

# Source of Funds/Wealth Form



**Note:**  
The information requested is necessary to comply with the provisions of the Criminal Justice (Money Laundering and Terrorist Financing) Acts.

**\*Note:**  
Must be completed in all instances.

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**Note:**  
Your IBAN and BIC details are included on your bank statement.

## Section A Complete this section in all cases.

### First Policy Owner Details

Forename

Surname

Occupation\*

Address

### Second Policy Owner Details

Forename

Surname

Occupation\*

Address

Payor Name  
(if different to Policy Owner(s))

Please state the exact nature of the relationship

## Section B This section must be completed if paying by Bank Draft/Postal Order or if payment is not a Cheque or Direct Debit drawn on the account of the Policy Owner.

### Source of Funds

Payment by:                      Direct Debit                      Cheque                      Bank Draft                      Postal Order

Account Holder Name(s) in which contribution is being drawn:

Name of Bank/  
Building Society

IBAN (International  
Bank Account  
Number)

SWIFT BIC  
(Bank Identification  
Code)

Country Account  
is based in

**Note:**  
Each person making some or all of the investment must complete a separate form.

**Section C** To be completed for Savings and Investment Business only

**Where has the funding come from?**

Income Savings Inheritance Property Sale

Other (please specify)

Yearly Income (including salary, pension or investment income)

€

per annum

**Section D**

**Declaration By Policy Owner(s)**

I declare that the statements provided in this form are true and complete.

Signature of Policy Owner(s)

X

Date

X

Date



**Policy Owner:**

Please sign and date.



**Policy Owner:**

Please sign and date.

**Zurich Life Assurance plc**

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