

Source of Funds/Wealth Form

This form is for individual use only.

Note:

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

***Note:**

If your occupation is 'Company Director', please advise the nature of the business. If retired, please provide your pre-retirement occupation.

Note:

Each person making some or all of the investment must complete this section.

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain documentation and information about you, the method of payment being used and the origin of the funds used to pay the premium. Further information may subsequently be requested.

Note:

IBAN (International Bank Account Number) and BIC (Bank Identification Code) details are included on bank statements.

Section A Complete this section in all cases.

First Policy Owner Details

Forename

Surname

Date of Birth

Nationality

Occupation*

Residential Address

Second Policy Owner Details

Forename

Surname

Date of Birth

Nationality

Occupation*

Residential Address

Section B Source of Funds

First Owner

Payment by:

Personal Cheque/Direct Debit from Policy Owner(s) bank account

or

Third Party Cheque/Direct Debit
Please provide Payor Name (if Third Party Cheque).

Please state the exact nature of the relationship of Third Party Payor to Policy Owner(s).

or

Bank Draft/Electronic Fund Transfer (EFT)
For Bank Drafts/EFT please only provide the details of the bank account from which the funds used to pay the premium were drawn.

Account Holder Name(s)

Name of Bank/Building Society

IBAN
SWIFT
BIC

Second Owner

Payment by:

Personal Cheque/Direct Debit from Policy Owner(s) bank account

or

Third Party Cheque/Direct Debit
Please provide Payor Name (if Third Party Cheque).

Please state the exact nature of the relationship of Third Party Payor to Policy Owner(s).

or

Bank Draft/Electronic Fund Transfer (EFT)
For Bank Drafts/EFT please only provide the details of the bank account from which the funds used to pay the premium were drawn.

Account Holder Name(s)

Name of Bank/Building Society

IBAN
SWIFT
BIC

Section B Source of Funds (contined)

If Third Party Payor, please state the exact nature of the relationship to Policy Owner(s).

If Third Party Payor, please state the exact nature of the relationship to Policy Owner(s).

or

Maturity on an existing policy

Please provide: Policy number

Name of life
insurance
company

or

Other (eg. Employer payroll scheme) Please provide details.

or

Maturity on an existing policy

Please provide: Policy number

Name of life
insurance
company

or

Other (eg. Employer payroll scheme) Please provide details.

Section C Source of Wealth

In all circumstances please ensure to tick the relevant box(es) and provide supporting detail in regards to the Source of Wealth in the free text box provided.

The provision of Source of Wealth information is a requirement under anti-money laundering legislation.

Please tick the relevant box(es) to indicate the source of the investment/premium (source of wealth), and provide further detail in the box below.

Employment Income

Gross Annual Salary

€

Inheritance

Investment Proceeds/
Retirement Lump Sum

Savings / Deposit

Company Sale

Property Sale

Other Source of Wealth

Has documentary evidence of Source of Wealth been provided:

Yes

No

Provide as much detail as possible in relation to Source of Wealth in the box below. If the Source of Wealth for the second owner is different to the first owner please provide details, otherwise the Source of Wealth information provided will be considered to be applicable to both owners. If required, details of Source of Wealth can be provided separate to the application form.

Proof of Source of Wealth

Proof of Source of Wealth information is a requirement under anti-money laundering legislation. In some circumstances Zurich may require proof of the Source of Wealth to be provided due to type of client, high investment amounts, etc. Source of Wealth evidence should be provided for such clients.

Section D Declaration By Policy Owner(s)

I declare that all questions and statements in the application for this contract are answered honestly and with reasonable care (including any statements written down at my dictation).

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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