

Corporate Investment Bond

Corporate Savings Plan

This application form covers Investment Bond and Savings Plan products.

Please note that you also need to complete a Certification of Tax Status for an Entity form, (attached).

Regular Contribution Plan Type
(as per the illustration)

R

Investment Bond Plan Type
(as per the illustration)

R

Intermediary Name

Intermediary
Number

Financial
Advisor Name

A Policy Owner Details

Company Name

Address

Contact Number

Email Address

Country of
Incorporation

Company Registration
Number (if applicable)

Corporate Tax
Number

Note: If left blank, the standard Corporate Tax Rate will not be applied until confirmed.

B Web Access to Policy Information

You can look up details of your policy (including a daily updated value) online at the Client Centre on our website.

Once your policy is issued, you will receive online access to Zurich's Client Centre. If you prefer not to use Zurich's Client Centre, you don't need to do anything and can disregard the letters you receive.

C Beneficial Owner Details

Please provide the following information for each Beneficial Owner. If there are more than five Beneficial Owners please provide their details separately. Please see definition of Beneficial Owners on www.rbo.gov.ie

Name	Address	Date of Birth	Nationality

Other Instructions

Note:

Please complete in
BLOCK CAPITALS.

Note:

Under the Criminal
Justice (Money
Laundering and
Terrorist Financing)
Acts, Zurich Life
requires clients to
provide 'Evidence of
Identity' and 'Proof of
Address' and other
supporting
documentation.

Note:

Please provide details
of the Beneficial
Owners of the
Company, which will
be crosschecked
against the Central
Register of Beneficial
Ownership of
Companies.

D Life/Lives Insured Details First Life Insured

Mr Mrs Ms Mx Forename

Surname

Residential
Address for
correspondence

Date of Birth

Sex

M

F

Marital Status

Married/Civil Partner

Single

Separated

Widow(er)

Divorced/Former Civil Partner

Contact
Number

Email
Address

PPSN

A copy of the document used to
verify the number must be attached.

Nationality

Country of
Residence

Occupation

Note:

If your
occupation is
'Company
Director'
please advise
the nature of
the business.

Life/Lives Insured Details Second Life Insured

Mr Mrs Ms Mx Forename

Surname

Residential
Address for
correspondence

Date of Birth

Sex

M

F

Marital Status

Married/Civil Partner

Single

Separated

Widow(er)

Divorced/Former Civil Partner

Contact
Number

Email
Address

PPSN

A copy of the document used to
verify the number must be attached.

Nationality

Country of
Residence

Occupation

E (i) Contribution Details and Source of Funds

Note:

Minimum investment for Investment Bond is €5,000.

Do you wish to avail of: Regular Contribution Plan Investment Bond

Contribution Details Please note that the Government insurance premium levy will apply to your contribution(s).[†]

Note: Minimum Contribution: €75 per month, please fill in Sepa Direct Debit Mandate for regular contribution.

(i) Regular Contribution

(the levy will be deducted in addition to this amount)

€

Start Date

0 1

Frequency of payment by Direct Debit:

Monthly

Quarterly

Half-yearly

Yearly

Billing Date

1st

7th

15th

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

(ii) Single Contribution

(the levy will be deducted from this amount)

€

Note: Single contributions can be paid by EFT, bank draft or cheque made payable to Zurich Life.

[†] For regular contributions, we will collect the levy in addition to the regular contribution you specify. For single contributions, we will deduct the levy from your payment before allocating it to your policy. As at June 2020, the levy is 1% and may change in the future.

(ii) Source of Funds

(Complete if payment is not by personal cheque or Direct Debit drawn on the Policy Owner's bank account.)

Payment by:

Third Party Cheque/Direct Debit

Please provide Payor Name (if Third Party Cheque/Direct Debit).

Please state the exact nature of the relationship of Third Party Payor to Policy Owner.

or

EFT or Bank Draft

For EFT and Bank Drafts only please provide the details of the bank account from which the funds used to pay the premium were drawn.

Account Holder Name(s)

Name of Bank/Building Society

IBAN

SWIFT

BIC

If Third Party Payor, please state the exact nature of the relationship to Policy Owner.

or

Other - Please provide details.

Note:

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

Note:

IBAN (International Bank Account Number) and BIC (Bank Identification Code) details are included on bank statements.

E (ii) Source of Wealth

In all circumstances please ensure to tick the relevant box(es) and provide supporting detail in regards to the Source of Wealth in the free text box provided.

The provision of Source of Wealth information is a requirement under anti-money laundering legislation.

Please tick the relevant box(es) to indicate the source of the investment/premium (source of wealth), and provide further detail in the box below.

Company Profits Annual turnover amount €

Savings Sales of Assets

Other Source of Wealth - Please specify in the box below

Has documentary evidence of Source of Wealth been provided: Yes No

Provide as much detail as possible in relation to Source of Wealth in the box below. If the Source of Wealth for the second owner is different to the first owner please provide details, otherwise the Source of Wealth information provided will be considered to be applicable to both owners. If required, details of Source of Wealth can be provided separate to the application form.

Proof of Source of Wealth

Proof of Source of Wealth information is a requirement under anti-money laundering legislation. In some circumstances Zurich may require proof of the Source of Wealth to be provided due to type of client, high investment amounts, etc. Source of Wealth evidence should be provided for such clients.

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

Note:

Please see below for definitions of these terms.

Note:

Roleholders may include (depending on the policy type) Owners, Lives Assured, Payors, Beneficiaries, Trustees. If a roleholder is a Company additional roleholders include Beneficial Owners and Directors.

Are any of the roleholders linked to this policy (or have any of the roleholders linked to this policy been within the last 12 months), a PEP or a RCA of a PEP? Yes No

For each roleholder for whom you have answered yes to the above question, please complete the following:

Role (see note)	Name	Address	Date of Birth	Nationality

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'affaires or high-ranking officer in the armed forces.
- a director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation.
- a member of the administrative, management or supervisory body of a state-owned enterprise.

Who is a Relative of a PEP?

- any spouse of the politically exposed person.
- any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides.
- any child of the politically exposed person.
- any spouse of a child of the politically exposed person.
- any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides.
- any parent of the politically exposed person.
- any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance.

Who is a Close Associate of a PEP?

- any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person.
- any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed Person.

G Your Investment Options

1. Please specify in the table below the Funds in to which your Single and/or Regular Contribution is to be invested.

OR

2. Please tick here if you would like AutoInvest to apply to your policy.

Please note: This is available for single contribution contracts only.

If you choose AutoInvest, over what period do you wish to invest?

6 Months **OR** 12 Months

You must specify in the table below the Funds into which your policy will be switched gradually as described below in **'Information about AutoInvest'**.

You may choose to invest in a maximum of ten funds. If you wish to invest in a fund(s) that is not listed below, please use the 'Other Funds' box to detail your choice.

Fund Name	Regular Contribution	Single Contribution
Prisma 2	%	%
Prisma 3	%	%
Prisma 4	%	%
Prisma 5	%	%
Prisma Max	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Protected 80	%	%
Protected 70	%	%
Cash	%	%
Active Fixed Income	%	%
Active Asset Allocation	%	%
International Equity	%	%
Eurozone Equity	%	%
Asia Pacific Equity	%	%
Other Funds - please see the 'Fund Guide' on zurich.ie for a full list of available funds.		
	%	%
	%	%
	%	%
	%	%
	%	%

Total

100%

100%

For single contributions, units are bought at the ruling price on a date not later than three working days following receipt of the single contribution and the completed application form. For regular contributions, units are bought at the ruling price on the date each contribution is due. If any contribution is not received in full on the date due, we may buy units on the day that you pay that full contribution.

Information about AutoInvest

AutoInvest allows you to invest your Single Contribution gradually into your chosen funds over a six or twelve month period. This means that you can spread the timing of your initial investment, and avoid the risk of investing all of your money at a particular time e.g. just before a market downturn.

If you select AutoInvest then your Single Contribution is invested initially in the Cash Fund.

AutoInvest will start one month after the Start Date of your policy as shown on your Policy Certificate.

On the date AutoInvest starts and each month thereafter, a proportion of your holding in the Cash Fund will be switched into your chosen funds, which you have specified above. In this way, your investment will be gradually switched into your chosen funds. You will be fully invested in your chosen funds 6 or 12 months after AutoInvest starts. These switches will happen automatically and we will not write to you to inform you when each switch has been processed. When all of the switches have been completed, we will write to you to confirm that AutoInvest has completed for your policy.

You can instruct us to cease AutoInvest on your policy at any time. Further automatic fund switches will not take place and any part of your investment still in the Cash Fund will remain there. If you request another switch outside of AutoInvest then AutoInvest also ceases to apply and further automatic fund switches will not take place.

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.

Note:

It is important that you clearly write the full fund name when making a selection to avoid any delay in processing your application.

Note:

If you require a regular income paid from your Investment Bond, please complete this Regular Encashment Section.

Important:
Please note that each encashment will reduce the number of units attaching to your Investment Bond and hence its value.

Note:

Please complete your bank details as your income will be paid directly into your account.

H Regular Encashment (optional) (Available on Investment Bond only)

Amount of Regular Income Required %* per annum (before exit tax) OR € * per annum (after exit tax)

Regular Income Payable ☐ Monthly* ☐ Quarterly* ☐ Half-yearly* ☐ Yearly*

Date of First Payment 0 1 OR 1 6

It is recommended that the first payment be six months or more after the commencement of the Bond.

* €200 minimum income per payment irrespective of frequency. The maximum regular income you can take is 7.5% per annum of the Bond.

Name of Bank

Address

Name(s) of Bank
Account Holder(s)

IBAN (International
Bank Account Number)

SWIFT BIC
(Bank Identification Code)

I Authorised Signatory Mandate

Company Name

Date

We confirm that the following individuals are authorised signatories of the above named company, and that any instruction in relation to this policy will be signed by all authorised signatories. Any changes to this list will be notified to Zurich Life.

Authorised Signatory List

Name

Signature
X

Name

Signature
X

Name

Signature
X

Name

Signature
X

J Declarations**Part A****(i) Data Sharing Consent**

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.

(ii) Marketing Preferences

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

For news, updates and offers from Zurich Life by:

Post Email Phone Text/Digital message

For news, updates and offers from the Zurich Group or third parties by:

Post Email Phone Text/Digital message

If at any time you would like to change your preferences or remove your permission, all you need to do is contact us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

(iii) Consumer Disclosure

I confirm that I have received the relevant Customer Guide and Fund Guide and that the Customer Guide has been fully completed by my Financial Advisor. I have also received the relevant Key Information Document in the format that I requested it.

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.

Continued overleaf

J Declarations

Part A (continued)

(iv) Policy Declaration

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

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).

For the Policy Owner, I/we understand that any answers and information provided by the Life Insured in relation to the application for this policy will be treated as if they were provided by me/us. This means that we are ultimately responsible for answers and information provided to Zurich Life by the Life Insured.

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

I/We confirm that I/we have read and fully understand all parts of this declaration (Part A (i), (ii), (iii) and (iv)) and that I/we will be the beneficial owner(s) of this policy.

Signature for and on behalf of the Company

X

Date

Signature of First Life Insured

X

Date

Signature of Second Life Insured

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(s) 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. I have also provided the relevant Key Information Document in the format that it was requested.

Signature of Financial Advisor

X

Date

K Application Checklist

Please ensure that the following details have been completed on the application form.

Please tick ☒

Intermediary name, Financial Advisor name and Intermediary number are complete.

All personal details are fully complete.

The occupation(s) of the Policy Owner(s) has been supplied.

Indicated whether this replaces an existing policy in whole or in part, and that the Customer and Financial Advisor Declarations have been signed. If this replaces a Zurich Life policy please confirm the existing policy number.

The Declaration has been signed and dated by the Policy Owner(s).

Any questions which are amended have been initialled.

The information submitted with this application is consistent with any previously submitted online application.

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain information and documentation on our clients. To facilitate this requirement, please tick the box to confirm you have attached the following documentation: (Note: this documentation list is applicable to limited companies only. If the entity applying is not a limited company [e.g. is a Partnership, Charity, etc.] please contact Zurich Life for the relevant list of documentation specific to the entity type):

Certified copy Certificate of Incorporation for the company.

Certified copies of proof of ID and proof of address for all Beneficial Owners of the company.

If the Authorised Signatory Mandate section of the proposal form is not complete an Authorised Signatory Mandate

(or equivalent) on company headed paper can be submitted in its place.

If paid by a 3rd Party, we require to verify the identity of that 3rd Party, in line with their legal form.

Source of Wealth verification documentation, if required.

Other information or documentation may be required in certain circumstances and Zurich Life will advise you of these requirements when the application is submitted.

Data Protection Notice

About this Notice

Everyone has rights with regard to the way in which their personal data is handled. During the course of our activities we will collect, store and process personal data about you. The purpose of this Notice is to set out some information on the collection and processing of your personal data. Further information can be obtained in our Privacy Statement which is available at www.zurich.ie/privacy-statement.

The Data we collect

We collect the following personal data ('Data') from you (unless you are a member of a group scheme, in which case we may collect the Data from your employer or the trustee of the scheme):

- **Contact and identifying information** such as title, name, address, email, telephone number, gender, marital status, date of birth, occupation, PPS number, nationality, country of residence and photographic identification. We require this Data to identify you, contact you, conduct a suitability assessment (in the event of a sale via a financial advisor employed by or tied to Zurich Life), to fulfil our contract with you and to comply with legal obligations (e.g. performance of anti-money laundering checks). For investment products we also collect your US citizen status and your Tax Identification Numbers from other countries (if applicable) which we require to comply with Revenue law. If you are a member of a group scheme, we may also collect your employer's details.
- **Financial information** such as bank details, credit/debit card details (where needed) and income details (where applicable). We require this Data so we can assess the premium to be paid, to fulfil our contract with you and to comply with legal obligations.
- **Medical condition and health status** for protection products and some pension and investment products which also offer life and serious illness benefits, we collect medical information relating to: personal habits (e.g. smoking or consumption of alcohol), prescription information and medical history. For pension products we may collect disability information (e.g. if you apply for an early retirement due to ill health). We require this Data so that we can fulfil our contract with you.
- **Other sensitive information** - in certain cases, we may receive sensitive information from which it may be possible to infer your trade union membership, religious or political beliefs (e.g. if you are a member of a group scheme through a professional, trade, religious, community or political organisation). In addition, we may obtain information about your criminal record or civil litigation history in the process of preventing, detecting and investigating fraud. We may obtain your PEP (politically exposed person) status, which is necessary for compliance with anti-money laundering legislation.

Data collected from third parties

We may collect Data from third parties if you engage with us through a third party e.g. through a financial broker/advisor or, in the case of a group scheme, through your employer. We do this in order to fulfil our contract and provide services to you. We may also obtain Data from third parties so that we can assess a claim.

What do we do with your Data?

We collect and process this Data to manage and administer our relationship with you. We may use, process and store the Data, for the following purposes:

- Risk evaluation, product suitability, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, to provide annual statements, to create trustee annual reports (in the context of group schemes), for statistical evaluation, for survey purposes or to otherwise ensure the Group service delivery. Zurich Life or other members of the Group may contact you in connection with these purposes. We do this in order to provide you with the services for which you have contracted with us.
- We may check the Data you have provided against international/economic or financial sanctions laws or regulated listings to comply with legal obligations (e.g. anti-fraud and anti-money laundering requirements) or otherwise to protect our legitimate interests and/or the legitimate interests of others.

Sharing of Data

In order to provide a seamless service, we may share your Data (where appropriate):

- With other companies in the Group such as branches, subsidiaries, affiliates within the Group, partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA').
- If you apply for, or purchase, one of our products through a financial broker/advisor or another third party (e.g. your employer if you are a member of a group scheme), we will, as appropriate, correspond with that third party in relation to your products: this may result in us sharing your Data with that third party.

Data Protection Notice (continued)

- Without your consent or without consulting you, when we believe that it is appropriate to comply with our legal obligations, a Court Order or to cooperate with State bodies (e.g. Revenue, the Central Bank, The Pensions Authority and law enforcement agencies).
- On the sale, transfer or reorganisation of our or our Group's business (or any part of it).
- With business partners, suppliers and sub-contractors with whom we work and/or engage (e.g. auditors, cloud service providers, medical professionals, third-party claim administrators and outsourced service providers) to assist us in carrying out business activities which are in our legitimate business interest and where such interests are not overridden by your interests.
- In order to enforce this Notice or other legal rights, to protect the security and safety of others, and to prevent fraud.

For further information with respect to the third parties that we may share Data with, please see our Privacy Statement which is available at www.zurich.ie/privacy-statement.

Where transfers of Data take place outside the European Economic Area ("EEA"), we ensure that they are undertaken lawfully and in accordance with appropriate safeguards. Data may be transferred to, and stored outside the European Union ("EU") or EEA and in a country for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission. In such instances, appropriate safeguards are put in place to protect your Data. For further information with respect to the non-EU or non-EEA countries to which your Data may be transferred and for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission or for a copy of the safeguards put in place to protect your Data, please see our Privacy Statement which is available at www.zurich.ie/privacy-statement.

If you have any questions about your Data, you can contact our Data Protection Officer, free of charge, using the contact details below.

Marketing

Depending on the marketing preferences you have expressed in any application forms for our products or services, we may send you details of offers and news that we would like to share with you. Please note that you have the right to change your preferences at any time by contacting us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Data Retention

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or permitted. For more detail, see our Data Retention Statement at www.zurich.ie/privacy-statement.

Data Subject Rights

You have the following rights in relation to your Data which is held by Zurich Life:

1. To ask for details of your Data held by us.
2. To ask for a copy of your Data.
3. To have any inaccurate or misleading Data rectified.
4. To have your Data erased.
5. To restrict the processing of your Data in certain circumstances.
6. To object to the processing of your Data.
7. To transfer your Data to a third party.
8. A right not to be subject to automated decision making.
9. The right to receive notification of a Data breach.
10. Where processing is based on consent, the right to withdraw such consent.
11. The right to lodge a complaint to the Data Protection Commission.

If you wish to avail of these rights, a request must be submitted in writing to our Data Protection Officer. In order to protect your privacy, you may be asked to provide suitable proof of identification before we can process your request.

Our Data Protection Officer is contactable by phone, email, or post via:

- Zurich Life Customer Services on 01 799 2711
- dataprotectionofficer@zurich.ie
- Data Protection Officer, Zurich Life, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

Privacy Statement

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

Certification of Tax Status for an Entity

The purpose of this form is to enable Zurich Life to comply with the legal obligations of the international automatic exchange of information in relation to tax matters (AEOI). Further information in relation to AEOI can be found on the Revenue Commissioner's AEOI web page on www.revenue.ie

Please refer to the definitions section of this document to help you complete the form. Capitalised terms used in this form are defined in the definitions document.

Zurich Life
Policy Number
(If applicable)

A Identification of Account Holder

Note:
Please
complete in
BLOCK
CAPITALS.

Entity/Trust Name

Address

Email address

Contact Number

Country of
Incorporation /
Organisation

Is the Entity a US Person? Yes No

Note: If the Entity is a US Person, (eg because it is incorporated or organised under the laws of the United States, or it is the type of trust described in the definition of US Person) please provide a completed IRS Form W9. The most up to date form can be found together with instructions for completion at www.irs.gov/Forms-&-Pubs. Please be advised that this policy was not designed to comply with the conditions prescribed in the US Internal Revenue Code (the "Code") and may not benefit from the tax treatment that applies to qualifying life insurance or annuity contracts.

Mailing Address

(please only complete
if different to the
address above)

B Entity Type

1. Is the Entity tax resident anywhere other than the Republic of Ireland? Yes No

If **Yes**, please continue to question 2. If **No**, please continue to question 3.

2. Please complete:

In which jurisdictions is the Entity tax resident? Tax Identification Number or equivalent
Tax Reference:

Not
Applicable

Not
Applicable

Not
Applicable

3. Is the Entity a Financial Institution? Yes No

If **Yes**, please indicate the type of the Financial Institution.

Please provide:

GIIN (Global Intermediary
Identification Number):

AND

A completed IRS
Form W-8BEN-E

OR

W-9 as
appropriate

If **No**, please continue to question 4.

Note:
The term Entity
includes a trust.

Note:
This may be the
country where
the trust was
established.

Note:
Each
Responsible US
Person should
consult a
qualified tax
advisor to
determine
whether such
person has a US
tax filing or
reporting
obligation with
respect to the
policy.

Note:
If no Tax
Identification
Number has
been assigned
or is applicable,
please tick Not
Applicable.

Note:
A trust that is an
Investment
Entity is a
Financial
Institution.

B Entity Type (Continued)

Note:

A trust may be a Passive NFE.

4. Is the Entity a Passive NFE?

Yes

No

If **Yes**, please continue to question 5.

If the Entity is a Passive NFE, please provide a completed IRS Form W-8BEN-E unless the Entity is a US Person. The most up to date form can be found at www.irs.gov/Forms-&-Pubs

If **No**, please continue to question 7.

5. Does the Passive NFE have one or more Controlling Persons?

Yes

No

If **Yes**, please continue to question 6.

If **No**, please continue to Section C – Declaration.

6. Please complete:

Controlling Person

First name and surname of the Controlling Person:

Residency Address:

Is the Controlling Person a United States citizen?

Yes

No

If **Yes**, please confirm Social Security Number:

Is the Controlling Person tax resident anywhere other than the Republic of Ireland?

Yes

No

If **Yes**, please complete the below:

Country of Residence for tax purposes:

National Insurance Number or equivalent Tax Reference:

Date of birth of the Controlling Person:

Type of Controlling Person:

I declare that the information provided above is correct, accurate and complete. I agree to inform Zurich Life if there is any change in circumstances that results in this information no longer being correct, accurate or complete.

If the Controlling Person is a United States citizen or if they are resident for tax purposes in the United States or any other jurisdiction(s) other than the Republic of Ireland, certain information about them and the policy held by the Entity Account Holder may be reported by Zurich Life to the Irish Revenue Commissioners. Under domestic and international tax compliance laws, the Revenue Commissioners may be required to report this information to other tax authorities in the United States (if the Controlling Person is a United States citizen or resident for tax purposes in the United States) or any other jurisdiction(s) in which they are resident for tax purposes. An individual who is both a Controlling Person and a US Person may have a US taxable income or US tax reporting obligations (including on a US report of Foreign Bank and Financial Accounts ("FBAR") form) with respect to the policy.



Controlling Person

Please sign and date.

Controlling Person's Signature

X

Date

Note:

The Entity may sign on behalf of the Controlling Persons. Where this option is chosen, please sign Section C only. In the case of a trust, the trustees may sign on behalf of the beneficiaries.

Continued overleaf

B**Entity Type (Continued)****6.** Please complete:**Controlling Person**

First name and surname of the Controlling Person:

Residency Address:

Is the Controlling Person a United States citizen? Yes No

If **Yes**, please confirm Social Security Number:

Is the Controlling Person tax resident anywhere other than the Republic of Ireland? Yes No

If **Yes**, please complete the below:

Country of Residence for tax purposes:


National Insurance Number or equivalent Tax Reference:

Date of birth of the Controlling Person:

Type of Controlling Person:

I declare that the information provided above is correct, accurate and complete. I agree to inform Zurich Life if there is any change in circumstances that results in this information no longer being correct, accurate or complete.

If the Controlling Person is a United States citizen or if they are resident for tax purposes in the United States or any other jurisdiction(s) other than the Republic of Ireland, certain information about them and the policy held by the Entity Account Holder may be reported by Zurich Life to the Irish Revenue Commissioners. Under domestic and international tax compliance laws, the Revenue Commissioners may be required to report this information to other tax authorities in the United States (if the Controlling Person is a United States citizen or resident for tax purposes in the United States) or any other jurisdiction(s) in which they are resident for tax purposes. An individual who is both a Controlling Person and a US Person may have a US taxable income or US tax reporting obligations (including on a US report of Foreign Bank and Financial Accounts ("FBAR") form) with respect to the policy.



**Controlling
Person**
Please sign and
date.

Controlling Person's Signature

X

Date

Continued overleaf

B Entity Type (Continued)

6. Please complete:

Controlling Person

First name and surname of the Controlling Person:

Residency Address:

Is the Controlling Person a United States citizen? Yes No

If **Yes**, please confirm Social Security Number:

Is the Controlling Person tax resident anywhere other than the Republic of Ireland? Yes No


If **Yes**, please complete the below:

Country of Residence for tax purposes: National Insurance Number or equivalent Tax Reference:

Date of birth of the Controlling Person: Type of Controlling Person:

I declare that the information provided above is correct, accurate and complete. I agree to inform Zurich Life if there is any change in circumstances that results in this information no longer being correct, accurate or complete.

If the Controlling Person is a United States citizen or if they are resident for tax purposes in the United States or any other jurisdiction(s) other than the Republic of Ireland, certain information about them and the policy held by the Entity Account Holder may be reported by Zurich Life to the Irish Revenue Commissioners. Under domestic and international tax compliance laws, the Revenue Commissioners may be required to report this information to other tax authorities in the United States (if the Controlling Person is a United States citizen or resident for tax purposes in the United States) or any other jurisdiction(s) in which they are resident for tax purposes. An individual who is both a Controlling Person and a US Person may have a US taxable income or US tax reporting obligations (including on a US report of Foreign Bank and Financial Accounts ("FBAR") form) with respect to the policy.

 **Controlling Person**
Please sign and date.

Controlling Person's Signature

X

Date

Continued overleaf

B Entity Type (Continued)

6. Please complete:

Controlling Person

First name and surname of the Controlling Person:

Residency Address:

Is the Controlling Person a United States citizen? Yes No

If **Yes**, please confirm Social Security Number:

Is the Controlling Person tax resident anywhere other than the Republic of Ireland? Yes No


If **Yes**, please complete the below:

Country of Residence for tax purposes: National Insurance Number or equivalent Tax Reference:

Date of birth of the Controlling Person: Type of Controlling Person:

I declare that the information provided above is correct, accurate and complete. I agree to inform Zurich Life if there is any change in circumstances that results in this information no longer being correct, accurate or complete.

If the Controlling Person is a United States citizen or if they are resident for tax purposes in the United States or any other jurisdiction(s) other than the Republic of Ireland, certain information about them and the policy held by the Entity Account Holder may be reported by Zurich Life to the Irish Revenue Commissioners. Under domestic and international tax compliance laws, the Revenue Commissioners may be required to report this information to other tax authorities in the United States (if the Controlling Person is a United States citizen or resident for tax purposes in the United States) or any other jurisdiction(s) in which they are resident for tax purposes. An individual who is both a Controlling Person and a US Person may have a US taxable income or US tax reporting obligations (including on a US report of Foreign Bank and Financial Accounts ("FBAR") form) with respect to the policy.

 **Controlling Person**
Please sign and date.

Controlling Person's Signature

X

Date

If you have more than 4 Controlling Persons please copy this page and attach to the form.

7. Is the Entity a governmental entity, a central bank, an international organization (i.e. typically tax-exempt)?

☐

Yes

☐

No

If **Yes**, please send us a written official statement of the tax-exemption.

Please note that if the legal entity is exempt a completed IRS Form W-8BEN-E is also required under the FATCA regulations. The most up to date forms can be found at <http://www.irs.gov/Forms-&-Pubs>

C Declaration

Note:

The Entity may sign on behalf of the Controlling Persons. Where this option is chosen, please sign Section C only.

I/We declare that the information provided in this form is correct, accurate and complete. I/We agree to inform Zurich Life if there is any change to the tax status of the Entity Account Holder and/or where applicable, any Controlling Person, and/or any other circumstances that results in this information no longer being correct, accurate or complete.

If the Entity Account Holder is incorporated/organised in the United States or is resident for tax purposes in any jurisdiction(s) other than the Republic of Ireland, certain information about the Entity Account Holder and the policy held by the Entity Account Holder may be reported by Zurich Life to the Irish Revenue Commissioners. Under domestic and international tax compliance laws, the Revenue Commissioners may be required to report this information to other tax authorities in the United States or any other jurisdiction(s) in which the Entity is resident for tax purposes. An individual who is both a Controlling Person and a US Person may have a US taxable income or US tax reporting obligations (including on a US report of Foreign Bank and Financial Accounts ("FBAR") form) with respect to the policy.



Please sign and date.

Signature for and on behalf of the Entity

X

Date



Please write the name and capacity of the signatory in BLOCK CAPITALS.

Name

X

Date

In what capacity

Certification of Tax Status for an Entity

Capitalised terms used in the Certification of Tax Status for an Entity form are defined in this document. Some of these definitions contain additional capitalised terms. Where not defined in this document, these terms have the meaning given to them in the Standard for Automatic Exchange of Financial Account Information (otherwise known as the Common Reporting Standard or CRS) which is available on the Revenue Commissioner's Automatic Exchange of Information (AEOI) in relation to tax matters web page on www.revenue.ie

“Account Holder”

This means

- (i) any person who is entitled to access the cash value of the policy or to change the beneficiary of the policy;
- (ii) if no person can access the cash value or change the beneficiary, any person named as the owner of the policy and any person with a vested entitlement to payment under the terms of the policy;
- and
- (iii) upon maturity of the policy, any person who is entitled to receive a payment under the policy.

“Active NFE”

The term “Active NFE” means any NFE that meets any of the following criteria:

- a. less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- b. the stock of the NFE is regularly traded on an established securities market or the NFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market;
- c. the NFE is a Governmental Entity, an International Organisation, a Central Bank, or an Entity wholly owned by one or more of the foregoing;
- d. substantially all of the activities of the NFE consist of holding (in whole or in part) the outstanding stock of, or providing financing and services to, one or more subsidiaries that engage in trades or businesses other than the business of a Financial Institution, except that an Entity does not qualify for this status if the Entity functions (or holds itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes;
- e. the NFE is not yet operating a business and has no prior operating history, but is investing capital into assets with the intent to operate a business other than that of a Financial Institution, provided that the NFE does not qualify for this exception after the date that is 24 months after the date of the initial organisation of the NFE;
- f. the NFE was not a Financial Institution in the past five years, and is in the process of liquidating its assets or is reorganising with the intent to continue or recommence operations in a business other than that of a Financial Institution;
- g. the NFE primarily engages in financing and hedging transactions with, or for, Related Entities that are not Financial Institutions, and does not provide financing or hedging services to any Entity that is not a Related Entity, provided that the group of any such Related Entities is primarily engaged in a business other than that of a Financial Institution; or
- h. the NFE meets all of the following requirements:
 - (i) it is established and operated in its jurisdiction of residence exclusively for religious, charitable, scientific, artistic, cultural, athletic, or educational purposes; or it is established and operated in its jurisdiction of residence and it is a professional organisation, business league, chamber of commerce, labour organisation, agricultural or horticultural organisation, civic league or an organisation operated exclusively for the promotion of social welfare;
 - (ii) it is exempt from income tax in its jurisdiction of residence;

- (iii) it has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- (iv) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents do not permit any income or assets of the NFE to be distributed to, or applied for the benefit of, a private person or non-charitable Entity other than pursuant to the conduct of the NFE's charitable activities, or as payment of reasonable compensation for services rendered, or as payment representing the fair market value of property which the NFE has purchased; and
- (v) the applicable laws of the NFE's jurisdiction of residence or the NFE's formation documents require that, upon the NFE's liquidation or dissolution, all of its assets be distributed to a Governmental Entity or other non-profit organisation, or escheat to the government of the NFE's jurisdiction of residence or any political subdivision thereof.

“Controlling Person(s)”

The term “Controlling Persons” means the natural persons who exercise control over an Entity. In the case of a trust, such term means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary(ies) or class(es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions. The term “Controlling Persons” must be interpreted in a manner consistent with the Financial Action Task Force Recommendations, which can be found at

www.fatfgafi.org/publications/fatfrecommendations

“Custodial Institution”

The term “Custodial Institution” means any Entity that holds, as a substantial portion of its business, Financial Assets for the account of others. An Entity holds Financial Assets for the account of others as a substantial portion of its business if the Entity's gross income attributable to the holding of Financial Assets and related financial services equals or exceeds 20% of the Entity's gross income during the shorter of:

- (i) the three-year period that ends on December (or the final day of a non-calendar year accounting period) prior to the year in which the determination is being made; or
- (ii) the period during which the Entity has been in existence.

“Depository Institution”

The term “Depository Institution” means any Entity that accepts deposits in the ordinary course of a banking or similar business.

“Entity”

The term “Entity” means a legal person or a legal arrangement, such as a corporation, organisation, partnership, trust or foundation.

“FATCA”

This means the United States Foreign Account Tax Compliance. In December 2012 Ireland signed an agreement with the US in relation to the implementation of FATCA in Ireland (the Irish IGA). The FATCA regulations give legislative effect to the Irish IGA.

“Financial Institution”

The term “Financial Institution” means a Custodial Institution, a Depository Institution, an Investment Entity, or a Specified Insurance Company.

“Investment Entity”

The term “Investment Entity” means any Entity:

- a. that primarily conducts as a business one or more of the following activities or operations for or on behalf of a customer:
 - (i) trading in money market instruments (cheques, bills, certificates of deposit, derivatives, etc.); foreign exchange; exchange, interest rate and index instruments; transferable securities; or commodity futures trading;
 - (ii) individual and collective portfolio management; or
 - (iii) otherwise investing, administering, or managing Financial Assets or money on behalf of other persons; or
- b. the gross income of which is primarily attributable to investing, reinvesting, or trading in Financial Assets, if the Entity is managed by another Entity that is a Depository Institution, a Custodial Institution, a Specified Insurance Company, or an Investment Entity.

“NFE”

An “NFE” (Non-financial entity) is any Entity that is not a Financial Institution.

“Passive NFE”

A “Passive NFE” means any:

- (i) NFE that is not an Active NFE; and
- (ii) Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution.

“Specified Insurance Company”

The term “Specified Insurance Company” means any Entity that is an insurance company (or the holding company of an insurance company) that issues, or is obligated to make payments with respect to, a Cash Value Insurance Contract or an Annuity Contract.

Tax Identification Number (TIN)

A Taxpayer Identification Number (or functional equivalent in the absence of a Taxpayer Identification Number) is a unique combination of letters or numbers, however described, assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for purposes of administering the tax laws of such jurisdiction. An example of a TIN is the National Insurance Number in the UK, or Social Security Number in the US.

“US Person”

The term “U.S. Person” means a U.S. citizen or resident individual, a partnership or corporation organized in the United States or under the laws of the United States or any State thereof, a trust if (i) a court within the United States would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust, and (ii) one or more U.S. persons have the authority to control all substantial decisions of the trust, or an estate of a decedent that is a citizen or resident of the United States. This shall be interpreted in accordance with the U.S. Internal Revenue Code.

SEPA Direct Debit Mandate

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

IE 43 ZZZ 992 829



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

Please complete all the fields below:

Account Holder Name	
Account Holder Address	
City/Postcode	Country

IBAN (International
Bank Account Number)

**Signature(s)
of Account
Holder(s)**

X

X

SWIFT BIC
(Bank Identification Code)

Date of Signing

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, A94 X9Y3, Ireland.
Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie
Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at January 2025 and may change in the future.

Intended for distribution within the Republic of Ireland.

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