

Standard PRSA AVC

This application should only be used for submitting offline business to Zurich. (i.e. not using online signature free).

The only PRSA applications that must be submitted offline are Salary Deducted/Employer Contribution Single Premium PRSAs (without a regular premium attaching) or where the employer does not remit contributions by Direct Debit.

Intermediary Name

Financial
Advisor Name

Intermediary
Number

Note: This application form should be used by employees who are members of an existing Occupational Scheme, and who wish to make Additional Voluntary Contributions on a stand-alone basis via a PRSA. It should not be used if the AVCs are to be arranged under the rules of an existing occupational or statutory pension scheme.

Note:
Please complete in
BLOCK CAPITALS.

A Personal Details of PRSA Contributor

Mr Mrs Ms Mx Forename

Surname

Date of Birth

Note:
Parts A and B of
this declaration
must be signed.

B Declarations

Part A

(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 the Personal Declaration Form. Please read this carefully.

By signing this personal declaration 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

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.

Continued overleaf

B **Declarations**

(iii) Taxes Consolidation Act, 1997

I understand that no benefit under the contract(s) shall be capable of being surrendered, assigned or commuted except as provided by Part 30 of the Taxes Consolidation Act, 1997 – Chapter 2A, Section 787K and Chapter 4, Section 790D.

(iv) Consumer Disclosure

I confirm that I have received a Preliminary Disclosure Certificate for the Standard PRSA for which I am now applying as well as the relevant Fund Guide.

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

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

Warning: If you propose to enter into this PRSA contract in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract. If you are in doubt about this, please contact your PRSA provider.

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

(v) Fund Preferences

I declare that where I have selected fund(s) other than the Default Investment Strategy (Annuity) or the Default Investment Strategy (Approved Retirement Fund) as part of my application for this PRSA-AVC contract, I am providing written confirmation, by signing this declaration, that I do not wish to avail of either Default Investment Strategy.

(vi) PRSA-AVC Contract Declaration

I confirm that I am applying for a Standard PRSA for the purpose of making additional voluntary contributions (AVCs) to same. I understand that I have a duty to answer all questions asked by Zurich Life in this application for a contract honestly and with reasonable care and failure to comply with these requirements could result in my contract being invalidated or my contract benefits being reduced. I declare that all questions and statements in this Personal Declaration Form and in the application for this contract are answered honestly and with reasonable care (including any statements written down at my dictation).

I confirm that I have received in writing the information specified in the declaration in Part B below. I confirm that I have read and fully understand all parts of the above declaration.

I agree to Zurich Life requesting information from the Trustees and/or my Employer so that required calculations of maximum benefit can be made.

I understand that Zurich Life will inform the Trustees and/or my Employer of the existence of this contract.

Signature of PRSA Contributor

X

Date

Part B – This part should be completed by your Financial Advisor.

I hereby declare that in accordance with article 3 of the Personal Retirement Savings Accounts (Disclosure of Information) Regulations 2002, a Preliminary Disclosure Certificate has been provided to the PRSA Contributor and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

Signature of Financial Advisor

X

Date

Note:

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



PRSA Contributor:

Please sign and date.



Financial Advisor:

Please sign and date.

Warning: Due to the nature of this product, it is important to ensure that it remains suitable for you. We recommend that you engage with your financial advisor on a regular basis to ensure its ongoing suitability.

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 complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

Please Return to:

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

IBAN (International
Bank Account Number)

Signature(s) of Account Holder(s)	X
	X

SWIFT BIC (Bank Identification Code)	
Date of Signing	

Mandate Declaration

Direct debits will be collected from your bank on the chosen date* of the month the contribution is due. Under Single Euro Payments Area (SEPA) legislation, you are entitled to 14 calendar days prior notice of: (i) the commencement of a direct debit collection from your bank account by Zurich Life or (ii) where there is a change in the direct debit amounts or bank account details. However, SEPA also allows for a shorter notification period and to ensure timely collection of your contributions, Zurich Life operates a three day notification period. This does not affect your rights as outlined in the SEPA Direct Debit Mandate.

*The default chosen date is 1st of the month; the 7th and 15th of the month are available with agreement.

By signing this mandate form you are agreeing to a three day notification period before Zurich Life can collect contributions from your bank account.

Please note: Your IBAN and BIC details are included on your bank statement.

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 Statement which is available at www.zurich.ie/privacy-statement.

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.

Data Protection Notice (continued)

- 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 Statement which is available at www.zurich.ie/privacy-statement.

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 Statement which is available at www.zurich.ie/privacy-statement.

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 Statement at www.zurich.ie/privacy-statement.

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 Statement

Please note that this Notice is not a stand-alone document and should be reviewed in conjunction with our Privacy Statement which is available at www.zurich.ie/privacy-statement.

Standard PRSA-AVC

A.P. Plan Type R <small>(as per the illustration)</small>	S.P. Plan Type R <small>(as per the illustration)</small>
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Note:
Please complete in BLOCK CAPITALS.

Note: This application form should be used by employees who are members of an existing Occupational Scheme, and who wish to make Additional Voluntary Contributions on a stand-alone basis via a PRSA. It should not be used if the AVCs are to be arranged under the rules of an existing occupational or statutory pension scheme.

A Personal Details of PRSA Contributor

***Note:**
E.g. a passport including passport number. Source of evidence is only required if the contribution is greater than 15% of Net Relevant Earnings. Not required for Pension Transfers.

	Mr	Mrs	Ms	Mx	Forename
Surname					
Address					
Date of Birth					→ Source of Evidence*
					No.
PPSN					→ Source of PPSN
Marital Status	Married/Civil Partner		Single	Separated	Widow(er)
Partner	Divorced/Former Civil				
Sex	M	F			
Country of Residence					
Nationality					
Home Contact Number					
Mobile Contact Number					
Email Address					
Occupation (please tick one)					
A. Employee					
		Manager, professional, technical and administrative		Clerical and secretarial	
Personal and protective service		Trades, craft and other related		Plant and machine operatives	
Sales		Other		Please specify	
<hr/>					
ORB. Not Employee					
Agricultural self-employed		Other self-employed		Please specify	
<hr/>					
ORC. Not Economically Active/Unemployed					

B Web Access to PRSA Information

You can look up details of your PRSA (including the current value) online at the Client Centre on our website. Once your policy is issued, you will receive online access to Zurich's Client Centre. If you prefer not to use Zurich's Client Centre, you don't need to do anything and can disregard the letters you receive.

C Contribution Details (Complete 1 OR 2 below)

Note: If you are applying for an individual PRSA complete **C1** and if you require a salary deduction/employer contribution PRSA proceed to Section **C2**.

1 Individually paid

Contract Start Date **0 1**

Billing Date 1st 7th 15th

Note: If a billing date is not specified this will default to the 1st.

Regular Contribution

Direct Debit Frequency Monthly Quarterly Half-yearly Yearly

Regular contribution amount per frequency above €

Please complete Direct Debit Instruction at end of this form.

Note:
Relevant for regular contribution plans only.

Regular Contribution Increase Options

Please choose Option 1 or 2:

If you do not select any of these options, we will automatically apply Option 1.

1. Standard Indexation

Select this option if you want your 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.

Once-off Contribution

If this is to be a once-off contribution, please specify amount here. €

Once-off contributions can only be paid by cheque or bank draft made payable to Zurich Life.

Does the once-off contribution represent a transfer payment from another pension arrangement? Yes No

If **YES**, please provide details of where the Transfer Acceptance Letter should be sent to.

Life Insurance Company

Policy No.

If **YES**, from what type of pension arrangement is the transfer payment coming?

PRSA	Defined-benefit scheme	Defined-contribution scheme	Retirement annuity contract (personal pension)	Pension arrangement outside Ireland
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If the transfer is from a Defined-Benefit or Defined-Contribution scheme, please confirm the following:

Please confirm if the client has less than 15 years membership in the transferring scheme. Yes No

Is the scheme winding up? Yes No

Please note that this confirmation needs to come from the trustees of the scheme either in the form of a letter to Zurich or the Revenue confirming the scheme has wound up.

Has the client left that employment? Yes No

Does the payment represent a transfer of non-preserved benefits? Yes No

Continued overleaf

C 2 Salary Deduction/Employer Contribution

Name of Employer

Address of Employer

Employee Number

Month of First Salary Deduction for PRSA

The contract start date will be the first of the month following the month of the first salary deduction.

Frequency of Salary Payment Weekly Fortnightly 4-weekly Monthly

Regular PRSA Contribution (per salary payment frequency above)

Your regular contribution € OR % of salary %

The employer needs to complete the Direct Debit instruction on the personal declaration form on page 3.

For regular PRSA contributions, please tick one of the boxes below after consulting with your employer.

Fixed contribution per month remitted to Zurich Life by employer

Variable contribution per month remitted to Zurich Life by employer

Please deduct from my salary until further notice the regular PRSA contributions agreed by me above, and any increases in contributions, and remit these contributions to Zurich Life Assurance plc.



PRSA Contributor:

Please sign and date.

Signature of PRSA Contributor (Employee)

X

Date

D Scheme Details

#Are you a 20% Director? Yes No Scheme Retirement Age

Date of Joining Employer

Gross Salary €

Current value of AVCs €

Please confirm if your current Pension Arrangement is a 'Defined Benefit Pension' or a 'Defined Contribution Pension':

Defined Benefit Scheme If Yes, please complete **Section A** below only

Defined Contribution Scheme If Yes, please complete **Section B** below only

Section A – Defined Benefit Pension

Scheme Name

Name of Trustee or Administrator

Address of Trustee or Administrator

Which of the following best describes your current pension arrangement:

Public Sector Scheme N60th N80th

A 'Scheme Booklet' or 'Benefit Statement' is required if the details above are not completed

#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.

D Section B – Defined Contribution Scheme

Scheme Name

Name of Trustee or Administrator

Address of Trustee or Administrator

Details of contributions you are making:

	€	OR	% of salary	Contribution Frequency	Monthly	Annually
(i) employee	<input type="text"/>		<input type="text"/> %			
(ii) employer	<input type="text"/>		<input type="text"/> %			
(ii) as AVCs	<input type="text"/>		<input type="text"/> %			

Current value of main pension arrangement: €

A 'Scheme Booklet' or 'Benefit Statement' is required if the details above are not completed

E Details of Your Previous Pension Benefits – Retained Benefit Information

***Note:**
Please give details of any other retained benefits for the employee under Retirement Annuity Contracts. Please also advise if any of the retained benefits are subject to a Pension Adjustment order following a judicial separation or divorce.

Do you have pension entitlements from any source other than your main occupational pension?
If YES, please provide the following details (use a separate sheet if necessary):

Normal Retirement Age Current Transfer Value €

Are contributions still being made under the above Scheme/Policy(ies)? Yes No

Deferred Retirement Benefits €

Please give details of any other retained benefits* under Retirement Annuity Contracts or other PRSAs below (or on a separate sheet if necessary).

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

Note:
Please see below for definitions of these terms.

Are you (or have you been within the last 12 months), a PEP or a 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.

G Your Investment Options

If you choose the Default Investment Strategy below then this investment strategy will apply to both single and regular contributions.

Please select either **Option 1** OR **Option 2**

Option 1 Default Investment Strategy

If you select the Default Investment Strategy, please **DO NOT** complete the Fund Choice section below.

Which Default Investment Strategy do you wish to follow? Default Investment Strategy (Annuity) **OR** Default Investment Strategy (Approved Retirement Fund [ARF])

OR

Option 2 Fund Choice

If you wish to make a selection below, please **DO NOT** complete the Default Investment Strategy section above. You may choose to invest in a maximum of 10 funds.

Fund Name	Regular Contribution	Single Contribution
Prisma Low	%	%
Prisma 2	%	%
Prisma 3	%	%
Prisma 4	%	%
Prisma 5	%	%
Prisma Max	%	%
Cash	%	%
Active Asset Allocation	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Long Bond	%	%
Dividend Growth	%	%
Active Fixed Income	%	%
Eurozone Equity	%	%
International Equity	%	%
5 ★ 5 Global	%	%
5 ★ 5 Europe	%	%
5 ★ 5 Americas	%	%
5 ★ 5 Asia Pacific	%	%
Asia Pacific Equity	%	%
Medium Duration Corporate Bond	%	%
Short Duration Corporate Bond	%	%
Total	100%	100%

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 February 2026 and may change in the future.

Intended for distribution within the Republic of Ireland.

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