

Zurich Insurance

Life Insured's Statement Alteration Form



Life details

Title	Surname
First name(s)	Date of birth / /

With reference to Zurich 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.

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Statement and it applies each time you provide us with information before we issue a policy. Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

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 to take reasonable care not to make a misrepresentation, as set out in the Application or in my relevant 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, accurate 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.

Declaration acknowledge

Name of life to be insured _____

Signature of life to be insured

Date

X

/ /

Zurich Australia Limited

email address: client.service@zurich.com.au

postal address: Zurich Customer Care
Locked Bag 994
North Sydney NSW 2059