sole trader |
| <input type="checkbox"/> Limited company (Ltd)        | <input type="checkbox"/> Equity partnership                  | <input type="checkbox"/> Charity     |
| <input type="checkbox"/> Other (please specify)       |  |                                      |
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Companies House/Charity registration number (where applicable)

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Full registered address for a plc, Ltd company, LLP, or a charity. Otherwise, the main place of business. If the registered address and main place of business differ, please provide full details in the 'other information' section on page 6.

Postcode

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Main contact name and job title (for direct communication where appropriate)

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Main contact email address

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Where the principal employer is an equity partnership or a sole trader, please provide the full name(s) and home address(es) of all equity partners or sole trader (including postcode).

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## Other participating employers

For each additional participating employer, you must provide full details of their registered/trading name (if a partnership/sole proprietor), registered number (if any), names of partners/sole proprietor and registered/main business address as appropriate in the other information section on page 6.

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## Who must sign this proposal

This proposal must be signed by the Policyholder detailed on the front page of this form.

At least one authorised signatory must sign this form, however it is the Policyholder's responsibility to ensure this form is signed by an appropriately authorised signatory, or signatories, with authority to act for and on behalf of the Policyholder and in accordance with its constitutional documents which may require additional signatories. Zurich reserves the right to request further evidence from the Policyholder to verify the authority of any signatory.

Where the Policyholder is the principal employer, the signatory, or signatories, should be:

- the duly authorised official(s).

We would normally expect the authorised officials to be two Directors listed at Companies House or a Director and the Company Secretary or for a LLP, Designated Members.

However, where the Policyholder is the Trustee(s) of the scheme, this proposal must be signed by:

- the duly authorised official(s) of any corporate trustee
- if there are any individual trustees, each of them; or
- the authorised signatory of the body of trustees (the authorised signatory should be a duly authorised official of any corporate trustee or an individual trustee).

## Declaration and signatures

I/We declare that a trust has been executed to establish the scheme.

I/We ask Zurich to issue a Registered Group Life Policy to me/us for the time being of the scheme. This policy will be used to provide benefits under the scheme.

I/We declare that I/we have read the quotation, the on-risk form and the terms and conditions.

I/We declare that the information given is to the best of my/our knowledge and belief, true and accurate.

I/We have read the information relating to Data Protection and confirm that:

- I/we authorise you to process this proposal and use the information we provide
- all the information passed to Zurich has been obtained in accordance with Data Protection legislation requirements, including those relating to obtaining individual consents to processing.

I/We confirm I am/we are authorised to act for and on behalf of the Policyholder and to bind the Policyholder to the contractual terms in this form and the policy. I/we will provide evidence to verify my/our capacity to sign this form for and on behalf of the Policyholder if requested by Zurich.

## Delegating authorised signatories

We recognise that for ease of day-to-day administration you may wish to delegate authority to sign other forms to certain individuals in your organisation. You can provide details and your authority to accept instructions from those individuals, by including their details below in section B of this form.

If I/We have completed section B of this form:

I/We confirm that individuals named as authorised signatories are authorised to sign on our behalf.

I/We confirm that any forms carrying the signature of any of the individuals named as authorised signatories, may be relied upon by Zurich as though signed by us and we hereby release, discharge and agree to indemnify Zurich from and against all liabilities whatsoever arising out of this authorisation.

### Section A

Full name

Residential address (*required for individual trustees only*)

Signature

Job title (only complete if 'Other Authorised Signatory')

Date

D	D	M	M	Y	Y	Y	Y
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## Section A (cont)

Full name

Residential address (*required for individual trustees only*)

Signature

Job title (only complete if 'Other Authorised Signatory')

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name

Residential address (*required for individual trustees only*)

Signature

Job title (only complete if 'Other Authorised Signatory')

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Full name

Residential address (*required for individual trustees only*)

Signature

Job title (only complete if 'Other Authorised Signatory')

Date

D	D	M	M	Y	Y	Y	Y
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Zurich reserves the right to request further evidence from the Policyholder to verify the authority of any signatory.

**Please copy and return this page if you need to add more than four signatories.**

## Section B

### Delegation of Authorised signatories

#### Authorised signatories

You can provide details here of the individuals you want to authorise, to complete and sign forms on your behalf in future, in respect of this policy(ies). You must include the full name, position and specimen signature for each individual.

Full name

Position

Signature

Full name

Position

Signature

Full name

Position

Signature

Full name

Position

Signature

## Other information

(Please use this sheet if you need more space)

## Data protection statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed [here](#).

### How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via [gbz.general.data.protection@uk.zurich.com](mailto:gbz.general.data.protection@uk.zurich.com) or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN11AP.

**With your permission we will share your personal information with other Zurich Group companies so we can let you know about other Zurich products and offers we think will be of interest to you. We won't pass your personal information to any company that isn't part of the Zurich Group. If you are happy with this, please select your preferred option(s):**

<input type="checkbox"/>	Yes, I would like to receive communications by post.	Address
<input type="checkbox"/>	Yes, I would like to receive communications by phone.	Number
<input type="checkbox"/>	Yes, I would like to receive communications by email.	Email address

Your selection isn't permanent, and you can change your mind at any time. You can write to us at Zurich Corporate Risk, PO Box 3512, Swindon SN3 9AH, UK or by mailing us at [GBZ.General.Data.Protection@uk.zurich.com](mailto:GBZ.General.Data.Protection@uk.zurich.com).

Please let us know if you would like a copy of this in large print, braille or audio.

### Zurich Assurance Ltd

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