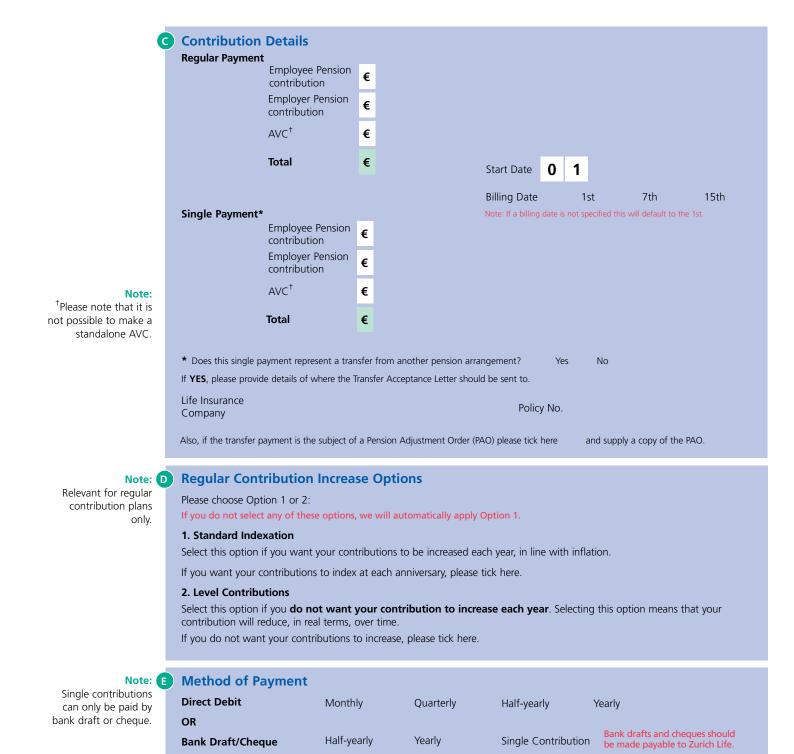


# **Executive Pension Plan**

	A.P. Pension Plan Type (as per the illustration)	R		S.P. Pension Plan Type (as per the illustrati	R on)		
	Intermediary Name	2					
	Financial Advisor Name				Intermediary Number		
Note:							
Please complete in BLOCK CAPITALS.	A Personal Deta Mr N	<b>iils</b> Ars Ms	Forename				
	Surname						
	Address						
Note: Proof of date of birth of Life Insured is required to make a claim. If your date of							
birth is incorrect any claim payment will be	Date of Birth				Sex	М	F
recalculated.	Marital Status	Married/Civil Pa	rtner Single			/Former Civil Partner	
Note: *Appendix I of the	PPS Number				mit a recent P60 or pa r Revenue approval)	ayslip	
Revenue Pensions Manual defines a	Contact Number						
"20% director" as someone who directly	Email Address						
or indirectly at any time in the last three	Nationality						
years owned or controlled more than	Occupation						
20% of the voting rights in the employer company, or in the	Country of Residence						
parent company of the		Please describe full	y and if your occupat	ion is 'Company Direct	or' please detail the na	ture of the business.	
employer company.	Is the Employee a	20% Director?*	Yes No	Date of Entry into Service			
	Annual Salary/ Earnings	€		Normal Retirement Age			
Special Instructions	Do full vested righ	ts accrue to the Em	ployee immediately?	Yes	No		
	If NO, please speci	fy the number of ye	ears after which vest	ed rights accrue.	(0 - 2 years)		
	B Web Access to	- Policy Inform	action				
<b> </b>		-		ndated value) online a	t the Client Centre on	our website	
		jister for the Client		No	e alle chefte centre off	cur medate.	
			Centre: 105	INU			



• )	

# F) Your Investment Options

If you choose the Personalised GuidePath option below then this investment strategy will apply to both single and regular contributions.

Please select either Option 1 OR Option 2

# **Option 1** Personalised GuidePath

The Personalised GuidePath investment strategy automatically moves your pension money through a series of investment funds tailored to your risk appetite as you go through your working life. As you near retirement, your pension money is gradually switched into funds appropriate for your retirement plan. You can personalise the growth stage, retirement planning stage or strategy end date of your Personalised GuidePath at any time using the secure web portal at zurich.ie. (Please note that your selection below will not impact the settings on any of your existing policies).

I wish to select the Personalised GuidePath Investment Strategy

Growth Stage	Your Personalised GuidePath defaults to the <b>medium risk/return</b> growth stage. If, instead, you wish to <b>choose an alternative, please specify here:</b>					
	High	Medium	Low			
Retirement Planning Stage		etirement planı			to choose an	d Annuity (75%) at the end <b>alternative, please specify</b> (must total 100%)
			,			
Strategy End Age	Your Personalised GuidePath strategy end age defaults to your normal retirement age. If, instead, you wish to <b>choose an alternative age, please specify here:</b>					

# **Option 2** Choose your own funds

If you wish to make a selection below, please **DO NOT** complete the Personalised GuidePath option above. 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.

OR

Fund Name	Single Contribution	<b>Regular Contribution</b>
Prisma 2	%	%
Prisma 3	%	%
Prisma 4	%	%
Prisma 5	%	%
Prisma Max	%	%
SuperCAPP	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Cash	%	%
Active Fixed Income	%	%
Active Asset Allocation	%	%
International Equity	%	%
Other Funds - please see the 'Fund Guide' on zurich.ie for a full list or	<sup>f</sup> available funds.	
	%	%
	%	%
	%	%
	%	%
	%	%

## Total

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.

100%

100%

#### Note:

Note:

It is important that you clearly write the full fund name when making a selection to avoid any delay in processing your application.

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.

3

	Revenue Inform	ation				
	Employer Details Employer Name					
	Registered /					
	Business Address					
	Country of					
	Incorporation Company Registration					
	Number (if applicable)					
	Employer Revenue Reference Number					
	Contact Number					
	Email Address					
	Other Pension Pol	icies - details are require	d as part of the Rever	que Commissioners	annroval nrocess	
		licies relating to your curr				
		ompleted in all instances	entemployment			
		nsion entitlements relating to	o this employment?	Yes No		
	If yes, please provide o					
	Name of scheme					
	Life Assurance					
	Company					
Note:	Policy number					
All policies in respect of the same	NRA (Normal			Status	Paid Up	Live
employment should have the same NRA.	Retirement Age) Current fund value	€		ive, current monthly	€	
				ployer contribution ive, current monthly	-	
				ployee contribution	€	
	2. Other pension po	licies relating to previous	employment			
	This section may be re retirement benefits are	equired if an employee is nea e being calculated using the	ar the maximum allowab uplifted scale.	le contribution for this	employment and	
	Do you have pension e	entitlements from a previous	employment or under a	any Personal Pension o	r PRSA?	
	If yes, please provide o	details below:				
	Name of					
Other Details	scheme/policy Life Assurance					
	Company					
	Policy number					
	Current fund value	€				
	If applicable, please	use a seperate sheet to gi	ive details of other pe	nsion policies.		
	Employer's Decla	aration				
•		usion policy effected in purs	uance of this application	y will be held by the F	mplover 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.

# Employer's Declaration (continued)

## **Registered Administrator**

Section 59 of the Pensions Act 1990, as amended 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	

# Note: **1** Declarations by Life Insured

## (i) 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.

I authorise the Department of Employment Affairs and Social Protection or the Revenue Commissioners to advise Zurich Life of my most recent address on their records at any future time.

## (ii) 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

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.

## (iii) 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 and that I will be the benefical owner of this policy.



Director/Company

Secretary on behalf of the Employer: Please sign and date.

Please ensure that

you sign the box at

Т

the bottom of Section

Signature of Life Insured

Date

# J Application Checklist

Please ensure that the following details have been completed on the application form.

Please tick 🗸

Any questions which are amended have been initialled.

All personal details are fully complete.

Intermediary name, Financial Advisor name and Intermediary number are complete.

The occupation of the Life Insured has been supplied.

The Declaration has been signed and dated by the Life Insured.

The information submitted with this application is consistent with any previously submitted online application.

## K Letter of Exchange (do not detach)

Between the Employer:

And the Employee:

Date

#### Dear Employee,

Vours faithfully

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 Insurance Company') in pursuance of the application, and any subsequent or supplementary applications made to the Life Insurance Company.

The Employer, as Trustee, will hold your Policy or Policies issued by the Life Insurance Company 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.

Authorised to sign on behalf of the Employer: Please sign.



Signature	
x	
Name (Print) Position (Print) acknowledge receipt of this letter:	
Signature of Employee X	

## Note:

This letter of exchange establishes the employer as trustee of the proposed pension scheme. It is important that the employer understands their responsibilities as trustees as per Pensions Act (as ammended) 1990.

## **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.

#### 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).
- 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.

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

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.

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, 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.

#### **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
- 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.

SEPA Direct Debit Mandate       Zurich Life Unique Mandate         Zurich Life Unique Mandate       Zurich Life Assurance place         Reference Number (to be completed by the creditor)       IE 4 3 Z Z Z 9 9 2 8 2 9         Creditor Identifier       IE 4 3 Z Z Z 9 9 2 8 2 9         Please complete all the fields below:       Please Return to:		By signing this mandate form, you authorise (A) nce plc to send instructions to your bank to debit your our bank to debit your account in accordance with the Jurich Life Assurance plc. As part of your rights, you efund from your bank under the terms and conditions it with your bank. A refund must be claimed within 8 om the date on which your account was debited. Your ed in a statement that you can obtain from your bank. D:			
Account Holder Name				Creditor Name	ZURICH LIFE ASSURANCE PLC
Account Holder Addres	S			Creditor Address	ZURICH HOUSE, FRASCATI ROAD, BLACKROCK
					CO. DUBLIN, IRELAND
City/Postcode		Country		Type of Payment	RECURRENT
IBAN (International Bank Account Number)					
Signature(s)	x		SWIFT I (Bank le	BIC dentification Code)	
of Account Holder(s)	x		Da	te of Signing	

#### Mandate Declaration

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.

£	
	Salary Deduction Instruction
	ZURICH <sup>®</sup> Employee's Agreement and Authority to Deduct Contributions (to be retained by Employer)
	To: Personnel Officer of Employer
li.	Please deduct from my gross salary until further notice the appropriate gross amount agreed by me in Section B, on the appropriate dates, in respect of my contributions and any increases in contributions under the policy(ies) and remit these contributions to Zurich Life Assurance plc.
Employee:	Signature of Employee
Please sign and date.	X Date
	Name BLOCK CAPITALS
	Employee/Personnel
	Number Pay Group/Payroll Number
	Department
	Location

# Zurich Life Assurance plc

Zurich House, Frascati Road, Blackrock, Co. Dublin, 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 June 2020 and may change in the future.

Intended for distribution within the Republic of Ireland.

GR: 5080 Print Ref: ZL PP232(a) 0620 Product Ref: PAE, PA1, PA4, PA8, QAC, QAP, IAF, PCB

