

Investment Bonds & Savings Plans from Zurich

This application form covers the Savings Plus, Savings Plus (Easy Access) and our Investment Bond (including Easy Access) products and is for individual use only.

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

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:
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. If retired, please provide your pre-retirement occupation.

A

Policy Owner Details

First Owner

Mr	Mrs	Ms	Forename			
Surname						
Residential Address						
Date of Birth						
Sex		M	F			
Marital Status	Married/Civil Partner	Single	Separated	Widow(er)	Divorced/Formal Civil	
Partner						
Email Address						
PPSN or Tax Identification Number				A copy of the document used to verify the number must be attached.		
Contact Number						
Nationality						
Country of Residence						
Occupation						

Certification of Tax Status

Please complete questions 1 and 2.

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, 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. If retired, please provide your pre-retirement occupation.

Note:

Minimum regular premium for the Savings Plan is €100pm. For the Savings Plus (Easy Access) option, the maximum is €1,000pm. Any amount over €1,000 can be invested in the non easy access Regular Savings Plan and a separate policy will be issued for that amount.

Note:

Minimum investment for the Investment Bond is €5,000. For the 'Easy Access' option, the maximum is €200,000 per household or corporate. Any amount over €200,000 can be invested in the non easy access Investment Bond and a separate policy will be issued for that amount.

A Policy Owner Details Second Owner

Mr Mrs Ms Forename

Surname

Residential Address

Date of Birth

Sex

M

F

Marital Status Partner

Married/Civil Partner

Single

Separated

Widow(er)

Divorced/Former Civil

Email Address

PPSN or Tax Identification Number

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

Contact Number

Nationality

Country of Residence

Occupation

Certification of Tax Status

Please complete questions 1 and 2.

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

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: €100 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 September 2021, the levy is 1% and may change in the future.

Continued overleaf

B (i) Contribution Details and Source of Funds (continued)

Note:

Each person making some or all of the investment must complete this section.

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.

Source of Funds

First Owner

Payment by:

Personal Cheque/Direct Debit from Policy Owner(s) bank account

or

Third Party Cheque/Direct Debit

Please provide Payor Name (if Third Party Cheque).

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

or

Bank Draft/Electronic Fund Transfer (EFT)

For Bank Drafts/EFT please only 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(s).

or

Maturity on an existing policy

Please provide: Policy number

Name of life
insurance company

or

Other (eg. Employer payroll scheme) Please provide details.

Second Owner

Payment by:

Personal Cheque/Direct Debit from Policy Owner(s) bank account

or

Third Party Cheque/Direct Debit

Please provide Payor Name (if Third Party Cheque).

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

or

Bank Draft/Electronic Fund Transfer (EFT)

For Bank Drafts/EFT please only 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(s).

or

Maturity on an existing policy

Please provide: Policy number

Name of life
insurance company

or

Other (eg. Employer payroll scheme) Please provide details.

(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.

Employment Income	€ Gross Annual Salary	Inheritance
Savings / Deposit		Company Sale
Property Sale		Other Source of Wealth
Investment Proceeds/Retirement Lump Sum		

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.

C 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.

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 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 Max	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Cash	%	%
Active Fixed Income	%	%
Active Asset Allocation	%	%
International Equity	%	%
5 ★ 5 Global	%	%
Eurozone Equity	%	%
5 ★ 5 Europe	%	%
5 ★ 5 Americas	%	%
Asia Pacific Equity	%	%
5 ★ 5 Asia Pacific	%	%

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.

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.

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 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:

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.

E 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)

F Web Access to Policy Information

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

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

G Declarations

Note:

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

Part A

(i) Data Protection Notice

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.

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

Post	Email	Phone	Text/Digital message
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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.

(iv) 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:

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

G Declarations (continued)

(v) 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).

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

If you are **not** taking this plan out on your own behalf, please state the:

Name(s) of the other party(ies) on whose behalf you are taking out the policy

or their relationship or connection to you.

I/We confirm that I/we have read and fully understand all parts of this declaration (Part A (i), (ii), (iii), (iv) and (v)).

Signature of Policy Owner

X

Date

Signature of Policy Owner

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

H Application Checklist

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain information and documentation on our clients.

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.

The Certification of Tax Status section has been completed.

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.

Certified copy of photo ID, certified copy of proof of address and proof of PPSN or tax reference number **must** be supplied (including for third party payor(s) where applicable).

Source of Wealth details have been provided in full.

Politically Exposed Person (PEP) status for all roleholders has been confirmed

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



Policy Owner:

Please sign and date.



Policy Owner:

Please sign and date.

Important Note:

Completing this section does not make the policy suitable for the purposes of the Small Gift Exemption and the accumulated fund passed to the person named may be liable to Capital Acquisitions Tax.



Financial Advisor:

Please sign and date.

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 Policy which is available at www.zurich.ie/privacy-policy.

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.
- 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 Policy which is available at www.zurich.ie/privacy-policy.

Data Protection Notice (continued)

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 Policy which is available at www.zurich.ie/privacy-policy.

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 Policy at www.zurich.ie/privacy-policy.

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 Policy

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

SEPA Direct Debit Mandate

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
IBAN (International Bank Account Number)	
Signature(s) of Account Holder(s)	X
	X

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 Return to:

Creditor Name	ZURICH LIFE ASSURANCE PLC
Creditor Address	ZURICH HOUSE, FRASCATI ROAD, BLACKROCK
	CO. DUBLIN, IRELAND
Type of Payment	RECURRENT
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 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.

