



Zurich Master Trust

Please note that Group Risk (e.g. Death Benefits) is not covered under the Zurich Master Trust. A separate Group Risk Scheme will need to be established.

Section
Intermediary Name
Section Financial
Advisor Name

Section
Intermediary
Number

A Section Name

(Each employer or group of employers will have their own section within the Zurich Master Trust. The section name is typically the name of the Principal Employer).

Note:
Please complete in
BLOCK CAPITALS.

B Principal Employer

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)

Company
Registration Number

Tax Reference
Number

Tax District

Country of
Incorporation **OR**

Main Location
of Principal
Employer

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.

Contact Details

Contact Name in
Principal Employer
for this Section

Email Address

Contact
Number

C Section Details

Statutory Vesting (2 years) Immediate Vesting

Section Commencement Date (01/MM)

Employer Renewal Date (01/MM)

This is the date on which the employer will submit member data each year, and the date that Zurich will produce annual member statements. It is typically the annual date on which salaries are reviewed/changed.

D Membership Details

If more than one Employee Category applies, please complete the details in the Additional Information section. 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
Please specify

Eligibility Conditions (See Section K - Point 1):

- Compulsory
- Voluntary (Employee)
- Discretionary (Employer)

What length of service is required for the above section?

Definition of Salary

Basic Salary **OR** Other
Please specify

Member pension contributions are calculated as a % of the salary as defined above.

Contribution Rates

Employer Contributions %

Employee Contributions %

E Contribution Details

Pension Deductions from Members

Contributions to the section will be paid monthly to a bank account operated by Zurich Life Assurance plc (Zurich Life), the insurer and administrator of the section, on behalf of Zurich Trustee Services Limited (the Trustee).

Method of payment to Zurich Life

- Electronic Fund Transfer (EFT) / Cheque
- Direct Debit

Month of first payroll deduction to Zurich Life

EFT / 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 contributions.

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).

E 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 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 Section Access'. This means that the payroll contact will be able to view policy and client 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 trustees to Zurich Life no later than the 21st May.

F Member default investment

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 and 25% Tax-free cash, and a strategy end age of the section NRA), as selected by the scheme Trustees, Zurich Trustee Services Limited.

All members will be automatically invested in this default investment option when they join the scheme. The members will have the option to personalise their GuidePath via their online dashboard. Once they personalise their GuidePath the member will no longer be invested in the scheme default.

Members will also have the option of investing outside of the default investment option. Please refer to the "Fund Guide" on www.zurich.ie for more details of the options available.

G Authorised Contacts for signing Participation Agreement

Note: In order to participate in the Zurich Master Trust, the Principal Employer, and any associated Participating Employers, will be required to sign up to a Participation Agreement along with the Founder and Trustee. The execution of this Agreement by electronic signature is permitted. To facilitate the electronic signing of this Agreement, please provide below the name(s) and email addresses of individuals whom have the authority to sign on behalf of the Principal Employer and on behalf of any associated participating employers. The Agreement will be circulated for signing on receipt of all initial requirements.

Principal Employer:

Name
Email
Address

Name
Email
Address

Additional Participating Employers:

Name
Email
Address

Name
Email
Address

H Additional Online Access

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

Our Group Centre allows you, the Employer, to view certain details of scheme members' benefits online. The contacts you have listed in Section B and Section E will be given Employer online 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 along with the Section Financial Advisor (named at the start of the form or as advised by the Principal Employer).

Name
Position
in Company
Email Address

Employer Access

Name
Position
in Company
Email Address

Employer Access

Note:

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

1 Authorisation/Declarations

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 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').
- 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 in accordance with the details contained in this Application Form, 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") Privacy Policy which can be found online at www.zurich.ie/privacy-policy;
 - Declares that the disclosure by, or on behalf of them, to Zurich 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; and
 - Declares that they shall ensure that any data supplied Zurich 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 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 employer 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.

Note:

The Employer Authorisation section must be completed.



Employer Authorised Signatory(ies)

Please sign and date.

Employer Authorisation

Signed for and on behalf of the Principal Employer

Signature of Authorised Signatory(ies) on behalf of the Principal Employer	Date
X	Print Name

Signed for and on behalf of the Additional Participating Employer

Signature of Authorised Signatory(ies) on behalf of the Principal Employer	Date
X	Print Name

Signed for and on behalf of the Additional Participating Employer

Signature of Authorised Signatory(ies) on behalf of the Principal Employer	Date
X	Print Name

Signed for and on behalf of the Additional Participating Employer

Signature of Authorised Signatory(ies) on behalf of the Principal Employer	Date
X	Print Name

Additional Information

The Principal Employer and any Additional Participating Employer shall notify Zurich Life Assurance plc ("Zurich Life") (1) if a person who is to be admitted to membership of the scheme 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 his 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 scheme 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	Date
X	

J 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 employer details are fully complete.

K Additional Notes

1. Eligibility:

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.

Immediate Vesting:

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

Basis of Refund:

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

Additional Information (if required)

Note:
Similar details on further additional participating employers should be set out on a continuation sheet.

L Additional Participating Employer Details

Full Name of Additional Participating 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)

Company
Registration Number

Tax Reference
Number

Tax District

Country of
Incorporation

OR

Main Location of Additional Participating Employer

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 complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

Please Return to:

Creditor Name	ZURICH LIFE ASSURANCE PLC
Creditor Address	ZURICH HOUSE, FRASCATI ROAD, BLACKROCK
	CO. DUBLIN, IRELAND
Type of Payment	RECURRENT

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 November 2021 and may change in the future.

Intended for distribution within Ireland.

GR: 6140 Print Ref: ZL PP 6140 1121
Product Ref: PA4, PAE, PA1, PA5, PAF, PAZ, PA8, PA9, PAU, PAV, PPB, PPQ, PCD, PCE



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