Self-directed Pension

Personal Portfolio Fund

A.P. Pension Plan Type	R			
S.P. Pension Plan Type	R		Intermediary Number	
Intermediary Name				
Financial Advisor Name				

Note:
Please complete in BLOCK CAPITALS.

Step 1 - Complete the General Information Section below (Part 1).
Step 2 - Complete the Limited Power of Discretionary Management Section (Part 2).
Step 3 - Complete the Section applicable to your product choice (Part 3):

- ☐ A. Self-directed **Personal Pension**
- ☐ C. Self-directed **Buy-out Bond**
- ☐ B. Self-directed **PRSA'**
- ☐ D. Self-directed **ARF**

Please tick as appropriate.

Parts 1, 2, and 3, together constitute the 'Application'.

Note:
'Choosing the Self-directed PRSA option means that you are choosing to invest in the Personal Portfolio Fund on a Zurich Life PRSA product. You will also have access to all of the other funds which are available on that PRSA product.

Note:
PRSA AVCs are not available on this product. For further details, please contact Zurich Life.

PART 1 - GENERAL INFORMATION (to be completed in all cases)

A Personal Details

Policy Owner ☐ Mr ☐ Mrs ☐ Ms ☐ Mx

Forename

Surname

Address

Eircode

Date of Birth

Sex ☐ M ☐ F

Marital Status ☐ Married/Civil Partner ☐ Single ☐ Separated ☐ Widow(er) ☐ Divorced/Former Civil Partner

Contact Number

Email Address

Occupation

(Please describe fully and if Company Director then please detail the nature of the business)

Country of Residence

Nationality

Special Instructions

Note:
*The Attorney is the Policy Owner. The Attorney will receive a Limited Power of Discretionary Management, as described in Part 2 of this form.

PART 1 - GENERAL INFORMATION (CONTINUED)

B Appointment of Attorney

I request that Zurich Life Assurance plc (Zurich Life) appoints

to be the true and lawful Attorney* for the Personal Portfolio Fund attached to this policy.

C Payment on Death of Life Insured

Please sign Option 1 or 2 below. If neither is signed, Option 1 will apply.

Option 1: In the event of the death of the Life Insured, I request that Zurich Life encashes the assets of the unit-linked fund underlying the Personal Portfolio Fund as soon as possible (given the nature of these assets), following receipt by Zurich Life of notification of the death of the Life Insured. The death benefit payable will be the value of the unit account on the date the assets are encashed.

Policy Owner: Please sign and date.

Signature of Policy Owner

X

Date

OR

Option 2: In the event of the death of the Life Insured, I request that Zurich Life pays no death benefit and instead retains the assets within the unit-linked fund underlying the Personal Portfolio Fund until the legal representatives of the Policy Owner give alternative instructions.

Policy Owner: Please sign and date.

Signature of Policy Owner

X

Date

Note:
Minimums apply for both Single and Regular contributions. These can vary from time to time and details are available on request from Zurich Life. While the accumulated pension fund is less than €50,000*, the contributions will be invested in the Cash Fund (unless another fund is advised). The Policy Owner may request a switch to the Personal Portfolio Fund once the total accumulated fund in the Cash Fund exceeds €50,000*. For PRSAs, please see note below.

*Lower contributions can be accepted with prior approval from Zurich Life/the Investment Partner.

For PRSAs, the minimum contribution is €10 per payment for payment by electronic transfer (including direct debit) or €50 for payments by any other means. However, you must wait until you have accumulated a fund of at least €50,000 before you can switch into the Personal Portfolio Fund.

D Plan and Contribution Details

Plan 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

			% of salary
Your regular contribution	€	OR	%
Your employer's regular contribution**	€	OR	%
Total	€	OR	%

Once-off Contribution

Your once-off contribution	€
Your employer's once-off contribution**	€
Total	€

**Salary deducted payments where relevant – PRSA Contracts only. Please complete details in box below.

Name of Employer

Address of Employer

Employee Number

Method of Payment

Regular Contribution

Direct Debit

☐ Monthly ☐ Quarterly
☐ Half-yearly ☐ Yearly

OR **Bank Draft/Cheque**

☐ Half-yearly
☐ Yearly

Single Contribution

☐ Cheque ☐ Bank Draft

☐ On maturity of the Zurich Life Pension policy

☐ In specie transfer of stocks, subject to the portfolio being acceptable to Zurich Life and the Investment Partner.

Bank drafts and cheques should be made payable to Zurich Life.

Does payment represent a transfer value? ☐ Yes ☐ No

If YES please provide: Company Name

Policy Number

Pension Adjustment Order/Property Adjustment Order

If any Single Contribution made represents a transfer from another pension arrangement and is the subject of a **Pension Adjustment Order** or a **Property Adjustment Order** then please tick here ○ and supply a copy of the order. If this box is not ticked the policy will be issued on the basis that no order applies.

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. ☐

E Fund Choice (For all Pension Investments except PRSAs)

Fund	Regular Contribution	Single Contribution
Personal Portfolio Fund	%	%
Cash Fund	%	%

OTHER FUNDS For a complete list of the 'other funds' available, please contact Zurich Life.

	%	%
	%	%
TOTAL	100%	100%

F Fund Choice (For PRSAs only)

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.

You may choose to invest in a maximum of 10 funds.

Fund Name	Single Contribution	Regular Contribution
Personal Portfolio Fund	%	%
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	%	%
Irish Equity	%	%
Top Tech 100	%	%
Global Short-term Investment Grade Fixed Income (Dimensional)	%	%
Euro Inflation Linked Int Duration Fixed Income (Dimensional)	%	%
World Equity (Dimensional)	%	%
Global Short Fixed Income (Dimensional)	%	%
World Allocation 20/80 (Dimensional)	%	%
World Allocation 40/60 (Dimensional)	%	%
World Allocation 60/40 (Dimensional)	%	%
World Allocation 80/20 (Dimensional)	%	%
Global Value (Dimensional)	%	%
Global Core Equity Lower Carbon ESG Screened (Dimensional)	%	%
Global Small Companies (Dimensional)	%	%
Asia Pacific Equity	%	%
Gold	%	%
Indexed Emerging Markets Equity (Blackrock)	%	%
Medium Duration Corporate Bond	%	%
Short Duration Corporate Bond	%	%
Total	**100%**	**100%**

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.

G Declarations

(i) Policy Declaration

- I have completed the Stock Transfer Form(s) (if applicable).
- I wish to appoint ______________________ as my Investment Partner.

  The Investment Partner is the stockbroker who carries out the investment decisions for the policy on my behalf.
- I understand that Zurich Life may alter the list of permitted Investment Partners at any time and that the Investment Partner may cease to provide this service to Zurich Life.
- If the Investment Partner decides to cease providing the service to Zurich Life or Zurich Life's alteration to the list of Investment Partners results in my not having an Investment Partner, then I understand that I have the following three options:

1. provided there is at least one other Investment Partner available to Zurich Life, then I may select a new Investment Partner;
2. transfer to another Zurich Life unit-linked fund to which Zurich Life allows the policy to be linked at that time; or
3. if allowed by legislation, transfer the proceeds to another life assurance company.

If I fail to take up one of these options within three months of being asked to do so, Zurich Life will switch the Personal Portfolio Fund into a Zurich Life unit-linked fund of its choosing.

- I understand that Zurich Life is not liable for any loss caused to my policy as a consequence of advice or instruction given by the Investment Partner or by any third party or by their negligence. I understand that the Investment Partner, Attorney (as defined in Part 2) or any third party, do not have the authority to partially or fully encash the policy.
- I acknowledge that Zurich Life is not liable for any loss caused to my policy as a consequence of advice or instruction given by the Attorney or any negligence on their part.
- I understand that all investment dealing in respect of the assets of the unit-linked fund underlying the Personal Portfolio Fund shall be undertaken in the name of a nominee company of the Investment Partner which shall include reference, where applicable, to any of the nominee company's successors and assigns (the 'Nominee Company').
- I acknowledge and agree that neither the Investment Partner nor the Nominee Company, nor any of their respective subsidiary undertakings or parent undertakings, nor any of their respective directors, employees or officers from time to time, shall be liable for any loss or damage whatsoever or howsoever arising, and no claim may be brought against any of such parties and I agree to waive any such claim which I may have, in connection with the provision of the nominee facilities to me or in the exercise, or purported exercise of, or failure to exercise any actions, authorities or rights by any of such parties, whether on my instructions, on the instructions of Zurich Life, the Attorney or my duly appointed Financial Adviser, or any other instruction reasonably believed to be authorised by Zurich Life or me in connection with the assets of the unit-linked fund underlying the Personal Portfolio Fund save where such claim, loss or damage arose by reason of the negligence, fraud, or wilful default on the part of the Investment Partner, the Nominee Company, their respective subsidiary undertakings, parent undertakings, or any of their respective directors, employees or officers.
- I understand that Zurich Life shall be the only party entitled to direct or instruct the Investment Partner or the Nominee Company in the exercise of any voting or other rights attaching to any assets of the unit-linked fund underlying the Personal Portfolio Fund. I acknowledge that neither I, nor any person acting on my behalf, shall be entitled to direct or instruct the Investment Partner or the Nominee Company in the exercise of any such voting or other rights.
- I understand that the Investment Partner shall use its reasonable endeavours to ascertain my wishes or those of the Attorney (where I am not the Attorney duly appointed) with regard to the exercise of any ancillary instructions (other than voting or other rights) in respect of any assets of the unit-linked fund underlying the Personal Portfolio Fund. In the event that, having used their reasonable endeavours to do so, the Investment Partner has not been able to ascertain my wishes or those of the Attorney (as applicable), I acknowledge and agree that the Investment Partner or the Nominee Company shall apply the default option notified by the relevant securities registration agent.
- I understand that Zurich Life has the right to refuse to enter into this pension policy based on this Application without reason.
- I am aware that Zurich Life may cancel the contract at any time if any information is wilfully omitted or if any information provided by me is false.
- I acknowledge that the assets of the Personal Portfolio Fund are the assets of Zurich Life Assurance plc
- If this policy was sold, signed or completed outside Ireland, insert the name of the country where it was sold, signed or completed.

____

Policy Owner: Please sign and date.

Signature of Policy Owner

X

Date ______________________

Continued overleaf

G Declarations (continued)

(ii) Data Protection Notice

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

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

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.

(iii) Marketing Preferences

From time to time, we would like to contact you to keep you up to date with news and offers from Zurich Life and those of the Zurich Group or third parties that we recommend. If you are happy for us to do this, please choose how you would like us to contact you.

For news, updates and offers from Zurich Life by:

☐ Post ☐ Email ☐ Phone ☐ Text/Digital message

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.

Policy Owner
Please sign and date.

Signature of Policy Owner
X

Date

H 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.

I Additional Disclosure Material

Subject to the limitations on the securities that you can hold in your Personal Portfolio Fund, the Attorney will manage the Personal Portfolio Fund by dealing through, and where appropriate, with advice from, your Investment Partner.

Your Investment Partner sets the charges (dealing commission, custody fees and any management fees, etc.) for the service provided. These charges are available on request and may be changed if Zurich Life agrees to a change, and this will only happen if Zurich Life is convinced that the Investment Partner has experienced a rise in operating costs for this type of business. The charges are higher than those normally paid by institutional investors.

You should read your Investment Partner's charges carefully and discuss any issues you have on this subject with your Investment Partner or Financial Advisor.

Zurich Life is not liable for any loss caused to your policy as a consequence of advice given by the Investment Partner or by any third party or the Attorney or by their negligence. The Investment Partner, the Attorney or any third party does not have the authority to partially or fully encash the policy.

Zurich Life is not liable for any loss caused to your policy as a consequence of instruction given by you or your negligence.

The range of securities that you can trade in is more limited than if you held the securities directly.

Can the policy be cancelled or amended by the insurer?

Zurich Life may alter the list of permitted Investment Partners at any time, and the Investment Partner may cease to provide this service with Zurich Life.

If the Investment Partner decides to cease providing the service to Zurich Life or Zurich Life's alteration to the list of Investment Partners results in your not having an Investment Partner, you have the following three options:

- provided there is at least one other Investment Partner available to Zurich Life, you may select a new Investment Partner;
- you may transfer to another Zurich Life unit-linked fund to which Zurich Life allows the policy to be linked at that time; or
- if allowed by legislation, you may transfer the proceeds to another life assurance company.

If you fail to take up one of these options within three months of being asked to do so, Zurich Life will switch the Personal Portfolio Fund into a Zurich Life unit-linked fund of its choosing.

J Suitability and Risk Warnings

The primary objective of your pension is to provide you with a retirement income or with a fund at retirement to purchase your retirement benefits. You need to consider if investing in a Personal Portfolio Fund, along with any other pension arrangements you may have, will meet your pension objectives. In addition, you should also consider, amongst other issues, your risk appetite, the number of years you have to retirement, the extent of diversification you have across all your pension arrangements, and your own personal and financial circumstances. You should also consider professional advice from a Financial Advisor in order to ensure that you can make an informed choice. Zurich Life is not liable for any loss, as a consequence of advice given by your Financial Advisor.

Once invested in a pension product, you must wait until retirement before you can reap the benefits of your investments. In addition, there are limits to the amount you can invest and accumulate within a pension product. The risk of loss in trading shares can be substantial. You should therefore carefully consider whether such trading is suitable for you in the light of your financial circumstances. In particular, you should consider whether such an investment is appropriate to provide you with a retirement income or to fund for your retirement pension. In considering whether to trade or to authorise someone else to trade for you, you should be aware of the following:

- If you purchase a security, you may sustain a substantial loss if the share price falls significantly.
- Under certain market conditions, you may find it difficult or impossible to liquidate a position quickly.
- If you instruct your Investment Partner to purchase shares that are not denominated in euros, you face a foreign exchange exposure risk.
- Unless you take steps to ensure that you have a well-diversified portfolio of securities, your portfolio is likely to have a higher level of risk than the average balanced fund offered by life assurance companies.
- The dealing and transaction costs incurred within the Personal Portfolio Fund will be the normal rates available to private clients of stockbrokers. They will not be institutional rates, which are sometimes offered to corporate clients, who have larger and more frequent trades.

K Types of Investment Permitted in a Personal Portfolio Fund:

Type		Restrictions
Securities	Government Bonds	Of OECD states only
	Supranational Body Bonds	Excluding: bonds with credit ratings of lower than BBB- (Standard & Poor's, Moody's)
	Corporate Bonds	Excluding: Zurich Insurance Group Ltd or other quoted Zurich Group companies Corporate institutions with credit ratings of not lower than BBB- (Standard & Poor's, Moody's) Domiciled in OECD states only
	Equity Shares traded on permitted exchanges	Excluding: Zurich Insurance Group Ltd or other quoted Zurich Group companies
Other Investments	Cash	Currencies consistent with countries of permitted Exchanges (per the attached Schedule only).
	Bank Deposits	Regulated deposit taking Institutions in the EEA, UK & Switzerland
	Currency Trades	Spot FX trades only. Consistent with hedging exposure to currencies in which assets held in the Portfolio are traded back to €.
	Collective Investment Vehicle	New investments, effective 11/10/2019, must be; (i) Exchange Traded Funds listed & traded on permitted exchanges or (ii) Collective investment in transferable securities (UCITS) funds as defined in Article 1(2) of Directive 2009/65/EC of the European Parliament (as amended from time to time). (iii) Investment Trusts listed & traded on permitted exchanges Existing investments as at 10/10/2019 are permitted, provided the exposure to these investments is not increased.

L Exchanges Through Which Investments Are Permitted[1]

[1]As at August 2023 the list of permitted stock exchanges is given here. This list is reviewed periodically and an up-to-date list can be obtained from Zurich Life.

Country		Stock Exchange
Europe	Austria	Vienna Stock Exchange
	Belgium	Euronext Brussels
	Denmark	OMX Copenhagen
	Finland	OMX Helsinki
	France	Euronext Paris
	Germany	Deutsche Börse (Frankfurt)
	Greece	Athens Exchange
	Ireland	Euronext Dublin (Main Securities Market Only)
	Italy	Borsa Italiana
	Luxembourg	Luxembourg Stock Exchange
	Netherlands	Euronext Amsterdam
	Norway	Oslo Stock Exchange
	Portugal	Euronext Lisbon
	Spain	Bolsa de Madrid
	Sweden	OMX Stockholm
	Switzerland	Swiss Exchange
	United Kingdom	London Stock Exchange

Continued overleaf

PART 1 - GENERAL INFORMATION (CONTINUED)

*As at August 2023 the list of permitted stock exchanges is given here. This list is reviewed periodically and an up-to-date list can be obtained from Zurich Life.

L Exchanges Through Which Investments Are Permitted* (Continued)

Country		Stock Exchange
Americas	Canada	Toronto Stock Exchange
	United States	American Stock Exchange NASDAQ New York Stock Exchange
Asia/Pacific	Australia	Australian Stock Exchange
	Hong Kong	Hong Kong Stock Exchange
	Japan	Tokyo Stock Exchange
	Korea	Korea Stock Exchange
	New Zealand	New Zealand Stock Exchange
	Singapore	Singapore Stock Exchange
	Thailand	The Stock Exchange of Thailand
	Malaysia	Bursa Malaysia

M Types of Investment Not Permitted in a Personal Portfolio Fund:

- Options, Futures and Contracts for Differences.
- Commodities such as gold or diamonds.
- Any shares in Zurich Insurance Group or other quoted group companies.
- Direct holdings in property, including land or buildings.
- The portfolio is not permitted to borrow or hold overdrawn bank balances except in cases of delayed trades or commercial necessity.
- The portfolio is not allowed to engage in stock lending activity.

If in doubt, you should contact your Investment Partner, to check if certain investments meet these requirements.

Direct Debit Instruction - Applicable to Regular Contribution Only

SEPA Direct Debit Mandate

ZURICH

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

Creditor Identifier: I E 4 3 Z Z Z 9 9 2 8 2 9

Please complete all the fields below:

Account Holder Name

Account Holder Address

City/Eircode | Country

IBAN (International Bank Account Number)

Signature(s) of Account Holder(s) X

X

SWIFT BIC (Bank Identification Code)

Date of Signing

Important Note: By signing this mandate form, you authorise (A) Zurich Life Assurance plc to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Zurich Life Assurance plc. As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please Return to:

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

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.

PART 2 - LIMITED POWER OF DISCRETIONARY MANAGEMENT (to be completed in all cases)

Note: The Attorney is the Policy Owner.

We, Zurich Life Assurance plc, a company incorporated and registered in Ireland and whose registered office is situated at Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland (hereafter called the 'Company'), hereby appoint

Name of Attorney

Date of Birth of Attorney

Complete the following details in respect of the Attorney:

Address

Country of Habitual Residence

Contact Number

Email Address

Fax Number

Occupation

Nationality

to be our true and lawful Attorney (hereafter called the 'Attorney') to do all things necessary for the giving of instructions to

(hereafter called the 'Investment Partner') in respect of the Personal Portfolio Fund – a unit-linked fund of

policy number (to be completed by the Company) to acquire, sell and

give ancillary instructions in respect of securities (within the range of investments outlined on the back of this page) in accordance with the Agreement entered into between the Company and the Investment Partner.

I/We the Attorney also undertake to abide by the following terms and conditions of appointment:

- That this Limited Power of Discretionary Management does not extend to partial or full encashments, the right to withdraw, assign or transfer all or part of the funds on account, or securities and valuables deposited with the Investment Partner, the right to exercise any voting rights attaching to any securities held by the Investment Partner.
- That Zurich Life,
  - reserves the right to withdraw this facility from the Attorney at its absolute discretion;
  - will not be liable for any loss caused to the above policy as a consequence of any advice or instruction given by the Attorney or by his/her negligence;
  - has absolute discretion to reject or accept variations from the Attorney.
- That this Limited Power of Discretionary Management does not extend beyond the assets held in the Personal Portfolio Fund of the above mentioned policy number.
- That this Limited Power of Discretionary Management ceases on the death of the Life Insured.
- That this Limited Power of Discretionary Management is granted to the named Attorney and cannot be assigned.

Zurich Life will check the data supplied by the Attorney in this application form against international trade/economic or financial sanctions laws or regulated listings.

The signature and any declaration given and any action taken by the Attorney within the limits of this Limited Power of Discretionary Management are binding on the person signing as Attorney.

This Limited Power of Discretionary Management shall be governed in accordance with the Law of Ireland and the competent courts of Ireland shall have exclusive jurisdiction in respect of any litigation that may arise out of this agreement.

The Policy Owner acknowledges and agrees that the investment partner is authorised to discuss the funds linked to the Policy Owner's policy with the Broker detailed below.

Name of Broker

Address of Broker

Contact Number

Email Address

Fax Number

PART 2 - LIMITED POWER OF DISCRETIONARY MANAGEMENT (CONTINUED)

Attorney: Please sign and date.

Signature of Attorney

X

Date

Witnessed by: Please sign and date.

Signature of Witness

X

Date

Address of Witness

Signed for and on behalf of Zurich Life: Please sign and date.

Signed for and on behalf of Zurich Life

X

Date

Witnessed by: Please sign and date.

Signature of Witness

X

Date

Address of Witness

Types of investment permitted in a Personal Portfolio Fund subject to securities being traded on permitted exchanges:

Type		Restrictions
Securities	Government Bonds	Of OECD states only
	Supranational Body Bonds	Excluding: bonds with credit ratings of lower than BBB- (Standard & Poor's, Moody's)
	Corporate Bonds	Excluding: Zurich Insurance Group Ltd or other quoted Zurich Group companies Corporate institutions with credit ratings of not lower than BBB- (Standard & Poor's, Moody's) Domiciled in OECD states only
	Equity Shares traded on permitted exchanges	Excluding: Zurich Insurance Group Ltd or other quoted Zurich Group companies
Other Investments	Cash	Currencies consistent with countries of permitted Exchanges (per the attached Schedule only).
	Bank Deposits	Regulated deposit taking Institutions in the EEA, UK & Switzerland
	Currency Trades	Spot FX trades only. Consistent with hedging exposure to currencies in which assets held in the Portfolio are traded back to €.
	Collective Investment Vehicle	New investments, effective 11/10/2019, must be; (i) Exchange Traded Funds listed & traded on permitted exchanges or (ii) Collective investment in transferable securities (UCITS) funds as defined in Article 1(2) of Directive 2009/65/EC of the European Parliament (as amended from time to time). (iii) Investment Trusts listed & traded on permitted exchanges Existing investments as at 10/10/2019 are permitted, provided the exposure to these investments is not increased.

Types of investment that are not permitted:

- Options, Futures and Contracts for Differences.
- Commodities such as gold or diamonds.
- Any shares in Zurich Insurance Group or other quoted group companies.
- Direct holdings in property, including land or buildings.
- The portfolio is not permitted to borrow or hold overdrawn bank balances except in cases of delayed trades or commercial necessity.
- The portfolio is not allowed to engage in stock lending activity.

If in doubt, you should contact your Investment Partner, to check if certain investments meet these requirements.

PART 3 - PRODUCT SPECIFIC INFORMATION

Complete ONE of section A, B, C, D as appropriate.

3A. Self-directed Personal Pension

3B. Self-directed PRSA

3C. Self-directed Buy-out Bond

3D. Self-directed ARF

PART 3A - PERSONAL PENSION

If you have selected a Self-directed Personal Pension, please complete the following:

Note 1:
A 'proprietary' directorship of, or a 'proprietary' employment with, an 'investment company' is not an Office or Employment for this purpose if this involves controlling more than 15% of the investment company - see Taxes Consolidation Act, 1997, Section 783.

Note 2:
An occupation is pensionable if in connection therewith you are a member of a 'sponsored superannuation scheme', which is any scheme or arrangement from which you expect to receive a retirement benefit, whether in lump sum or pension form, that will not have been wholly provided out of your own resources.

1 Additional Plan Details

Annual Salary/Earnings € ____ Selected Retirement Age ____

2 Declarations

Part A

(i) Consumer Disclosure

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

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

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

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

(ii) Pension Declaration (Please see Notes 1 and 2 opposite)

1. Are you engaged on your own account or as a partner personally acting in some trade, profession or occupation? Yes No
2. Are you an employed person (or the holder of an office or employment) with one or more of your occupations non-pensionable? Yes No

I confirm that I am applying for a Personal Pension Plan. 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 Application Form are answered honestly and with reasonable care (including any statements written down at my dictation).

I understand that no benefit under the contract shall be capable of being surrendered, assigned or commuted except as provided by Section 784 and Section 785, Taxes Consolidation Act, 1997.

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

Policy Owner: Please sign and date.

Signature of Policy Owner

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: Please sign and date.

Signature of Financial Advisor

X

Date ____

Special Instructions

PART 3B - PRSA

If you have selected a Self-directed PRSA, please complete the following:

Note:
PRSA AVCs are not available on this product.

1 Additional Personal Details

Selected Retirement Age

Date of Birth

Date of Birth Source of Evidence* No.

PPSN

PPSN Source of Evidence*

Note:
*Please record source of evidence of date of birth and PPSN, for example, a copy of an Employment Details Summary (EDS) from Revenue online services (formerly known as a P60).

Occupation *Please tick one*

A. Employee:
- ☐ Manager, professional, technical and administrative
- ☐ Clerical and secretarial
- ☐ Other
- ☐ Plant and machine operatives
- ☐ Trades, craft and related
- ☐ Sales
- ☐ Personal and protective service

OR

B. Not Employee:
- ☐ Agricultural self-employed
- ☐ Other self-employed

OR

C. Not Economically Active/Unemployed: ☐

Net Relevant Earnings' €

Note:
'Please indicate the Net Relevant Earnings (e.g. gross salary plus overtime) that you derive from the occupation described opposite.

2 Additional Plan Details

Is this an application for a Self-directed Additional Voluntary Contribution using a PRSA contract, i.e. are you a member of an Occupational or Statutory Pension Scheme? ☐ Yes ☐ No

If YES, how is this contract to be arranged?

As a Stand-alone Self-directed AVC using a PRSA contract ☐

Please complete the Stand-alone Self-directed AVC using a PRSA Additional Information Sheet.

OR

Under the rules of an existing Occupational or Statutory Pension Scheme ☐

In both cases, please give the name and address of the Trustees in the Special Instructions section opposite.

Special Instructions

Transfer Payment

If you are making a once-off contribution does this represent a transfer payment from another pension arrangement? ☐ Yes ☐ No

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

- ☐ PRSA
- ☐ Defined-Contribution scheme
- ☐ Pension arrangement outside Ireland
- ☐ Defined-Benefit scheme
- ☐ Retirement Annuity Contract (personal pension)

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

3 Contribution Details - only required where Employer is contributing.

Signature of Employer:
Please sign and date.

Signature of Employer
X

Date

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.

Signature of PRSA Contributor:
Please sign and date.

Signature of PRSA Contributor (Employee)
X

Date

4 Declarations

Part A

I confirm that I have received a Preliminary Disclosure Certificate for the Zurich Life Self-directed PRSA, for which I am now applying.

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 Zurich Life Self-directed 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 or Financial Advisor.

I confirm that I have received in writing the information specified in the declaration in Part B below.

Signature of PRSA Contributor: Please sign and date.

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 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 Self-directed PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

Signature of Financial Advisor: Please sign and date.

Signature of Financial Advisor

X

Date

Part C - This part should be completed by your Financial Advisor.

Advice PRSA: An Advice PRSA rather than a Standard PRSA has been chosen because of one of the following:

(i) Investment choice requested not available under Standard ☐

(ii) The client requires ongoing advice and monitoring ☐

(iii) Charges are more appropriate ☐

(iv) Other

Signature of Financial Advisor: Please sign and date.

Signature of Financial Advisor

X

Date

Part D

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 of the proposed contract between me and Zurich Life Assurance plc.

I understand that no benefit under the contract shall be capable of being surrendered, assigned or commuted except as provided by Chapter 2A, Part 30 of the Taxes Consolidation Act, 1997.

I hereby declare that I have elected **not** to have the Default Investment Strategy apply to the PRSA contract, for which I am now applying.

I confirm that I will be the beneficial owner of this contract.

Signature of PRSA Contributor: Please sign and date.

Signature of PRSA Contributor

X

Date

5 Deemed Withdrawal

Tax (and PRSI/Universal Social Charge depending on your circumstances) on Deemed Withdrawals apply to your Vested PRSA. A Vested PRSA is the term used for a PRSA where the retirement lump sum has been paid out as a result of a Benefit Crystalisation Event. The tax (and PRSI/Universal Social Charge) applies in any tax year where you are 60 years of age or older for the whole tax year. It is levied at a rate of 4% of your Vested PRSA value at 30th November each year. The applicable rate is 6% if the total value of all your Vested PRSA(s) and ARF investments is greater than €2 million. The rate of 4% increases to 5% in the tax year where you are 70 years of age or older for the whole of tax year.

Any distributions taken from the Vested PRSA during the year will be deducted from the deemed withdrawal for the purpose of calculating tax. Zurich Life will therefore encash 4% (60 to 70) or 5% (over age 70) (6% if the total value of all your Vested PRSA(s) and ARF investments is greater than €2 million) of your fund each 30th November or the balance thereof, commencing within the first contract year or in the year after your 60th birthday if later. If you do not want to avail of this income, please tick here ☐

Note 1:
A 'proprietary (5%) director' means a director who, either alone or together with his or her spouse/civil partner and minor children is or was, at any time within three years of the date of (a) the specified normal retirement date, (b) an earlier retirement date, (c) leaving service, or (d) in the case of a pension or part of a pension payable in accordance with a Pension Adjustment Order, the relevant date in relation to that order, the beneficial owner of shares which, when added to any shares held by the Trustees of any settlement to which the director or his or her spouse/civil partner had transferred assets, carry more than five per cent of the voting rights in the company providing the benefits or in a company which controls that company.

Note 2:
Appendix I of the Revenue Pensions Manual defines a '20% director' as someone who directly or indirectly at any time within 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.

Special Instructions

PART 3 - PRODUCT SPECIFIC INFORMATION (CONTINUED)

PART 3C - BUY-OUT BOND

If you have selected a Self-directed Buy-out Bond, please complete the following:

1 Additional Personal Details (Member)

Date of Joining Service

Date of Joining Scheme

Date of Leaving Service

Date of Joining Scheme

PPS No.

(i) Have you ever effected an approved Retirement Annuity contract [i.e. Personal Pension/Self-employed Pension policy(ies)] in respect of a previous non-pensionable employment or while self-employed? Yes No

(ii) Are you entitled to benefits from other Retirement Benefit Schemes? Yes No

(iii) Are you a 'Proprietary (5%) Director'? - (See Note 1) Yes No

(iv) Are you a '20% Director'? - (See Note 2) Yes No

If the answer to any of the questions (i) to (iv) is YES, please give details below (continue on a separate sheet if required).

Please include details of all retained benefits, including immediate and deferred pensions, lump sums and gratuities payable on death, retirement and leaving service. Please also advise if any of these benefits are subject to a Pension Adjustment Order.

Annual Salary/Earnings at Date of Leaving Service €

The following must be completed for '20% Directors' or if Scheme Rules require.

If you are an Employee: Additional Fluctuating Earnings if any, for the three years immediately prior to leaving service.

First year prior €

Second year prior €

Third year prior €

If you are a '20% Director': Total Earnings for the three years immediately prior to leaving service.

First year prior €

Second year prior €

Third year prior €

2 Personal Details (Spouse)

Forename

Surname

Maiden Name
(if applicable)

Date of Birth

Sex M F

Continued overleaf

3 Details of Scheme (from which the transfer payment originates) (Trustees)

Full Name of Scheme (the Scheme)

Name of Trustee(s)

Address of Trustee(s)

Address of Employer

Is the Scheme registered with the Pensions Authority? ☐ Yes ☐ No

If YES, please provide Pensions Authority Reference Number.

P B

Is the Scheme Exempt Approved under Chapter 1, Part 30 of the Taxes Consolidation Act, 1997? ☐ Yes ☐ No

If YES, please provide Revenue Reference Number.

S F

Normal Retirement Age under the Scheme

4 Scheme Restrictions (Trustees)

If this application is being used to transfer funds from a Buy-out Bond provided by another Life Insurance Company there is no requirement to complete this section. Zurich Life will contact the other provider for details of the originating scheme. If the current provider is unable to provide the full data on the originating scheme Zurich Life will contact you again for this information.

Please indicate if the original transferring scheme was:

a Defined Benefit (DB) Scheme ☐

or

a Defined Contribution (DC) Scheme ☐

Does the scheme impose any restrictions on early leavers, other than normal Revenue Limits? ☐ Yes ☐ No

If YES, please specify

Has the member waived his/her right to a tax-free lump sum on retirement? ☐ Yes ☐ No

If the scheme is a DB Scheme, please specify the following criteria:

Guaranteed Period (Please tick) ☐ 0 years ☐ 5 years ☐ 10 years

Escalation Rate %

Spouse's Pension Spouse's Death-In-Retirement Pension ☐ Yes ☐ No

If YES, please specify spouse's Death-In-Retirement Pension and ensure that the Spouse's Declaration (Section 6) is completed.

% of Member's Pension **OR** € p.a.

Does the Scheme include an option to commute Member's pension for a cash lump sum at retirement? ☐ Yes ☐ No

Please specify Maximum Cash Lump Sum € **OR** % of Final Remuneration

Continued overleaf

4 Scheme Restrictions (Trustees) (continued)

Where this bond is being taken out by a non member spouse under the terms of a Pension Adjustment Order the Scheme Trustees must advise the maximum lump sum payable to the non member spouse.

Does the Scheme include an option to commute on serious ill health? ☐ Yes ☐ No

If you have answered NO to any of the above questions, please give details, or if there are any other special conditions or restrictions, e.g. restriction on tax-free cash, please indicate below.

5 Policy Details (Trustees)

Transfer Payment*

Employee (ordinary contribution)	Employee (AVC contribution)	Employer	Total
€	€	€	€

Are any benefits included in this Transfer Payment the subject of a Pension Adjustment Order? ☐ Yes ☐ No

* If YES, please attach a copy of the Pension Adjustment Order.

Note: Required only if transfer is from a defined benefit scheme not being wound up and where a spouse's pension was provided by the scheme.

6 Declaration by Spouse

I understand that my rights under the Scheme are being given up in exchange for a contract under which the ultimate benefits depend on the future investment returns on the fund(s) in which the Transfer Payment will be invested and cannot be guaranteed.

Signature of Spouse: Please sign and date.

Signature of Spouse

X

Date

7 Declaration by Member

Part A

(i) Policy Declaration

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 the application for this contract are answered honestly and with reasonable care (including any statements written down at my dictation).

I understand that my rights under the Scheme are being given up in exchange for a contract under which the ultimate benefits depend on the future investment returns on the fund(s) in which the Transfer Payment will be invested and cannot be guaranteed.

I acknowledge that in order to administer the policy it may be necessary for Zurich Life to seek information and obtain benefit details from the administrator/Trustees (and/or relevant insurance office) of any scheme, arrangement or contract of which I am or have been a member, and I authorise the Department of Social Protection or the Revenue Commissioners to advise Zurich Life of my most recent address on their records, at any future time.

Note: I hereby authorise the Trustees to transfer to a Personal Retirement Bond the amount that, in the opinion of the said Trustees, represents the value of my benefits on withdrawal under the Scheme.

In consideration of the payment of such Transfer Payment to a Personal Retirement Bond, I hereby release the Trustees of the Scheme from all liability to me in respect of benefits under the Scheme with effect from the date of such transfer.

Continued overleaf

Note: If you are transferring from a defined benefit scheme, it is likely that the benefits under the Buy-out Bond will be significantly different in form. For example, the benefit on retirement may be guaranteed under your Employer scheme while Buy-out Bond benefits depend on investment returns (and are not guaranteed).

7 Declaration by Member (continued)

(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.

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

Signature of Member: Please sign and date.

Signature of Member

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(s) as to the financial consequences of replacing an existing policy with this policy by cancellation or reduction, and of possible financial loss as a result of such replacement.

Signature of Financial Advisor: Please sign and date.

Signature of Financial Advisor

X

Date

Note: A copy of this complete application form is available on written request. A copy of the policy conditions is also available.

Note: It is essential that the person(s) signing on behalf of the Trustee(s) is (are) empowered to do so.

8 Application and Declaration by Trustee(s)

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 the contract being invalidated or contract benefits being reduced. I declare that all questions and statements in the application for this contract are answered honestly and with reasonable care (including any statements written down at my dictation). I request that a Personal Retirement Bond be issued in the name of the Member in accordance with the details set out above, subject to the privileges and conditions of the standard form of policy issued by Zurich Life Assurance plc (Zurich Life) for a contract of the kind proposed.

I confirm that the transfer payment arises from the proceeds of a retirement benefits scheme that is or is to be exempt approved under Chapter I, Part 30 of the Taxes Consolidation Act, 1997 and the proposed benefits correspond with benefits that could be provided in respect of the Member and his/her spouse/civil partner under the Rules of the Scheme.

I confirm that the Scheme documentation empowers the Trustees to purchase the Zurich Life Buy-out Bond for the Member in lieu of the benefits for, or in respect of, the Member and his/her spouse under the Scheme.

I understand that Zurich Life will provide only the benefits under the Zurich Life Buy-out Bond and will accept no further responsibility in relation to the Member and his/her spouse, including responsibility regarding all aspects for the transfer payment from the Scheme.

Signature of Trustee(s): Please sign and date.

Signature of Trustee

X

Date

Signature of Trustee

X

Date

PART 3D - APPROVED RETIREMENT FUND ARF

If you have selected a Self-directed ARF, please complete the following:

Note:
*Please record source of evidence of PPSN, for example, a copy of an Employment Details Summary (EDS) from Revenue online services (formerly known as a P60).

1 Additional Personal Details

PPSN

PPSN Source of Evidence*

2 Additional Plan Details

Company of Source of Funds

Source of Funds Reference

Note:
Investment must be from the proceeds of a retirement fund.

Note:
Minimum Investment: ARF €50,000.

3 Method of Payment and Source of Funds

1. Payment Details

Note: Cheques should be made payable to Zurich Life. Credit transfer may be available on request. Bank drafts cannot be accepted.

Full name of transferring scheme*

*Please provide details if more than one source of retirement funds are being transferred.

Does this payment represent a transfer from another pension arrangement? ☐ Yes ☐ No

If YES, please provide the name of the company the Transfer Acceptance Letter should be sent to.

Life Insurance Company

Policy Number

Note:
Please complete one of the following sections (i) - (iii).

Note:
Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, Zurich Life is required to obtain certain documentation and information about you and the method of payment being used. Further information may subsequently be requested.

2. Source of Funds

Payment by:

(i) Maturity of a Zurich Life policy ☐

Please provide policy number.

or

(ii) Maturity of an external policy ☐

Please provide: Policy number

Name of life assurance company

or

(iii) Other Please provide details.

Pension Adjustment Order/Property Adjustment Order

If this payment is the subject of a Pension Adjustment Order/Property Adjustment Order please tick here ☐ and supply a copy of the Order. If this box is not ticked the policy will be issued on the basis that no Order applies.

Continued overleaf

4 Deemed Withdrawal

Tax (and PRSI/Universal Social Charge depending on your circumstances) on deemed withdrawals apply to your ARF. The tax (and PRSI/Universal Social Charge) applies in any tax year where you are 60 years of age or older for the whole tax year. It is levied at a rate of 4% of your ARF value at 30th November each year. The rate of 4% increases to 5% in the tax year where you are 70 years of age or older for the whole of tax year. The applicable rate is 6% if the total value of all your ARF Investments and Vested PRSA(s) is greater than €2 million.

Any distributions taken from the ARF during the year will be deducted from the deemed withdrawal for the purpose of calculating tax. Zurich Life will therefore encash 4% (60 to 70) or 5% (over age 70) (6% if the total value of all your ARF investments and vested PRSA(s) is greater than €2 million) of your fund each 30th November or the balance thereof, commencing within the first policy year or in the year after your 60th birthday if later. If you do not want to avail of this income, please tick here ☐

Please note it is your responsibility to appoint a nominee Qualifying Fund Manager / Personal Retirement Savings Account (PRSA) administrator where you have other ARF(s) and/or Vested PRSA(s) that are not managed by Zurich Life and where the aggregate value of all of your ARF investments and Vested PRSA(s) is greater than €2 million at 30 November in any year.

Is the value of your ARF(s) and/or Vested PRSA(s) greater than €2 million? ☐ Yes ☐ No

If Yes, please provide the details of the company you have appointed to be nominee:

5 Approved Retirement Fund PRSI Self Certification Form:

Since 1 January 2024, the PRSI age exemption for class S has increased from age 66 to age 70 with the exception of the below 2 categories:

1. Those in receipt of the State Pension (Contributory)*
2. Those who were aged 66 before 1 January 2024

*The exemption applies to the State Pension (Contributory) only. This excludes the State Pension (Non-Contributory), Widow, Widowers or Surviving Civil Partner Pension (Contributory or Non- Contributory) or any other social welfare payment.

As a result of these changes, you are required to complete this declaration so that the correct PRSI class is applied to your policy from your 66th birthday, or the start date of your policy if later. Please be advised that inaccurate information or a delay in providing this information could result in an underpayment of PRSI which may impact your entitlements, or an overpayment of PRSI which may be recovered directly with the Department of Social Protection.

Please select one option only

I turned age 66 prior to 1 January 2024. If you select this option, you are not required to provide any further details in this section of the proposal form.	☐
I am not entitled to the State Pension (Contributory). By selecting this option PRSI class S will apply to payments from your Approved Retirement Fund up to the month of your 70th birthday when PRSI class M (Exempt) will apply. **As PRSI contributions from your Approved Retirement Fund may impact your entitlement to the State Pension (Contributory), Zurich Life strongly advise that you seek independent tax advice if selecting this option.**	☐
I am not yet 66 but intend to claim the State Pension (Contributory) with effect from my 66th birthday. By selecting this option PRSI class M (Exempt) will apply to payments from your Approved Retirement Fund with effect from the month of your 66th birthday. You must inform Zurich Life in a timely manner should your circumstances change.	☐
I am currently in receipt of the State Pension (Contributory). By selecting this option PRSI class M (Exempt) will apply to payments from your Approved Retirement Fund.	☐
I have or intend to defer the State Pension (Contributory). By selecting this option PRSI class S will apply to payments from your Approved Retirement Fund until such time that you confirm you are claiming the State Pension (Contributory), or the month of your 70th birthday.	☐

Please note that where PRSI class S applies to your payments, Zurich Life will apply the current class S rate on all gross income. Zurich Life suggest customers seek independent advice in relation to class S payments regarding any entitlements or refunds you may be due, directly from Department of Social Protection, depending on your circumstances.

By signing the Policy Declaration overleaf, I confirm that I have read and understand the options outlined above. I am aware that I must inform Zurich Life should my circumstances change in the future and that I will be required to complete a new PRSI Self Certification form. I understand that inaccurate or delayed information could result in an under or overpayment of PRSI.

PART 3 - PRODUCT SPECIFIC INFORMATION (CONTINUED)

6 Declarations

Part A

(i) 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.

(ii) Administration Declaration

I confirm that the payment(s) described on this form consist only of a transfer of assets to which I am beneficially entitled. I authorise any Qualifying Fund Manager/PRSA administrator with whom I hold an Approved Retirement Fund (ARF) or a Vested PRSA to provide any information that Zurich Life may require. I undertake to provide Zurich Life with the information required to administer this policy. I understand that the proceeds of the policy(ies) will depend on factors including:

(i) the returns achieved on the funds, and

(ii) the cash withdrawals;

and, I understand that there is no guarantee with regard to the level of withdrawals that can be sustained by the policy(ies) over my lifetime.

(iii) Policy Declaration

I understand that I have a duty to answer all questions asked by Zurich Life in this application for a policy honestly and with reasonable care and failure to comply with these requirements could result in my policy being invalidated or my policy benefits being reduced. I declare that all questions and statements in the application for this contract are answered honestly and with reasonable care (including any statements written down at my dictation. I understand that the Policy Document and Policy Certificate(s) form the Contract(s) of Insurance.

Non-Assignability

I acknowledge that the legal or beneficial assignment of this policy is prohibited without prior consent from Zurich Life.

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

Policy Owner: Please sign and date.

Signature of Policy Owner

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: Please sign and date.

Signature of Financial Advisor

X

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.

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.

Continued overleaf

Data Protection Notice (continued)

Where transfers take place outside the EEA, we ensure that they are undertaken lawfully and in accordance with appropriate safeguards. Data may be transferred to, and stored in Switzerland, which is outside the EEA but for which there is an adequacy decision relating to the safeguards for Personal Data from the European Commission. Data may also be transferred to, and stored in India, which is outside the EEA and for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission. Accordingly, appropriate safeguards have been put in place to protect your Data in the event that it is transferred to and stored in India. You may obtain a copy of those safeguards by contacting our Data Protection Officer.

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.

Retirement Investment Certificate

ZURICH

To be completed by the Life Insurance Company, PRSA Provider, Scheme Trustees or Qualifying Fund Manager (QFM) providing the assets for this proposed ARF investment.

For the purpose of Section 784B of the Taxes Consolidation Act 1997.

Policy Owner Details

Name

Address

Date of Birth

Transfer details:

Transfer Amount €

Transferring policy/reference number(s)

Name of Life Insurance Company, PRSA Provider, or Qualifying Fund Manager or the full name and Revenue reference of the pension scheme.

We certify that the investments described above are currently held in:

Policy Type	To be completed by	Tick if appropriate
Personal Retirement Savings Account	PRSA Provider	
Retirement Annuity Contract	Life Insurance Company	
Exempt Approved Occupational or Statutory Pension Scheme	Life Insurance Company or Scheme Trustees	
Approved Retirement Fund	QFM	

If the transfer is from an ARF, please confirm the following:
Does this transfer represent the full transfer of ARF funds from the existing policy.

Full transfer Partial Transfer

Please provide the gross amount of any payments taken from the ARF in the current tax year.

€

Important: If the transfer relates to a partial transfer of funds, please only include gross amounts which can be taken into account by Zurich Life for the purpose of calculating the minimum imputed distribution requirement.

Please tick if the customer has confirmed that they are currently in receipt of the State Pension (Contributory)

To be signed on behalf of the Life Insurance Company, PRSA Provider, Scheme Trustees or Qualifying Fund Manager

Furthermore, we certify that the assets to which this certificate relates are assets to which the individual named in this application is beneficially entitled.

Authorised Signatory: Please sign and date.

Signature of Authorised Signatory
X

Date

Print Name

Position

Company

Contact Number

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

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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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