

Notification of Death Individual Life

(Pillars 3a and 3b)

Policy No.

Deceased person

Mr. Mrs./Ms.

Last name

Street/No.

First name

City/Town

Postal Code

Cause of death

Date of birth (Day/Month/Year)

Date of death (Day/Month/Year)

Marital status

single married widowed divorced registered partnership dissolved partnership

Please join us a copy of the official death certificate.

Contact person

Mr. Mrs./Ms.

Last name

Relation with the deceased person

First name

Street/No.

Postal Code

City/Town

Phone

E-mail

I wish to be contacted by e-mail.

Data privacy

The applicant acknowledges that, in connection with benefit and claim settlement and for other purposes, Zurich Life Insurance Company Ltd (Zurich Life) processes data which refers to natural persons (personal data). Zurich's privacy policy contains more information on this processing. This privacy policy can be viewed at www.zurich.ch/en/data-protection or ordered by contacting Zurich Insurance Company Ltd, Datenschutz, P.O.Box, CH-8085 Zurich, datenschutz@zurich.ch.

Zurich Life reserves the right to share personal data – where necessary also including health data – in this connection, as well as in cases mentioned in the privacy policy, with third parties.

The applicant is obliged to inform third parties whose personal data they forward to Zurich Life about the processing of their personal data by Zurich.

