The Zurich Master Trust

The Zurich Master Trust is designed for Defined Contribution pension benefits. For Group Life benefits, a separate Group Life scheme should be established. Throughout this Application Form, Zurich Life Assurance plc shall be referred to as "Zurich Life".

Note: Please complete in BLOCK CAPITALS.

Section Intermediary Name

Section Financial Advisor Name

Section Intermediary Number

Section means the notional section of The Zurich Master Trust in which your employees will be administered. **Please note that The Zurich Master Trust remains, at all times, a single occupational pension scheme, with a single operative fund containing all personal accounts of members.**

A Principal Employer

Note: The Registered Address\Principal Place of Business will be recorded on the Participation Agreement (PA).

Note: To participate in The Zurich Master Trust, the Principal Employer, and any associated Participating Employers, must sign a Participation Agreement with Zurich Life and the Trustee. The Employer Name, CRO number, and Registered Address must exactly match the details held on the CRO. If any discrepancies arise, we will use the information recorded on the CRO as the official source.

Full Name of Principal Employer

Enter the legal name exactly as it appears on the **Companies Registration Office (CRO) Register. This will be used as the Section Name.**

Irish Company Registration Number (If applicable)

Employer type

Examples: Irish company, external/foreign company, partnership, unincorporated association, credit union, trade union etc.

Registered Address (as per CRO)

OR

Principal Place of Business if not a company

Contact Address

Tax Reference Number

Tax District

Country of Incorporation

OR

Main Location of Principal Employer

Continued overleaf

Eligibility Note: Participation in The Zurich Master Trust is subject to employer eligibility requirements. For example, Irish companies and certain foreign companies registered with the CRO may be eligible, whereas UK employers and employers with no legal presence in Ireland may not be eligible to participate. Please contact your Financial Advisor if you are unsure whether your organisation meets the eligibility requirements.

Note: The Zurich Master Trust is not approved by the Pensions Authority for cross-border activity, as defined in section 148 of the Pensions Act, and membership of The Zurich Master Trust is therefore restricted to employees whose relationship with the employer is governed by the social, payroll tax and labour laws of Ireland. Where the employment relationship is no longer subject to those laws, the employer should contact Zurich Life immediately.

Note: This person will be given Employer online access and will be the point of contact for member information requests. This person may also be the point of contact for the circulation of Data Privacy Notices to new members, if required.

Foreign Company Registration Number
(If applicable)

(If not registered in Ireland, please provide your registration number in your home country.)

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

Nature of Business

Contact your Financial Advisor if the company has Prominent Public Positions (e.g. politicians or senior government officials) or operates in the Oil & Gas, Mining, Tobacco, Gambling or Nuclear sectors.

Authorised Contacts for signing the Participation Agreement

Please note **two names**, **emails** and **mobile numbers** are required for the **Principal Employer**.

1. Name		2. Name	
1. Email address		2. Email address	
1. Mobile No.		2. Mobile No.	

Principal Employer Contact Details

Contact name in Principal Employer for this Section

Email address

Contact number

Are there **Additional Participating Employers?**
If yes, please complete Section J to record their details.

○ Yes ○ No

Number of **Additional Participating Employers**

B Section Details

Section Commencement Date: 0 1 / / 01/MM/YYYY

Section Renewal Date: 0 1 / 01/MM

This is the date on which the employer will submit member data each year, and the date that Zurich Life will produce annual pension benefit statements. It is typically the annual date on which salaries are reviewed/changed.
Renewal data can be easily updated via the DC Portal (see Section G for access details).

C Membership Details

The below membership details apply to all members in the Section.

Note: Auto-enrolment (AE) contributions are assessed on gross salary. The Zurich Master Trust calculates contributions as a percentage of an employee's basic salary. Employers must ensure that these contributions are sufficient when assessed against gross salary, otherwise they may not meet AE exemption requirements.

Normal Retirement Date (NRD)

- ○ 65th birthday
- ○ 66th birthday
- ○ Other

Please specify. Must be a specified birthday no earlier than 60th birthday and later than 70th birthday.

Eligibility (See Appendix A - Part 1)

- ○ Compulsory
- ○ Voluntary (Employee)

Vesting (See Appendix A - Part 2)

- ○ Statutory Vesting (2 years)
- ○ Immediate Vesting

Definition of Contributory Salary

Except as provided for below, contributions will be calculated as a percentage of an employee's annual basic salary only. Basic salary data will be collected annually at the agreed renewal date.

If you wish Contributory Salary to include additional employee earnings, (for example bonus, commission, overtime, allowances or other variable pay) or indeed to be based on a percentage of an employee's total gross pay, please contact your Financial Advisor. Alternative definitions of Contributory Salary may require additional data and administration processes and must be agreed in advance.

D Contribution Details

Contribution rates

Note: Where contribution rates are intended to mirror Auto-enrolment, employers should ensure that the rates entered meet the required minimum when applied to gross salary.

- Contribution rates must be entered to one decimal place and in increments of 0.5% (e.g. 3.0%, 3.5%, 4.0%).
- The minimum aggregate rate accepted in The Zurich Master Trust is 3.5% and the minimum Employer rate accepted in The Zurich Master Trust is 1.5%.
- Please see **"Examples of how to record your contribution rates"** below for guidance on completing the table.

Category name		
Member Contribution Rate Option	**Employee %**	**Employer %**
1		
2		
3		
4		
5		

If you need additional categories, or if you wish to include a service-based contribution category, please record these in Section I.

Are there **additional staff categories required?**

○ Yes ○ No

If yes, please complete Section I.

Number of **additional categories**

Examples of how to record your contribution rates

Example 1:
One rate for all staff:
If you have a single\fixed contribution rate for all staff (e.g., 6% employee and 6% employer), please enter these rates in line 1 of the table.

Category name	All Staff	
Member Contribution Rate Option	**Employee %**	**Employer %**
1	6%	6%
2		
3		
4		
5		

Continued overleaf

Examples of how to record your contribution rates (continued)

Example 2:
Staff can choose from different rates:
If you offer a choice of contribution rates for all staff (e.g., 6%, 8%, 10% matching), please list each option on separate lines in the table.

Category name	All Staff	
Member Contribution Rate Option	**Employee %**	**Employer %**
1	6%	6%
2	8%	8%
3	10%	10%
4		
5		

Example 3:
Different staff groups have different rates:
If the contribution rate or rates differ by staff category (e.g., general staff, managers, executives), please provide details in Section I. Enter the relevant category name, then complete the table for each group.

Category name	General Staff	
Member Contribution Rate Option	**Employee %**	**Employer %**
1	6%	6%
2	7%	7%
3	8%	8%
4		
5		

Category name	Managers	
Member Contribution Rate Option	**Employee %**	**Employer %**
1	8%	10%
2		
3		
4		
5		

E Payment Details

Note: Employers should ensure that member payroll deductions are calculated and applied in accordance with the contribution rates selected in this Employer Application Form and subsequently documented in the Participation Agreement. Any discrepancies between payroll deductions and the agreed contribution rates may result in administration delays and require corrective action.

Pension Deductions from Members
Contributions to The Zurich Master Trust will be paid monthly to a bank account operated by Zurich Life, the insurer and administrator of the section, on behalf of Zurich Ireland Master Trustee DAC (the Trustee).

Method of payment of contributions to Zurich Life
Zurich Life should receive contributions **via Electronic Fund Transfer (EFT).**
Contributions should be transferred directly to a bank account operated by Zurich Life on behalf of the Trustee. The month in respect of deductions from member's salaries should match Zurich Life's monthly billing record. To illustrate, pension deductions from member salaries in April should match Zurich Life's April billing record.

Month of first payroll deduction to Zurich Life

Group Payroll Management System (GPMS)
The data backing up each payment needs to be submitted via our Group Payroll Management System (GPMS) on the DC Portal (See Section G for more details on the DC Portal). 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 Email Address

Payroll Contact Phone Number

A company email is required for the payroll contact (e.g., johnsmith@companyname.com).

In order to submit data via GPMS the payroll contact will require access to the DC Portal. This means that the payroll contact will be able to view member details relating to the Employer section of The Zurich Master Trust.

Please note that the Pensions Act requires all contributions to be remitted to the Trustee within 21 days of the end of the month in 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 Trustee no later than the 21st May.

F Member Default Investment Strategy Option

Note to the Principal Employer:
The default investment option will be **Personalised GuidePath (with the Medium Risk/Return growth stage, a retirement planning stage of 75% ARF (Approved Retirement Fund) and 25% tax-free cash**, and a strategy end age of the section NRD), as selected by the Trustee, Zurich Ireland Master Trustee DAC.

All members will be automatically invested in this default investment option when they join the section. The members will have the **option to personalise their GuidePath via their online dashboard.** Members will also have the option of investing outside of the default investment option. They can only do this after their new member pack has issued to them, by completing the investment decision form which is included in the pack.

G Online Access

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

Our Defined Contribution (DC) Portal allows you, the Employer, to view certain details of members' benefits, access GPMS, update member details and also to add new members to your Section of The Zurich Master Trust.

DC Portal Access
The contacts you have listed in Section A and Section E will also be given Employer DC Portal access along with the Section Financial Advisor (named at the start of the form or as advised by the Principal Employer). Please provide below the name(s) and position held for any additional individuals for whom you require Employer online access.

Name	
Position in company	
Email address	
Name	
Position in company	
Email address	

Note:
If no names are provided the notifications will be sent to the Payroll contact, as provided in section E.

New Member Notifications
Please provide the name(s) and email address(es) of the individual(s) within the employer who should receive email notifications when a new member application is submitted via the DC Portal.

Name	
Position in company	
Email address	
Name	
Position in company	
Email address	

Annual Pre-Renewal Notification
Please provide the name(s) and email address(es) of the individual(s) within the employer who should receive the annual pre-renewal email notification(s).

Name	
Position in company	
Email address	
Name	
Position in company	
Email address	

H 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 any Additional Participating Employer to which this Employer Application Form applies:

- Declares that the statements made in the previous pages and information provided by employees and any additional category details given are, in every respect, answered honestly and with reasonable care (including any statements written down at our dictation) and shall form part of the policy (or policies) effected by the Trustee with Zurich Life.
- Declares and acknowledges that The Zurich Master Trust to which this Application Form relates shall at all times be governed in accordance with the trust deed or instrument by which it 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 to the Trustee, the provisions of the deed or instrument and/or the rules shall prevail.
- In relation to data protection:
  - Confirms it has read and understood Zurich Life and the Trustee's ("Zurich Ireland Master Trustee DAC".) Privacy Statement which can be found online at www.zurich.ie/privacy-statement
  - Declares that the disclosure by, or on behalf of them, to Zurich Life of any information relating to the Members is provided in accordance with all applicable data protection legislation and it agrees to ensure those Members know how their personal data will be used by Zurich Life; and
  - Declares that they shall ensure that any data supplied to Zurich Life by or on their behalf shall be accurate and up-to-date.
- 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.
- Confirms that the persons signing this Application Form on behalf of the Principal Employer and any Additional Participating 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 and any Additional Participating Employer.
- Confirms that the persons signing this Application Form on behalf of the Principal Employer and any Additional Participating Employer or any person otherwise notified to Zurich Life in writing by the Principal Employer and any Additional Participating Employer shall, to the extent that they are so permitted by the trust provisions of The Zurich Master Trust and/or the conditions of any policy or policies as may be issued to the Trustee 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 as policyholder or the policy or policies.

Note:
The Employer Authorisation section must be completed.

- 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.

Continued overleaf

Employer Authorisation
A separate signature is required for the Principal Employer and for each Additional Participating Employer.

Principal Employer
Signed for and on behalf of the Principal Employer



Authorised Signatory(ies)

Please sign and date.

Signature of Authorised Signatory(ies) on behalf of the **Principal Employer**

X

Date

Print Name

Additional Participating Employer(s)
(Complete one section per Additional Participating Employer listed in section J)

Name of Additional Participating Employer



Authorised Signatory(ies)

Please sign and date.

Signed for and on behalf of the **Additional Participating Employer**

Signature of Authorised Signatory(ies) on behalf of the **Additional Participating Employer**

X

Date

Print Name

Name of Additional Participating Employer



Authorised Signatory(ies)

Please sign and date.

Signed for and on behalf of the **Additional Participating Employer**

Signature of Authorised Signatory(ies) on behalf of the **Additional Participating Employer**

X

Date

Print Name

Name of Additional Participating Employer



Authorised Signatory(ies)

Please sign and date.

Signed for and on behalf of the **Additional Participating Employer**

Signature of Authorised Signatory(ies) on behalf of the **Additional Participating Employer**

X

Date

Print Name

Additional Information

The Principal Employer and any Additional Participating Employer shall notify Zurich Life ("Zurich Life")

1. if a person who is to be admitted to membership of the section 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 their 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 section or subsequently while they are a member, is resident in the United States of America.



Employer Authorised Signatory
Please sign and date.

Employer Authorised Signatory

X

Date



Additional Participating Employer Signatory
Please sign and date.

Additional Participating Employer Signatory

X

Date



Additional Participating Employer Signatory
Please sign and date.

Additional Participating Employer Signatory

X

Date



Additional Participating Employer Signatory
Please sign and date.

Additional Participating Employer Signatory

X

Date

I Multiple Contribution Categories

Use this section to provide details for multiple contribution rate categories.

If you need to add more categories, please complete an extra copy of this page.

Note: Please see **"Examples of how to record your contribution rates"** for guidance on completing the table.

Note: Members cannot be moved between contribution categories automatically. It is the employer's responsibility to ensure members are placed in the correct category. Where a member needs to move category, the employer must notify Zurich Life. Zurich Life will not move a member between categories without notification from the employer.

Category name		
Member Contribution Rate Option	**Employee %**	**Employer %**
1		
2		
3		
4		
5		

Category name		
Member Contribution Rate Option	**Employee %**	**Employer %**
1		
2		
3		
4		
5		

Category name		
Member Contribution Rate Option	**Employee %**	**Employer %**
1		
2		
3		
4		
5		

Category name		
Member Contribution Rate Option	**Employee %**	**Employer %**
1		
2		
3		
4		
5		

J Additional Participating Employer Details

Use this section to provide details for the Additional Participating Employer. If there is more than one, please complete a separate copy of this page for each employer.

Note: Please complete in BLOCK CAPITALS.

Full Name of Additional Participating Employer

Enter the legal name exactly as it appears on the **Companies Registration Office (CRO) Register. This will be used as the Section Name.**

Note: The Registered Address\Principal Place of Business will be recorded on the Participation Agreement (PA).

Irish Company Registration Number (If applicable)

Employer type

Examples: Irish company, external/foreign company, partnership, unincorporated association, credit union, trade union etc.

Note: To participate in The Zurich Master Trust, the Principal Employer, and any associated Participating Employers, must sign a Participation Agreement with Zurich Life and the Trustee. The Employer Name, CRO number, and Registered Address must exactly match the details held on the CRO. If any discrepancies arise, we will use the information recorded on the CRO as the official source.

Registered Address (as per CRO)

OR

Principal Place of Business if not a company

Contact Address

Tax Reference Number

Tax District

Country of Incorporation

OR

Main Location of Additional Participating Employer

Foreign Company Registration Number
(If applicable)

(If not registered in Ireland, please provide your registration number in your home country.)

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

Payroll Administration Confirmation

We confirm that a single payroll upload can be submitted for all members across the Principal Employer and Participating Employers, and that the payroll administrator is authorised to view member data for all entities. ○ Yes ○ No

Pension Definitions Confirmation

We confirm that all Participating Employers included in this application have the same pension definitions as the Principal Employer (as detailed in Sections B, C and D). ○ Yes ○ No

Important: If either confirmation cannot be provided, please contact your Financial Advisor before submitting this application, as separate sections and/or additional Employer Application Forms may be required.

Continued overleaf

Note:
The execution of the Participation Agreement by electronic signature is permitted. To facilitate the electronic signing of this Agreement, please provide below the names and email addresses of individuals whom have the authority to sign on behalf of the Additional Participating Employer. The Agreement will be circulated for signing on receipt of all initial requirements.

Authorised Contacts for signing the Participation Agreement

Please note **two names**, **emails** and **mobile numbers** are required for the **Additional Participating Employer**:

1. Name		2. Name	
1. Email address		2. Email address	
1. Mobile No.		2. Mobile No.	

Note: The same individuals can sign on behalf of the Principal Employer AND the Additional Participating Employer, provided they are Company Directors or Authorised Signatories of both.

Appendix A

1. Eligibility:

Subject to the Pensions Acts 1990 to 2018, the Protection of Employment Acts 1977 to 2024 and the Protection of Employees (Fixed-Term Work) Act 2003, the employer has discretion when determining which employees they wish to offer membership of their Section. Where the employer wishes to offer membership to limited categories of employees and not to all employees, Zurich Life recommends that the employer seek their own independent legal advice before establishing the section.

2. Vesting:

Statutory Vesting:

The Pensions Act 1990 requires that an employee who has at least two years' qualifying service as a member of a pension scheme must be provided with a preserved benefit on leaving qualifying 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 their own employee contributions and Additional Voluntary Contributions (AVC) on leaving service. However, where the member is an outgoing worker, as defined in Directive 2014/50/EU, they will be entitled to a refund of both member and employer contributions, provided they have not yet acquired a preserved benefit.

Immediate Vesting:
If immediate vesting is chosen, then any member would be automatically entitled to the value of the employer contributions.

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

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