Broker Centre Access Form



Company Name:	
Company Address:	

- Sales & Underwriting Centres
- Commission Details
- Regular News Updates

Please fully complete the table below with details of staff requiring web access to the Broker Centre. Please use a separate sheet if necessary.

First Name	Surname	Position in Company	Level of Access 1 or 2*	List all agent codes to which web user should have access to PLEASE NOTE INDIVIDUALS WILL ONLY BE GRANTED ACCESS TO VIEW THE CODES LISTED HERE. If access is to view all agent codes, simply write ALL	Individual's email address (MANDATORY)

^{*} See overleaf for details

Authorisation

I authorise Zurich Life to give the above named staff access to view the above agent codes on the Broker Centre in accordance with the levels of access outlined above.

Signed by Principal of Agency:

Print Name:

X	

Date:

Please return the completed and signed form to your Broker Consultant or agencyadmin@zurich.com and we will have you set up in no time!

Note: In lieu of a signature, we will accept this form unsigned if it has been received from the Principal of the Agency's email address.

Access Details

LEVEL 1

Access all information

i.e. all policy, client and commission details relating to the agent codes listed overleaf, within your agency.

OR

LEVEL 2

Access all information <u>except</u> the commission related screens i.e. all policy and client details relating to the agent codes listed overleaf, within your agency.

Broker Centre @www.zurichbroker.ie

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Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, 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.

