

Request to exercise Premium freeze option

This form allows you to exercise the Premium freeze option on your Protection Plus policy at policy anniversary. You can also use it to tell us you no longer want to freeze your premiums. This form may only be completed for Protection Plus policies which were applied for before 15 May 2017.

This form is to be completed by the policy owner. Please avoid delays by checking that all questions have been answered fully and where appropriate use BLOCK LETTERS.

Policy number/s



Rules and restrictions

Exercising the Premium freeze option

If you elect to freeze the premium for your policy, the amount of premium that you currently pay will remain constant until the first to occur of the following:

- the first benefit expiry date, or
- you cancel the Premium freeze, or
- you make a claim, or
- you exercise an option that changes the sum insured.

The effect of freezing your premium will be a reduction in your insurance cover each year proportionately for each insured benefit and option benefit until the Premium freeze ends.

Cancelling a Premium freeze

If you elect to cancel the Premium freeze, the amount of premium payable will change on each policy anniversary as per the policy terms and conditions.

Please note that you cannot freeze your premium if you have a related super policy or a related protection policy.

To confirm whether you have a related policy with Zurich, please refer to your Policy schedule or call us on 131 551.

1 Alteration required (please tick)

☐ Exercise Premium freeze option – **Go to section (2)**

☐ Cancel Premium freeze option – **Go to section (3)**

2 Exercise Premium freeze option (please tick)

I wish for my premium to be frozen at:

☐ The current premium amount for the above policy/s at the date this request is submitted

☐ My selected amount of \$..... ☐ monthly ☐ quarterly ☐ half yearly ☐ annually **[Please tick frequency]**

3 Policy owner 1 details

Title		Surname	
Given names		Date of birth / /	
Address			
State		Postcode	
Contact numbers			

4 Policy owner 2 details (if applicable)

Title	Surname		
Given names		Date of birth	/ /
Address			
		State	Postcode
Contact numbers			

5 Declaration

I/We have read and understood the Zurich Wealth Protection Product Disclosure Statement for my/our policy, including the sections relating to the Premium freeze option, and understand the terms and conditions that apply to the Premium freeze option.

I/We agree that this by signing this application I/we am/are electing to freeze premium or cancelling a premium freeze as indicated in this form, and understand that the sums insured under my/our policy will change to reflect the option selected.

Name of policy owner 1

Signature of policy owner 1

Date

X

/ /

Name of policy owner 2

Signature of policy owner 2

Date

X

/ /

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 or contact the Zurich Privacy Officer on 132 687 or email us at privacy.officer@zurich.com.au

Any questions? Call 131 551

Please return the completed form to us:

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

By email, as a scanned attachment, to **client.service@zurich.com.au**