

This authorisation shall remain valid for the term of my Global Travel Plan, including any periods of cover following subsequent renewals, or for so long as allowed by law.

If I have applied for a travel insurance plan, I declare that at the time of purchasing this insurance or at the time of booking any future trip(s), I am aware of no reason why any journey or trip should be cancelled or curtailed or expense be incurred.

If I have indicated that I wish to pay by credit or debit card, I agree that William Russell Ltd / Dubai Insurance Company may debit my account with the appropriate premiums on or before their due dates, and all subsequent renewal premiums due as invoiced by William Russell Ltd / Dubai Insurance Company until I give written notice that I wish to terminate this agreement. I understand that my cover will terminate in accordance with the terms of the Global Travel Plan agreement if William Russell Ltd / Dubai Insurance Company are unable to collect my premium - for whatever reason - and I do not provide William Russell Ltd / Dubai Insurance Company with an alternate method of payment immediately.

I hereby give William Russell Ltd / Dubai Insurance Company authorisation to send my insurance documents in pdf format by email to the email address I have stated in this application. If I have applied through an intermediary, I hereby give William Russell Ltd / Dubai Insurance Company authorisation to send my insurance documents in pdf format by email to my intermediary.

I understand that my personal data will be processed in accordance with the Data Protection Act (1988) and the EU Data Protection Directive 95/46/EC.

I understand that William Russell Ltd / Dubai Insurance Company will hold and process my personal data for the purposes of processing my Global Travel Plan, processing any claims submitted under my Global Travel Plan and providing other related services, which may include sharing my personal data with the insurers of my plan, doctors and other medical professionals involved in my treatment or care (or the treatment or care of other persons insured under my Global Travel Plan), William Russell Ltd / Dubai Insurance Company's emergency assistance providers and other agents. I understand that this may include the transfer of personal data to countries outside the European Union and in signing this form I consent to such transfer and use.

I also understand that my personal data may be disclosed to any regulatory body that may require William Russell Ltd / Dubai Insurance Company to disclose it and that, in the event of fraud or suspected fraud, my personal data may be disclosed to other parties, including but not limited to, the appropriate law enforcement agencies.

I consent to William Russell Ltd / Dubai Insurance Company processing personal and sensitive data about me and other persons included on this application form. I understand that all personal data I supply must be accurate and confirm that I have the specific consent of all other persons included on this application to disclose their personal data.

I understand that telephone calls to William Russell Ltd / Dubai Insurance Company may be recorded and monitored.

IMPORTANT NOTICE REGARDING PAYMENT OF DEATH BENEFITS: Your Global Life & Income Protection plan is subject to the law of Dubai. You are strongly advised to consider completing the following Beneficiary Nomination form if you wish to avoid the possibility that any Death benefit payable under the plan might be distributed in accordance with the inheritance laws of Dubai, applicable if no beneficiary has been nominated and based on the Sharia law of inheritance.

Signature of applicant:

Date:

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK

BENEFICIARY NOMINATION



GLOBAL TRAVEL

Travel Insurance for Expatriates

INSURED PERSON

Last name: _____ First Name: _____

Policy Number: _____

Address: _____

Postcode : _____ Country: _____

NOMINATED BENEFICIARY/BENEFICIARIES

I hereby nominate the following person(s) as beneficiary (or beneficiaries) of the above Global Travel Plan in the event of my death:-

Full Name	% of benefit to be paid	Address	Relationship to insured person

IN THE EVENT OF DEATH OF ONE OR MORE OF THE ABOVE MENTIONED BENEFICIARIES

If the death of one or more of the above mentioned named beneficiaries precedes your own, the proportion of that benefit that otherwise would have been paid to those beneficiaries will be shared between any surviving beneficiaries, in proportion with the percentages specified above for those surviving beneficiaries. If this is not your wish, or if you would to nominate any alternative beneficiary/beneficiaries, in the event that the death of any of the above beneficiaries precedes your own, please state your wishes here:

DECLARATION

In the event of my death, I hereby instruct Dubai Insurance Company PSC and/or their authorised representative to distribute the proceeds of my Global Travel Plan in accordance with the instructions I have given above. I understand that I am cancelling any and all previous beneficiary nominations that I may have made. I understand that I may change this beneficiary appointment at any time by completing a new beneficiary nomination form. I also understand and agree that these beneficiary nominations instructions will apply not only to the policy number specified above but also to all subsequent renewals of that policy unless and until I submit another duly signed beneficiary nomination form.

Signed: _____ Date: _____

IMPORTANT: Beneficiary Nomination can only be updated on receipt of this original signed form.
Please return the completed form to the address below.