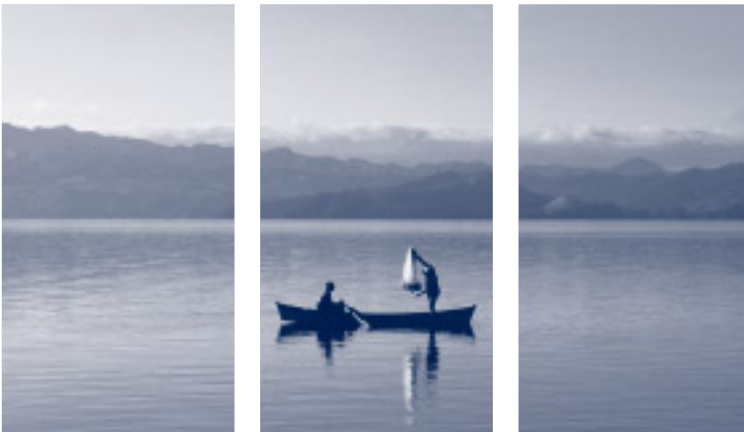


International



policy in OST3 trust
Application Form

Application for Orbit Standard Trust to Zurich Trust Limited

I/We as settlor(s) wish to establish an ORBIT Standard trust (reference OST3) and confirm my/our willingness to make the payments detailed below to Zurich International Life Limited as your agent on the basis that:

- (a) The first payment will be held by you on the trusts specified in the ORBIT Standard trust (OST3), the terms of which I/we have read and approved.
- (b) The subsequent payments, if any, will be transferred by you into the trust so established.

Payment details

Currency of payments GBP USD EUR HKD JPY (tick one box only)

Single payment

Regular payment

Total initial payment

Frequency of regular payment Yearly Half-yearly Quarterly Monthly (tick one box only)

Period of payment (delete or complete as applicable) years

Beneficiary appointments

In addition to myself/ourselves the beneficiaries under the trust are to be the following persons:

- (i) My/our spouse(s) or any future spouse(s)
- (ii) My/our children now living or born hereafter
- (iii) All the lineal descendants of my/our grandparents and of the grandparents of my/our spouse(s) or of any future spouse(s)
- (iv) Other beneficiaries. Please insert the full name(s) of anyone (not covered by the above general categories) that you wish to benefit from the trust.

Important

All beneficiary classes detailed above will apply unless the settlor(s) remove a class by deleting the entire line and initialling the alteration.

If you remove a beneficiary class, then any expression of wishes in favour of a person falling within this class under a Letter of Wishes will not apply unless the person or persons is/are specifically named under 'other beneficiaries'.

Declaration by the settlor

I/We understand that all payments into the trust will be invested by you with Zurich International Life in accordance with the recommendations of my Financial Adviser and that the benefits from the trust can only be paid to the beneficiaries that I/we have appointed above. I/We confirm that I am/we are not a resident(s) of the Isle of Man. I/We understand that the information that I/we supply will be held and used for the purposes of administration of the contract by any of your group companies, by re-insurers, by third parties who provide relevant services to you and by my Financial Adviser. The information may also be used by your group companies for accounting, statistical or marketing purposes, and may be transmitted by any usual means including the Internet.

Full name of first settlor

Full name of second settlor

Address for communications

Email address

Telephone number

Signature of first settlor

Day Month Year

Signature of second settlor (if applicable)

Day Month Year

In the presence of: name and address of witness (Please note: the witness may not be a beneficiary under the trust)

Occupation of witness

Signature of witness

Day Month Year

Letter of Wishes To: Zurich Trust Limited

With reference to my/our application for an ORBIT Standard trust (reference OST3) I/we have outlined below how I/we would prefer the assets of the trust to be dealt with in the event of my/our death.

- 1 The assets should be used to provide for my spouse during her/his lifetime even if this fully utilises the assets of the trust.
- 2 On his/her death or if he/she does not survive me, any remaining assets should be used for the benefit of my children to provide first for their education and then their general advancement in life.
- 3 Should neither my spouse nor my children survive me, you should distribute the assets to my immediate family still living, who are beneficiaries under the trust.
- 4 Other.

Please insert the full name(s) of any beneficiary/beneficiaries under the trust, who is/are not covered by the above categories, that you wish to benefit from the trust.

Important: I/We understand and acknowledge that the Trustee is not bound to act in accordance with my wishes. If a beneficiary class has been removed under the beneficiary appointment, then any expression of wishes in favour of a person or persons falling within this class under a letter of wishes will not apply. I/We understand that the information that I/we supply will be held and used for the purposes of administration of the contract by any of your group companies, by re-insurers, by third parties who provide relevant services to you and by my Financial Adviser. The information may also be used by your group companies for accounting, statistical or marketing purposes, and may be transmitted by any usual means including the Internet.

Signature of first settlor

Day Month Year

Signature of second settlor (if applicable)

Day Month Year

Recommendation to Trustee (to be completed by the Financial Adviser)

To: Zurich Trust Limited

With reference to the attached application for an ORBIT Standard trust (reference OST3) I as the settlor's Financial Adviser have considered the requirements of the proposed trust and I recommend you as Trustee apply the payments the settlor(s) has/have agreed to make to Zurich International Life in the attached application.

Full name of First Life to be Insured

Title (Mr/Mrs/Miss/Ms)

Family name

Forename(s)

Date of Birth Day Month Year

Sex Male Female

Full name of Second Life to be Insured

Title (Mr/Mrs/Miss/Ms)

Family name

Forename(s)

Date of Birth Day Month Year

Sex Male Female

Name of settlor's Financial Adviser

Address

Signature of financial adviser

Day

Month

Year

Company stamp

Zurich Trust Limited

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Telefax +44 1534 636410



ZURICH

Zurich International Life
is a business name of Zurich
International Life Limited.

Zurich International Life Limited
provides life assurance and
investment products and is authorised
by the Isle of Man Government
Insurance and Pensions Authority.

Registered in the Isle of Man
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