Personal Pension



Pension with us. As you approach retirement there are certain decisions you need to make about your retirement benefits. By completing and returning this form, you are instructing us as to how you wish to receive your retirement benefits. We recommend that you read this form carefully and seek professional financial advice prior to completing it. Please ensure that all the details have been provided so that we can process your retirement benefits without delay. The checklist at the back is provided for this purpose. A To be completed by your Financial Advisor Intermediary Intermediary Name Number Financial Advisor Name В **Your Personal Details** Please specify Note: Please complete in ) Mr Mrs Ms Other BLOCK CAPITALS. Forename: Note: Please provide a certified copy of your original Surname: Birth Certificate (and Marriage Certificate/Civil Date of Birth: Partnership agreement, if applicable), passport or driving licence. PPS Number: Address: **Special Instructions** Email Address: Contact Phone (home) Numbers: (mobile)

We at Zurich Life (Zurich Life Assurance plc) would like to thank you for investing your Personal

## **C** Investment Notice

Please note that on receipt by Zurich Life of your Retirement Options Claim Form the proceeds of your Personal Pension policy are disinvested with immediate effect.

If there is an unforeseen delay of more than one month in processing your chosen retirement options, for example because of an outstanding requirement, then your maturity value will be increased in line with the corresponding increase (if applicable) in the Zurich Life Secure Fund over this period.

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Note that only	y policies list	ted belo	ow wi	ill be	matı	ured.			
	Zuric	h Life	Policy	y Nur	nbe	r	Matu	rity Value	
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whether:	ny of the Zuri djustment Ore	ich Life I	policie	s liste	d in	the tab	e above and curren process of being issue		
<ol> <li>A Notice to</li> </ol>	Trustees has b	een issu	ed in I	respec	t of a	any of tl	ne policies?	Yes 🔿 N	lo
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#### Note:

Please tick the "taking option" boxes below to indicate the retirement option(s) you are choosing and complete the required information.

F	<b>Retirement O</b>	ption(s)

Option 1

Presented below are the six retirement option(s) available. Option 1 is for the amount you want to take as a Retirement Lump Sum payment (if any). The other five options can be selected for the remaining balance of your retirement fund.

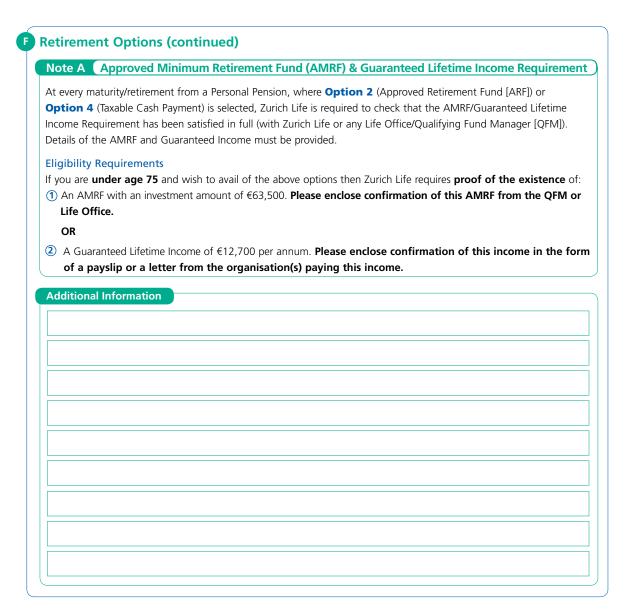
The values quoted in your Retirement Option(s) letter may have increased or decreased as a result of fluctuations in the underlying investments since the letter was issued to you. However, you should insert the values quoted in the letter in the relevant boxes below for the Retirement Option(s) you have selected.

			nt Lump Sum payme		
€	or	% of the matu	irity value <b>(maximu</b>	m allowable is 25%)	
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Р		t option(s) for the re		your retirement fund (after 2 to <b>Option 6</b> below	
	ease also provide any addit ased on your selected optic	•	and complete any rec	quired Application Form(s)	
Option 2					
Invest i	n ARF/AMRF with Zu	rich Life			
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Taxable Cash Payr	nent											
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on page 5, has been												
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Option 5												
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# **G** Declaration by Policyholder (to be completed in all cases)

#### (i) Data Sharing Consent

Zurich Life Assurance plc ('Zurich Life') is a member of Zurich Insurance Group ('the Group'). In order to provide a seamless insurance service globally, Zurich Life may transfer any data it has received from, and any data it holds on me to other units of the Group, such as branches, subsidiaries, or affiliates within the Group, cooperative partners of the Group, coinsurance and reinsurance companies located in this country or abroad.

Zurich Life, as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure the Group global insurance service delivery.

If a Financial Advisor or agent is acting on my behalf, Zurich Life is authorised to use, process and store data received from such Financial Advisor or agent, and to forward to such Financial Advisor or agent my data relating to the execution of the policy, collection of premiums and payment of claims.

Zurich Life may procure data from third parties to assess a claim. Zurich Life may check my personal data against international/economic or financial sanctions, laws or regulated listings. You have a right of access to and the right to rectify the data concerning you held by Zurich Life. Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do **not** want your data to be used for these purposes, please tick here.

You can ask Zurich Life at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

#### (ii) Policyholder's Declaration

I declare that to the best of my knowledge and belief the statements in this Retirement Options Claim Form are true and complete (including any statements written down at my dictation), and I agree that this declaration shall be the basis for payment of benefits from my Personal Pension policies with Zurich Life.

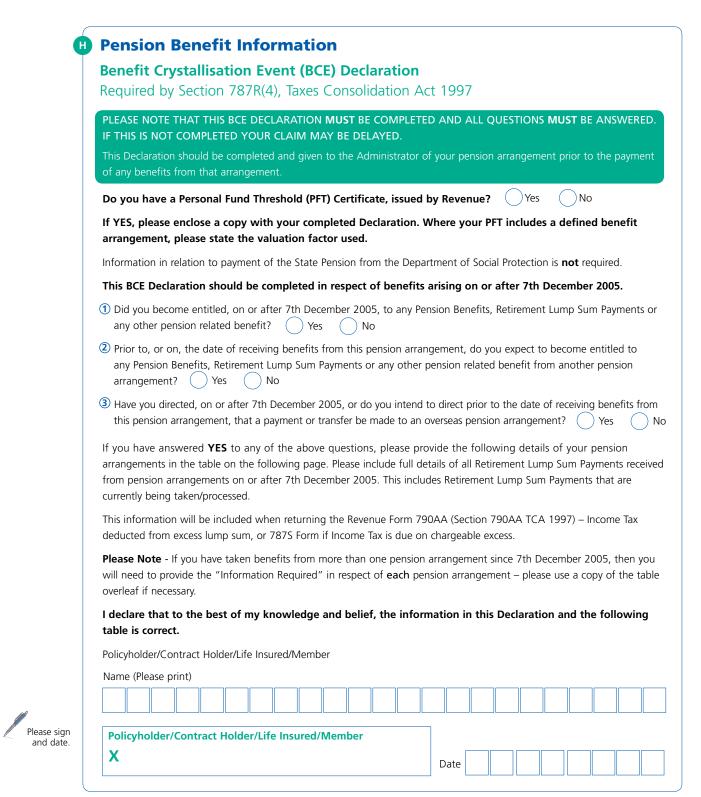
I understand that where my total Retirement Lump Sum Payment(s) taken since 7th December 2005 exceeds €200,000 then Zurich Life will deduct tax & USC as detailed in Option 1 - Retirement Lump Sum Payment options.

#### I confirm that I have read and fully understand all parts of the above Declaration (parts (i) and (ii)).

Personal Pension
Policyholder
Please sign and date.

🖉 Witnes	s
Please sign and date	è

Signature of Policyholder X	Date
Witness Name (Please Print)	
Signature of Witness X Position or Relationship to Policyholder:	Date



**Declaration continued overleaf** 

# Benefit Crystallisation Event (BCE) Declaration (continued)

Required by Section 787R(4), Taxes Consolidation Act 1997

# Details of Pension Benefits and Retirement Lump Sum Payments in respect of each pension arrangement

Please provide full information in the table below in respect of all current Pension Benefits and Retirement Lump Sum Payments taken since 7th December 2005 (please use a separate sheet if necessary). If none then please write **"None"**.

#### **Information Required**

## Details – Please provide full details below. Please print in BLOCK CAPITALS.

If possible please also provide a copy of the letter sent to you from the Pension Scheme Administrator/Life Office confirming the benefits.

	Pension 1	Pension 2	Pension 3
Name of the Scheme or Pension Arrangement:			
Administrator Contact Details: Contact Details:			
Policy or Reference Number:			
Type of Pension Arrangement e.g. PRSA, Personal Pension (RAC), Superannuation/Company Pension Scheme: <b>Note:</b> If the Superannuation/ Company Pension Scheme was a Defined Benefit Scheme, then please confirm the Annual Pension ( $\in$ p.a.) that you are currently receiving (or that you expect to receive on retirement).			
Date of Entitlement to Benefits:	D D M M Y Y	D D M M Y Y	D D M M Y Y
Maturity Value when benefits were paid out: (See also <b>Note</b> above for type of pension arrangements.)			
Retirement Lump Sum Paid – Taxable:	€	€	€
Retirement Lump Sum Paid – Tax Free:	€	€	€
Amount of any transfer or payment to an overseas arrangement & contact details for the receiving pension arrangement:	€	€	€
Amount or market value of any assets transferred by exercise of an "ARF option":	€	€	€

# Checklist

<b></b>
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### To help make sure you have not forgotten something!

Please ensure that the following details have been provided so that Zurich Life can process your pension benefits without delay.

# Please tick 🗸

- Have the "Special Instructions" and all Personal Details been fully completed, including details of all contracts being matured?
- Have you provided certified copies of your original Birth Certificate (and Marriage Certificate/Civil Partnership Certificate, if applicable), passport or driving licence?
- Have full details been provided in respect of all Pension Benefits and Retirement Lump Sum payments taken since 7th December 2005 on the table on page 8?

#### **Retirement Options**

- Retirement Lump Sum **Option 1** have you confirmed amount/percentage payable?
- Remaining balance of Retirement Fund have you confirmed the Retirement Option(s) for the remaining balance of your retirement fund from **Option 2** to **Option 6**?
- Have you provided any Additional Requirements and completed any required Application Form(s) based on the selected Option(s) e.g. Annuity Application Form, AMRF/ARF Application Form?

) If opting for an Approved Retirement Fund (ARF) **Option 2** or Taxable Cash Payment **Option 4**, have you provided proof of the existence of an Approved Minimum Retirement Fund (AMRF) from the Qualifying Fund Manager (QFM) or Life Office, or proof of a Guaranteed Lifetime Income in the form of a payslip or a letter from the organisation(s) paying this income?

#### Pension Adjustment Order or Notice to Trustees

If a Pension Adjustment Order or a Notice to Trustees has been issued in respect of your benefits then please provide a copy of the Pension Adjustment Order or a copy of the Notice to Trustees if you have not already submitted it.

#### **Declaration by Policyholder**

) Has the Declaration by the policyholder **(Section G)** been signed, dated and witnessed?

Has the **Benefit Crystallisation Event (BCE) Declaration (Section H)** been completed in full, signed and dated?

## Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland. Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurichlife.ie Zurich Life Assurance plc is regulated by the Central Bank of Ireland. Intended for distribution within the Republic of Ireland. The information contained herein is based on Zurich Life's understanding of current Revenue practice as at June 2013 and may change in the future.

