

# Application for Continuation/Conversion Option or Guaranteed Insurability Option



Intermediary Name:

## Important Notice

I understand that I have a legal duty to answer all questions addressed by Zurich Life in this application form for the Continuation/Conversion Option or the Guaranteed Insurability Option (the "Application Form") for this policy honestly and with reasonable care.

Based on the information in this Application Form, I understand that:

- I must carefully read the statements below, together with all the consumer declarations on page six including (i) the policy declaration, (ii) the Data Protection Notice, (iii) the Marketing Preferences and (iv) the permission to request further information and sign at the end of page seven.
- I have a legal duty to answer all questions addressed by Zurich Life in this Application Form for this policy honestly and with reasonable care. Failure to comply with these requirements and/or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.
- Zurich Life will assess the application based on the information in the Application Form.
- Cover will not commence on the new policy (Continuation/Conversion Option) or the additional policy (Guaranteed Insurability Option) until Zurich Life has issued me with a new policy. The new policy contains Zurich Life's current terms and conditions for the product.

Intermediary Number:

**Note:**  
Proof of date of birth of Life/Lives Insured is required to make a claim. If your date of birth is incorrect any claim payment will be recalculated.

**Note:**  
If your occupation is 'Company Director' please advise the nature of the business. If retired, please provide your pre-retirement occupation.

**Note:**  
If your occupation is 'Company Director' please advise the nature of the business. If retired, please provide your pre-retirement occupation.

### A Life/Lives Insured Details First Life Insured

Mr	Mrs	Ms	Mx	First Name				
Surname								
Surname at birth if different								
Date of Birth				Age Next Birthday	Sex	M	F	
Address								
Nationality								
Country of Residence								
Email Address								
Contact Number								
Occupation								

### Life/Lives Insured Details Second Life Insured

Mr	Mrs	Ms	Mx	First Name				
Surname								
Surname at birth if different								
Date of Birth				Age Next Birthday	Sex	M	F	
Address								
Nationality								
Country of Residence								
Email Address								
Contact Number								
Occupation								

**B****Policy Owner(s) Details - if different to Life/Lives Insured** **First Owner**

Mr	Mrs	Ms	Mx	First Name					
Surname									
Surname at birth if different									
Date of Birth					Age Next Birthday	Sex	M	F	
Address									
Nationality									
Country of Residence									
Email Address									
Contact Number									
Occupation									

**Note:**

If your occupation is 'Company Director' please advise the nature of the business. If retired, please provide your pre-retirement occupation.

**Policy Owner(s) Details - if different to Life/Lives Insured** **Second Owner**

Mr	Mrs	Ms	Mx	First Name					
Surname									
Surname at birth if different									
Date of Birth					Age Next Birthday	Sex	M	F	
Address									
Nationality									
Country of Residence									
Email Address									
Contact Number									
Occupation									

**Note:**

If your occupation is 'Company Director' please advise the nature of the business. If retired, please provide your pre-retirement occupation.

**Economic Loss**

If the relationship between the Life/Lives Insured and the Policy Owner(s) is not that of a married couple, please give reasons for insurance.

**Note:**

For single or joint life policies, please complete first/joint life section. For dual life policies, please complete both first/joint life and dual life sections.

**C Plan Details****1. For Continuation/Conversion option - complete section C1****OR****2. For Guaranteed Insurability option complete section C2****C1 Continuation/Conversion Option****Continuation from Policy Number****1. Guaranteed Term Protection****2. Guaranteed Mortgage Protection****i. Main Benefits****Basis of Cover (as per original Policy Document)****Term of Cover\***

\*Term of Cover – Minimum 2 years, Maximum 40 years. Age restrictions apply to the cover being extended as per the original Policy Document.

You must choose at least one of Life, Serious Illness, Monthly Income or Cancer cover

**Life Sum Insured****Serious Illness Sum Insured**

If new benefits are applied a standard application is required.

Standalone

Accelerated

Stand alone / Accel will be as per the original plan. If you select standalone Serious Illness cover, the Life cover (if chosen) is not affected by the amount of any Serious Illness/PTD claim. If you select accelerated Serious Illness cover, the Life cover is reduced by the amount of any Serious Illness/PTD claim.

**Cancer Cover Sum Insured****Permanent Total Disablement (PTD) 'Own' Occupation Cover**

Only available if Serious Illness cover is chosen on original plan. PTD cover ceases at age 65.

First/Joint Life	Dual Life
€	€
€	€
€	€
Yes No	Yes No

**Note:**

Only Cancer related illnesses specified in your policy document are covered under Cancer cover benefit. Claims for any other illnesses are not covered.

**Note:**

Serious Illness includes PTD on the basis of inability to perform at least 3 out of 5 activities of daily work.

**Note:**

Only surgeries specified in your policy document are covered under Surgical Cash benefit. Claims for any other surgeries are not covered.

**ii. Additional Benefits and Options****Surgical Cash Benefit**

Only available if Serious Illness cover is chosen. Benefit ceases at age 65.

**Hospital Cash Benefit**

Minimum: €30 per day - Maximum: €300 per day

Benefit ceases at age 65.

**Personal Accident Benefit (limited to 50% of weekly earnings)**

Minimum: €100 per week - Maximum: €400 per week

Benefit ceases at age 60.

**Waiver of Premium Benefit**

If joint life, first life only. Benefit ceases at age 60.

**Protection Continuation Option**

Only available if rolling conversion is available on original plan.

First Life	Second Life
Yes No	Yes No
€ Per day	€ Per day
€ Per week	€ Per week
Yes No	Yes No

Yes No

**iii. Inflation Protection Option - automatically included if on original plan**

Please tick here if you **do not** want the Inflation Protection Option.

Note: This benefit is only available if aged 64 next birthday or less and the benefit ceases at age 65, and was on original plan. To remove option please tick this box.

**Continued overleaf**

## C2 Guaranteed Insurability Option

### Guaranteed Insurability from Policy Number

Special Event within 6 months **Please note that Evidence will be required**

Product type will proceed as per the original plan, ie Guaranteed Term Protection or Guaranteed Mortgage protection.

#### Note:

The underwriting decision and smoker rates are as per the original policy. Any change would require full medical underwriting.

#### Note:

Benefits are only available if on the original policy.

#### Note:

Only illnesses specified in your policy document are covered under Serious Illness benefit. Claims for any other serious or minor illnesses are not covered.

### i. Main Benefits

#### Basis of Cover (as per original Policy Document)

#### Term of Cover\*

\*Term of Cover – Minimum 2 years, Maximum 40 years. Age restrictions apply to the cover being extended as per the original Policy Document.

You must choose at least one of Life, Serious Illness, Monthly Income or Cancer cover

Life Sum Insured



Serious Illness Sum Insured

Standalone

Accelerated

If new benefits are applied for a standard application is required.

Stand alone / Accl will be as per the original plan. If you select standalone Serious Illness cover, the Life cover (if chosen) is not affected by the amount of any Serious Illness/PTD claim. If you select accelerated Serious Illness cover, the Life cover is reduced by the amount of any Serious Illness/PTD claim.

Monthly Income Sum Insured

Cancer Cover Sum Insured

#### Permanent Total Disablement (PTD) 'Own' Occupation Cover

Only available if Serious Illness cover is chosen on original plan. PTD cover ceases at age 65.

First/Joint Life	Dual Life
€	€
€	€
€	€
€	€
Yes No	Yes No

## D Contribution Details and Source of Funds

### (i) Contribution Details

#### (Exclusive of Government Insurance Levy)

First Life Premium	€
Second Life Premium	€
<b>Total Premium</b>	€

Note: If dual life, please enter premium for each life and total premium. If joint or single life, please enter total premium only.

#### Frequency of payment by:

##### DIRECT DEBIT

Monthly Quarterly  
Half-yearly Yearly

OR

##### BANK DRAFT/CHEQUE

(only if paid half-yearly or yearly)  
Half-yearly Yearly

Bank Drafts and Cheques should be made payable to Zurich Life.

### (ii) Source of Funds

(Complete if premium is above €1,000 per annum and not by personal cheque or Direct Debit drawn on Policy Owner(s) bank account)

#### Payment by:

Third Party Cheque / Direct Debit

Promotion to be applied to above premium (if any)

Please provide Payor Name (if Third Party Cheque / Direct Debit).

Please state the exact nature of the relationship of Third Party Payor to Policy Owner(s).

Please confirm Country of Incorporation if Third Party is a Company.

#### Note:

A Government Insurance Levy (currently 1% as at May 2023 and may change in the future) will apply to your policy. Zurich Life will collect this levy in addition to your premium.

#### Note:

Each person making some or all of the payment of premium must complete this section.

## D Contribution Details and Source of Funds (continued)

### (ii) Source of Funds (continued)

or

Bank Draft

For Bank Drafts only please provide the details of the bank account from which the funds used to pay the premium were drawn.

Account Holder Name(s)

Name of Bank/Building Society

#### Note:

IBAN (International Bank Account Number) and BIC (Bank Identification Code) details are included on bank statements.

IBAN

SWIFT BIC

If Third Party Payor, please state the exact nature of the relationship to Policy Owner(s).

or

Other - Please provide details.

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

#### Note:

Please see below for definitions of these terms.

Are any of the roleholders linked to this policy (or have any of the roleholders linked to this policy been within the last 12 months), a PEP or a RCA of a PEP?

Yes

No

For each roleholder for whom you have answered yes to the above question, please complete the following:

Role (see note)	Name	Address	Date of Birth	Nationality

#### Note:

Roleholders may include (depending on the policy type) Owners, Lives Assured, Payors, Beneficiaries, Trustees. If a roleholder is a Company additional roleholders include Beneficial Owners and Directors.

#### 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.

## Declarations by Policy Owner and Life/Lives Insured

### (i) Policy Declaration

- **This application:** I declare that I have read the entire application form after it was fully completed and I am satisfied that all the answers and statements are answered honestly and with reasonable care (including those completed by my Financial Advisor).
- **Consumer Insurance Contracts Act:** I understand that I have a legal duty to answer all questions addressed by or on behalf of Zurich Life in relation to the application for this policy honestly and with reasonable care. I understand that I must also ensure that any information voluntarily provided by me or on my behalf is provided honestly and with reasonable care. I understand that Zurich Life shall rely upon this information when deciding whether to accept this policy, what terms to apply to it and the premium to be charged. I understand that failure to comply with these requirements and/or any negligent misrepresentation or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced. I further understand that:
  - any matter about which Zurich Life asks a specific question is material to the risk undertaken, or the calculation of the premium, by Zurich Life, or both.
  - a fraudulent misrepresentation is a representation that is false or misleading in any material respect and which the person making the representation either (a) knows to be false or misleading or (b) consciously disregards whether it is false or misleading.
  - a negligent misrepresentation is a representation made without reasonable care by the person making the representation, but which is not a fraudulent misrepresentation.
  - any and all answers, representations and/or information given by the Life/Lives Insured, or any third party on behalf of the Policy Owner, whether in the application documentation for this policy or otherwise, are provided by the Life/Lives Insured and/or third party as agent for and on behalf of the Policy Owner, by which the Policy Owner will be bound.
- **Changes to answers arising after completion of Application Form:** I agree to notify Zurich Life if there is any change in the answers to any questions addressed in relation to this application for a policy between the date of completion of this application form and the date that the policy issues. Any failure on my part to do so could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.
- **Copy of application:** I understand Zurich Life will send the Policy Owner a copy of the application submitted by the relevant Financial Advisor. If any answers or statements in the application are incorrect or inaccurate, I will advise Zurich Life in writing within ten days of receiving the copy of the online application submitted by the Financial Advisor, or payment of the first premium, whichever is later.
- **Exclusions:** I understand that the policy of insurance contains specific conditions and exclusions relating to the cover provided as summarised in Appendix A of the relevant Customer Guide and the relevant Policy Document, a copy of which is available on request.

### (ii) Data Protection Notice

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life is the data controller for this contract under data protection legislation. Our Data Protection Notice ('Notice') for this product is detailed at the end of this form. Please read this carefully.

By signing this form I confirm that I have read and understood the Data Protection Notice.

### (iii) 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
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For news, updates and offers from the Zurich Group or third parties by:

Post	Email	Phone	Text/Digital message
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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](mailto:customerservices@zurich.com), or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

#### (iv) Disclosure Confirmation

I confirm as Policy Owner that I have received the relevant Zurich Life Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

Does this policy replace an existing policy, in whole or in part? Yes No

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

**Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy. If you are in doubt about this, please contact your insurer or Financial Advisor.**

**Where this policy is replacing an existing policy both you as Policy Owner and the Life/Lives Insured must answer all the questions in this application honestly and with reasonable care. Failure to comply with these requirements and / or any negligent or fraudulent misrepresentation could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.**

#### (v) Permission to request further information

I agree to give Zurich Life permission to request medical information from any doctor, hospital or clinic that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.

**I confirm that I have read and fully understand:**

- 1. parts (i), (ii), (iii) and (iv) of the above declarations; and**
- 2. the legal duty to answer questions honestly and with reasonable care on page 1.**
- 3. I further understand that the Policy Owner will be the beneficial owner(s) of this policy.**

**I have read, fully understand and agree to part (v) of the above declaration.**

**I understand that failure to comply with the requirements in the above declarations and / or any negligent or fraudulent misrepresentation by me as Policy Owner or by the Life/Lives Insured could invalidate the policy or affect the insurance cover. It could also result in a claim being declined or the amount payable in respect of a claim being reduced.**



**Policy Owner(s):**

Please sign and date.

X

Date



**Policy Owner(s):**

Please sign and date.

X

Date



**Life/Lives Insured**

(if different from Policy Owner(s)):

Please sign and date.

X

Date



**Life/Lives Insured**

(if different from Policy Owner(s)):

Please sign and date.

X

Date

#### This part should be completed by your Financial Advisor.

I hereby declare that in accordance with Regulation 6(1) of the Life Assurance (Provision of Information) Regulations, 2001, the applicant(s) has been provided with the information specified in Schedule 1 to those Regulations (the relevant Zurich Life Customer Guide) and that I have advised the client(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Financial Advisor

X

Date



## Data Protection Notice

### About this Notice

Everyone has rights with regard to the way in which their personal data is handled. During the course of our activities we will collect, store and process personal data about you. The purpose of this Notice is to set out some information on the collection and processing of your personal data. Further information can be obtained in our Privacy Policy which is available at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

### The Data we collect

We collect the following personal data ('Data') from you (unless you are a member of a group scheme, in which case we may collect the Data from your employer or the trustee of the scheme):

- **Contact and identifying information** such as title, name, address, email, telephone number, gender, marital status, date of birth, occupation, PPS number, nationality, country of residence and photographic identification. We require this Data to identify you, contact you, conduct a suitability assessment (in the event of a sale via a financial advisor employed by or tied to Zurich Life), to fulfil our contract with you and to comply with legal obligations (e.g. performance of anti-money laundering checks). For investment products we also collect your US citizen status and your Tax Identification Numbers from other countries (if applicable) which we require to comply with Revenue law. If you are a member of a group scheme, we may also collect your employer's details.
- **Financial information** such as bank details, credit/debit card details (where needed) and income details (where applicable). We require this Data so we can assess the premium to be paid, to fulfil our contract with you and to comply with legal obligations.
- **Medical condition and health status** for protection products and some pension and investment products which also offer life and serious illness benefits, we collect medical information relating to: personal habits (e.g. smoking or consumption of alcohol), prescription information and medical history. For pension products we may collect disability information (e.g. if you apply for an early retirement due to ill health). We require this Data so that we can fulfil our contract with you.
- **Other sensitive information** - in certain cases, we may receive sensitive information from which it may be possible to infer your trade union membership, religious or political beliefs (e.g. if you are a member of a group scheme through a professional, trade, religious, community or political organisation). In addition, we may obtain information about your criminal record or civil litigation history in the process of preventing, detecting and investigating fraud. We may obtain your PEP (politically exposed person) status, which is necessary for compliance with anti-money laundering legislation.

### Data collected from third parties

We may collect Data from third parties if you engage with us through a third party e.g. through a financial broker/advisor or, in the case of a group scheme, through your employer. We do this in order to fulfil our contract and provide services to you. We may also obtain Data from third parties so that we can assess a claim.

### What do we do with your Data?

We collect and process this Data to manage and administer our relationship with you. We may use, process and store the Data, for the following purposes:

- Risk evaluation, product suitability, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, to provide annual statements, to create trustee annual reports (in the context of group schemes), for statistical evaluation, for survey purposes or to otherwise ensure the Group service delivery. Zurich Life or other members of the Group may contact you in connection with these purposes. We do this in order to provide you with the services for which you have contracted with us.
- We may check the Data you have provided against international/economic or financial sanctions laws or regulated listings to comply with legal obligations (e.g. anti-fraud and anti-money laundering requirements) or otherwise to protect our legitimate interests and/or the legitimate interests of others.

### Sharing of Data

In order to provide a seamless service, we may share your Data (where appropriate):

- With other companies in the Group such as branches, subsidiaries, affiliates within the Group, partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA').
- If you apply for, or purchase, one of our products through a financial broker/advisor or another third party (e.g. your employer if you are a member of a group scheme), we will, as appropriate, correspond with that third party in relation to your products: this may result in us sharing your Data with that third party.
- Without your consent or without consulting you, when we believe that it is appropriate to comply with our legal obligations, a Court Order or to cooperate with State bodies (e.g. Revenue, the Central Bank, The Pensions Authority and law enforcement agencies).
- On the sale, transfer or reorganisation of our or our Group's business (or any part of it).

Continued overleaf



## **Data Protection Notice (continued)**

- With business partners, suppliers and sub-contractors with whom we work and/or engage (e.g. auditors, cloud service providers, medical professionals, third-party claim administrators and outsourced service providers) to assist us in carrying out business activities which are in our legitimate business interest and where such interests are not overridden by your interests.
- In order to enforce this Notice or other legal rights, to protect the security and safety of others, and to prevent fraud.

For further information with respect to the third parties that we may share Data with, please see our Privacy Policy which is available at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

Where transfers of Data take place outside the European Economic Area ("EEA"), we ensure that they are undertaken lawfully and in accordance with appropriate safeguards. Data may be transferred to, and stored outside the European Union ("EU") or EEA and in a country for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission. In such instances, appropriate safeguards are put in place to protect your Data. For further information with respect to the non-EU or non-EEA countries to which your Data may be transferred and for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission or for a copy of the safeguards put in place to protect your Data, please see our Privacy Policy which is available at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

If you have any questions about your Data, you can contact our Data Protection Officer, free of charge, using the contact details below.

### **Marketing**

Depending on the marketing preferences you have expressed in any application forms for our products or services, we may send you details of offers and news that we would like to share with you. Please note that you have the right to change your preferences at any time by contacting us by phone on 01 799 2711, by email at [customerservices@zurich.com](mailto:customerservices@zurich.com), or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

### **Data Retention**

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or permitted. For more detail, see our Data Retention Policy at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

### **Data Subject Rights**

You have the following rights in relation to your Data which is held by Zurich Life:

1. To ask for details of your Data held by us.
2. To ask for a copy of your Data.
3. To have any inaccurate or misleading Data rectified.
4. To have your Data erased.
5. To restrict the processing of your Data in certain circumstances.
6. To object to the processing of your Data.
7. To transfer your Data to a third party.
8. A right not to be subject to automated decision making.
9. The right to receive notification of a Data breach.
10. Where processing is based on consent, the right to withdraw such consent.
11. The right to lodge a complaint to the Data Protection Commission.

If you wish to avail of these rights, a request must be submitted in writing to our Data Protection Officer. In order to protect your privacy, you may be asked to provide suitable proof of identification before we can process your request.

Our Data Protection Officer is contactable by phone, email, or post via:

- Zurich Life Customer Services on 01 799 2711
- [dataprotectionofficer@zurich.ie](mailto:dataprotectionofficer@zurich.ie)
- Data Protection Officer, Zurich Life, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

### **Privacy Policy**

Please note that this Notice is not a stand-alone document and should be reviewed in conjunction with our Privacy Policy which is available at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

## SEPA Direct Debit Mandate

Zurich Life Unique Mandate  
Reference Number (to be  
completed by the creditor)  
Creditor Identifier

**IE 43ZZZ992829**



**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 Return to:

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

### Please complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

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.

## Special Instructions (to be completed by Financial Advisor)

### Start of Policy

If you do not want us to start the policy until instructed, tick here

Zurich Life Assurance plc  
Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.  
Telephone: 01 283 1301 Fax: 01 283 1578 Website: [www.zurich.ie](http://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 February 2024 and may change in the future.

Intended for distribution within the Republic of Ireland.

GR: 8421 Print Ref: ZL LP 7299 0224



**ZURICH**