

TRANSFER AGREEMENT & CLAIM REQUEST FORM PRSA CONTRACT
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To Zurich Life Assurance plc
Zurich House
Frascati Road
Blackrock
Co Dublin

Ref: **PRSA Client Number:**
Contract Number(s):
PRSA Owner:

PRSA Section 108 & 124 Pensions Act 1990

I, 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 PRSA contributor in accordance with the rules and regulations governing the receiving contract which will provide retirement and other relevant benefits.

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

Signature of the PRSA Owner _____ Date

Witness _____ Date

Notes:

This form is only for use in the situation where the PRSA contributor is exercising the option to transfer pension benefits from his/her existing PRSA Contract to an approved pension arrangement underwritten by another Life Office.