

TRANSFER CLAIM REQUEST FORM COMPANY SPONSORED PERSONAL RETIREMENT BOND

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

Re **Policy Numbers** :
 Life Insured :
 Contract : **Personal Retirement Bond**

We, the undersigned, hereby request and authorise Zurich Life Assurance plc to make a transfer payment of €_____ representing the Transfer Value to _____ to provide benefits for the Life Insured in accordance with the rules and regulations governing the above scheme which is an exempt approved scheme under Section 13(1) of the Finance Act 1972.

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 Life Insured _____ Date _____

Witness _____ Date _____

Notes:

- *The quoted value may be recalculated on receipt of all our requirements if outside of the guaranteed period.
- This form is only for use in the situation where the Life Insured is electing to transfer the benefits accrued under his personal retirement bond to his new employer's pension scheme or an alternative personal retirement bond arrangement with another life office.