

TRANSFER AGREEMENT & CLAIM REQUEST FORM COMPANY SPONSORED PENSION ARRANGEMENTS

To Zurich Life Assurance plc
Zurich House
Frascati Road
Blackrock
Co Dublin

Ref: **Policy Number:**
Member:
Trustee/Grantee:
Revenue Reference No.:

We, the undersigned, hereby request and authorise Zurich Life Assurance plc to make a payment representing the Transfer Value to

The proceeds are to provide benefits for the Life Insured in accordance with the rules and regulations governing the receiving scheme which is an exempt approved pension arrangement providing retirement and other relevant benefits as defined under Part 30, Chapter 1, Taxes Consolidation Act 1997.

We understand that such a transfer payment represents the full and final discharge of all claims and liabilities under the above policy(s) and associated policy(s) if any.

Signature of Grantee/Trustees _____ Date

Signature of the Life Insured _____ Date

Notes:

- * The quoted value in respect of the Autometric Supercapp Policy is not guaranteed and will be recalculated on receipt of all our requirements.
- *The quoted value in respect of the Unit Linked Policy is not guaranteed and will be recalculated based on bid price of units on the day following receipt of all our requirements. NB Unit Linked prices may fall as well as rise
- This form is only for use in the situation where the Life Insured is transferring benefits to his new Employer's Pension Scheme.