



Company Pensions from Zurich

DC/AVC Plan

Please note that Group Risk (e.g. Death Benefits) cannot be covered under a group scheme of which Zurich Trustee Services limited acts as Trustee. A separate Group Risk Scheme will need to be established.

Intermediary Name

Financial
Advisor Name

Intermediary
Number

Note:

Please complete in
BLOCK CAPITALS.

A Scheme Name (the scheme name should include the words 'scheme', 'pension scheme' or 'plan').

B Employer Details

Full Name of
Principal Employer

Address

Nature of Business

Employer type
(Irish company, external/foreign company, partnership, unincorporated association, credit union, trade union etc.)

If an external/foreign company, is it registered as such with the Companies Registration Office? Yes No

Registered
Address (if different
from above)

Contact Name in
Employer for this
Scheme

Email Address

Contact
Number

Company
Registration Number

Tax Reference
Number

Tax District

Country of
Incorporation **or**

Main Location
of Employer

Special Instructions

C Scheme Details

Scheme Renewal Date (01/MM)

D Scheme Rules - Category of Membership Details

If more than one Employee Category applies, please complete the details in the Additional Information section on page 6. As a guide, when completing the Additional Information section, we require answers to all the questions presented in this Section.

Employee Category Name

Normal Retirement Age
(must be in range, age 60 to 70)

Eligibility Conditions (See Section K - Point 1):

☐ Compulsory
☐ Voluntary (Employee)
☐ Discretionary (Employer)

What service is
required for the above

The default vesting rule is for Statutory Vesting for all members. If the employer wishes to grant immediate vesting or another vesting period, a deed of amendment will be required following execution of the trust deed.

Definition of Salary

☐ Basic Salary **OR** ☐ Other
Please specify

Contribution Rates

Employer Contributions %

Employee Contributions %

Additional Voluntary Contributions %

E Contribution Details

Pension Deductions from Members

Contributions to the scheme will be paid to a bank account operated by Zurich Life Assurance plc (Zurich Life), the insurer and administrator of the scheme, on behalf, of the trustee of the scheme.

What frequency are employees paid:

☐ Weekly ☐ Fortnightly ☐ Monthly

What is the definition of how member pension contributions are calculated:

☐ Fixed Amount ☐ % of Salary (Basic only) ☐ % of Salary (including Overtime, Bonuses, etc)

Method of payment to Zurich Life

☐ Electronic Fund Transfer (EFT) / Cheque
☐ Direct Debit

Month of first payroll
deduction to Zurich Life

Electronic Fund Transfer (EFT) / Cheque

Contributions will be transferred direct to a bank account operated by Zurich Life on behalf of the trustee of the scheme or sent by way of a cheque to Zurich Life. The month in respect of deductions from member's salaries will match Zurich Life's monthly billing record. To illustrate, pension deductions from member salaries in April will match Zurich Life's April billing record.

Direct Debit

If the Direct Debit method of payment is selected, Zurich Life will automatically collect contributions from the designated bank account on the 1st working day of each month. To illustrate, pension deductions from member salaries in April will be collected from the designated bank account on the 1st working day in May and will match Zurich Life's May billing record. Any contribution changes should be notified to the Group Pension Service team in advance of the relevant collection date. For this method of payment, the expectation is that contributions will remain the same each month until such time that a member has a salary review or wishes to alter their own contributions.

Please ensure you complete the SEPA Direct Debit Mandate attaching to this application.

Note:
Direct Debit is
only available if
employee deductions
are monthly and
contributions are
calculated on a fixed
or % of salary (basic
only).

E Contribution Details (continued)

Pension Deductions from Members (continued)

For contributions submitted by EFT/Cheque, the data backing up each payment needs to be submitted via our Group Payroll Management System (GPMS) at www.zurich.ie. Please note GPMS is currently not available if payroll data will be supplied to Zurich Life by a third party payroll provider. In order to enable the set up of the GPMS please confirm the following:

Payroll Contact
Name

Payroll Contact
E-mail Address

Payroll Contact
Phone Number

In order to submit data via GPMS the payroll contact will require 'Employer Scheme Access'. This means that the payroll contact will be able to view policy and client details relating to the Group Pension Scheme. Please ensure that the payroll contact is noted under Section H - Online Access.

Please note that all contributions must be remitted within 21 days of the end of the month on which they are deducted from member salaries. For example, the April pension deductions for members should be remitted to Zurich Life on behalf of the trustees to Zurich Life no later than the 21st May.

F Member default investment option

Note to the Principal Employer: The default investment option in the absence of individual member instruction will be **Personalised GuidePath (with the Medium Risk / Return growth stage, a retirement planning stage of 75% Annuity & 25% Tax-free cash, and a strategy end age of the scheme NRA)**, as selected by the scheme Trustees, Zurich Trustee Services Limited. The members will have the option to personalise their GuidePath via their online dashboard. Once they personalise their GuidePath the member will no longer be invested in the scheme default.

Members will also have the option of investing in the full range of Zurich Life funds. Please see the 'Fund Guide' on www.zurich.ie

G Details of Employer's Existing Scheme (AVC Scheme only)

Please give the name(s) of the Employer's Retirement Benefits Scheme(s).

Please include the name of the insurance office, if any.

Revenue Reference Number

S	F
----------	----------

Pensions Board Registration Number

P	B
----------	----------

Normal Retirement Age

Funding Method (please tick)

Defined Contribution

Defined Benefit

Registered Administrator of Employer's Existing Scheme

Please provide below details of the Benefit Structure under your existing Defined Contribution / Defined Benefit Pension Scheme. If more than one category exists in the Employer's main scheme, please give further information on the 'Additional Information' page at the back of this application form.

H Online Access

Members will be automatically given access to view details of their scheme benefits online.

Our Group Centre allows you, the Employer to view details of scheme members' benefits online. Please provide below the name(s) and position held for each of the individuals who require Employer online access:

Name

Position
in Company

Employer Access

Name

Position
in Company

Employer Access

Name

Position
in Company

Employer Access

Note:
Zurich Life's remedies in the event of misrepresentation are set out in the Consumer Insurance Contracts Act 2019.

1 Authorisation/Declarations

The Principal Employer and the Trustee(s) of the Plan

- Understand that we have a duty to answer all questions asked by Zurich Life in this application for a contract honestly and with reasonable care and failure to comply with these requirements could result in the contract being invalidated or contract benefits being reduced. We understand that any answers and information provided by employees and any additional category in relation to the application for this contract will be treated as if they were provided by the Trustees. This means that we are ultimately responsible for answers and information provided to Zurich Life by employees and any additional category. We 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 our dictation) and shall be the basis of the proposed policy or policies to be effected by the Trustees with Zurich Life Assurance plc (hereinafter referred to as 'Zurich Life').
- Declare and acknowledge that the scheme to which this Application Form relates shall at all times be governed in accordance with the trust deed or instrument by which that scheme was established (as may from time to time be amended or replaced) and any rules scheduled or appended to such deed or instrument (as may from time to time be amended or replaced) and where there is a discrepancy between such deed or instrument and/or the rules and any of the details contained in this Application Form or in any policy issued in accordance with the details contained in this Application Form, the provisions of the deed or instrument and/or the rules shall prevail.
- Declare that the disclosure by, or on behalf of them, to Zurich Life of any information relating to the Members ('data') which shall include information contained in this application form (or provided subsequently in discussion or otherwise) is provided in accordance with all applicable data protection legislation. The Principal Employer and the Trustee(s) further declare that they shall ensure that any data supplied to Zurich Life by or on their behalf shall be accurate and up-to-date.
- Declare their understanding that the issue of the policy to the Trustee(s) by ZLAP, to which this Group Application Form applies, is conditional upon the scheme established under the trust documentation to which Section C of this Application Form refers being approved by the Revenue Commissioners as an "exempt approved scheme" under Chapter 1 of Part 30 of the Taxes Consolidation Act, 1997, as amended.
- Confirm that they have been provided with the relevant Fund Guide which contains information on the funds available and acknowledge that Zurich Life may from time to time alter the fund choices available by changing the nature of the existing funds, creating new funds or closing existing funds.
- Understand that the Group Retirement Benefits Plan is governed by the Zurich Trustee Services Limited Trust Deed and Rules.
- Confirm that the persons signing this Application Form on behalf of the Trustee(s) and (where applicable) the Principal Employer are so authorised to sign on their behalf and to bind them in accordance with section 40 of the Companies Act 2014, as amended or the relevant provisions of any trust instrument or such other form of constitutional document or legislative provision by which those persons are authorised to sign on behalf of the Principal Employer or the Trustee(s).
- Confirm that the persons signing this Application Form on behalf of the Principal Employer or Trustee(s) or any person otherwise notified to Zurich Life in writing by the Principal Employer or the Trustee(s) (as applicable) shall, to the extent that they are so permitted by the trust provisions of the scheme and/or the conditions of any policy or policies as may be issued to the Trustee(s) by Zurich Life, be authorised to provide such information or instructions to Zurich Life as may be required for the purposes of the issue and operation of such policy or policies and such information may be treated by Zurich Life as being information or instructions from the Trustee(s) as policyholder or the policy or policies.
- Confirm that the authorisation is for administrative convenience and that any decision taken by the authorised signatories has been made by the Trustee(s).
- Acknowledge that Zurich Life will check the data supplied by the employer in this application form against international trade/economic or financial sanctions laws or regulated listings.

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

Note:

Both the Employer Authorisation and Trustee Authorisation sections must be completed.

Registered Administrator

Section 59(1)(f) of the Pensions Act 1990, as amended, requires the trustees of every scheme to ensure that at all times there is a registered administrator appointed for the scheme. Zurich Life will provide the service of Registered Administrator (Category 1 - Annual Report, Benefit Statements and Maintain Accurate Records) for the scheme unless the Trustee(s) determine(s) to the contrary. Terms of Engagement for the appointment of Zurich Life as both Registered Administrator and general scheme administrator will be issued to the trustees as soon as possible.

Employer Authorisation

Signed for and on behalf of the Principal Employer

Signature of Director/Company Secretary on behalf of the Employer

X

Date

Print Name

 **Director/
Company Secretary**
Please sign and date.

I Authorisation/Declarations (continued)

Additional Information

The Employer shall notify Zurich Life Assurance plc ("Zurich Life") (1) if a person who is to be admitted to membership of the scheme is a US Resident Employee in which case notification shall be made prior to admission to membership (2) if a member is to become a US resident Employee in which case notification shall be made prior to his becoming a US Resident Employee and (3) if any such person or member ceases to be a US Resident Employee in which case notification shall be made as soon as reasonably practicable thereafter. "US Resident Employee" means a person who, either at the time they are admitted to membership of the scheme or subsequently while they are a member, is resident in the United States of America.



Employer

Please sign and date.

Signature of Employer

X

Date



**Authorised to sign
for and on behalf
of the Trustee:**

Please sign and date.

TO BE SIGNED BY ZURICH TRUSTEE SERVICES LIMITED ONLY

Signature on behalf of Trustee

X

Date

Full Name (Print):

Position (Print):

J Application Checklist (to be completed in ALL cases)

Please ensure that the following details have been completed on the application form.

Please tick ☒

Any questions which are amended have been initialled.

All employer details are fully complete.

All details of employer's existing scheme are complete, if applicable.

Details of the Registered Administrator in Section I have been completed.

K Additional Notes

1. Eligibility:

Subject to the Pensions Acts 1990 to 2018, the Protection of Employment Acts 1997 to 2007 and the Protection of Employees (Fixed-Term Work) Act 2003, the employer has discretion when determining which employees they wish to offer membership of pension schemes. Where the employer wishes to offer membership to limited categories of employer and not to all members, Zurich Life recommends that the employer seek their own independent legal advice before establishing the scheme.

2. Vesting:

Statutory Vesting:

The Pensions Act 1990 requires that an employee who has at least two years' service as a member of a pension scheme must be provided with a preserved benefit on leaving service. A *qualifying employee* who has less than two years' 'qualifying service' as a member of a pension scheme would only be entitled to the value of his/her own employee and AVC contributions on leaving service. In this instance, the member would have no rights to the employer contributions.

Basis of Refund:

A refund will be based on the surrender value of the employee/AVC contributions.

Additional Information (if required)

SEPA Direct Debit Mandate

Zurich Life Unique Mandate
Reference Number (to be
completed by the creditor)
Creditor Identifier



IE43ZZZ992829

Please complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

IBAN (International
Bank Account Number)

Signature(s)
of Account
Holder(s)

X

X

SWIFT BIC
(Bank Identification Code)

Date of Signing

Important Note: By signing this mandate form, you authorise (A) Zurich Life Assurance plc to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Zurich Life Assurance plc. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please Return to:

Creditor Name	ZURICH LIFE ASSURANCE PLC
Creditor Address	ZURICH HOUSE, FRASCATI ROAD, BLACKROCK
	CO. DUBLIN, IRELAND
Type of Payment	RECURRENT

Mandate Declaration

Direct debits will be collected from your bank on the chosen date* of the month the contribution is due. Under Single Euro Payments Area (SEPA) legislation, you are entitled to 14 calendar days prior notice of: (i) the commencement of a direct debit collection from your bank account by Zurich Life or (ii) where there is a change in the direct debit amounts or bank account details. However, SEPA also allows for a shorter notification period and to ensure timely collection of your contributions, Zurich Life operates a three day notification period. This does not affect your rights as outlined in the SEPA Direct Debit Mandate.

*The default chosen date is 1st of the month; the 7th and 15th of the month are available with agreement.

By signing this mandate form you are agreeing to a three day notification period before Zurich Life can collect contributions from your bank account.

Please note: Your IBAN and BIC details are included on your bank statement.

Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, A94 X9Y3, Ireland.

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie

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 September 2021 and may change in the future.

Intended for distribution within the Republic of Ireland.

GR: 6228 Print Ref: ZL PP 1687 0921

Product Ref: PA4, PAE, PA1, PA5, PAF, PAZ, PA8, PA9, PAU, PAV, PPB, PPQ, PCD, PCE

