



RetireSmart Plan Personal Application Form



The RetireSmart Plan is a retirement plan combining a Pension policy and/or a Long-term Savings policy as applicable.

Savings RP Plan Type	<input type="radio"/> R	<input type="text"/>	Pension RP Plan Type	<input type="radio"/> R	<input type="text"/>
Savings SP Plan Type	<input type="radio"/> R	<input type="text"/>	Pension SP Plan Type	<input type="radio"/> R	<input type="text"/>
Intermediary Name			Intermediary Number		
Financial Advisor Name					

Note:

Please complete in BLOCK CAPITALS.

A Policy Owner

<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	Forename	<input type="text"/>
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				
Email Address				
Telephone Number (work)				
(home)				
(mobile)				
Nationality				
Country of Residence				
Occupation				

Note:

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

B Plan Details

Plan Start Date	<input type="text"/>	Annual Salary/ Earnings	€	Selected Retirement Age	<input type="text"/>
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C Contribution Details, Source of Funds and Source of Wealth

Contribution Details

Please note that the Government insurance premium levy will apply to your savings contribution(s).*

(i) Total Regular Contribution	€	of which is split between	(a) Savings Policy	€	*
			(b) Pension Policy	€	
Frequency of regular payment by Direct Debit: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Half-yearly <input type="radio"/> Yearly					

(ii) Total Single Contribution	€	of which is split between	(a) Savings Policy	€	*
			(b) Pension Policy	€	**

Payment of single contribution: ☐ Bank Draft ☐ Cheque made payable to Zurich Life.

* For regular contributions, Zurich Life will collect the Government insurance premium levy in addition to the regular contribution you specify. For single contributions, Zurich Life will deduct the levy from your payment before allocating it to your policy. As at February 2012, the levy is 1% and may change in the future.

** Does this once-off payment represent a transfer from another pension arrangement? Yes ☐ No ☐ If yes, please provide details. Also, if the transfer payment is the subject of a Pension Adjustment Order (PAO) please tick here ☐ and supply a copy of the PAO.

Special Instructions

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Annual Contribution Increase Options

Please choose Option 1 or 2:

Please note, if you do not select either of these options, we will automatically apply Option 1 - Standard Indexation.

1. Standard Indexation

Select this option if you want your total regular contributions to be increased each year, in line with inflation.

If you want your contributions to index at each anniversary, please tick here. ☐

2. Level Contributions

Select this option if you **do not want your contribution to increase each year**. Selecting this option means that your contribution will reduce, in real terms, over time. If you **do not** want your contributions to increase, please tick here. ☐

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Act 2010, 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.

Source of Funds (Only applicable if part of the contribution is placed in the Savings policy)

Payment by:

Personal Cheque from Policy Owner Bank Account ☐

or

Third Party Cheque ☐

Please provide Payor Name (if Third Party Cheque).

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

or

Bank Draft ☐

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

Account Holder Name(s)

Name of Bank/Building Society

Account Number

Sort Code

Country account is based in

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

or

Other ☐ Please provide details.

Source of Wealth (Only applicable where the Savings policy is being contributed to and the combined (AP and SP) contributions are over €5,000 annually)

Where has the funding come from?

Salary ☐

(including bonus)

Please provide yearly income (includes salary, pension or investment income).

€

per annum

Regular Savings ☐

Inheritance ☐

Property Sale ☐

Early Retirement/Redundancy ☐

Investment Proceeds ☐

Other ☐

Please specify.

D Special Instructions

Important Note:

Sections E and F present the investment options that are available on the Savings policy (Section E) and the Pension policy (Section F). Please complete the relevant section(s) as applicable.

E Investment Options - SAVINGS POLICY

If you have chosen not to contribute to the Savings policy please **do not** complete Section E.

Please complete either 1 or 2 below.

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.

1. SavingSTAR

Which SavingSTAR investment strategy do you wish to follow?

☐

SavingSTAR
Active Fixed Income

OR

☐

SavingSTAR
Balanced

2. Matrix Fund Choice - Please specify the Matrix fund(s) to which your Savings policy is to be linked.

Note:

You can choose a combination of up to 10 funds for your investment.

Note:

* These funds are managed by Threadneedle Investments and are subject to an additional management charge of 0.5% per annum.

Note:

** This fund is managed by BlackRock Investments and is subject to an additional management charge of 0.7% per annum.

Note:

The maximum entry age for the SuperCAPP Fund is 60 next birthday provided there are at least 5 years remaining to Normal Retirement Age. Prior approval is required from Zurich Life if the age next birthday exceeds 60.

Note:

† These funds are managed by BlackRock Investments.

Sector	Fund Name	Regular Contribution	Single Contribution
ACTIVE MANAGEMENT			
Equity Concentrated Funds	5 ★ 5 Global	%	%
	5 ★ 5 Europe	%	%
	5 ★ 5 Asia Pacific	%	%
	5 ★ 5 Americas	%	%
Geographic Funds	Irish Equity	%	%
	Eurozone Equity	%	%
	Asia Pacific Equity	%	%
	American Select*	%	%
	European Select*	%	%
Global Equity Funds	International Equity	%	%
	Dividend Growth	%	%
	Global Select*	%	%
Managed Funds	Dynamic	%	%
	Performance	%	%
	Balanced	%	%
	Cautiously Managed	%	%
	Secure	%	%
Active Diversified Funds	Active Asset Allocation	%	%
	Dynamic Diversified Growth**	%	%
Unitised With Profits Fund	SuperCAPP	%	%
Fixed Interest/Bond Funds	Long Bond	%	%
	Active Fixed Income	%	%
INDEX TRACKER / EXCHANGE TRADED FUNDS			
Geographic Funds	India Equity	%	%
	Europe ex-UK Index†	%	%
	Japan Index†	%	%
	UK Index†	%	%
Sector Fund	TopTech 100	%	%
Commodity Funds	Global Commodities	%	%
	Gold	%	%
Property Equity Funds	European (Ex-UK) Property	%	%
	Australasia Property	%	%
Fixed Interest/Bond Fund	Inflation-linked Bond	%	%
STRATEGY FUNDS			
Strategy Funds	Green Resources	%	%
	Earth Resources	%	%
	Diversified Assets	%	%
OTHER FUNDS			
		%	%
		%	%
TOTAL		100%	100%

Note:

For this product you can only switch within the Matrix range of funds.

F Investment Options - PENSION POLICY

If you have chosen not to contribute to the Pension policy please **do not** complete Section F.

Please complete either 1 or 2 below.

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.

1. PensionSTAR

Which PensionSTAR investment strategy do you wish to follow?



PensionSTAR
Annuity

OR



PensionSTAR
ARF

2. Matrix Fund Choice - Please specify the Matrix fund(s) to which your Pension policy is to be linked.

Sector ACTIVE MANAGEMENT

Fund Name

Regular Contribution

Single Contribution

Equity Concentrated Funds

5 ★ 5 Global
5 ★ 5 Europe
5 ★ 5 Asia Pacific
5 ★ 5 Americas

%
%
%
%

%
%
%
%

Geographic Funds

Irish Equity
Eurozone Equity
Asia Pacific Equity
American Select*
European Select*

%
%
%
%
%

%
%
%
%
%

Global Equity Funds

International Equity
Dividend Growth
Global Select*

%
%
%

%
%
%

Managed Funds

Dynamic
Performance
Balanced
Cautiously Managed
Secure

%
%
%
%
%

%
%
%
%
%

Active Diversified Funds

Active Asset Allocation
Dynamic Diversified Growth**

%
%

%
%

Unitised With Profits Fund

SuperCAPP

%

%

Fixed Interest/ Bond Funds

Long Bond
Active Fixed Income

%
%

%
%

INDEX TRACKER / EXCHANGE TRADED FUNDS

Geographic Funds

India Equity
Europe ex-UK Index†
Japan Index†
UK Index†

%
%
%
%

%
%
%
%

Sector Fund

TopTech 100

%

%

Commodity Funds

Global Commodities
Gold

%
%

%
%

Property Equity Funds

European (Ex-UK) Property
Australasia Property

%
%

%
%

Fixed Interest/Bond Fund

Inflation-linked Bond

%

%

STRATEGY FUNDS

Strategy Funds

Green Resources
Earth Resources
Diversified Assets

%
%
%

%
%
%

OTHER FUNDS

%
%

%
%

TOTAL

100%

100%

Note:

You can choose a combination of up to 10 funds for your investment.

Note:

* These funds are managed by Threadneedle Investments and are subject to an additional management charge of 0.5% per annum.

Note:

** This fund is managed by BlackRock Investments and is subject to an additional management charge of 0.7% per annum.

Note:

The maximum entry age for the SuperCAPP Fund is 60 next birthday provided there are at least 5 years remaining to Normal Retirement Age. Prior approval is required from Zurich Life if the age next birthday exceeds 60.

Note:

† These funds are managed by BlackRock Investments.

Note:

For this product you can only switch within the Matrix range of funds.

G Web Access to Policy Information

You can look up details of your RetireSmart policy(ies) (including Savings and/or Pension policy daily updated value) online at the Client Centre on **www.zurichlife.ie**

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

Important note: If you have chosen to contribute to **both** the Savings and Pension policies you must complete **both** Sections H and I. If you have chosen either the Savings policy (Section H), or the Pension policy (Section I) then please complete the relevant section as applicable.

H Declarations for your Savings Policy

Please note: Section H below applies to the Savings policy only.

Part A (i) Data Protection

Zurich Life Assurance plc ('Zurich Life') or its authorised agents, may hold, use, disclose and process any information provided by me ('data'), which shall include information contained in this application (or provided subsequently in discussion or otherwise) and any information arising in relation to my policy and my relationship with them, in order to:

- process this application, manage and administer my policy; provide data to any of the companies that make up the Zurich Financial Services group (the 'Group') to enable them to do so; and provide the data to my Financial Advisor to enable them to administer my policy;
- comply with legal and regulatory obligations;
- overview and analyse my policy regularly for Group reporting;
- communicate with me (subject to legislation) by post, telephone, email or SMS unless instructed not to by me in writing;
- disclose the data to any (or any proposed) assignee, disposee or successor or any reinsurer;
- disclose/transfer the data abroad (subject to legislation) for the above purposes to persons approved of by Zurich Life; and
- check my personal data against international trade/economic or financial sanctions laws or regulations listings.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life /the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do **not** want your data to be used for these purposes, please tick here. ☐

You can ask Zurich Life/the Group at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

(ii) Consumer Disclosure

I confirm that I have received the relevant Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

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:

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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.

(iii) Policy Declaration

I declare that I have read the entire application form after it was fully completed and that I am satisfied that all the answers and statements in this application are true and complete (including those completed by my Financial Advisor). I agree that this Declaration, together with any statements made or to be made to the medical examiner for Zurich Life, along with any verbal statements to be made to and acknowledged in writing by Zurich Life, which shall be deemed to be part of this Declaration shall form the basis of this contract of insurance.

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

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

Signature of Policy Owner/Life Insured

X

Date

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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 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 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.

Signature of Financial Advisor

X

Date

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Note:

If applicable, please ensure that you sign the box at the bottom of Part A.



**Policy Owner/
Life Insured:**

Please sign and date.



Financial Advisor:

Please sign and date.

1 Declarations for your Pension Policy

Please note: Section I below applies to the Pension policy only.

Part A (i) Data Protection & Revenue Commissioners' Declaration

I authorise the Department of Social Protection or the Revenue Commissioners to advise Zurich Life Assurance plc ('Zurich Life') of my most recent address on their records at any future time.

I understand that no benefit under the contract(s) shall be capable of being surrendered, assigned or commuted except as provided by Section 784 and Section 785, Taxes Consolidation Act, 1997.

Zurich Life or its authorised agents, may hold, use, disclose and process any information provided by me ('data'), which shall include information contained in this application (or provided subsequently in discussion or otherwise) and any information arising in relation to my policy and my relationship with them, in order to:

- process this application, manage and administer my policy; provide data to any of the companies that make up the Zurich Financial Services group (the 'Group') to enable them to do so; and provide the data to my Financial Advisor to enable them to administer my policy;
- comply with legal and regulatory obligations;
- overview and analyse my policy regularly for Group reporting;
- communicate with me (subject to legislation) by post, telephone, email or SMS unless instructed not to by me in writing;
- disclose the data to any (or any proposed) assignee, disposee or successor or any reinsurer;
- disclose/transfer the data abroad (subject to legislation) for the above purposes to persons approved of by Zurich Life; and
- check my personal data against international trade/economic or financial sanctions laws or regulations listings.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life/the Group.

Zurich Life may, in future, want to use your data to tell you about its products and services, those of the Group or of a third party that they have arranged for you. If you do **not** want your data to be used for these purposes, please tick here. ☐

You can ask Zurich Life/the Group at any time to stop using your data in this way, by writing free of charge to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, FREEPOST, Blackrock, Co. Dublin.

(ii) Pension Declaration (please complete both statements and refer to notes in left margin)

1. Are you engaged on your own account or as a partner personally acting in some trade, profession or occupation? ☐ Yes ☐ No
2. Are you an employed person (or the holder of an office or employment) with one or more of your occupations non-pensionable? ☐ Yes ☐ No

(iii) Consumer Disclosure

I confirm that I have received the relevant Customer Guide and that the Customer Guide has been fully completed by my Financial Advisor.

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(s):

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.

(iv) Policy Declaration

I agree that the information given shall be the basis of the contract of insurance, and I declare that the statements in this application are true and complete (including any statements written down at my dictation).

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

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

Signature of Policy Owner

X

Date

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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 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 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.

Signature of Financial Advisor

X

Date

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Note:

If applicable, please ensure that you sign the box at the bottom of Part A.

Note:

An occupation is pensionable if in connection therewith you are a member of a "sponsored superannuation scheme", which is any scheme or arrangement from which you expect to receive a retirement benefit, whether in lump sum or pension form, that will not have been wholly provided out of your own resources.

Note:

A "proprietary" directorship of, or a "proprietary" employment with, an "investment company" is not an Office or Employment for this purpose if it involves controlling more than 15% of the investment company – see Taxes Consolidation Act 1997, Section 783.



Policy Owner:

Please sign and date.



Financial Advisor:

Please sign and date.

J Application Checklist

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

Please tick ☒

- ☐ Any questions which are amended have been initialled.
- ☐ Intermediary name, Financial Advisor name and Intermediary number are complete.
- ☐ All personal details are fully complete.
- ☐ The occupation of the Policy Owner 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(s) (Section H and/or Section I, as applicable) has been signed and dated by the Policy Owner.
- ☐ The information submitted with this application is consistent with any previously submitted online application.
- ☐ Certified copy of photo ID and certified copy of proof of address must be supplied. (Only applicable when the Savings policy is selected.)



Direct Debit Instruction

Zurich Life Originator Ref.

9 9 2 8 2 9

Zurich Life Reference

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4. Your Instruction to the Bank, and Signature(s)

I instruct you to pay Direct Debits from my account at the request of Zurich Life Assurance plc. The amounts are variable and may be deducted on various dates. I understand that if any Direct Debit is paid that breaks the terms of the Instruction, the Bank will make a refund. I understand that Zurich Life Assurance plc may change the amounts and dates only after giving me prior notice. I will inform the Bank in writing if I wish to cancel this Instruction.

The Direct Debit Guarantee

This is a guarantee provided by your own Bank as a member of the Direct Debit Scheme, in which Banks and Originators of Direct Debits participate.

If you authorise payment by Direct Debit, then:

- your Direct Debit Originator will notify you in advance of the amounts to be debited to your account;
- your Bank will accept and pay such debits, provided that your account has sufficient available funds.

If it is established that an unauthorised Direct Debit was charged to your account, you are guaranteed a prompt refund by your Bank of the amount so charged. You can cancel the Direct Debit Instruction in good time by writing to your Bank.

Please complete

1. The Manager

Bank Limited

Full Postal Address

2. Name(s) in which Account to be debited is held

Banks may decline to accept instructions to pay Direct Debits from some types of account.

3. Bank Account Number

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Sort Code

--	--	--	--	--	--

Signature(s) of Account Holder(s)

X

Date

X

--	--	--	--	--	--	--	--	--	--

Zurich Life Assurance plc

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

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurichlife.ie

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

Intended for distribution within the Republic of Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at February 2012 and may change in the future.

