

Standard PRSA

Additional Voluntary Contributions

Standalone PRSA-AVC

A.P. Plan Type	R															S.P. Plan Type	R														
(as per the illustration)																(as per the illustration)															
Intermediary Name																Intermediary Number															
Financial Advisor Name																															

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 standalone 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: **A** Personal Details of PRSA Contributor

Please complete in BLOCK CAPITALS.

<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	Forename															
			Surname															
			Address															

Date of Birth										→	Source of Evidence*							
<p>*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.</p>										No.								

PPSN										→	Source of PPSN
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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.

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

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

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

OR B. Not Employee ☐ Agricultural self-employed ☐ Other self-employed Please specify

OR C. Not Economically Active/Unemployed ☐

Special Instructions

B Contribution Details (Complete B1 or B2)

B1. Non-salary Deduction

Contract Start Date

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

Pension Adjustment Order

Also, if this transfer is the subject of a Pension Adjustment Order (PAO) please tick here ☐ and supply a copy of the PAO.

B2. Salary Deduction

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.

Total Earnings[†] € Selected Retirement Age

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 at the end of this form.

Note:

[†]Please indicate the Total Earnings (e.g. gross salary plus overtime) that you derive from the occupation shown in Section A 'Personal Details of PRSA Contributor'.

Continued overleaf

B2. Salary Deduction (continued)

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

If you do not want the offer of indexation to apply to the contract, please tick here. ☐

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 (Employee)

X

Date

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PRSA

Contributor:

Please sign and date.

Note:

†Please indicate the Total Earnings (e.g. gross salary plus overtime) that you derive from the occupation shown in Section A 'Personal Details of PRSA Contributor'.

C Scheme Details

Date of Joining Employer

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Gross Salary

€

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Total Earnings†

€

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Current value of AVCs

€

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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

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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

Section B – Defined Contribution Scheme

Scheme Name

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Name of Trustee
or Administrator

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

Address of
Trustee or
Administrator

Details of contributions you are making:

% of salary

(i) employee

€

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

OR

%

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

Contribution
Frequency

☐

Monthly

☐

Annually

(ii) employer

€

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

OR

%

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

Contribution
Frequency

☐

Monthly

☐

Annually

(ii) as AVCs

€

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

OR

%

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

Contribution
Frequency

☐

Monthly

☐

Annually

Current value of main pension arrangement:

€

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

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.

D

Details of Your Previous Pension Benefits – Retained Benefit* Information

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):

YesNo

Normal Retirement Age

Current Transfer Value

€

Are contributions still being made under the above Scheme/Policy(ies)?

YesNo

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).

E

Web Access to PRSA Information

You can look up details of your PRSA (including the current value) online at the Client Centre on www.zurichlife.ie

Do you wish to register for the Client Centre?

YesNo

F 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])

If **Option 1** is selected, please go straight to Section **G**.

OR

Option 2 Fund Choice

If you wish to make a selection below, please **DO NOT** complete the Default Investment Strategy section above.

Declaration:

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.

 **PRSA Contributor:**
Please sign and date.

Signature of PRSA Contributor

X

Date

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

Fund Name	Single Contribution	Regular Contribution
Prisma 2	%	%
Prisma 3	%	%
Prisma 4	%	%
Prisma 5	%	%
Prisma 6	%	%
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	%	%
Total	100%	100%

Note: **G** **Declarations**

Parts A and B of this declaration must be signed.

Part A

(i) Data Sharing Consent

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

Zurich Life Assurance plc ('Zurich Life') is a member of Zurich Insurance Group ('the Group'). In order to provide a seamless insurance service globally, Zurich Life may transfer any data it has received from, and any data it holds on me to other units of the Group, such as branches, subsidiaries, or affiliates within the Group, cooperative partners of the Group, coinsurance and reinsurance companies located in this country or abroad.

Zurich Life, as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure the Group global insurance service delivery.

If a Financial Advisor or agent is acting on my behalf, Zurich Life is authorised to use, process and store data received from such Financial Advisor or agent, and to forward to such Financial Advisor or agent my data relating to the execution of the policy, collection of premiums and payment of claims.

Zurich Life may procure data from third parties to assess a claim. Zurich Life may check my personal data against international/ economic or financial sanctions, laws or regulated listings.

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

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

(ii) Consumer Disclosure

I confirm that I have received a Preliminary Disclosure Certificate for the Standard 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:

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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.

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

I agree to Zurich Life's 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

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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

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PRSA

Contributor:

Please sign and date.



Financial

Advisor:

Please sign and date.

Please see overleaf for Direct Debit Instruction

SEPA Direct Debit Mandate



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

Creditor Identifier

IE43ZZZ992829

Please complete all the fields below:

Account Holder Name

Account Holder Address

City/Postcode

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.

Zurich Life Assurance plc

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

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

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

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at January 2017 and may change in the future.

Intended for distribution within the Republic of Ireland.

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