



Personal Pension Plan

A.P. Plan Type	<input checked="" type="checkbox"/> R	S.P. Plan Type	<input checked="" type="checkbox"/> R
<small>(as per the illustration)</small>		<small>(as per the illustration)</small>	
Intermediary Name			Intermediary Number
Financial Advisor Name			

Note:
Please complete in
BLOCK CAPITALS.

A Personal Details

Mr
 Mrs
 Ms
 Forename

Surname

Address

Date of Birth Sex M F

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

Contact Number

Email Address

Nationality

Country of Residence

Occupation

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

Annual Salary/Earnings Selected Retirement Age

Special Instructions

B Web Access to Policy Information

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

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

C Contribution Details

Regular Contribution €

Single Contribution* €

Plan Start Date

Billing Date 1st 7th 15th

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

* Does this single payment represent a transfer from another pension arrangement? Yes No

If **YES**, please provide details of where the Transfer Acceptance Letter should be sent to.

Life Insurance Company Policy No.

Also, if the transfer payment is the subject of a Pension Adjustment Order (PAO) please tick here and supply a copy of the PAO.

Note: Relevant for regular contribution plans only.

D Regular Contribution Increase Options

Please choose Option 1 or 2:
If you do not select any of these options, we will automatically apply Option 1.

1. Standard Indexation
 Select this option if you want your monthly 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: Single contributions can only be paid by bank draft or cheque.

E Method of Payment

Direct Debit Monthly Quarterly Half-yearly Yearly

OR

Bank Draft/Cheque Half-yearly Yearly Single Contribution

Bank drafts and cheques should be made payable to Zurich Life.

F Your Investment Options

If you choose the Personalised GuidePath option below then this investment strategy will apply to both single and regular contributions. **Please select either Option 1 OR Option 2**

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. (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

Growth Stage

Your Personalised GuidePath defaults to the **medium risk/return** growth stage. If, instead, you wish to **choose an alternative, please specify here:**

High Medium Low

Retirement Planning Stage

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 **choose an alternative, please specify here:**

Tax-Free Cash % Annuity % ARF % (must total 100%)

Strategy End Age

Your Personalised GuidePath strategy end age defaults to your normal retirement age. If, instead, you wish to **choose an alternative age, please specify here:**

OR

Option 2 Choose your own funds

If you wish to make a selection below, please DO NOT complete the Personalised GuidePath option above. 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 2	%	%
Prisma 3	%	%
Prisma 4	%	%
Prisma 5	%	%
Prisma 6	%	%
SuperCAPP	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Cash	%	%
Active Fixed Income	%	%
Active Asset Allocation	%	%
International Equity	%	%
5 ★ 5 Global	%	%
Other Funds - please see the 'Fund Guide' on zurichlife.ie for a full list of available funds.		
<input type="text"/>	%	%
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 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.

G Declarations

Part A

(i) Data Sharing Consent

I authorise the Department of Social Protection or the Revenue Commissioners to advise 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 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/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(s) and that the Customer Guide(s) 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.

(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:

Please ensure that you sign the appropriate 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.

H 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.
- All personal details are fully complete.
- Intermediary name, Financial Advisor name and Intermediary number is complete.
- The occupation of the Policy Owner has been supplied.
- The Declaration has been signed and dated by the Policy Owner.
- The information submitted with this application is consistent with any previously submitted online application.

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)

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, 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.

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