# ZURICH

## Single Contribution top ups and Regular Contribution increases into individual Company Pension schemes

Before you give us your personal information it is important that you are aware of what your data protection rights are and how/why we use your personal information. Further information can be obtained in our Privacy Policy which is available at www.zurich.ie/privacy-policy

This form may be completed for all top ups or increases into an existing Zurich Life Company Pension as it outlines the information that is necessary in order for us to process your request. Please note that Proof of Income for this employment must be submitted.

	S.P. Pension Plan Type <b>R</b>			(Where new SP pla	an is required)	
Note:	Intermediary Name					
Please complete in BLOCK	Financial			Intermediary		
CAPITALS.	Advisor Name			Number		
	Your Details					
	Member Name			Zurich Life Policy Number		
	Name of scheme / employer	Name of scheme / Policy Number				
	Contribution Details					
		Employer	Employee	e AVC	Total	
	Total revised monthly contribution	€	€	€	€	
	Single contribution	e	€	e	E	
		€	e	€ €	E	
	Transfer	ŧ	E	E	E	
	Effective Date <b>0 1</b>					
	Method of payment of single contribution: Payments via cheque must be Cheque EET					
	Are benefits being transferred from another pension arrangement? Yes No					
	If yes, please provide the following details: Life Insurance Company / administrator Policy number for each plan being transferred					
	Type of plan					
	Contact email address for Willing and Able letter Important Note: All policies to be transferred must be included in the retained benefits section.					
	Annual Salary/ Earnings €					
	Has a recent payslip or the previous	s tax year's Employme	ent Detail Su	mmary been provided?	Yes No	
	Important Note: Evidence of salary registration. Funding will be based of				ne and Employer tax	
Please note:	Fund Choice a) I wish to invest all contributions (b)	oth existing & top up :	amount) in m	v existing fund(s) choice		
If no option is						
selected we will invest the	Fund Choice			%	, D	
funds as per					%	
the existing fund selection.					%	
					_	
					%	

Total 100%

## Retained Benefits - (required in all instances, including benefits which are to be transferred to this scheme) Are you entitled to benefits from other Retirement Benefit Schemes? Yes No

Note:

These details are required to apply for Revenue Approval.

If yes, please provide the details below.			
Name	Pension	Pension	Pension
Type of Plan (Personal Pension, Executive Pension, Group Defined Contribution/ Defined Benefit, Personal Retirement Savings Account or Pension term)			
Scheme Provider			
Plan reference number/Policy number			
Name of Employer under this scheme (if applicable)			
Current Value (or deferred pension if Defined Benefit)			
NRA under the scheme			
Status (Live, Paid-up, or Single Premium)			
If Live, the current monthly contribution being made			
Please state if this benefit is related to a previous, current or concurrent employment?			
Have you received payment of retirem	ent benefits from any oth	ner pension arrangement?	Yes No
If yes, please provide the following:			
Date benefits were paid:			
For defined contribution plans (Personal Re Total value of the pension fund on maturity:	tirement Savings Accounts	(PRSA), Personal Retirement	Bonds or Personal Pensions
For defined benefit / Public Sector plans:			
Gross retirement lump sum plus the value of any AVCs (before any tax was paid)			
Annual pension income:			

### D Member and Employer Declarations

I declare that all questions and statements in the application form are answered honestly and with reasonable care (including any statements written down at my dictation). I confirm that I am happy with the fund choice made on this form.



Employer	
Please sign and date.	

Signature of Member	
X	Date
Signature of Employer	
X	Date

# Making an EFT payment to Zurich Life

Important: In order to make an EFT payment, you will need our new bank details below.

Top-ups to an existing Zurich policy		
Account Name:	Zurich Life Assurance plc	
IBAN:	IE67CITI99005100101206	
BIC:	CITIIE2XXXX	

## The two-step rule:

### 1. Let us know it's you

Always quote the Policy Number or if it's a new plan, quote the Name & Date of Birth of the policy owner in the EFT reference.

If you're making a payment from:	Place your Policy Number/Name and DOB in this field:
Bank of Ireland	"Reference" field
AIB	"Receiver Message" field
Permanent TSB	"Reference" field
Ulster Bank	"Beneficiary" field
KBC	"Reference" field

### 2. Let us know it's done

So that we can track and allocate the payment, please send the completed top up form above or an email to **escashiers@zurich.com,** Customer service (customerservices@zurich.com) or your service team telling us:

- A. Exact amount
- B. Policy Number or if it's a new plan, quote the Name & Date of Birth of the policy owner
- C. Supporting instructions (if relevant)



## Help us, Help you!

Picture yourself looking through your bank statement trying to decipher different transactions, it can be a time consuming and sometimes frustrating task.

At Zurich we allocate hundreds of payments daily, so if the above information isn't provided it can lead to delays in service.

With your help we can get your policy up and running in no time!



# Is there anything else I need to know?

Depending on who you bank with, it can take 3-5 working days for Electronic Transfers to reach us.

With this in mind, please remember that the Investment date is the date we receive funds assuming that we have a valid fund choice. If we don't have a valid fund choice, the effective date will be the date that the fund choice is received.



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The information contained herein is based on Zurich Life's understanding of current Revenue practice as at February 2025 and may change in the future.

Intended for distribution within the Republic of Ireland.

