

# Group Life Policy – Master Trust

## 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.

Intermediary company name

Intermediary contact name

Intermediary FCA number

Quotation reference

Policy start date

D	D	M	M	Y	Y	Y	Y
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Yearly revision date

D	D	M	M	Y	Y	Y	Y
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Policyholder

(This should be 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. The completed form should be sent to us with a completed notice of participation to the Zurich Registered Group Life Master Trust which includes all participating employers.

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.

Where the date of participation in the Zurich Registered Group Life Master Trust agreed between you and us is prior to the date on which you complete this proposal form, you must provide a fully completed and executed proposal form and signed notice of participation within 30 days of the participation date agreed between us. Any claim made under the policy for benefits under the trust arising during this period prior to our receipt of the required documentation will be payable at Zurich's sole discretion and we shall not be liable for any tax which may arise in the event you're not deemed to participate in the Zurich Registered Group Life Master Trust.

Please note that if you don't provide a fully completed and executed policy application and signed notice of participation within 30 days of the participation date agreed in writing with us, you'll be deemed never to have participated in the Zurich Registered Group Life Master Trust and any cover will cease.

### 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 and could invalidate your policy or the benefits payable in respect of a member or lead to a claim not being paid in full or at all.

If the information provided in this form is different from the information on which the quotation is based, we will 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 detailed in your quotation and subject to the policy terms and conditions. We will issue the full policy terms and conditions when we have received this completed form and 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.

Please note that in the event of a claim, payments must be made to the trustee who will apply the sum assured to or for the benefit of one or more of the beneficiaries of the trust at their absolute discretion.

### How to contact us

You can contact us on 0800 032 1285. 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 [CorporateRisk@uk.zurich.com](mailto:CorporateRisk@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 trustees of the Zurich Registered Group Life Master Trust.

**Scheme details**

☐ A notice of participation to the Zurich Registered Group Life Master Trust has been completed and provided.

We cannot issue a policy until you have completed a notice of participation to the Zurich Registered Group Life Master Trust for the principal employer which includes if applicable, any participating employers. Please note that if you don't provide a fully completed and executed policy application and signed notice of participation within 30 days of the participation date agreed in writing with us, you'll be deemed never to have participated in the Zurich Registered Group Life Master Trust and any cover will cease.

**Principal employer details**

Full business name (and trading name, if different).

Contact name

Email address

Phone number

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

☐ Public limited company (plc)      ☐ Limited company (Ltd)      ☐ Limited Liability Partnership (LLP)

☐ Other (where Zurich has specifically confirmed in writing it is able to provide cover)

Companies House registration number

Full registered address for a plc, Ltd company or an LPP. 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

**Other participating employers**

For each additional participating employer you must provide full details of their registered/trading name, registered number and registered/main business address as appropriate in the other information section in page 6. Please ensure that participating employers are included in the notice of participation.

# Who must sign this proposal

This proposal must be signed by the Policyholder detailed on the front page of this form by the duly authorised official(s).

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.

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.

## Declaration and signatures

I/We confirm we have completed and provided the notice of participation to the Zurich Registered Group Life Master Trust for the principal employer which includes (if applicable) all participating employers.  
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

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

Date

D

D

M

M

Y

Y

Y

Y

Full name

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

Date

D

D

M

M

Y

Y

Y

Y

Full name

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

Date

D

D

M

M

Y

Y

Y

Y

Signature

Signature

Signature

Section A (cont)

Full name

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

Signature

Date

D

D

M

M

Y

Y

Y

Y

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	Signature
Position	
Full name	Signature
Position	
Full name	Signature
Position	
Full name	Signature
Position	

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, SN1 1AP.

**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.	<input type="text" value="Address"/>
<input type="checkbox"/>	Yes, I would like to receive communications by phone.	<input type="text" value="Number"/>
<input type="checkbox"/>	Yes, I would like to receive communications by email.	<input type="text" value="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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