

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.

Note:
Please complete
in BLOCK
CAPITALS.

S.P. Pension Plan Type	R	(Where new SP plan is required)
Intermediary Name		
Financial Advisor Name		Intermediary Number

A Your Details

Member Name	Zurich Life Policy Number
Name of scheme / employer	

Contribution Details

	Employer	Employee	AVC	Total
Total revised monthly contribution	€	€	€	€
Single contribution	€	€	€	€
Transfer	€	€	€	€

Effective Date of increase **0 1**

Method of payment of single contribution: Payments via cheque must be made payable to Zurich Life. Cheque EFT

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 tax year's Employment Detail Summary been provided? Yes No

Important Note: Evidence of salary must include: Member name, PPS, Employer registered name and Employer tax registration. Funding will be based on the salary as per the proof provided.

B Fund Choice

Please note:
If no option is selected we will invest the funds as per the existing fund selection.

- a) I wish to invest all contributions (both existing & top up amount) in my existing fund(s) choice
- b) I wish to invest my top-up amount only as follows:

Fund Choice	%
<input type="text"/>	%
<input type="text"/>	%
<input type="text"/>	%
Total 100%	

C 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

If yes, please provide the details below.

Name	Pension	Pension	Pension
Type of Plan <small>(Personal Pension, Executive Pension, Group Defined Contribution/ Defined Benefit, Personal Retirement Savings Account or Pension term)</small>			
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 retirement benefits from any other pension arrangement?

Yes No

If yes, please provide the following:

Date benefits were paid:

For defined contribution plans (Personal Retirement Savings Accounts (PRSA), Personal Retirement Bonds or Personal Pensions)

Total value of the pension fund on maturity:

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.

Signature of Member

X

Date

Signature of Employer

X

Date

 **Member**

Please sign and date.

 **Employer**

Please sign and date.

Warning: Due to the nature of this product, it is important to ensure that it remains suitable for you. We recommend that you engage with your financial advisor on a regular basis to ensure its ongoing suitability.

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:	CITIE2XXXX



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:

- Exact amount
- Policy Number or if it's a new plan, quote the Name & Date of Birth of the policy owner
- 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.

Zurich Life Assurance plc

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Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at February 2026 and may change in the future.

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