



Savings RP Plan Type	R								Pension RP Plan Type	R							
Savings SP Plan Type	R								Pension SP Plan Type	R							
Intermediary Name											Intermediary Number						
Financial Advisor Name																	

If your occupation is 'Company Director' please advise the nature of the business.

Surname	Forename																				
Address																					
Date of Birth									Sex <input type="radio"/> M <input type="radio"/> F												
Civil Status	<input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Widow(er) <input type="radio"/> Separated <input type="radio"/> Divorced <input type="radio"/> Civil Partner <input type="radio"/> Former Civil Partner																				
Email Address																					
Telephone Number	(work)																				
	(home)																				
	(mobile)																				
Nationality																					
Country of Residence																					
Occupation																					

Plan Start Date	Annual Salary/Earnings	€	Selected Retirement Age
-----------------	------------------------	---	-------------------------

February 2012, the levy is 1% and may change in the future.

**** Does this once-off payment represent a transfer from another pension arrangement?** Yes ☐ No ☐ **If Yes, please provide details.**
 Also, if the transfer payment is the subject of a Pension Adjustment Order (PAO) please tick here ☐ and supply a copy of the PAO.

Annual Contribution Increase Options

Please choose Option 1 or 2:

Please note, if you do not select either of these options, we will automatically apply Option 1 - Standard Indexation.

1. Standard Indexation

Select this option if you want your total regular contributions to be increased each year, in line with inflation.

If you want your contributions to index at each anniversary, please tick here. ☐

2. Level Contributions

Select this option if you **do not want your contribution to increase each year**. Selecting this option means that your contribution will reduce, in real terms, over time. If you **do not** want your contributions to increase, please tick here. ☐

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, 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.

Source of Funds (Only applicable if part of the contribution is placed in the Savings policy)

Payment by:

Personal Cheque from Policy Owner Bank Account ☐

or

Third Party Cheque ☐

Please provide Payor Name (if Third Party Cheque).

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

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

Account Number

Sort Code

Country account is based in

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

or

Other ☐ Please provide details.

Source of Wealth (Only applicable where the Savings policy is being contributed to and the combined Regular and Single contributions are over €5,000 annually)

Where has the funding come from?

Salary ☐

(including bonus)

Please provide yearly income (includes salary, pension or investment income).

€

per annum

Regular Savings ☐

Inheritance ☐

Property Sale ☐

Early Retirement/Redundancy ☐

Investment Proceeds ☐

Other ☐

Please specify.

D Special Instructions

E Web Access to Policy Information

You can look up details of your RetireSmart policy(ies) (including daily updated value) online at the Client Centre on www.zurichlife.ie

Do you wish to register for the Client Centre?

☐ Yes

☐ No

Important Note:

Please complete: 1. Sections F and G if you have chosen to contribute to the Savings policy and/or

2. Sections H, I, J, K and L if you have chosen to contribute to the Pension policy.

F Investment Options - SAVINGS POLICY

If you have chosen not to contribute to the Savings policy please **do not** complete Section F.

Please complete either 1 or 2 below.

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. For regular contributions, units are bought at the ruling price on the date each contribution is due. If any contribution is not received in full on the date due, we may buy units on the day that you pay that full contribution.

1. SavingSTAR

Which SavingSTAR investment strategy do you wish to follow?

☐

SavingSTAR
Active Fixed Income

OR

☐

SavingSTAR
Balanced

2. Matrix Fund Choice - Please specify the Matrix fund(s) to which your Savings policy is to be linked.

Note:

You can choose a combination of up to 10 funds for your investment.

Note:

* These funds are managed by Threadneedle Investments and are subject to an additional management charge of 0.5% per annum.

Note:

** This fund is managed by BlackRock Investments and is subject to an additional management charge of 0.7% per annum.

Note:

The maximum entry age for the SuperCAPP Fund is 60 next birthday provided there are at least five years remaining to Normal Retirement Age. Prior approval is required from Zurich Life if the age next birthday exceeds 60.

Note:

† These funds are managed by BlackRock Investments.

Sector	Fund Name	Regular Contribution	Single Contribution
--------	-----------	----------------------	---------------------

Equity Concentrated Funds	5 ★ 5 Global	%	%
	5 ★ 5 Europe	%	%
	5 ★ 5 Asia Pacific	%	%
	5 ★ 5 Americas	%	%

Geographic Funds	Irish Equity	%	%
	Eurozone Equity	%	%
	Asia Pacific Equity	%	%
	American Select*	%	%
	European Select*	%	%

Global Equity Funds	International Equity	%	%
	Dividend Growth	%	%
	Global Select*	%	%

Managed Funds	Dynamic	%	%
	Performance	%	%
	Balanced	%	%
	Cautiously Managed	%	%
	Secure	%	%

Active Diversified Funds	Active Asset Allocation	%	%
	Dynamic Diversified Growth**	%	%

Unitised With Profits Fund	SuperCAPP	%	%
-----------------------------------	-----------	---	---

Fixed Interest/Bond Funds	Long Bond	%	%
	Active Fixed Income	%	%

INDEX TRACKER / EXCHANGE TRADED FUNDS

Geographic Funds	India Equity	%	%
	Europe ex-UK Index†	%	%
	Japan Index†	%	%
	UK Index†	%	%

Sector Fund	TopTech 100	%	%
--------------------	-------------	---	---

Commodity Funds	Global Commodities	%	%
	Gold	%	%

Property Equity Funds	European (Ex-UK) Property	%	%
	Australasia Property	%	%

Fixed Interest/Bond Fund	Inflation-linked Bond	%	%
---------------------------------	-----------------------	---	---

STRATEGY FUNDS

Strategy Funds	Green Resources	%	%
	Earth Resources	%	%
	Diversified Assets	%	%

OTHER FUNDS

	%	%
	%	%

TOTAL

100%

100%

G Declarations for your Savings Policy

If you have chosen not to contribute to the Savings policy please **do not** complete Section G.

Part A (i) Data Protection

Zurich Life Assurance plc ('Zurich Life') or its authorised agents, may hold, use, disclose and process any information provided by me ('data'), which shall include information contained in this application (or provided subsequently in discussion or otherwise) and any information arising in relation to my policy and my relationship with them, in order to:

- process this application, manage and administer my policy; provide data to any of the companies that make up the Zurich Financial Services group (the 'Group') to enable them to do so; and provide the data to my Financial Advisor to enable them to administer my policy;
- comply with legal and regulatory obligations;
- overview and analyse my policy regularly for Group reporting;
- communicate with me (subject to legislation) by post, telephone, email or SMS unless instructed not to by me in writing;
- disclose the data to any (or any proposed) assignee, disposee or successor or any reinsurer;
- disclose/transfer the data abroad (subject to legislation) for the above purposes to persons approved of by Zurich Life; and
- check my personal data against international trade/economic or financial sanctions laws or regulations listings.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do **not** want your data to be used for these purposes, please tick here. ☐

You can ask Zurich Life/the Group at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

(ii) Consumer Disclosure

I confirm that I have received the relevant 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.

(iii) Policy Declaration

I declare that I have read the entire application form after it was fully completed and that I am satisfied that all the answers and statements in this application are true and complete (including those completed by my Financial Advisor). I agree that this Declaration, together with any statements made or to be made to the medical examiner for Zurich Life, along with any verbal statements to be made to and acknowledged in writing by Zurich Life, which shall be deemed to be part of this Declaration shall form the basis of this contract of insurance.

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I confirm that I have read and fully understand all parts of the above declaration (Part A (i), (ii) and (iii)) and that I will be the beneficial owner of this policy.

Signature of Policy Owner/Life Insured

X

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Part B - 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 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 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Note:

If applicable please ensure that you sign the box at the bottom of Part A.



**Policy Owner/
Life Insured:**

Please sign and date.



Financial Advisor:

Please sign and date.

H Investment Options - PENSION POLICY

Please complete either 1 or 2 below.

If you have chosen not to contribute to the Pension policy please **do not** complete Section H.

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. For regular contributions, units are bought at the ruling price on the date each contribution is due. If any contribution is not received in full on the date due, we may buy units on the day that you pay that full contribution.

1. PensionSTAR

Which PensionSTAR investment strategy do you wish to follow?

☐ PensionSTAR Annuity

OR

☐ PensionSTAR ARF

2. Matrix Fund Choice - Please specify the Matrix fund(s) to which your Pension policy is to be linked.

Sector	Fund Name	Regular Contribution	Single Contribution
ACTIVE MANAGEMENT			

Equity Concentrated Funds	5 ★ 5 Global	%	%
	5 ★ 5 Europe	%	%
	5 ★ 5 Asia Pacific	%	%
	5 ★ 5 Americas	%	%

Geographic Funds	Irish Equity	%	%
	Eurozone Equity	%	%
	Asia Pacific Equity	%	%
	American Select*	%	%
	European Select*	%	%

Global Equity Funds	International Equity	%	%
	Dividend Growth	%	%
	Global Select*	%	%

Managed Funds	Dynamic	%	%
	Performance	%	%
	Balanced	%	%
	Cautiously Managed	%	%
	Secure	%	%

Active Diversified Funds	Active Asset Allocation	%	%
	Dynamic Diversified Growth**	%	%

Unitised With Profits Fund	SuperCAPP	%	%
-----------------------------------	-----------	---	---

Fixed Interest/Bond Funds	Long Bond	%	%
	Active Fixed Income	%	%

INDEX TRACKER / EXCHANGE TRADED FUNDS

Geographic Funds	India Equity	%	%
	Europe ex-UK Index†	%	%
	Japan Index†	%	%
	UK Index†	%	%

Sector Fund	TopTech 100	%	%
--------------------	-------------	---	---

Commodity Funds	Global Commodities	%	%
	Gold	%	%

Property Equity Funds	European (Ex-UK) Property	%	%
	Australasia Property	%	%

Fixed Interest/Bond Fund	Inflation-linked Bond	%	%
---------------------------------	-----------------------	---	---

STRATEGY FUNDS

Strategy Funds	Green Resources	%	%
	Earth Resources	%	%
	Diversified Assets	%	%

OTHER FUNDS

	%	%
	%	%

TOTAL

100%

100%

Note:

You can choose a combination of up to 10 funds for your investment.

Note:

* These funds are managed by Threadneedle Investments and are subject to an additional management charge of 0.5% per annum.

Note:

** This fund is managed by BlackRock Investments and is subject to an additional management charge of 0.7% per annum.

Note:

The maximum entry age for the SuperCAPP Fund is 60 next birthday provided there are at least five years remaining to Normal Retirement Age. Prior approval is required from Zurich Life if the age next birthday exceeds 60.

Note:

† These funds are managed by BlackRock Investments.

Note:

For this product you can only switch within the Matrix range of funds.

If you have chosen not to contribute to the Pension policy please **do not** complete Sections I, J and K.

Please note: Sections I, J and K below apply to the Pension policy only.

I Revenue Information

Employer Details

Employer Name

Registered /
Business Address

Country of
Incorporation

Company
Registration Number

Employer Corporation
Tax District

Employer Revenue
Reference Number

Telephone Number

Email Address

Employee Details

Employee's Tax
District

PPS
Number

Is the Employee a 20% Director?*

☐

Yes

☐

No

Date of Entry
into Service

Retained Benefits†

Does the Employee have pension entitlements from any source other than this policy?
If YES, please provide the following details (use a separate sheet if necessary).

☐

Yes

☐

No

Name of Scheme/
Retirement Annuity
Contract/PRSA

Life Office

Normal
Retirement Age

Policy Number

Estimated Fund at
Retirement

€

Current Transfer Value

€

Are premiums still being paid under the above Scheme/Policy(ies)?

☐

Yes

☐

No

Benefits on Death
before Retirement

€

Deferred Retirement
Benefits

€

Other Details

Note:
*Appendix I of the Revenue Pensions Manual defines a "20% director" as someone who directly or indirectly at any time in the last three years owned or controlled more than 20% of the voting rights in the employer company, or in the parent company of the employer company.

Note:
† Please indicate (in the 'Other Details' section below) if any of the Retained Benefits are subject to a Pension Adjustment Order following a judicial separation or divorce.

J Employer's Declaration

I confirm that the Pension policy effected in pursuance of this application will be held by the Employer under irrevocable trust for the purpose of providing retirement and other relevant benefits as defined by Chapter 1, Part 30 of the Taxes Consolidation Act, 1997 for the Life Insured and/or his/her spouse and dependants as set out in this policy(ies).

I agree that the policy(ies) shall be based upon the statements and declaration made by the Life Insured as a part of the application for this policy(ies) and accept that the policy(ies) will be conditional on the approval by the Revenue Commissioners of the trust as an exempt approved scheme under Chapter 1, Part 30 of the Taxes Consolidation Act, 1997.

I consent to Zurich Life Assurance plc's seeking information and benefit details from the administrator or trustees or any other relevant insurance company of any scheme, arrangement or contract of the Employer, and I authorise the giving of such information and details.

Registered Administrator

The Social Welfare & Pensions Act 2008 (Section 27) requires the Trustees of every Pension Scheme to appoint a Registered Administrator. Zurich Life Assurance plc will provide the service of Registered Administrator (Category III - Annual Benefit Statements and Maintain Accurate Records) for the scheme unless advised to the contrary.

Signature of Director/Company Secretary on behalf of the Employer

X

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name (Print)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Position

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Director/Company Secretary on behalf of the Employer:

Please sign and date.

Note:

If applicable, please ensure that you sign the box at the bottom of Part K.

K Declarations by Life Insured for your Pension Policy

(i) Data Protection & Revenue Commissioners' Declaration

I authorise the Department of Social Protection or the Revenue Commissioners to advise Zurich Life Assurance plc ('Zurich Life') of my most recent address on their records at any future time.

Zurich Life or its authorised agents, may hold, use, disclose and process any information provided by me ('data'), which shall include information contained in this application (or provided subsequently in discussion or otherwise) and any information arising in relation to my policy and my relationship with them, in order to:

- process this application, manage and administer my policy; provide data to any of the companies that make up the Zurich Financial Services group (the 'Group') to enable them to do so; and provide the data to my Financial Advisor to enable them to administer my policy;
- comply with legal and regulatory obligations;
- overview and analyse my policy regularly for Group reporting;
- communicate with me (subject to legislation) by post, telephone, email or SMS unless instructed not to by me in writing;
- disclose the data to any (or any proposed) assignee, disposee or successor or any reinsurer;
- disclose/transfer the data abroad (subject to legislation) for the above purposes to persons approved of by Zurich Life; and
- check my personal data against international trade/economic or financial sanctions laws or regulations listings.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do **not** want your data to be used for these purposes, please tick here. ☐

You can ask Zurich Life/the Group at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

(ii) Policy Declaration

If the policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I declare that the statements in this application are true and complete (including any statements written down at my dictation), and I agree that this declaration shall be the basis for the proposed contract of insurance.

I consent to Zurich Life's seeking information and benefit details from the administrator or trustees or any other relevant insurance office of any scheme, arrangement or contract of which I am or have been a member, and I authorise the giving of such information and details.

I confirm that I have read and fully understand all parts of the above declaration (Part (i) and (ii)) and that I will be the beneficial owner of this policy.

Signature of Life Insured

X

Date

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



Life Insured:

Please sign and date.

If you have chosen not to contribute to the Pension policy please **do not** complete Section L.

Please note: Section L below applies to the Pension policy only.

L Letter of Exchange (do not detach)

Between the Employer:

And the Employee:

Date

Dear Employee,

The Employer hereby offers you the advantages of an Executive Pension Plan for the purpose of providing you with retirement benefits. The Executive Pension Plan policy commences on the date of this letter ('Start Date') and is governed by this letter and the Policy Conditions, a copy of which you will receive.

The Employer now establishes the Policy under irrevocable trust to be administered according to the Policy Conditions. This retirement benefits scheme is capable of being treated by the Revenue Commissioners as an exempt approved scheme to provide you with relevant benefits as defined in Chapter 1, Part 30, Taxes Consolidation Act, 1997.

The Policy is an occupational pension scheme and a 'Defined Contribution' scheme within the meaning of the Pensions Act 1990, and this letter and the Policy Conditions will be construed subject to the provisions of the Pensions Act.

The Policy benefits will be provided by means of an assurance or assurances, under the policy or policies issued by Zurich Life Assurance plc ('the Life Office') in pursuance of the application, and any subsequent or supplementary applications made to the Life Office.

The Employer, as Trustee, will hold your Policy or Policies issued by the Life Office in relation to the Policy and any endorsements. You will receive copies for your information.

The contributions payable towards the assurance or assurances will be those contributions made by you and/or the Employer in accordance with the applications, subject to the Policy Conditions.

The appropriate Stamp Duty has been or will be paid to the Revenue Commissioners under the Statutes for the time being in force.

Please acknowledge receipt of this letter by signing below and returning it to me.

Yours faithfully

Signature

X

Full Name (Print):

Position (Print):

I acknowledge receipt of this letter:

Signature of Employee

X



Authorised to sign on behalf of the Employer:

Please sign.



Employee:

Please sign.

M 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.
- ☐ Intermediary name, Financial Advisor name and Intermediary number are complete.
- ☐ All personal details are fully complete.
- ☐ The occupation of the Life Insured has been supplied.
- ☐ Indicated whether this replaces an existing policy in whole or in part, and that the Customer and Financial Advisor Declarations have been signed. If this replaces a Zurich Life policy please confirm the existing policy number.
- ☐ The declaration(s) (Section G & K as applicable) has been signed and dated.
- ☐ The information submitted with this application is consistent with any previously submitted online application.
- ☐ Certified copy of photo ID and certified copy of proof of address must be supplied. (Only applicable when the Savings policy is selected.)

Zurich Life Assurance plc

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

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurichlife.ie

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

Intended for distribution within the Republic of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at February 2012 and may change in the future.

