



# Zurich Trustee Services Limited (ZTSL)

## Executive Pension Plan

**ZURICH**<sup>®</sup>

A.P. Pension Plan Type	<b>R</b>														S.P. Pension Plan Type	<b>R</b>														
Intermediary Name																														
Financial Advisor Name													Intermediary Number																	

**A Web Access to Policy Information**

You can look up details of the policy (including a daily updated value) online at the Client Centre on [www.zurichlife.ie](http://www.zurichlife.ie)

Do you wish to register for the Client Centre?  Yes  No

**Note:**  
Please complete in BLOCK CAPITALS.

**B Employee Details**

<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	Forename															
			Surname															
			Address															
			Date of Birth							Sex	<input type="radio"/> M	<input type="radio"/> F						
			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								
			PPS Number															
			Contact Number															
			Email Address															
			Nationality															
			Country of Residence															
			Occupation															

Please describe fully and if the Employee's occupation is 'Company Director' please advise the nature of the business.

Is the Employee a 20% Director?*	<input type="radio"/> Yes	<input type="radio"/> No	Date of Entry into Service									
Annual Salary/ Earnings	€			Normal Retirement Age								

**Note:**  
Proof of date of birth is required to pay benefits under the plan.

**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.

**Special Instructions**


Continued overleaf

## C Contribution Details

### Monthly Contribution

Employee Pension contribution	€	<input type="text"/>
Employer Pension contribution	€	<input type="text"/>
AVC <sup>†</sup>	€	<input type="text"/>
<b>Total</b>	€	<input type="text"/>

### Method of Payment

The regular contributions will be deducted from your salary and remitted by your employer to Zurich Life by monthly direct debit.

If your contributions are being deducted from salary on a weekly or fortnightly basis, you can calculate the monthly contribution by multiplying the weekly/fortnightly contribution by 52/26 and dividing by 12.

Plan Start Date

Billing Date  1st  7th  15th

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

### Vesting:

The default vesting option is for immediate vesting of benefits. Employers seeking to have a different vesting arrangement should contact Zurich Life.

### Single Contribution

Employee Pension contribution	€	<input type="text"/>
Employer Pension contribution	€	<input type="text"/>
AVC <sup>†</sup>	€	<input type="text"/>
<b>Total</b>	€	<input type="text"/>

Payments must be made by bank draft or cheque made payable to Zurich Life.

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

## D Regular Contribution Increase Options

### Please choose Option 1 or 2:

If neither is selected, we will automatically apply Option 1.

#### 1. Standard Indexation

Select this option if contributions are to be increased each year, in line with inflation.

If contributions are to index at each plan anniversary, please tick here.

#### 2. Level Contributions

Select this option if **contributions are not to increase each year**. Selecting this option means that contributions may reduce, in real terms, over time.

If contributions are not to increase, please tick here.

**Note:**  
<sup>†</sup>Please note that it is not possible to make a standalone AVC.

**Note:**  
Relevant for regular contribution plans only.

## E Your Investment Options

Please select either **Option 1** OR **Option 2**

These investment instructions shall take effect at the earliest opportunity and will remain in force until further notice.

If neither is selected then the Personalised GuidePath Investment Strategy will apply.

You are fully responsible for the performance of your retirement account and you should regularly review your investment performance and objectives. Neither the Trustees nor Zurich Life Assurance plc have any liability whatsoever for the investment choice you have made.

### Option 1 Personalised GuidePath

The Personalised GuidePath investment strategy automatically moves your pension money through a series of investment funds tailored to your risk appetite as you go through your working life. As you near retirement, your pension money is gradually switched into funds appropriate for your retirement plan. You can personalise the growth stage, retirement planning stage or strategy end date of your Personalised GuidePath at any time using the secure web portal at [zurichlife.ie](http://zurichlife.ie). (Please note that your selection below will not impact the settings on any of your existing policies).

I wish to select the Personalised GuidePath Investment Strategy

<b>Growth Stage</b>	Your Personalised GuidePath defaults to the <b>medium risk/return</b> growth stage. If, instead, you wish to <b>choose an alternative, please specify here:</b> High <input type="radio"/> Medium <input type="radio"/> Low <input type="radio"/>
<b>Retirement Planning Stage</b>	Your Personalised GuidePath defaults to target tax free cash (25%) and Annuity (75%) at the end of your retirement planning stage. If, instead, you wish to <b>choose an alternative, please specify here:</b> Tax-Free Cash <input type="text"/> % Annuity <input type="text"/> % ARF <input type="text"/> % (must total 100%)
<b>Strategy End Age</b>	Your Personalised GuidePath strategy end age defaults to your normal retirement age. If, instead, you wish to <b>choose an alternative age, please specify here:</b> <input type="text"/> <input type="text"/>

**OR**

### Option 2 Choose your own funds

#### Declaration:

I hereby declare that I have elected **NOT** to have a Personalised GuidePath Investment Strategy apply. I understand that it is my responsibility to determine, on an ongoing basis, whether my chosen investments are appropriate for my circumstances.

Signature of Employee

X

Date

You may choose to invest in a maximum of 10 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	Single Contribution	Regular Contribution
Prisma <b>2</b>	<input type="text"/> %	<input type="text"/> %
Prisma <b>3</b>	<input type="text"/> %	<input type="text"/> %
Prisma <b>4</b>	<input type="text"/> %	<input type="text"/> %
Prisma <b>5</b>	<input type="text"/> %	<input type="text"/> %
Prisma <b>6</b>	<input type="text"/> %	<input type="text"/> %
SuperCAPP	<input type="text"/> %	<input type="text"/> %
Cautiously Managed	<input type="text"/> %	<input type="text"/> %
Balanced	<input type="text"/> %	<input type="text"/> %
Performance	<input type="text"/> %	<input type="text"/> %
Dynamic	<input type="text"/> %	<input type="text"/> %
Cash	<input type="text"/> %	<input type="text"/> %
Active Fixed Income	<input type="text"/> %	<input type="text"/> %
Active Asset Allocation	<input type="text"/> %	<input type="text"/> %
International Equity	<input type="text"/> %	<input type="text"/> %
<b>Other Funds</b> - please see the 'Fund Guide' on <a href="http://zurichlife.ie">zurichlife.ie</a> for a full list of available funds.		
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
<input type="text"/>	<input type="text"/> %	<input type="text"/> %
<b>Total</b>	<b>100%</b>	<b>100%</b>

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.



#### Employee:

Please sign and date.

#### 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 [zurichlife.ie](http://zurichlife.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:**

Please complete in BLOCK CAPITALS.

**Letter of Exchange (do not detach)**

Between (the **Employer**):

and (the **Employee**):

and (the **Trustee**):

**ZURICH TRUSTEE SERVICES LIMITED**

**The Commencement Date is the Plan Start Date.**

Dear **Employee**

The **Employer** has decided to establish a pension plan (the **Plan**) for you with Zurich Life Assurance plc (**Zurich Life**).

The **Plan** is hereby established, with effect from the Commencement Date specified above, under irrevocable trust as a retirement benefits scheme capable of approval by the Revenue Commissioners as an exempt approved scheme under Part 30 of Chapter 1 of the Taxes Consolidation Act, 1997 and is a defined contribution scheme for the purposes of the Pensions Act.

The **Employer** hereby appoints the **Trustee** to be the first trustee of the Plan, and by signing this letter, the **Trustee** agrees to act in that capacity.

The **Plan** is governed by this letter and by the **Plan** rules (the **Rules**).

Please note that a trusteeship fee of €5.00 per month (as at 1st March 2010) will apply to the **Plan**. This fee may be increased, as set out in the **Rules**.

Please acknowledge receipt of this letter by signing below. You will be sent a copy of the **Rules** after the Commencement Date of the **Plan**.

Signature of **Employee**

X

Date

Signature on behalf of **Employer**

X

Date

Full Name (Print):

Position (Print):

**TO BE SIGNED BY ZURICH TRUSTEE SERVICES LIMITED ONLY**

Signature on behalf of **Zurich Trustee Services Limited**

X

Date

Full Name (Print):

Position (Print):

**SEPA Direct Debit Mandate**



**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.

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/Postcode

Country

**Please Return to:**

Creditor Name

**ZURICH LIFE ASSURANCE PLC**

Creditor Address

**ZURICH HOUSE, FRASCATI ROAD, BLACKROCK CO. DUBLIN, IRELAND**

Type of Payment

**RECURRENT**

IBAN

(International Bank Account Number)

Signature(s) X

of Account

Holder(s) X

SWIFT BIC (Bank Identification Code)

Date of Signing

**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:** IBAN and BIC details can be found on your bank statement.

**Nomination Form (do not detach)**

I request that the Trustees consider paying or applying any lump sum payable on my death in service to or for the benefit of the following persons in the following proportions:

**Note:**  
To be completed by Employee.  
Please complete in BLOCK CAPITALS.

Name	Relationship, if any (wife, father, sister, etc.)	Address	Proportion (%)

The people specified might include your spouse, your relatives, people who are financially dependent on you, and people mentioned in your will. You may, however, specify anyone you wish. People who receive lump sum benefits on your death may have to pay Capital Acquisitions Tax. More information on this tax can be obtained from the Revenue.

If your circumstances change, for example if you get married, you should consider if you wish to obtain and fill in a replacement form.

The Trustee is not bound by the preferences that you indicate on this form, and the Rules of the Plan allow for the Trustee to dispose of the lump sum in a different manner.

This notification replaces any former notification that I have issued to the Trustee.

Full Name (Print):

Signature of Employee

Date



**Employee:**

Please sign and date.



**Salary Deduction Instruction**

Do not submit this instruction to Zurich Life. It should be detached and given to your Employer.



**Employee's Agreement and Authority to Deduct Contributions (to be retained by Employer)**

To: Personnel Officer of Employer

Please deduct from my gross salary until further notice the appropriate gross amount agreed by me in Section C, on the appropriate dates, in respect of my contributions and any increases in contributions under the Plan and remit these contributions to Zurich Life Assurance plc, or otherwise as directed by the Trustees of the Plan.

Signature of Employee

Date



**Employee:**

Please sign and date.

Name  
BLOCK CAPITALS

Employee/Personnel Number

Pay Group/Payroll Number

Department

Location

**Zurich Life Assurance plc**

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

Telephone: 01 283 1301 Fax: 01 283 1578 Website: [www.zurichlife.ie](http://www.zurichlife.ie)

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

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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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