

# Regular Savings

## Regular Savings / Regular Savings with Single Premium

**For Child Savings or Corporate Saving, please refer to our standard application form.** This data capture form is NOT an application form and should not be sent to Zurich Life for input. Information which you, the customer, provide in this form will be input by your Financial Advisor (on your behalf and with your authority) in an online application form. The information provided in the online application form will be relied upon by Zurich Life. Before the application is submitted to Zurich Life, you will be asked to confirm that you have answered all questions honestly and with reasonable care. You will also be required to digitally sign the Consumer Declarations including: (i) the Data Protection Notice, (ii) the Marketing Permissions, (iii) the Customer Disclosure, (iv) the Certification of Tax Status, and (v) the Policy Declaration.

### Marketing Preferences

From time to time, we would like to contact you to keep you up to date with news and offers from Zurich Life and those of the Zurich Group or third parties that we recommend. If you are happy for us to do this, please choose how you would like us to contact you.

For news, updates and offers from Zurich Life by:

Post      Email      Phone      Text/Digital message

For news, updates and offers from the Zurich Group or third parties by:

Post      Email      Phone      Text/Digital message

If at any time you would like to change your preferences or remove your permission, all you need to do is contact us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

### Plan Details

Policy Basis      Single      Joint

#### First Owner

First Name

Surname

Date of Birth

#### Second Owner

First Name

Surname

Date of Birth

### Contribution Details

Policy  
Start Date      **0 1**

(i) Regular Contribution

For regular contributions payable by direct debit, we will collect the levy in addition to the regular contribution you specify. €

#### Frequency of payment

Monthly      Quarterly      Half-yearly      Annual

**Note:** Cheque/Bank Draft/EFT payments are only available for half yearly/regular payments

#### Method of payment

Direct Debit      Bank Draft      Cheque      EFT      Indexation required      No      Yes

(ii) Once off contribution

The levy will be deducted from this amount. €

**Note:** For regular contributions payable by direct debit, we will collect the levy in addition to the regular contribution you specify. For regular contributions not paid by direct debit and for single contributions, we will deduct the levy from your payment before allocating it to your policy. As at August 2023, the levy is 1% and may change in the future.

### Office Use Only

RS Code / Structure

## Your Investment Options

1. Please specify in the table below the Funds in to which your **Regular Contribution** is to be invested.

You may choose to invest in a maximum of ten funds. If you wish to invest in a fund(s) that is not listed below, please use the 'Other Funds' box to detail your choice.

Fund Name	Regular Contribution
Prisma <b>2</b>	%
Prisma <b>3</b>	%
Prisma <b>4</b>	%
Prisma <b>5</b>	%
Prisma <b>Max</b>	%
<b>Other Funds</b> - <i>please see the 'Fund Guide' on zurich.ie for a full list of available funds.</i>	
	%
	%
	%
	%
	%
	%
<b>Total</b>	<b>100%</b>

**Note:** In addition to Zurich Life's normal Annual Management Charge (AMC) there is an extra AMC applicable on some funds. Please refer to individual fund factsheets on zurich.ie for further information.

## Replacements

Does this policy replace an existing policy, in whole or in part?

☐ Not a replacement

☐ Replacement of Zurich Life policy

☐ Replacement of other

If **Yes**, and that policy is a Zurich Life policy, please specify policy number:

## Policy

If you are **not** taking this plan out on your own behalf, please state the:

Name(s) of the other party(ies) on whose behalf you are taking out the policy

and their relationship or connection to you.

Is the person taking out the policy (or have they been in the last 12 months) a PEP or an RCA of a PEP?

Yes

No

## Trust

Is this application to be set up in trust?

Yes

No

Is any person associated with the trust (or have they been in the last 12 months) a PEP or an RCA of a PEP?

Yes

No

## Web Access to Policy Information

You can look up details of your policy (including a daily updated value) online at the Client Centre on our website.

Do you wish to register for the Client Centre?

Yes

No

## Policy Owner Details **First Owner**

Mr Mrs Ms Mx First Name

Surname

Marital Status  
Partner Single Married/Civil Partner Divorced/Former Civil Partner  
Separated Widowed ☐ Unknown

Date of Birth Gender M F

PPSN

A copy of the document used to  
verify the number must be uploaded.

Are you a Republic of Ireland Resident? Yes No

[Please note:](#) Zurich is unable to accept applications from policyholders whose residency is outside of Ireland.

Eircode

Residential  
Address

Nationality

Type of Address PO Box Care of Standard

If the answer above is 'PO Box' or 'Care of', please confirm reason

In between living arrangements Travelling Moving country  
Other (Please specify)

Occupation

## Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Are you (or have you been within the last 12 months), a PEP or an RCA of a PEP? Yes No

### Who is a Politically Exposed Person (PEP)?

A 'Politically Exposed Person' means an individual who is, or has at any time in the preceding 12 months been, entrusted with a prominent public function, (but not including any middle ranking or more junior official) and performs one of the following roles:

- a head of state, head of government, government minister or deputy or assistant government minister.
- a member of a parliament or a similar legislative body.
- a member of the governing body of a political party.
- a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal.
- a member of a court of auditors or of the board of a central bank.
- an ambassador, chargé d'affairs or high-ranking officer in the armed forces.
- a director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation.
- a member of the administrative, management or supervisory body of a state-owned enterprise.

### Who is a Relative of a PEP?

- any spouse of the politically exposed person.
- any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides.
- any child of the politically exposed person.
- any spouse of a child of the politically exposed person.
- any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides.
- any parent of the politically exposed person.
- any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance.

### Who is a Close Associate of a PEP?

- any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person.
- any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed Person.

## Policy Owner Details First Owner (continued)

### Contact Details

Mobile  
Contact Number  
Email Address

Email address & Mobile contact number for each policy owner are compulsory as they will be used for the online approval process.

### Certification of Tax Status

1. Are you a United States citizen? Yes No

If **Yes**, please confirm your social security number

2. Are you tax resident anywhere other than the Republic of Ireland? Yes No

If **Yes**, please complete the below:

Country of residence for tax purposes Tax identification number

## Policy Owner Details Second Owner

Mr Mrs Ms Mx First Name

Surname

Marital Status Single Married/Civil Partner Divorced/Former Civil Partner  
Partner Separated Widowed Unknown

Date of Birth Gender M F

PPSN

A copy of the document used to verify the number must be uploaded.

Are you a Republic of Ireland Resident? Yes No

[Please note:](#) Zurich is unable to accept applications from policyholders whose residency is outside of Ireland.

Eircode

Residential  
Address

Nationality

Type of Address PO Box Care of Standard

If the answer above is 'PO Box' or 'Care of', please confirm reason

In between living arrangements Travelling Moving country  
Other (Please specify)

Occupation

Are you (or have you been within the last 12 months), a PEP or an RCA of a PEP? Yes No

### Contact Details

Mobile  
Contact Number  
Email Address

Email address & Mobile contact number for each policy owner are compulsory as they will be used for the online approval process.

### Certification of Tax Status

1. Are you a United States citizen? Yes No

If **Yes**, please confirm your social security number

2. Are you tax resident anywhere other than the Republic of Ireland? Yes No

**Note:** You may be tax resident in more than one jurisdiction.

If **Yes**, please complete the below:

Country of residence for tax purposes Tax identification number

### Regular Premium payment details and Source of Funds

Who is paying the premium?

First Owner	Second Owner	First Owner and Second Owner	3rd Party
Direct Debit collection date	1st	7th	15th

If a billing date is not specified this will default to the 1st.

Account Holder name

IBAN (International Bank Account Number)

Is the payment from the Policy Owner(s) own bank account? Yes No

#### Third party payor details (If applicable)

**Please complete if third party payor is a person**

First Name

Surname

Gender M F

Is the payor a Republic of Ireland Resident? Yes No

Please note: Zurich is unable to accept applications from payors whose residency is outside of Ireland.

Eircode

Residential Address

Nationality Type of Address PO Box Care of Standard

If the answer above is 'PO Box' or 'Care of', please confirm reason

In between living arrangements Travelling Moving country  
Other (Please specify)

Relationship to the policy owner

Is the 3rd party payor (or have they been within the last 12 months), a PEP or an RCA of a PEP? Yes No

**Please complete if third party payor is a company**

Name

Country of Establishment

Eircode

Address

Country of Incorporation

#### Once off contribution details (If applicable)

Is this to be treated as a Single Premium Injection in this application? Yes No

If **No**, please provide the RS Code/structure for the single premium (office use only)

Is the investment choice for the single premium the same as the regular premium? Yes No

If **No**, please complete your single premium investment choice below.

### Your once off contribution Investment Options (If applicable)

1. Please specify in the table below the Funds in to which your **Single Contribution** is to be invested.






2. Please tick here if you would like **AutoInvest** to apply to your policy.

**Important Note:** Autoinvest may only be selected if your single premium is being invested in a separate contract. For more information on AutoInvest, please visit [Zurich.ie](http://Zurich.ie) or speak to your Financial Broker.

If you choose **AutoInvest**, over what period do you wish to invest?

6 Months **OR** 12 Months

You may choose to invest in a maximum of ten funds. If you wish to invest in a fund(s) that is not listed below, please use the 'Other Funds' box to detail your choice.

Fund Name	Single Contribution
Prisma 	%
Prisma 	%
Prisma 	%
Prisma 	%
Prisma 	%

**Other Funds** - please see the 'Fund Guide' on [zurich.ie](http://zurich.ie) for a full list of available funds.

%  
%  
%  
%  
%  
%

**Total**

**100%**

For single contributions, units are bought at the ruling price on a date not later than three working days following receipt of the single contribution and the completed application form.

**Note:** In addition to Zurich Life's normal Annual Management Charge (AMC) there is an extra AMC applicable on some funds. Please refer to individual fund factsheets on [zurich.ie](http://zurich.ie) for further information.

### Once off contribution and Source of Funds

Please confirm the payment method for the single premium contribution

Cheque

Bank Draft

Electronic Fund Transfer

Maturity of Funds

Other

If payment of single premium is from the maturity of an existing policy please confirm:

Life insurance  
company

Policy number

If payment of single premium is from Bank Draft/EFT please confirm:

Account Holder  
name

IBAN (International  
Bank Account Number)

Is the payment from the Policy Owner(s) bank account?

Yes

No

[Third party payor details \(If applicable\)](#)

**Please complete if third party payor is a person**

First Name

Surname

Gender

M

F

Eircode

Residential  
Address

Type of Address

PO Box

Care of

Standard

Is the payor a Republic of Ireland Resident?

Yes

No

[Please note:](#) Zurich is unable to accept applications from payor whose residency is outside of Ireland.

Nationality

Relationship to the policy owner

**Please complete if third party payor is a company**

Name

Eircode

Address

Country of  
Establishment

Country of  
Incorporation

**Note:**

Source of wealth is required in all instances.

**Source of wealth****First Owner****Where has the funding come from?**

Employment Income (including bonus)	€	gross per annum
Savings/Deposit		
Inheritance		
Property Sale		
Company Sale		
Investment Proceeds/ Retirement Lump sum		
Other	Please specify.	

Provide as much detail as possible in relation to Source of Wealth in the box below.

**Second Owner****Where has the funding come from?**

Employment Income (including bonus)	€	gross per annum
Savings/Deposit		
Inheritance		
Property Sale		
Company Sale		
Investment Proceeds/ Retirement Lump sum		
Other	Please specify.	

Provide as much detail as possible in relation to Source of Wealth in the box below.

**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. 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.

**Documentation Checklist**

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain information and documentation on our clients.\*

To facilitate this requirement, please tick the box to confirm you have attached the following documentation ready to upload:

Please provide a copy of Proof of Address (e.g utility bill), dated within 6 months and certified by your Financial Advisor\*\* for each Policy Owner/Third Party Payor.

Please provide a copy of evidence of identity in the form of photo ID (e.g Passport/Driving Licence), which is in date with a clear photo and certified by your Financial Advisor for each Policy Owner/Third Party Payor.

Please provide a copy of the document used to verify PPSN.

If required, please provide documentary evidence of Source of Wealth.

For equivalent requirement(s) for entities please contact Zurich Life.\*

Other information or documentation may be required in certain circumstances and Zurich Life will advise you of these requirements when the application is submitted.

**Note:** \*Zurich Life is required to obtain information and documentation on the following individuals, where applicable: Policy Owner, Third Party Payors, Beneficiaries and Beneficial Owners.

**Note:** \*\*Documentation may also be certified by Practising Chartered & Certified Public Accountants, Notaries Public/Practising Solicitors, Embassy/Consular Staff, Regulated Financial or Credit Institutions, or their equivalents in other jurisdictions – these documents should be signed, dated, with a contact number and marked "Original Sighted".

**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 January 2025 and may change in the future.

Intended for distribution within the Republic of Ireland.

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