



LifeSave

Investment Bond Savings Plans

This application form covers Savings Plus, Special Savings Plus and Investment Bond products.

Regular Contribution Plan Type <small>(as per the illustration)</small>	R														
Investment Bond Plan Type <small>(as per the illustration)</small>	R														
Intermediary Name									Intermediary Number						
Financial Advisor Name															

Note:
Please complete in BLOCK CAPITALS.

Note:
Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, Zurich Life requires clients to provide 'Evidence of Identity' and 'Proof of Address' and other supporting documentation.

A Policy Owner Details First Owner

Mr Mrs Ms Forename

Surname

Residential Address

Date of Birth Sex M F

Civil Status Married Single Widow(er) Separated Divorced Civil Partner Former Civil Partner

Email Address

PPSN or Tax Identification Number
(if the Policy Owner is not an individual) A copy of the document used to verify the number must be attached.

Telephone Number (work)

(home)

(mobile)

Nationality

Country of Residence

Occupation

Country of Incorporation

Note:
Proof of PPSN or Tax Identification Number is required for policies in all cases.

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

Certification of Tax Status

If the Policy Owner is an individual please complete questions 1 and 2.
If the Policy Owner is a legal person or a legal arrangement such as a company, partnership, trust or foundation, please complete question 2 only.
Please note that we may require further information from you.

1. Are you a United States citizen? Yes No

If **Yes**, please confirm your social security number

2. Are you tax resident anywhere other than the Republic of Ireland? Yes No

Note: You may be tax resident in more than one jurisdiction.
If **Yes**, please complete the below:

Country of residence for tax purposes	Tax identification number

Note:

Please complete in BLOCK CAPITALS.

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, Zurich Life requires clients to provide 'Evidence of Identity' and 'Proof of Address' and other supporting documentation.

Note:

Proof of PPSN or Tax Identification Number is required for policies in all cases.

Note:

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

A Policy Owner Details Second Owner

Mr Mrs Ms Forename

Surname

Residential Address

Date of Birth

 Sex M F

Civil Status Married Single Widow(er) Separated Divorced Civil Partner Former Civil Partner

Email Address

PPSN or Tax Identification Number (if the Policy Owner is not an individual)

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

Telephone Number (work)

(home)

(mobile)

Nationality

Country of Residence

Occupation

Country of Incorporation

Certification of Tax Status

If the Policy Owner is an individual please complete questions 1 and 2.

If the Policy Owner is a legal person or a legal arrangement such as a company, partnership, trust or foundation, please complete question 2 only.

Please note that we may require further information from you.

1. Are you a United States citizen? Yes No
 If **Yes**, please confirm your social security number

2. Are you tax resident anywhere other than the Republic of Ireland? Yes No
Note: You may be tax resident in more than one jurisdiction.
 If **Yes**, please complete the below:
 Country of residence for tax purposes

 Tax identification number

B (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

 €

 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

 €

Note: Single contributions can only be paid by 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 July 2016, the levy is 1% and may change in the future.

D 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 Matrix 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	Single Contribution	Regular Contribution
Prisma 2	%	%
Prisma 3	%	%
Prisma 4	%	%
Prisma 5	%	%
Prisma 6	%	%
SuperCAPP	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Protected 90	%	%
Protected 80	%	%
Protected 70	%	%
Cash	%	%
Active Fixed Income	%	%
Active Asset Allocation	%	%
International Equity	%	%
5 ★ 5 Global	%	%
Eurozone Equity	%	%
5 ★ 5 Europe	%	%
American Select (Threadneedle)	%	%
5 ★ 5 Americas	%	%
Asia Pacific Equity	%	%
5 ★ 5 Asia Pacific	%	%
Other Funds - please see the 'Fund Guide' on zurichlife.ie for a full list of available funds.		
	%	%
	%	%
	%	%
	%	%
	%	%
Total	100%	100%

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 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.

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.

D Your Investment Options (continued)

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 Deposit Plus (Series 2) 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 Deposit Plus (Series 2) 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 Deposit Plus (Series 2) 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:

*Zurich Life is required to obtain information and documentation on the following individuals, where applicable: Policy Owner, Third Party Payors, Beneficiaries and Beneficial Owners.

Note:

**Documentation may also be certified by Practising Chartered & Certified Public Accountants, Notaries Public/Practising Solicitors, Embassy/Consular Staff, Regulated Financial or Credit Institutions, or their equivalents in other jurisdictions – these documents should be signed, dated, with a contact number and marked "Original Sighted".

E Customer Due Diligence

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts 2010 and 2013, 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:

Please provide a copy of Proof of Address (e.g utility bill), dated within 6 months and certified by your Financial Advisor** for each Policy Owner/Third Party Payor.

Please provide a copy of evidence of identity in the form of photo ID (e.g Passport/Driving Licence), which is in date with a clear photo and certified by your Financial Advisor for each Policy Owner/Third Party Payor.

For equivalent requirement(s) for entities please contact Zurich Life.*

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

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.

F 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)

G Declarations

Part A

(i) Data Sharing Consent

Zurich Life Assurance plc ('Zurich Life') is a member of Zurich Insurance Group ('the Group').

In order to provide a seamless insurance service globally, Zurich Life may transfer any data it has received from, and any data it holds on me to other units of the Group, such as branches, subsidiaries, or affiliates within the Group, cooperative partners of the Group, coinsurance and reinsurance companies located in this country or abroad.

Zurich Life, as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure the Group global insurance service delivery.

If a Financial Advisor or agent is acting on my behalf, Zurich Life is authorised to use, process and store data received from such Financial Advisor or agent, and to forward to such Financial Advisor or agent my data relating to the execution of the policy, collection of premiums and payment of claims.

Zurich Life may procure data from third parties to assess a claim. Zurich Life may check my personal data against international/economic or financial sanctions, laws or regulated 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 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) Certification of Tax Status

I/We declare that the information provided under "Certification of Tax Status" in Section A of this application form is correct, accurate and complete. I/We agree to inform Zurich Life if there is any change to my/our tax status and/or any other circumstances that results in this information no longer being correct, accurate or complete.

If you are a United States citizen or if you are resident for tax purposes in the United States or any other jurisdiction(s) other than the Republic of Ireland, certain information about you and your policy 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 you are a United States citizen or you are resident for tax purposes in the United States) or any other jurisdiction(s) in which you are resident for tax purposes.

Note:

Please sign the appropriate boxes at the bottom of Part A on the next page.

Note:

Further information in relation to the automatic exchange of information in relation to tax matters (AEOI) can be found on the Revenue Commissioner's webpage at www.revenue.ie

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

IE43ZZZ992829

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) of Account Holder(s)

X

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: Your IBAN and BIC details are included on your bank statements.

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.

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.