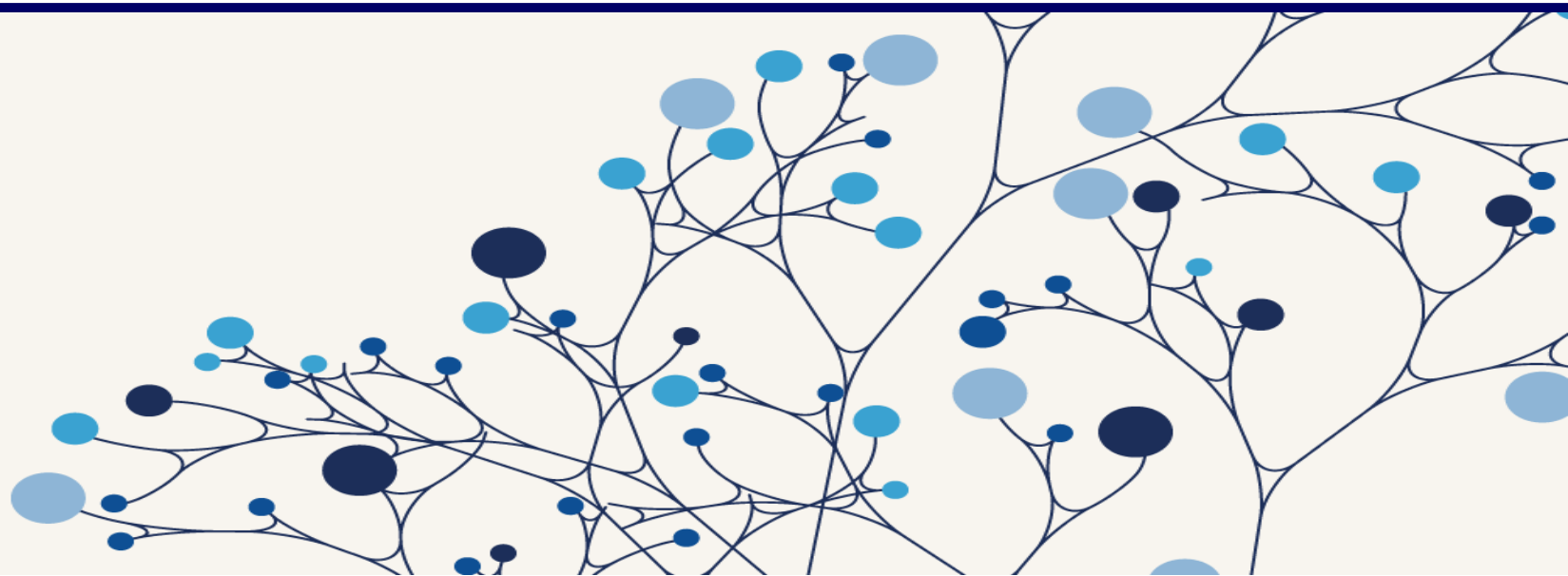
OnlineApply from Zurich

New ‘signature free’ Regular Savings plan



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Pg. 5 – Beginning the application

Pg. 12 – Contact details and their importance

Pg. 16 – AML

Pg. 18 – Declaration and approval

Pg. 21 – Checking the application Status

Pg. 24 – Client approval stage

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Before you begin our new online application – be sure you have these essential items to hand.

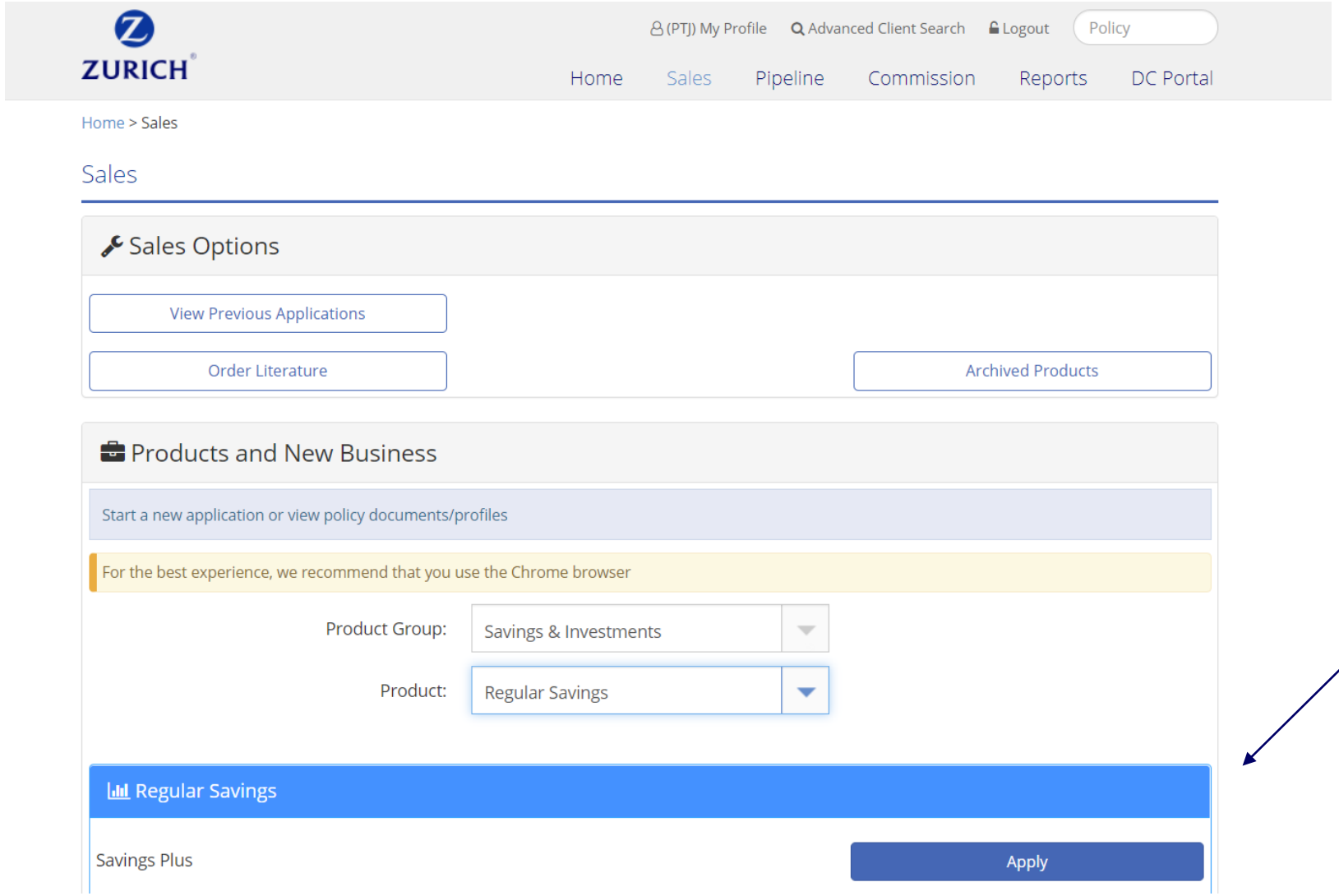
1. A completed ‘Data capture’ (available from our site) OR your client on hand/on the phone to answer the application form as you type.

2. The correct email address and mobile number for your client. These are essential as they are used to approve the application.

3. AML and Bank Details – Proof of PPSN/Certified Identification/Certified Utility bill dated within the last six months/IBAN

Important: For Child Savings, Corporate Saving or Single Premium only business, please refer to our standard offline application form.

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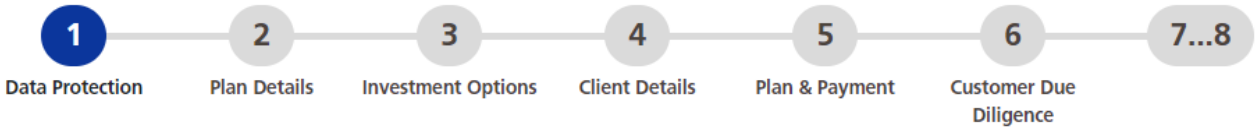


Login to our secure site and navigate to the sales tab.

Select regular savings.

And click Apply.

© Zurich



Data Protection Notice

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group. Zurich Life is the data controller for this contract under data protection legislation. Our Data Protection Notice ('Notice') for this product is detailed in the Savings Plus Application Form. The Notice applies to all persons approving the Savings Plus Application Form as policy owner. Please read the Notice carefully.

☐ **I/we (being the policy owner(s) and life insured(s) approving the Savings Plus Application Form) confirm that I/we have been provided with, and that we have read and understood, the Notice.**

Marketing Permissions

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

Next

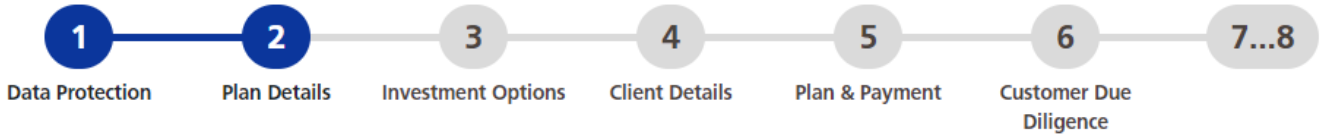
Next complete your clients preferences.

This step could be completed over the phone with your client

or

Simply complete our data capture form before starting the online application.

© Zurich



Plan Details

Policy Basis: Single / Joint

First Name: Test

Surname: McTesterson

Date of birth: 19/02/1983

Policy Start Date: 01/07/2020

Contribution Details

Regular contribution: 200

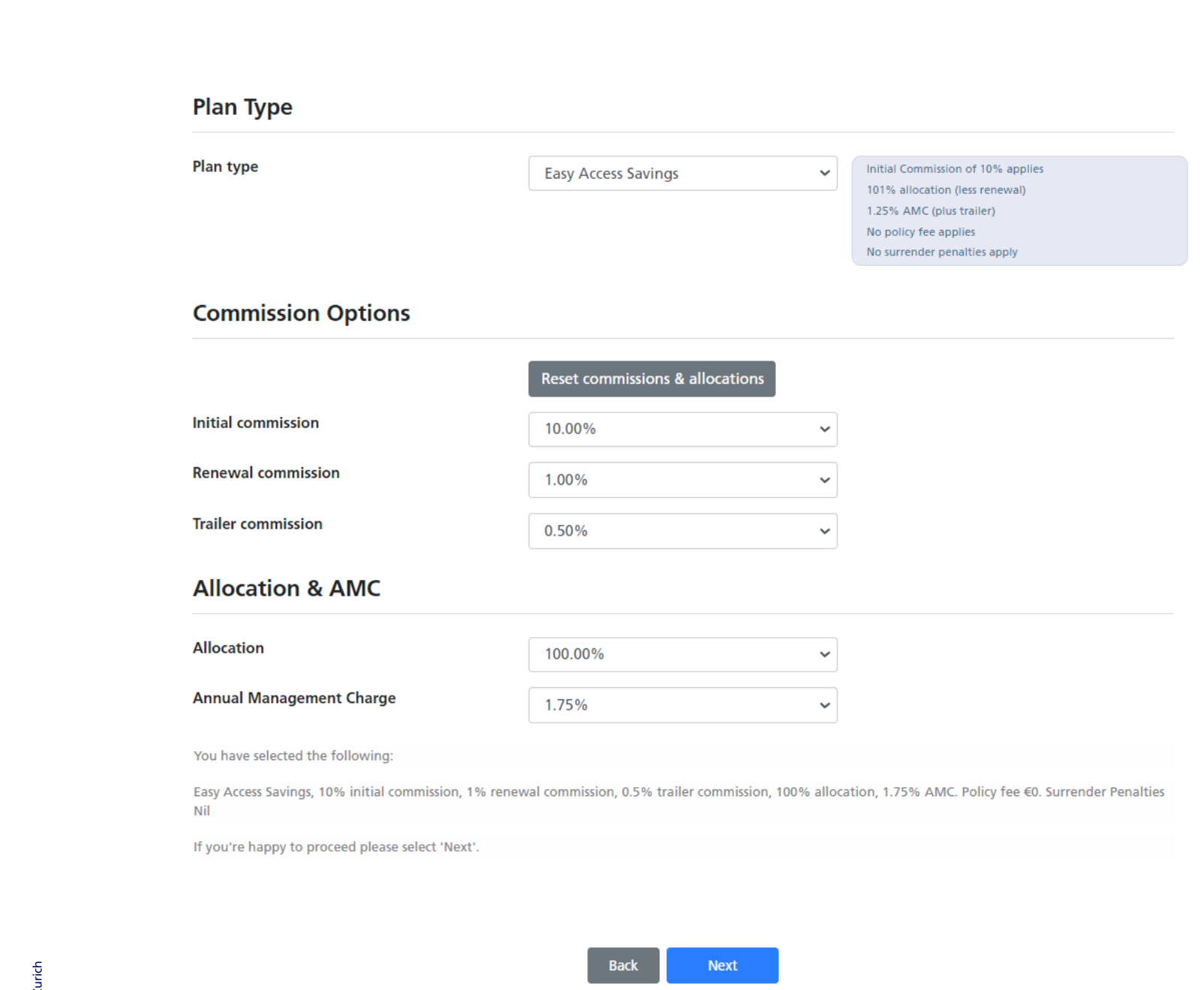
Payment frequency: Monthly

Method of payment: Direct Debit

Once off contribution: 10000

Complete your clients plan details and contributions details.

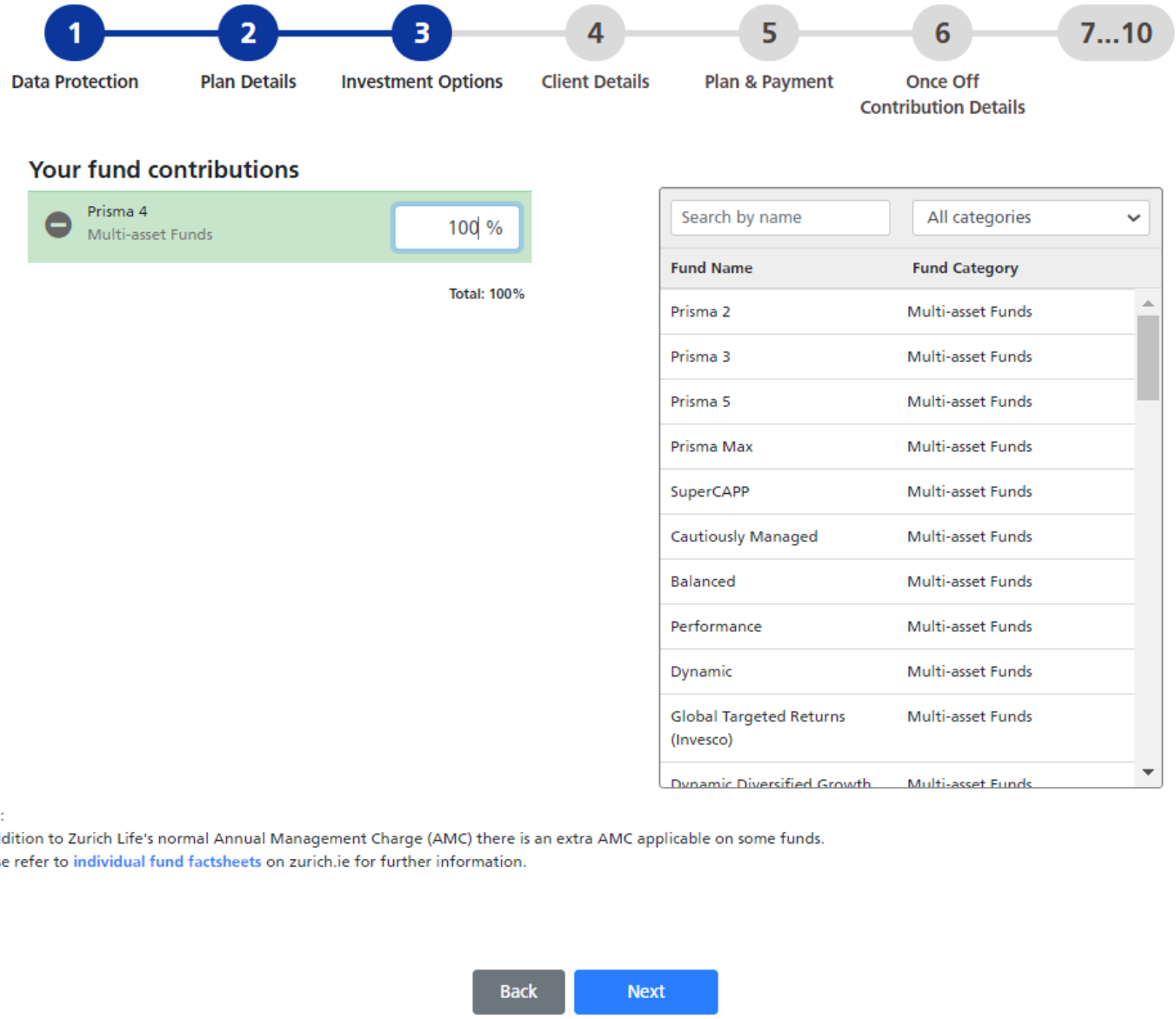
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Complete your preferred plan type. This will influence the commission options provided below.

For example if you select Easy Access, only Easy Access commission options will be available on the commission drop downs.

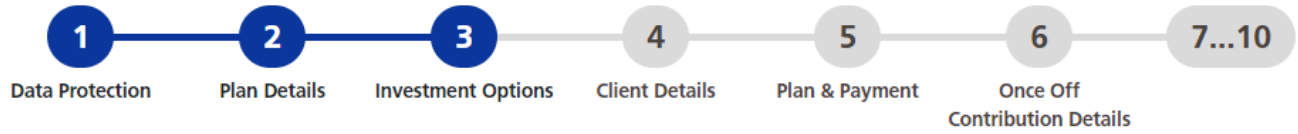
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Select your clients fund preference.

This investment option relates to the regular premium.

© Zurich



Consumer Disclosure

☑ I/We confirm that I/We have received the relevant Customer Guide, that the Customer Guide has been fully completed by my Financial Advisor and that my Financial Advisor has provided me with a signed statement of suitability. I/We have also received the relevant Key Information Document in the format that I/We requested it.

I/We confirm that I/We am applying for a Savings Plus plan. I/We agree that the information contained in this Application Form and submitted online by my Financial Advisor as part of my application for this policy shall be the basis of the contract of insurance, and I/We declare that the statements in this application form and in the application for this policy are true and complete (including any statements written down at my dictation). I/We agree to review my policy details and to notify my Financial Advisor if I/We become aware of any inconsistencies between the information provided by my Financial Advisor and my Policy details.

Replacements

Are you replacing an existing policy, in whole or in part? — Not a Replacement

Policy Ownership

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 your are taking out the policy

Or their relationship or connection to you

Let us know that the client agrees to the customer disclosure.

Advise whether the policy is a replacement and who the owner is on the policy.

© Zurich

Policy Sales

Was this policy sold, signed or completed outside Ireland?

○ Yes ◉ No

Trust

Is this application to be set up in Trust?

○ Yes ◉ No

Web Access

You can look up details of your policy (including a daily updated value) online at the client centre on www.zurich.ie

Do you wish to register for the Client Centre?

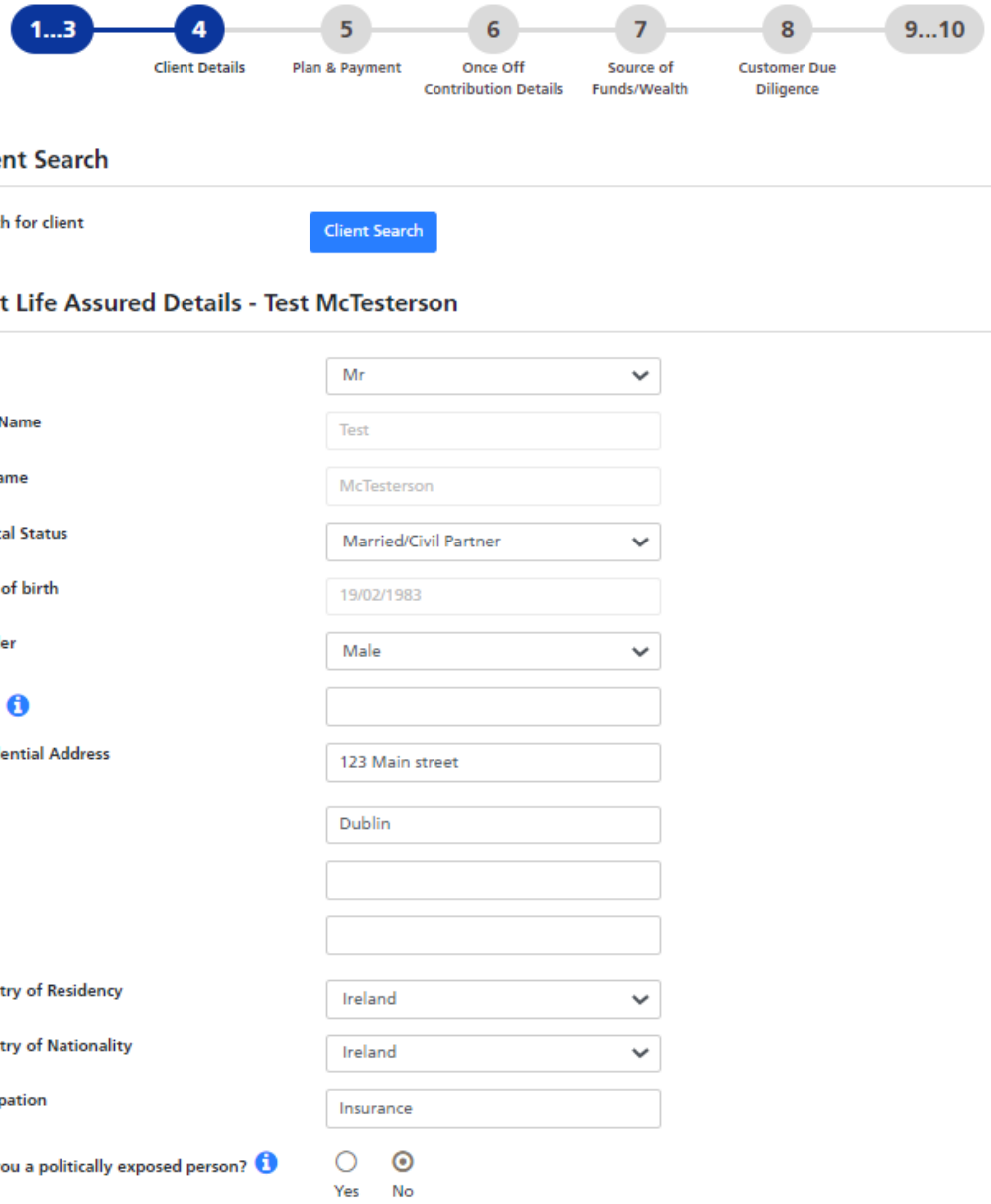
◉ Yes ○ No

Back Next

Let us know your client's preferences.

Important – If the policy is to be placed in trust, please complete our standard trust form and send this to your service team.

© Zurich



Note: If the client is already a Zurich client you could locate them in the client search facility.

Please ensure the PPSN is entered correctly.

© Zurich

Contact Details

Telephone

Mobile: 0871236549

Web

Email Address: ⚠ Please enter a valid email address — example@example.com

Validate Email Address: ⚠ Please enter a valid email address — example@example.com

Certificate of Tax Status

Are you a United States Citizen? ○ Yes ◉ No

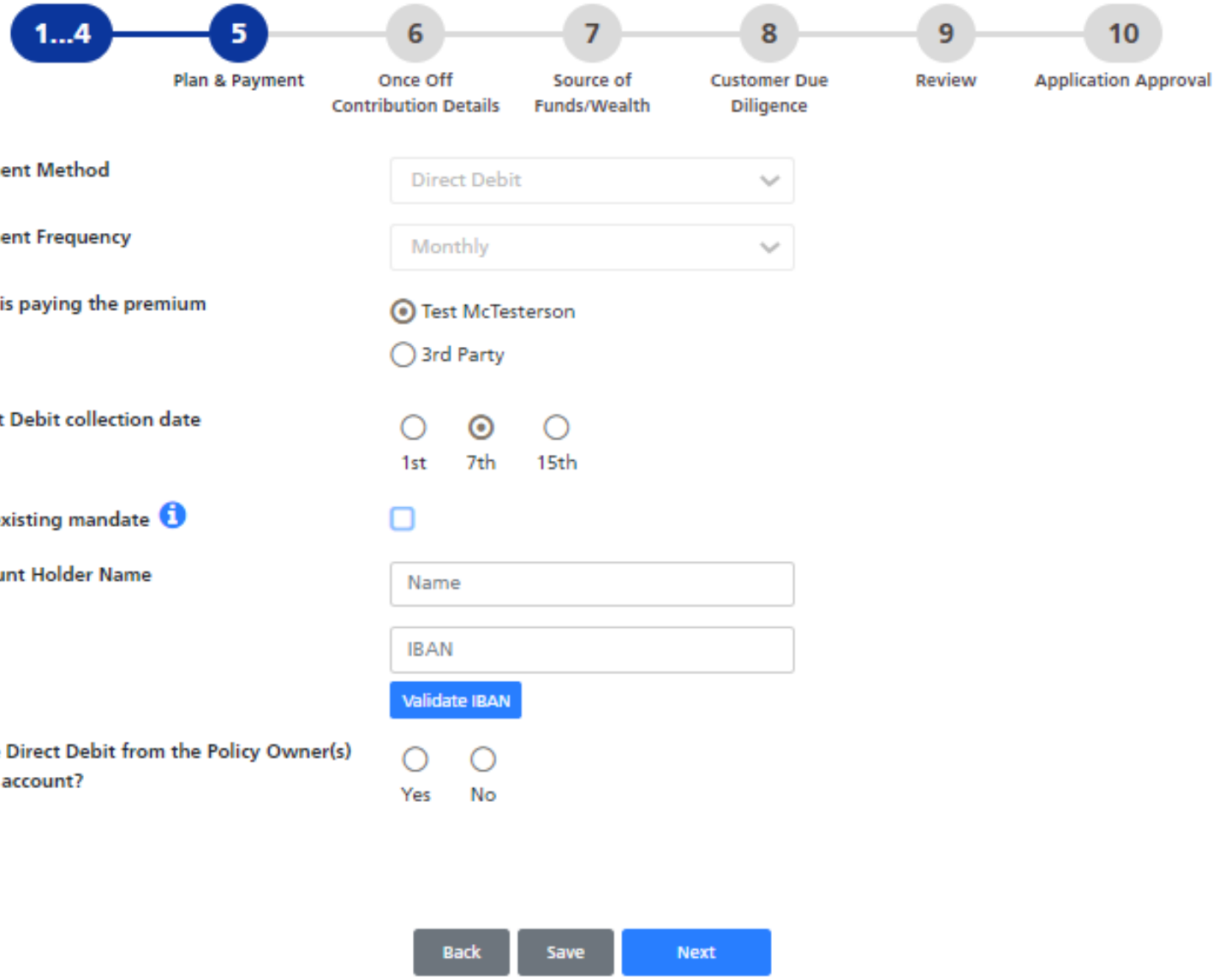
Are you a tax resident anywhere other than the Republic of Ireland? ○ Yes ◉ No

Back | Save | Next

Please ensure both email address and contact number are transcribed correctly.

Correct contact details are very important as these will be used at the client approval stage.

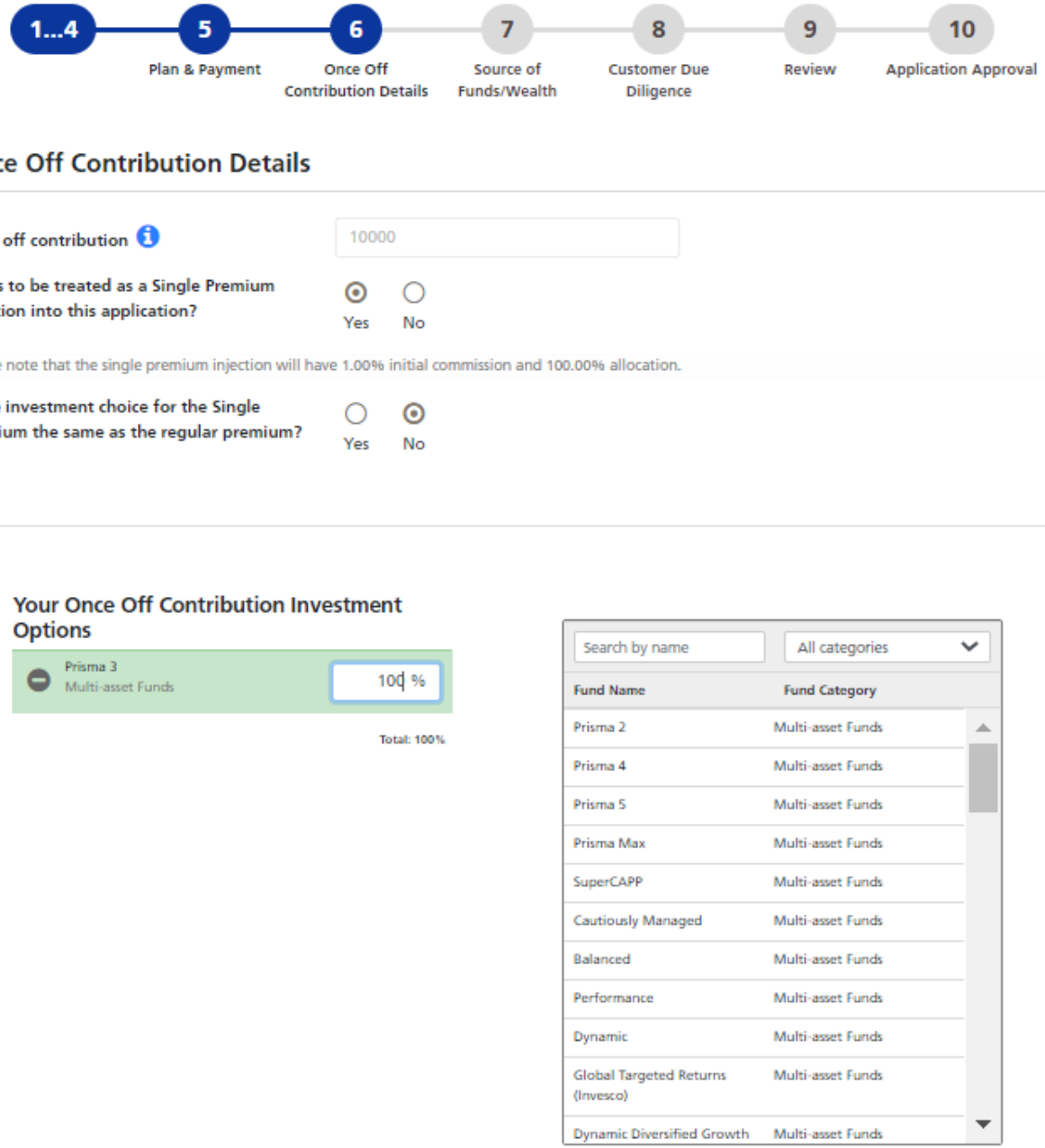
© Zurich



Some further details to be input regarding the regular premium.

If the client already has an existing Zurich policy you may be able to use a mandate we already have on file.

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If the single premium should be applied under the same structure you chose earlier, select 'Yes'. If it should be issued under a different structure, please provide the details.

If the single premium should be invested in the same fund as the regular premium you chose earlier, select 'Yes'. If it should be invested in a different fund select 'No' and let us know the investment choice.

© Zurich



Source of Funds - Once Off Contribution

Please confirm the payment method for the single premium contribution: Electronic Fund Transfer

Account Holder Name: Name

IBAN: IBAN

Validate IBAN

Please use reference 12345678 on your EFT request for faster processing

Is the payment from the policy owners own bank account? Yes / No

Source of Wealth

First Owner - Test McTesterson

Where has the funding come from (select all that apply):

- [ ] Salary (including bonus) per annum
- [x] Regular Savings
- [ ] Inheritance
- [ ] Property Sale
- [ ] Early Retirement/Redundancy
- [ ] Investment Proceeds
- [ ] Other

Let us know how the premium will be paid.

If the payment is being sent by EFT ensure the client uses the policy number mentioned here in the transfer reference.

© Zurich



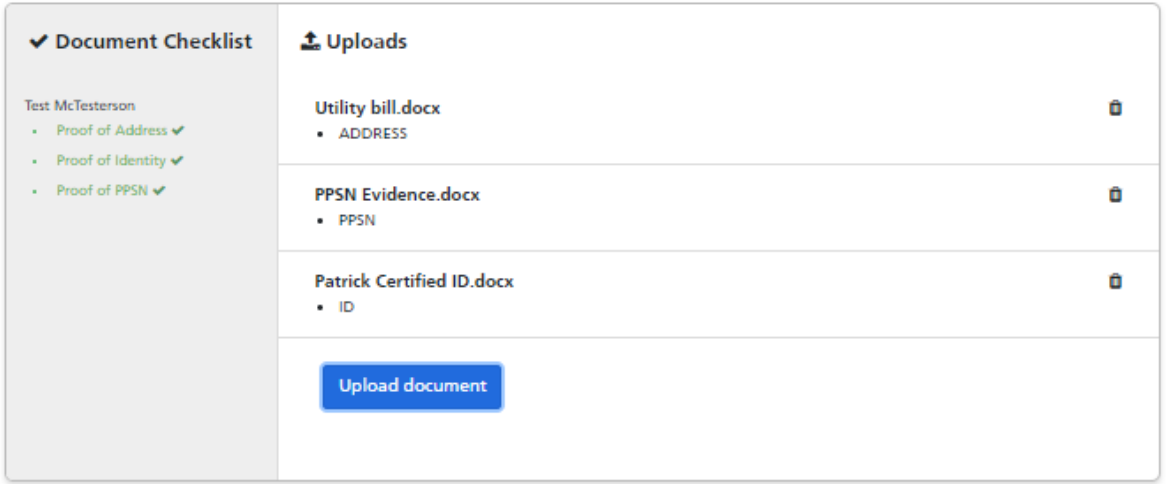
Upload Customer Documentation

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010, 2013 and 2018, 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:

- Please provide a copy of Proof of Address (Utility Bill or Bank Statement), dated within six months and certified by your Financial Advisor for each Policy Owner.
- Please provide a copy of evidence of identity in the form of photo ID (Passport or Driving Licence), which is in date with a clear photo and certified by your Financial Advisor for each Policy Owner.
- Please provide a copy of PPSN (e.g. letter from revenue) for each Policy Owner.

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

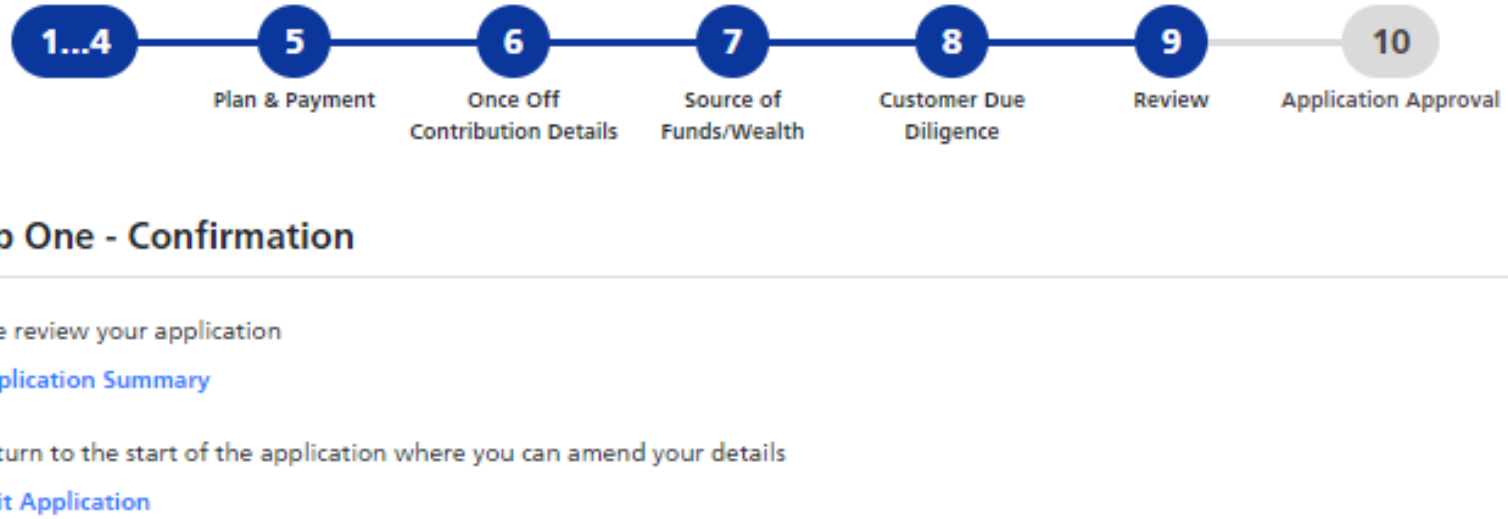




AML – Upload

- Proof of PPSN
- Certified evidence of identification
- Certified Utility bill dated within the last six months.

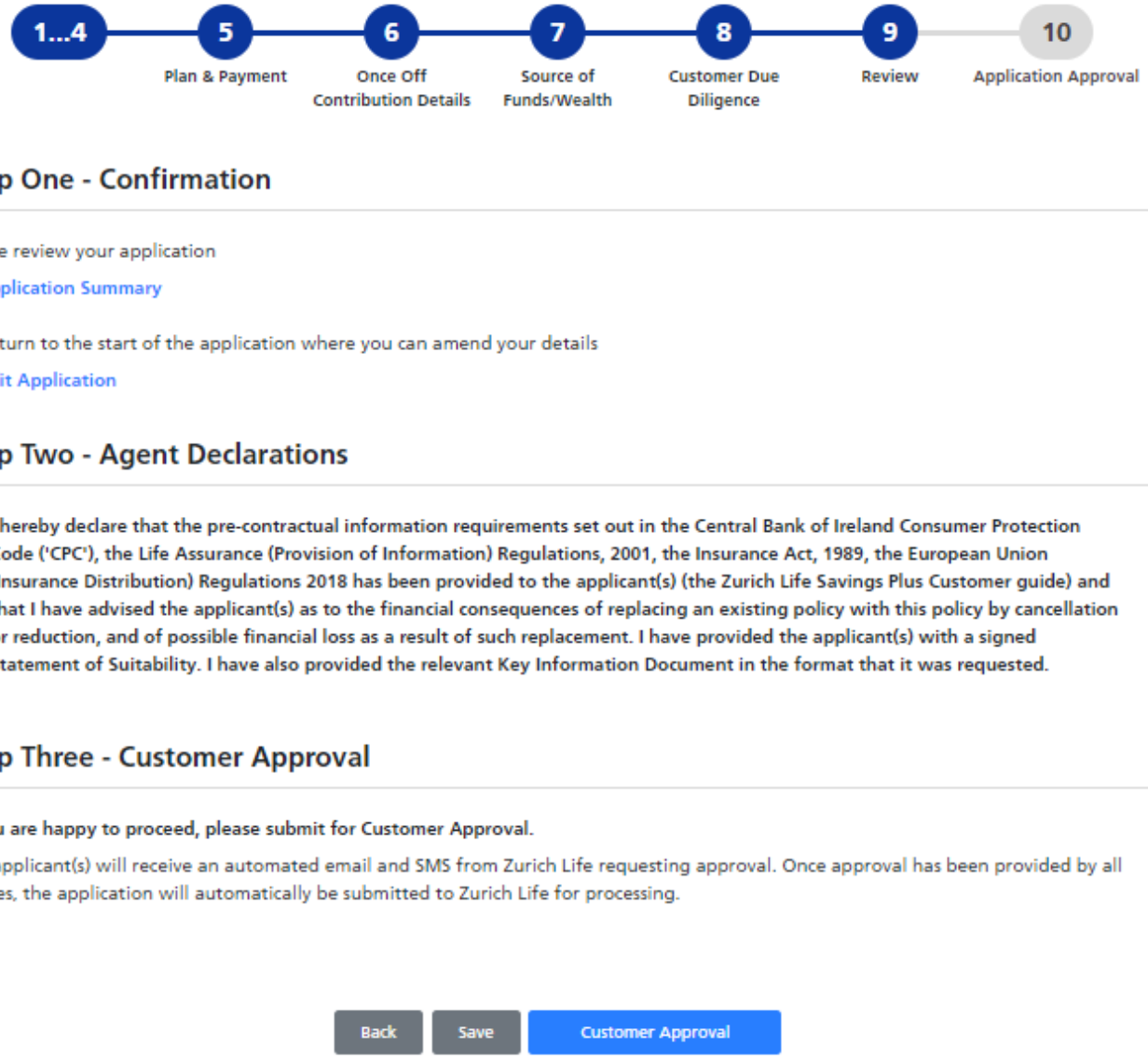
© Zurich



Here you can download a summary of the details you've entered. This is the summary which your client will receive to approve.

If you spot any issues, you can edit the form here.

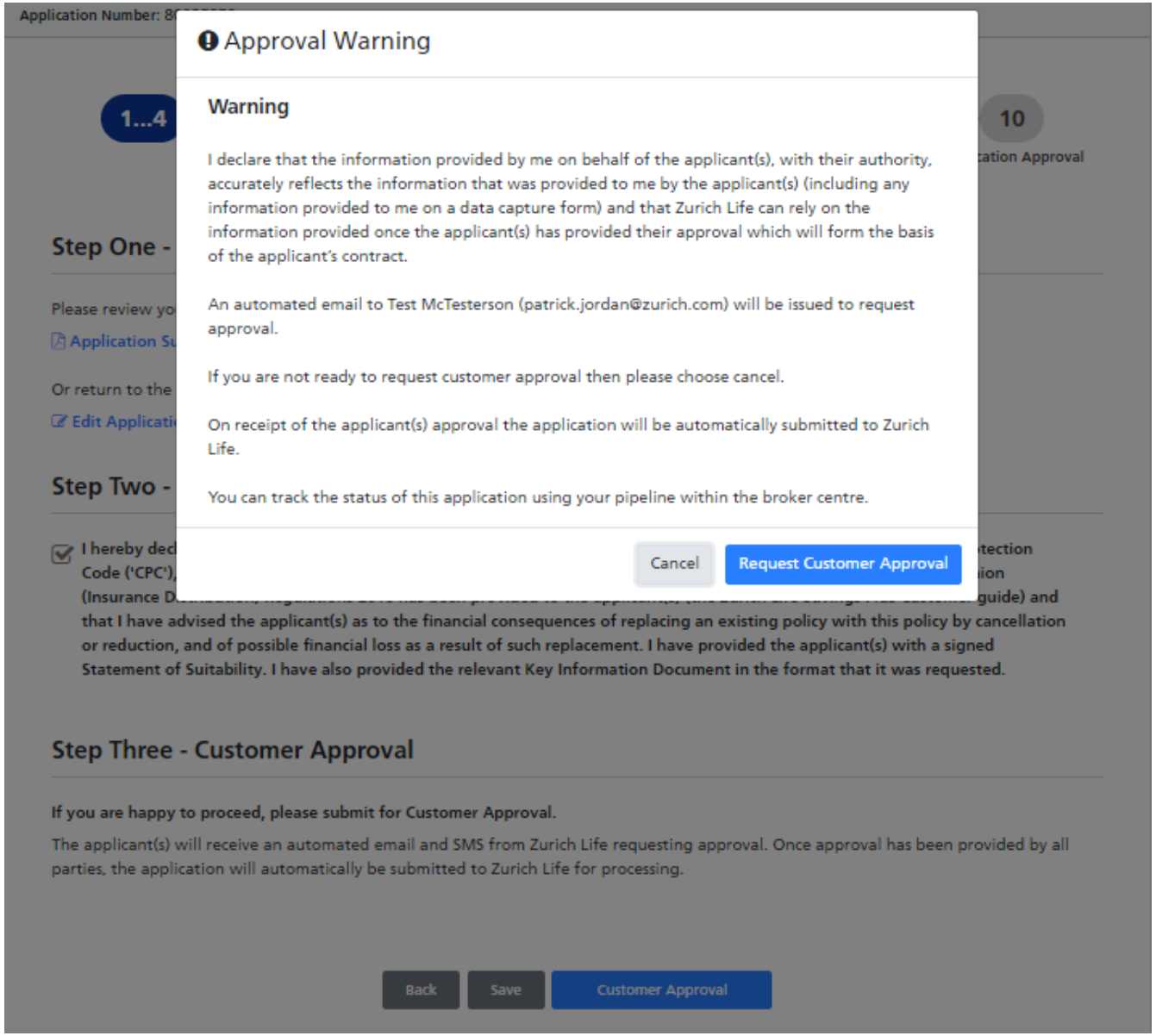
© Zurich



Next you will need to accept the agent declaration. This is the equivalent of you signing the application form.

Finally you will send the application to your client to review and approve.

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This is the final step before the client receives the email.

This is a final safety net to ensure all personal and contact details are correct.

Once you click 'request customer approval', the email is automatically issued.

© Zurich



Approval Requested

Your reference number is 12345678

The application will be processed by Zurich once approval has been received.

Approval has been requested from the applicant(s) using the email address and mobile phone number provided. Once approval has been received the application will be submitted to Zurich automatically.

You can monitor the status of this application using the search function in the broker centre.

Documentation

It is a good idea to print the documentation you require now. The only way to access this after leaving the screen will be through the 'search' facility.

Application Summary (PDF)

Customer Guide

Policy Document

Key Information Document

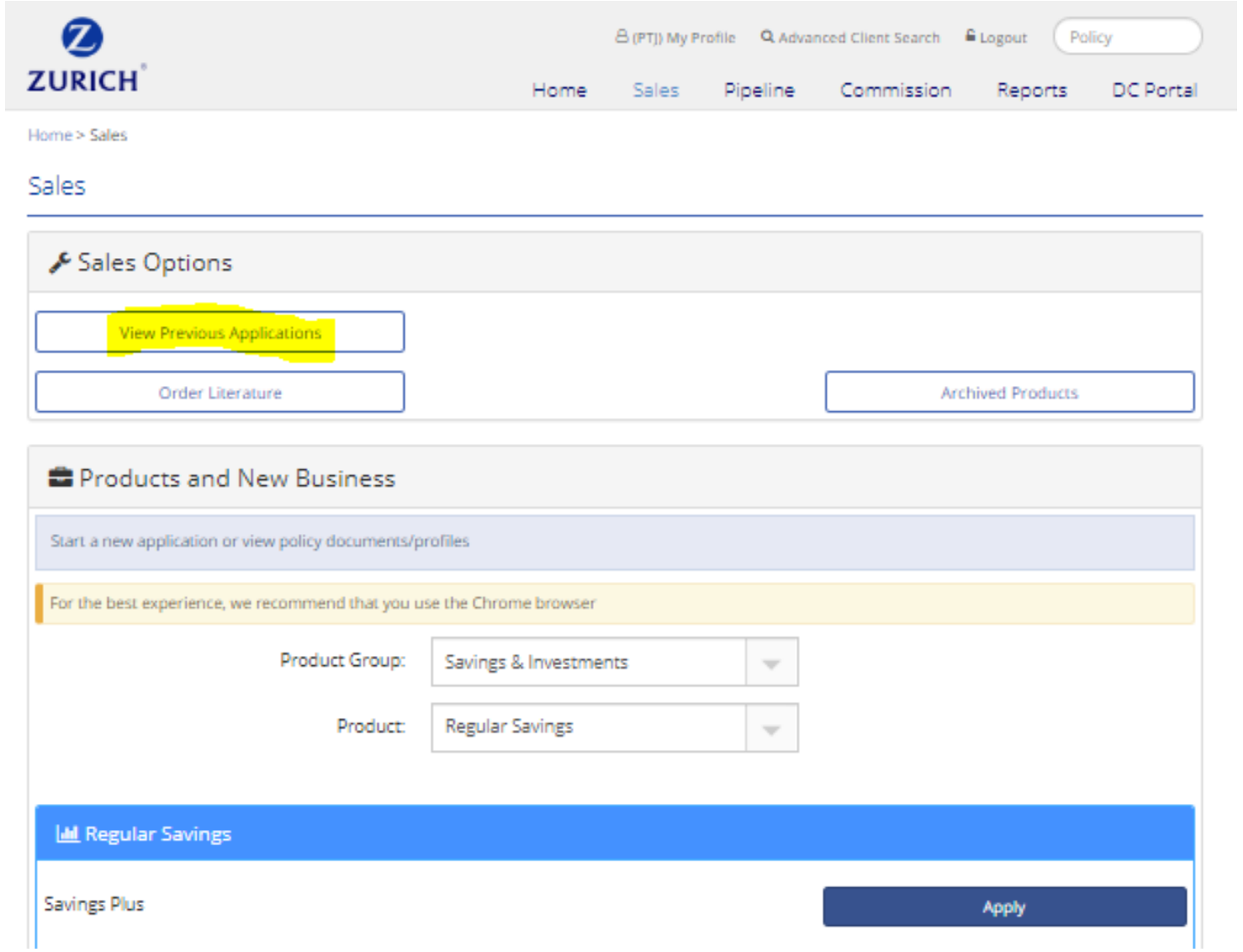
Any additional requirements will be detailed on our website shortly after submission. On receipt of these (if any) we will issue your policy documentation.

Close

The approval request has now been issued to the client.

The application summary and other sales documents can be downloaded directly from this screen if required.

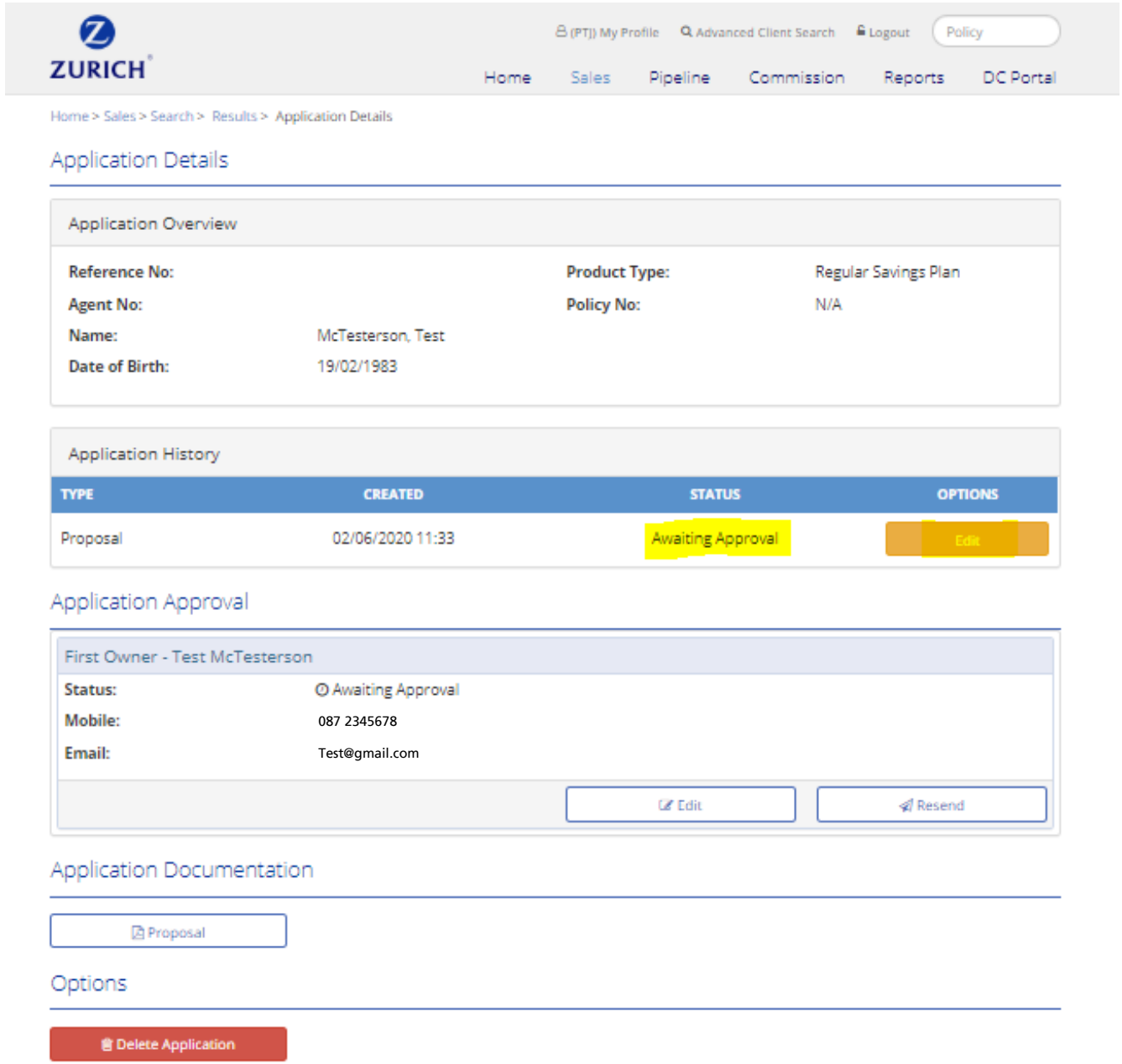
© Zurich



To view the applications approval status, click ‘view previous applications’

And search for your application.

© Zurich

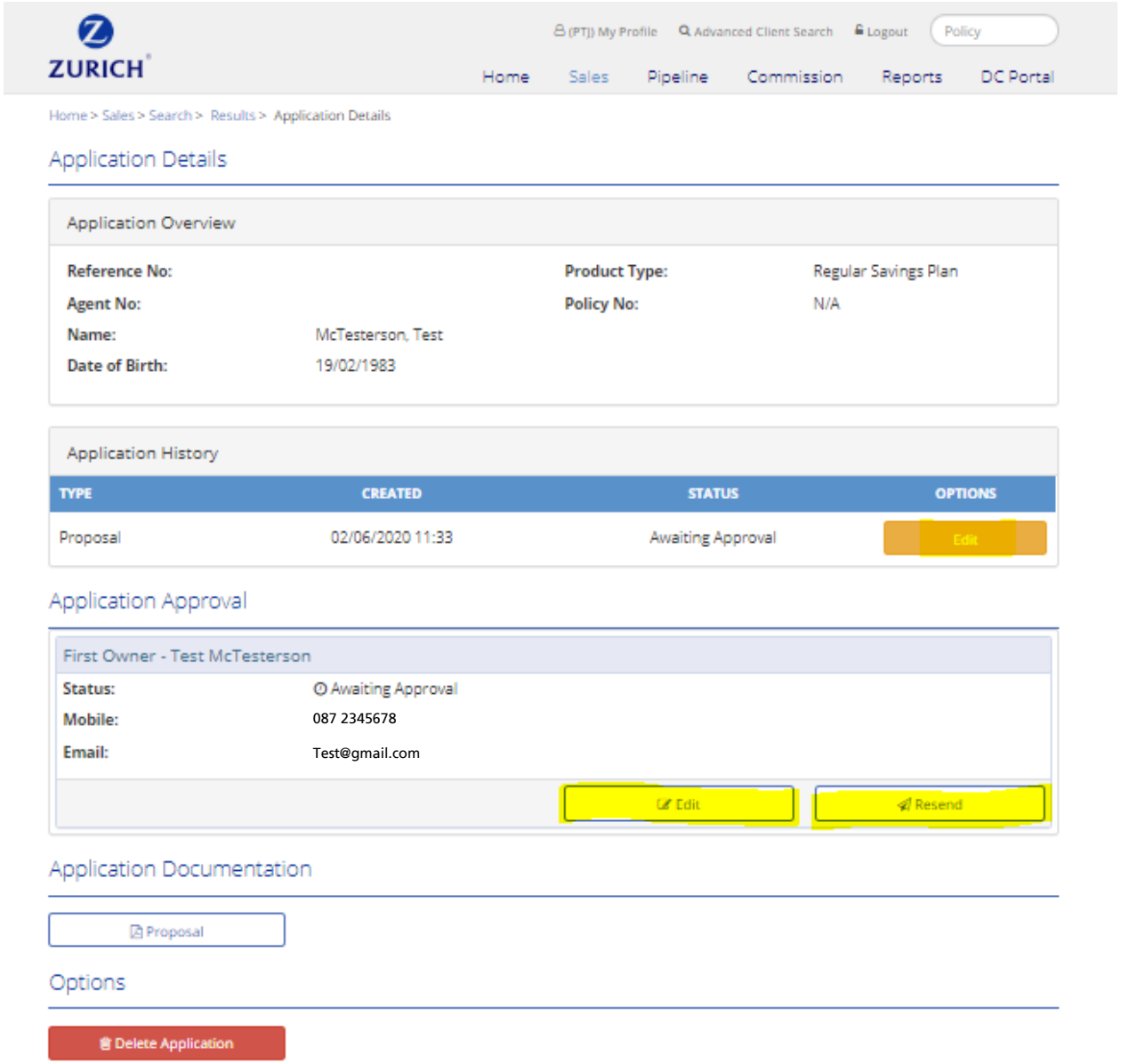


ZURICH

Here you'll see this sample is awaiting approval from the client.

You can edit the application here, bare in mind once you do edit the application, the previous application sent for approval becomes invalid.

© Zurich



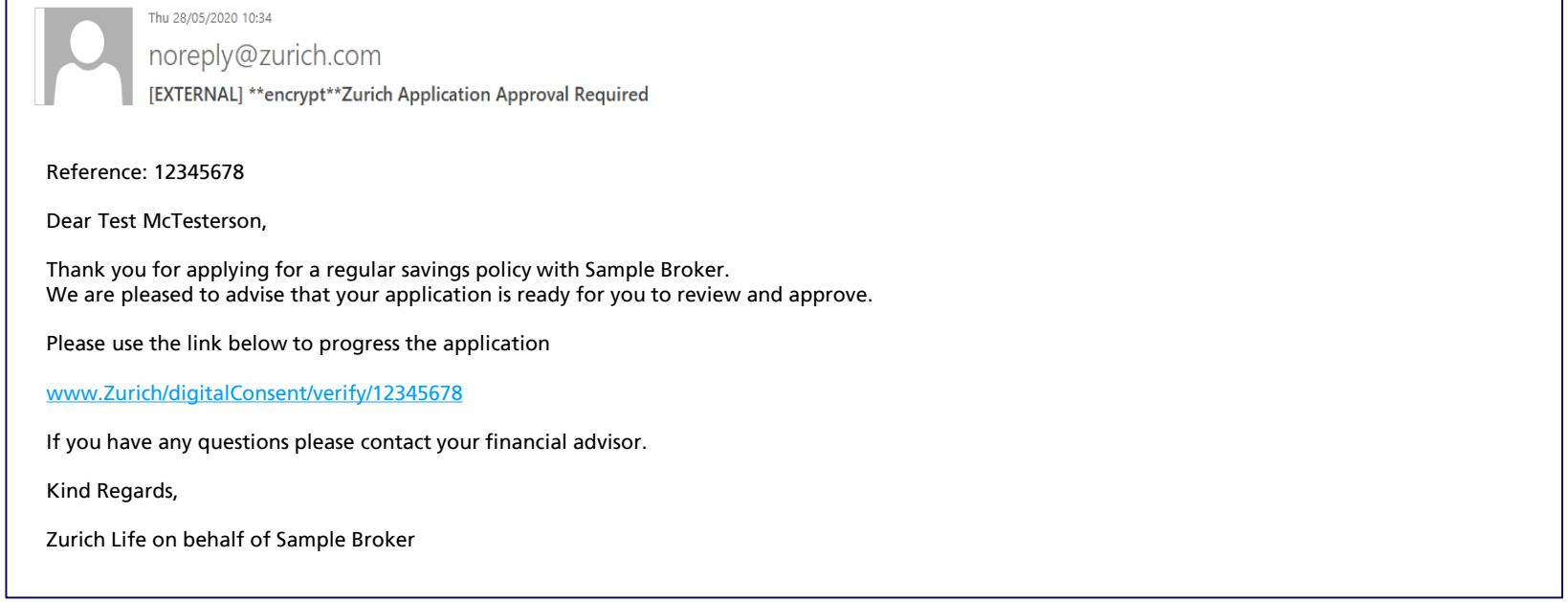
If you typed the email incorrectly, you can edit it here

If the client simply did not receive the approval email you can resend it here.

© Zurich

Here is a sample of the email your client will receive.

They'll simply need to click the link to view and approve the application in their browser.



Thu 28/05/2020 10:34

noreply@zurich.com

[EXTERNAL] **encrypt**Zurich Application Approval Required

Reference: 12345678

Dear Test McTesterson,

Thank you for applying for a regular savings policy with Sample Broker.
We are pleased to advise that your application is ready for you to review and approve.

Please use the link below to progress the application

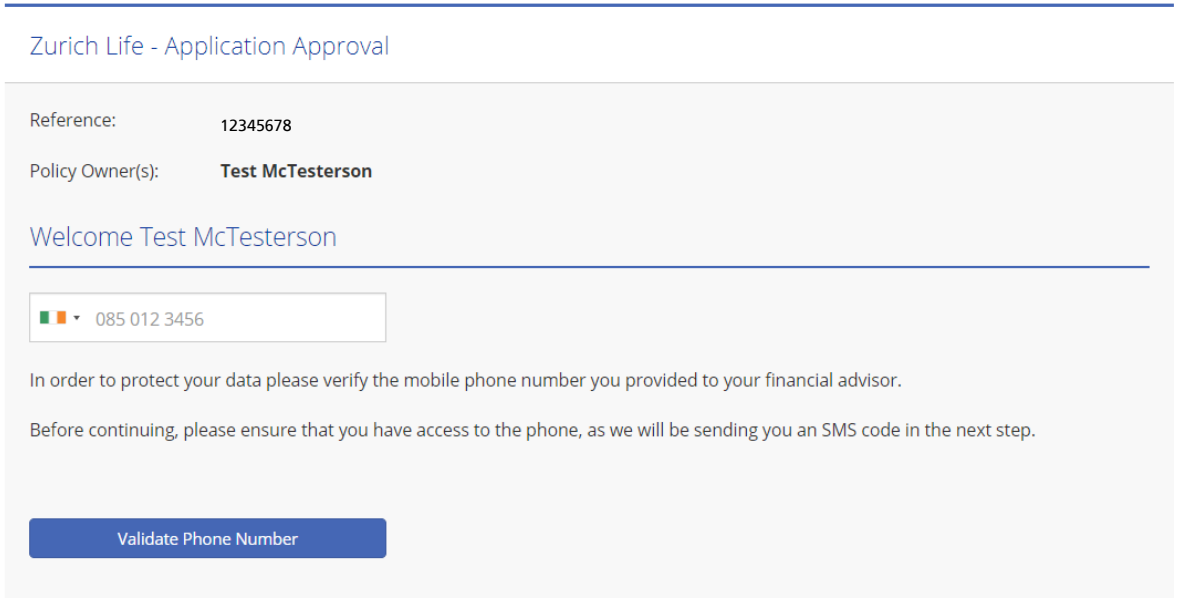
www.Zurich/digitalConsent/verify/12345678

If you have any questions please contact your financial advisor.

Kind Regards,

Zurich Life on behalf of Sample Broker

© Zurich

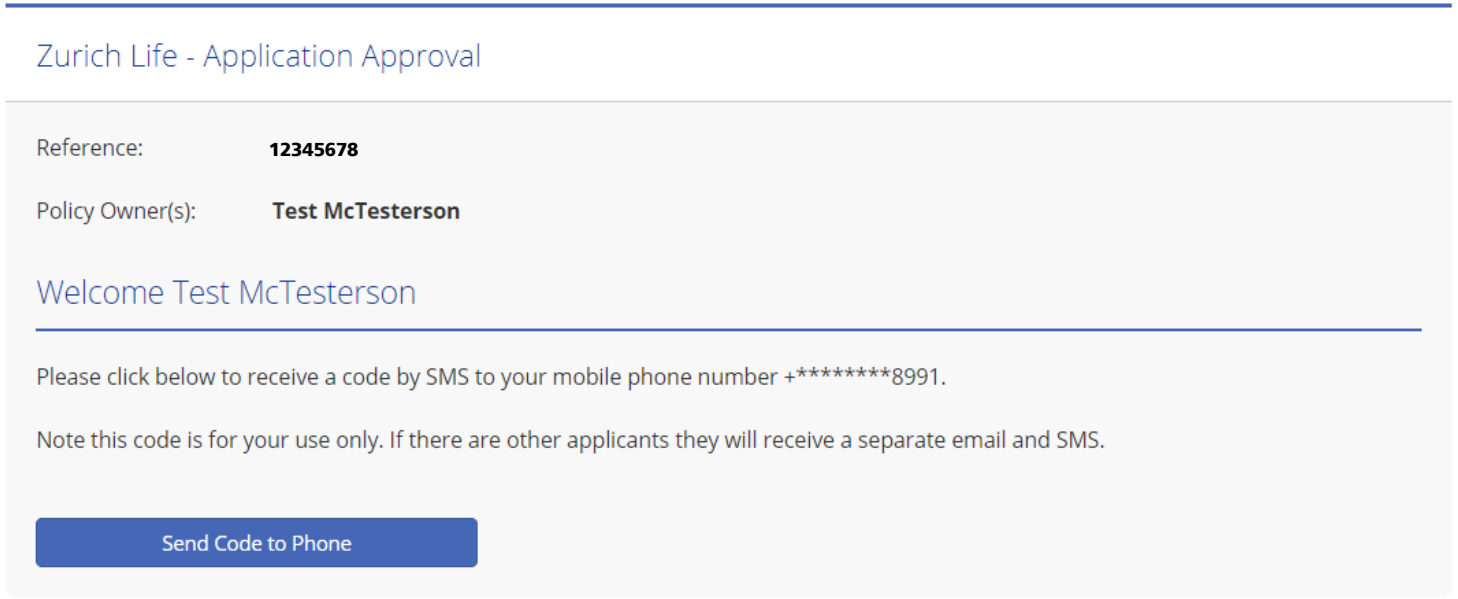


The link will open to a page similar to this.

They need to enter their phone number (the same number you provided during the application).

And click to Validate their number.

© Zurich



Sample Text



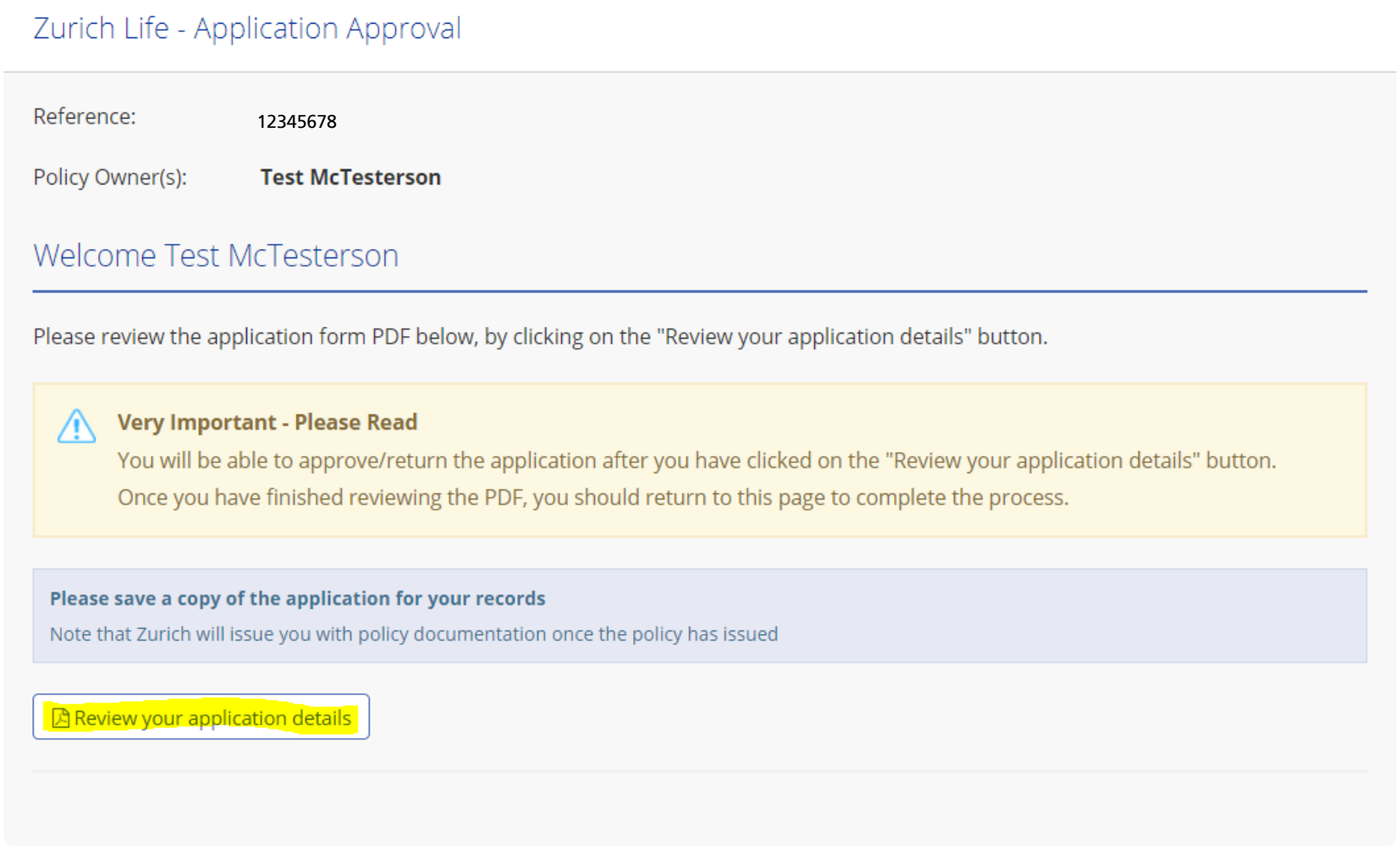
Next they need to click

'Send code to phone'

This will send a 6 digit code to their mobile via text message.

Note: Once they receive the code, the client will have ten minutes to input the code.

© Zurich



They now enter their unique code.

And click ‘Review your application form’.

© Zurich

Application Form

ZURICH

Regular Savings Plan

For Application Approval

Note to Financial Advisor

As you are submitting online, we do not need to receive the data capture form and it should NOT be sent to Zurich Life as we will process the application based on the details you provide online.

In submitting an application online, you declare that the information provided online on behalf of the applicant(s), is provided with their authority and accurately reflects the information that was provided to you by the applicant(s) (including any information provided to you on a data capture form) and that Zurich Life can rely on the information provided once the applicant(s) has provided their approval which will form the basis of the applicant's contract.

If you are not submitting online then the paper application form should be used.

Note to Customers

As your application is being submitted by your Financial Advisor online, information provided by you to your Financial Advisor will be submitted to Zurich Life in this online application form completed by your Financial Advisor on your behalf. Please note that this information will be relied upon by Zurich Life and shall form the basis of your contract. If your application is submitted online, any data capture form you may have completed for your Financial Advisor to enable your Financial Advisor to complete your application online will not be submitted to Zurich Life.

It is important that you review your policy documents (including your policy certificate) when you receive them and notify your Financial Advisor and / or Zurich Life without delay if any information in your policy documents (including your investment strategy / fund choice) is inaccurate or incomplete or is inconsistent with information provided to your Financial Advisor.

Plan Summary

Savings Plus

Policy Owner(s) / Life (Lives) Insured Details *

** Life (Lives) Insured must be the same as the policy owner(s).*

Name	Mr Test McTesterson
Marital Status	Married/Civil Partner
Date of Birth	19/02/1983
Gender	Male
PPSN	12345678

Note: A copy of the document used to verify the number must be attached. Proof of PPSN is required for policies in all cases.

Residential Address	123 Main street Dublin
Country of Residence	Ireland
Country of Nationality	Ireland
Occupation	Insurance
Are you a Politically Exposed Person	☐ Yes ☑ No

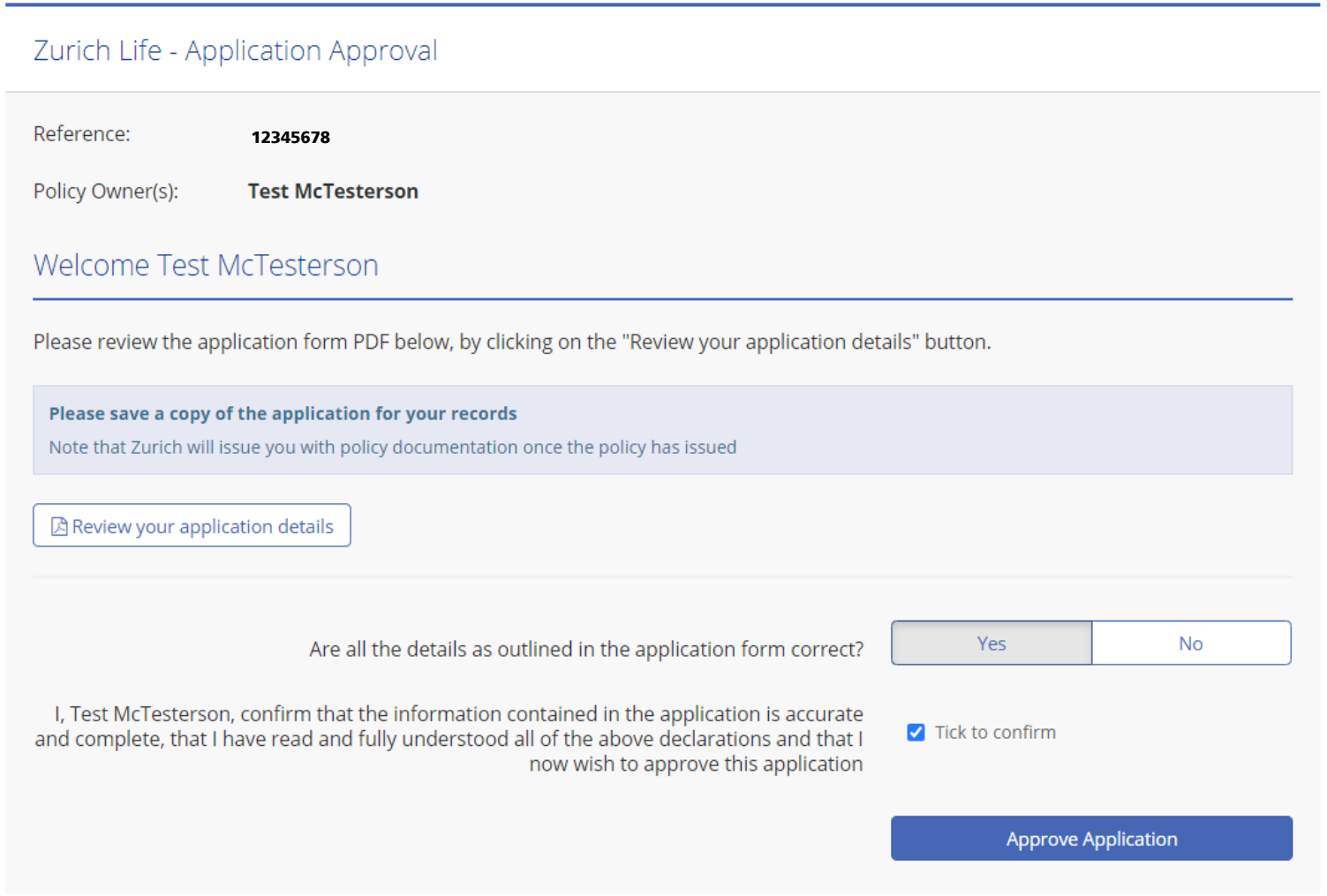
ZURICH

The application form will include all the details you entered and look like this sample extract.

If they spot any issues, they should contact you at this stage to review and edit the application.

It will need to be resent for approval.

© Zurich



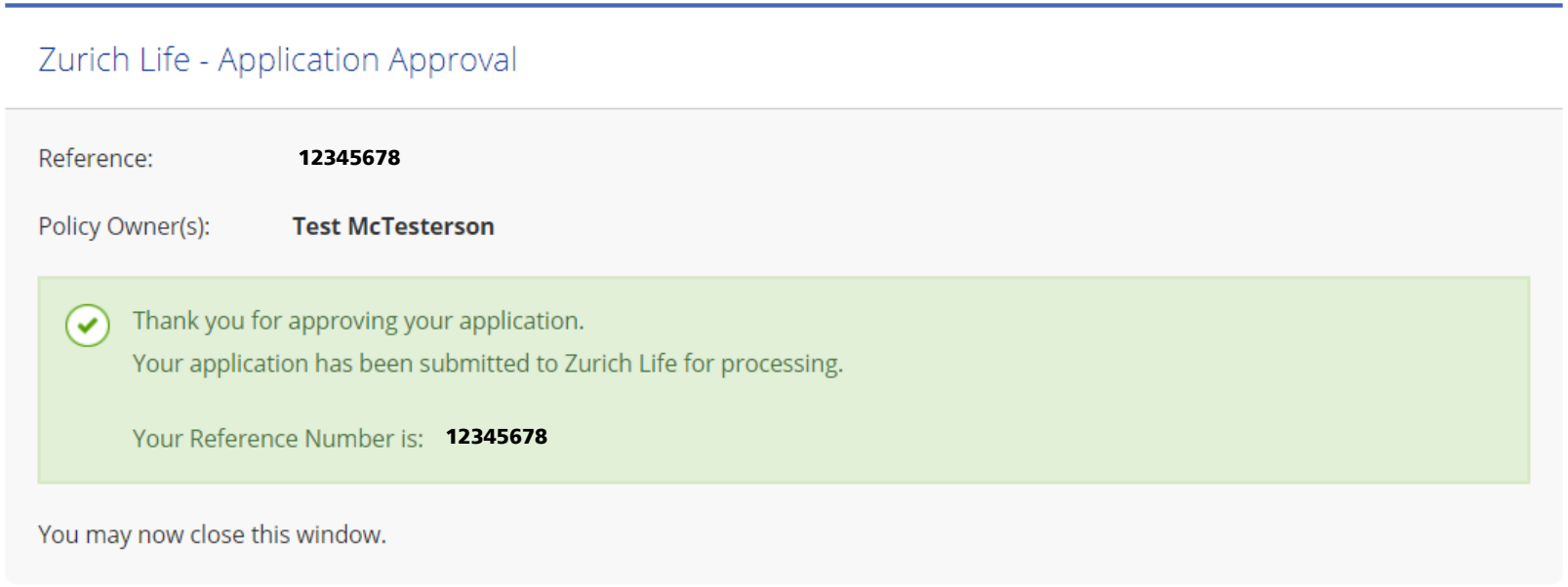
Alternatively if they are happy with the application they need to :

1. Accept that ‘Yes’ all details are correct.

2. Tick to confirm.

3. Approve the application.

© Zurich



The application has now been sent to Zurich to process.

© Zurich

Thank you

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

© Zurich