

Company Pensions from Zurich

DC/AVC Plan

Intermediary Name

Financial
Advisor Name

Intermediary
Number

Note:

Please complete in
BLOCK CAPITALS.

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

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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

C Documentation Details

Please indicate what Documentation is to apply (tick below as appropriate).

1. Existing Documentation

If existing documentation is to apply, please attach a copy of the Trust Deed and Rules and any relevant scheme details.

2. New Documentation

If you wish to use a Zurich Life Trust Deed and Rules, please contact your Financial Advisor for details.

If you are using a Trust Deed and Rules from an alternative source, please attach a copy of this executed Trust Deed and Rules. Zurich Life Assurance plc ('Zurich Life') cannot accept any responsibility for the suitability of these documents to this scheme.

Special Instructions

D Scheme Details

Renewal Date

0

1

(01/MM)

E Scheme Rules - Category of Membership Details

If more than one Employee Category applies, please complete the details on the Additional Information page at the back of this application form. 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)

60

65

Other

Eligibility Conditions (See Section L - 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

%

F 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) or cheque

Direct Debit

Month of first payroll
deduction to Zurich Life

Electronic Fund Transfer/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 contribution.

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).

F 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 I - Online Access.

Please note that all contributions must be paid 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.

G Investment Options (to be completed by the Trustees only) - Please complete 1 and/or 2

1 Choosing Personalised GuidePath as the scheme default

The following investment instructions are:

Default in the absence of individual member instructions **OR** Compulsory for all employees

Growth Stage – The growth stage of the default Personalised GuidePath will be the **Medium Risk/Return** growth stage.

Retirement Planning Stage – For the **main scheme** (regular and once off contributions) the default Personalised GuidePath will target tax-free cash (25%) and annuity (75%) at the end of the retirement planning stage. **If you wish to select an alternative main scheme default**, please specify here:

Tax-Free Cash		%	Annuity		%	ARF		%	(must total 100%)
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For any **AVCs** the default Personalised GuidePath will target tax-free cash (25%) and annuity (75%) at the end of the retirement planning stage. **If you wish to select an alternative AVC default**, please specify here:

Tax-Free Cash		%	Annuity		%	ARF		%	(must total 100%)
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Strategy End Age – The default Personalised GuidePath strategy end age is the scheme normal retirement age.

If you wish to select an alternative default strategy end age, please specify here:

2 Providing scheme members with access to a range of funds

Please see the 'Fund Guide' on www.zurich.ie for a full list of available funds.

Select (i), (ii), (iii) or (iv) below

- (i) Default funds in the absence of individual member instructions **or**
(ii) Compulsory funds for all employees **or**
(iii) Members should have access to self select the full range of available funds **or**
(iv) Members should only have access to self select the funds detailed below

Fund Name

By signing this application form, the Trustee(s) confirm the investment instructions to Zurich Life set out in this section.

Note:
Scheme members can personalise their growth stage, retirement planning stage and the strategy end age of the Personalised GuidePath via the Customer Dashboard.

H 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.

I Online Access

Members will be automatically given access to view details online unless advised to the contrary by the Trustees.

Our Group Centre allows you, the Employer/Trustee 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/Trustee online access:

Name

Position
in Company

Employer

Trustee

Name

Position
in Company

Employer

Trustee

Name

Position
in Company

Employer

Trustee

J Authorisation/Declarations

Note:

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

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 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.
- 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.
- 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.
- Acknowledge that Zurich Life will check the data supplied by the Principal Employer and/or the Trustee(s) 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.

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.

Note:

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



**Director/
Company Secretary**

Please sign and date.

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

Continued overleaf

J Authorisation/Declarations (continued)

Trustee Authorisation

Please select the following in terms of who the Trustee of the scheme is:

- (a) Principal Employer acting as Trustee Please complete part (a) below.
- (b) Corporate Trustee acting as Trustee Please complete part (b) below.
- (c) Individual Trustees acting as Trustee Please complete part (c) below.

Note:

If there is a combination of Trustees e.g. Principal Employer and Corporate, please complete each relevant section below.



Please sign and date.

(a) Where the **Principal Employer** is acting as **Trustee** this section must be completed:

Signed for and on behalf of the Principal Employer as Trustee

Signature Director/Company Secretary/Registered Person/Authorised Signatory

X

Date

Print Name

(b) Where a **Corporate Trustee** is acting as Trustee, this section must be completed.

Corporate
Trustee Name

Country of
Incorporation

Signature Director/Company Secretary/Registered Person/Authorised Signatory

X

Date

Print Name

(c) Where **Individual Trustees** are acting as Trustee, this section must be completed by all individual trustees (if necessary, please complete in the Additional Information Section or on an additional form).

Individual
Trustee Name

1

2

Address

Occupation

Nationality

Country of
Residence

Signature of Individual Trustee

X

Date

Signature of Individual Trustee

X

Date



Individual Trustee(s)

Please sign and date.

K 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 Principal Employer and Trustee details are fully complete.
- Documentation in Section C has been provided.
- All details of employer's existing scheme are complete, if applicable.
- Details of the Registered Administrator in Section J have been completed.

L Additional Notes

1. 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.

Other:

The employer may select an alternative Vesting rule in between Statutory Vesting and Immediate Vesting. For example, the employer may decide that a member who leaves service after one years' pension scheme service will be entitled to 50% of the value of the employer contribution. As above, if the member leaves service with less than two years' service as a member of the pension scheme and elects for a refund of contributions, this refund will only be in respect of his/her own employee/AVC contributions. In this instance the member waives the right to benefits accrued from the employer contributions.

Basis of Refund:

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

Additional Information (if required)

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SEPA Direct Debit Mandate

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

IE43ZZZ992829



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

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

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: 6260 Print Ref: ZL PP 278 0921
Product Ref: PA4, PAE, PA1, PA5, PAF, PAZ, PA8, PA9, PAU, PAV, PPB, PPQ, PCD, PCE



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