

Investment Bond

Single Premium

For Offline application, Child Savings or Corporate Saving, please refer to our standard application form.

This data capture form is NOT an application form and should not be sent to Zurich Life for input. Information which you, the customer, provide in this form will be input by your Financial Advisor (on your behalf and with your authority) in an online application form. The information provided in the online application form will be relied upon by Zurich Life. Before the application is submitted to Zurich Life, you will be asked to confirm that you have answered all questions honestly and with reasonable care. You will also be required to digitally sign the Consumer Declarations including: (i) the Data Protection Notice, (ii) the Marketing Permissions, (iii) the Customer Disclosure, (iv) the Certification of Tax Status, and (v) the Policy Declaration.

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

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.

Plan Details

Policy Basis Single Joint

First Owner

First Name

Surname

Date of Birth

Second Owner

First Name

Surname

Date of Birth

Contribution Details

Start Date

Please note: The commencement date will be the latter of the date of receipt of funds or valid fund choice received.

Once off contribution

We will deduct the 1% government levy from your payment before allocating it to your policy.

€

Method of payment

Bank Draft

Cheque

EFT

Office Use Only

RS Code / Structure

Your Investment Options

1. Please tick here if you would like AutoInvest to apply to your policy.

Important Note: For more information on AutoInvest, please visit Zurich.ie or speak to your Financial Broker.

If you choose AutoInvest, over what period do you wish to invest?

6 Months OR 12 Months

2. Please specify in the table below the Funds in to which your contribution is to be invested.

You may choose to invest in a maximum of ten funds. If you wish to invest in a fund(s) that is not listed below, please use the 'Other Funds' box to detail your choice.

Fund Name	Single Contribution
Prisma 2	%
Prisma 3	%
Prisma 4	%
Prisma 5	%
Prisma Max	%

Other Funds - please see the 'Fund Guide' on zurich.ie for a full list of available funds.

%
%
%
%
%
%

Total

100%

For single contributions, units are bought at the ruling price on a date not later than three working days following receipt of the single contribution and the completed application form.

Fund Rebalancing

When you choose your own funds you can opt for Fund Rebalancing, an investment strategy which periodically rebalances the percentage weighting of the funds in your investment portfolio. The portfolio will rebalance at a frequency of your choice and in accordance with the fund split you selected at outset. The strategy automatically rebalances your funds to your selected fund split throughout the lifetime of the policy.

I wish to select the Fund Rebalancing Strategy			Please indicate how often you would like it to take place.
Monthly Rebalancing	Quarterly Rebalancing	Half-Yearly Rebalancing	Yearly Rebalancing

Note: In addition to Zurich Life's normal Annual Management Charge (AMC) there is an extra AMC applicable on some funds. Please refer to individual fund factsheets on zurich.ie for further information.

Note: For more information on Fund Rebalancing, please visit Zurich.ie or speak to your Financial Broker.

Replacements

Does this policy replace an existing policy, in whole or in part?

Not a replacement

Replacement of Zurich Life policy

Replacement of other

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

Policy

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 you are taking out the policy

and their relationship or connection to you.

Is the person taking out the policy (or have they been in the last 12 months) a PEP or an RCA of a PEP?

Yes

No

Trust

Is this application to be set up in trust?

Yes

No

Is any person associated with the trust (or have they been in the last 12 months) a PEP or an RCA of a PEP?

Yes

No

Web Access to Policy Information

You can look up details of your policy (including a daily updated value) online at the Client Centre on our website.

Do you wish to register for the Client Centre?

Yes

No

Regular Encashment

Do you require a regular income paid from your investment bond?

Yes

No

Regular income payment frequency

Annual

Half yearly

Quarterly

Monthly

Date of first payment

It is recommended that the first payment be six months or more after the commencement of the Bond. Payment date can only be the 1st or 16th of the month. €200 minimum income per payment irrespective of frequency. The maximum regular income you can take is 7.5% per annum of the Bond.

Regular income as an amount or a percentage of the bond

Amount €

Percentage

%

(after exit tax)

(before exit tax)

Regular Encashment Bank Details

Account Holder(s)
Name(s)

IBAN

Important: Please note that each encashment will reduce the number of units attaching to your Investment Bond and hence its value.

Policy Owner Details First Owner

Mr	Mrs	Ms	Mx	First Name
Surname				
Marital Status	Single	Married/Civil Partner	Divorced/Former Civil Partner	
Partner	Separated	Widowed	Unknown	
Date of Birth	Gender		M	F
PPSN	A copy of the document used to verify the number must be uploaded.			
Are you a Republic of Ireland Resident?	Yes	No		
Please note: Zurich is unable to accept applications from policyholders whose residency is outside of Ireland.				
Eircode				
Residential Address				
Nationality				
Type of Address	PO Box	Care of	Standard	
If the answer above is 'PO Box' or 'Care of', please confirm reason				
	In between living arrangements	Travelling	Moving country	
	Other (Please specify)			
Occupation				

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

Are you (or have you been within the last 12 months), a PEP or an RCA of a PEP? Yes No

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.

First Owner (continued)

Contact Details

Mobile
Contact Number
Email Address

Email address & Mobile contact number for each policy owner are compulsory as they will be used for the online approval process.

Certification of Tax Status

1. Are you a United States citizen? Yes No

If **Yes**, please confirm your social security number

2. Are you tax resident anywhere other than the Republic of Ireland? Yes No

If **Yes**, please complete the below:

Country of residence for tax purposes Tax identification number

Policy Owner Details Second Owner

Mr Mrs Ms Mx First Name

Surname

Marital Status
Partner Single Married/Civil Partner Divorced/Former Civil Partner
Separated Widowed Unknown

Date of Birth Gender M F

PPSN A copy of the document used to verify the number must be uploaded.

Are you a Republic of Ireland Resident? Yes No

[Please note:](#) Zurich is unable to accept applications from policyholders whose residency is outside of Ireland.

Eircode

Residential
Address

Nationality

Type of Address PO Box Care of Standard

If the answer above is 'PO Box' or 'Care of', please confirm reason

In between living arrangements Travelling Moving country
Other (Please specify)

Occupation

Are you (or have you been within the last 12 months), a PEP or an RCA of a PEP? Yes No

Contact Details

Mobile
Contact Number
Email Address

Email address & Mobile contact number for each policy owner are compulsory as they will be used for the online approval process.

Policy Owner Details Second Owner (continued)**Certification of Tax Status**

1. Are you a United States citizen? Yes No

If **Yes**, please confirm your social security number

2. Are you tax resident anywhere other than the Republic of Ireland? Yes No

Note: You may be tax resident in more than one jurisdiction.

If **Yes**, please complete the below:

Country of residence for tax purposes

Tax identification number

Source of funds

Who is paying the premium?

First Owner

Second Owner

First Owner and Second Owner

3rd Party

Account Holder
Name

IBAN

Is the payment from the Policy Owner(s) bank account? Yes No

[Third party payor details \(If applicable\)](#)

Please complete if third party payor is a person

First Name

Surname

Gender

M

F

Is the payor a Republic of Ireland Resident? Yes No

Please note: Zurich is unable to accept applications from payor whose residency is outside of Ireland.

Eircode

Residential
Address

Nationality

Type of Address

PO Box

Care of

Standard

If the answer above is 'PO Box' or 'Care of', please confirm reason

In between living arrangements

Travelling

Moving country

Other (Please specify)

Relationship to the policy owner

Is the 3rd party payor (or have they been within the last 12 months), a PEP or an RCA of a PEP? Yes No

Please complete if third party payor is a company

Name

Eircode

Address

Country of
Establishment

Country of
Incorporation

Note: Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain documentation and information about you, the method of payment being used and the origin of the funds used to pay the premium. Further information may subsequently be requested. Proof of Source of Wealth information is a requirement under anti-money laundering legislation. In some circumstances Zurich may require proof of the Source of Wealth to be provided due to type of client, high investment amounts, etc.

Source of wealth

First Owner

Where has the funding come from?

Employment Income (including bonus) € gross per annum

Savings/Deposit

Inheritance

Property Sale

Company Sale

Investment Proceeds/ Retirement Lump sum

Other

Please specify.

Provide as much detail as possible in relation to Source of Wealth in the box below.

Second Owner

Where has the funding come from?

Employment Income (including bonus) € gross per annum

Savings/Deposit

Inheritance

Property Sale

Company Sale

Investment Proceeds/ Retirement Lump sum

Other

Please specify.

Provide as much detail as possible in relation to Source of Wealth in the box below.

Documentation Checklist

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, 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 the following documents ready to upload online.

Please provide a copy of Proof of Address (e.g utility bill), dated within 6 months and certified by your Financial Advisor** for each Policy Owner/Third Party Payor.

Please provide a copy of evidence of identity in the form of photo ID (e.g Passport/Driving Licence), which is in date with a clear photo and certified by your Financial Advisor for each Policy Owner/Third Party Payor.

Please provide a copy of the document used to verify PPSN.

If required, please provide documentary evidence of Source of Wealth.

For equivalent requirement(s) for entities please contact Zurich Life.*

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

Note: *Zurich Life is required to obtain information and documentation on the following individuals, where applicable: Policy Owner, Third Party Payors, Beneficiaries and Beneficial Owners.

Note: **Documentation may also be certified by Practising Chartered & Certified Public Accountants, Notaries Public/Practising Solicitors, Embassy/Consular Staff, Regulated Financial or Credit Institutions, or their equivalents in other jurisdictions – these documents should be signed, dated, with a contact number and marked "Original Sighted".

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 March 2025 and may change in the future.

Intended for distribution within the Republic of Ireland.

GR: 9308 Print Ref: ZL PP 327 0225

