Zurich Insurance Europe AG, Ireland Branch ("Zurich ")

Appointment of a Trusted Contact Person

Please accept this document as an instruction to add a nominated Trusted Contact Person (as defined below) to the policy/policies specified in Part B of this form.

(A) What is a Trusted Contact Person?

Under the Consumer Protection Code 2025, a Trusted Contact Person is an individual (aged 18 or older) identified by you whom Zurich may contact in the following circumstances:

- if Zurich needs to confirm the specifics of –

    I.   your current contact information,

    II.   your health status, or

    III.   the identity of any appointed legal guardian, executor or trustee;

- Zurich experiences difficulties in communicating with you; or

- Zurich has a concern about possible financial abuse affecting you.

    ("a Trusted Contact Person").

Where Zurich determines it is appropriate to contact your nominated Trusted Contact Person, Zurich may disclose confidential information about you to the Trusted Contact Person for the purposes of discussing the relevant matter only in the circumstances referred to above.

For the avoidance of doubt, a Trusted Contact Person has no authority to deal with the affairs of a personal consumer in respect of a regulated entity, and is not a legal representative, solely on account of having been recorded or contacted by Zurich as a Trusted Contact Person.

Please note that a TCP is not a legal representative and has no authority to issue instructions to us regarding your policy.   If you wish to appoint a legal representative, arrangements can be made under the Power of Attorney Act 1996 and/or the Assisted Decision-Making (Capacity) Act 2015.

(B) Policy Number(s)

Please note that, if you only provide one policy number, this form will still apply to all your policies.

In the event that you would like to change your Trusted Contact Person on your policy/polices, you may do so by providing Zurich with a newly signed Trusted Contact Person Form by ticking the below box to indicate that the new form supersedes previous Trusted Contact Person Form(s).

☐ Tick here if this Trusted Contact Person Form supersedes previous Trusted Contact Person Form(s)

(C) Policy Holder/ Named Driver/ Claimant– Personal Details

Mr ○   Mrs ○   Ms ○   Mx ○   Forename

Surname

Address for correspondence

Date of birth

Contact Number

Email Address

(D) Trusted Contact Person – Personal Details

Mr ○   Mrs ○   Ms ○   Mx ○   Forename

Surname

Address for correspondence

Date of birth   Sex ○ M   ○ F

Contact Number

Email Address

(E) Declarations

Part A - Policy Holder

(i) Data Protection Notice

Zurich Insurance Group AG, Ireland Branch ('Zurich , 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich is the data controller of your personal data under data protection legislation. Our Data Protection Notice ('Notice') is detailed at the end of this form. Please read this carefully.

By signing this form, I confirm that I have read and understood the Privacy Statemet

(ii) Policy Holder Declaration

I consent that Zurich may contact the nominated Trusted Contact Person and may disclose confidential information about me for the purpose of discussing the relevant circumstances referred to in section (A) above, including information about my health status.

I understand that that any Power of Attorney under the Power of Attorney Act 1996 or an arrangement entered into under the Assisted Decision Making (Capacity) Act 2015 will take precedence over an appointed Trusted Contact Person.

I understand that the optional appointment of a Trusted Contact person will apply for an unlimited time, and I may withdraw it at any time by notifying Zurich . Once your complete written instruction is received, we will remove the data of the nominated person as a Trusted Contact Person from your policy without notifying them.

I confirm that I have read and fully understand all parts of the above declaration (E), (Part A, (i), (ii)) and I authorise Zurich to contact the nominated Trusted Contact Person in all the specific circumstances referred to in section (D) above.

Policy Holder/Named Driver/ Claimant: Printed Name

Signature **Date**

Please sign and date. X   Date

Part B - Trusted Contact Person

(i) Data Protection Notice

Zurich Insurance Europe AG ('Zurich ', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich is the data controller of your personal data under data protection legislation. Our Data Protection Notice ('Notice') is detailed at the end of this form. Please read this carefully.

By signing this form, I confirm that I have read and understood the Data Protection Notice.

(ii) Trusted Contact Person Declaration

I understand that, under the Consumer Protection Code 2025, Zurich may contact me in relation to the policy holder's policy but *only* in the specific circumstances noted above and that any Power of Attorney under the Power of Attorney Act 1996 or an arrangement entered into under the Assisted Decision Making (Capacity) Act 2015 will take precedence over an appointed Trusted Contact Person.

I consent to Zurich contacting me and I understand that Zurich may disclose confidential information about the policy holder for the purpose of discussing the relevant circumstances referred to in section (A) above, including information about their health status.

I understand that the optional appointment of a Trusted Contact Person will apply for an unlimited time, and I may be withdrawn at any time by notifying Zurich in writing. Once your complete instruction is received, we will remove you as a Trusted Contact Person linked to the policyholder referenced above.

I acknowledge that, in the event that I am an existing policy holder/ named Driver or Claimant on a policy with Zurich , the data I have provided on this form will also be updated accordingly on my existing Zurich policy

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I confirm that I have read and fully understand all parts of the above declaration (E), (Part B, (i), (ii)) and I authorise Zurich to contact me in all the specific circumstances referred to in section (D) above in relation to the policyholder's policy.

Trusted Contact Person Printed Name

Signature   **Date**

Please sign and date.   X   Date

Trusted Contact Person Form