



ZURICH[®]

Company Pensions from Zurich

DC/AVC Plan

Intermediary Name											
Financial Advisor Name						Intermediary Number					

Please complete in
BLOCK CAPITALS.

A Scheme Name

[illegible]

B Employer Details

Is this application in respect of a:

Group DC Scheme ☐

Group AVC Scheme ☐

OR

Both ☐

[illegible]

C Documentation Details

Please indicate what Documentation is to apply (tick below as appropriate).

1. Existing Documentation

- ☐ If existing documentation is to apply, please attach a copy of the Trust Deed and Rules and any relevant scheme details.

2. New Documentation

- If you wish to use a Zurich Life Trust Deed and Rules, please contact your Financial Advisor for details.
- If you are using a Trust Deed and Rules from an alternative source, please attach a copy of this executed Trust Deed and Rules. Zurich Life Assurance plc ('Zurich Life') cannot accept any responsibility for the suitability of these documents to this scheme.

Special Instructions

D Scheme Details

Commencement Date of the Scheme

0

1

(01/MM/YY)

Renewal Date

0

1

(01/MM)

E Scheme Rules - Category of Membership Details

If more than two Employee Categories apply, please complete the details on the Additional Information page at the back of this application form. As a guide, when completing the Additional Information section, we require answers to all the questions presented in Sections E and F.

Employee Category 1

Employee Category Name

Eligibility Conditions (See Section L - Point 1):

If not completed, Zurich Life will assume Discretionary Employer.

☐

Compulsory

☐

Voluntary (Employee)

☐

Discretionary (Employer)

Service Completed

Normal Retirement Age

Must be in range, age 60 to 70.

Vesting (See Section L - Point 2):

☐

Statutory Vesting (2 years)

☐

Immediate Vesting

Other

Definition of Pensionable Salary

☐

Basic Salary

OR

☐

Other
Please specify

Employee Category 2

Employee Category Name

Eligibility Conditions (See Section L - Point 1):

If not completed, Zurich Life will assume Discretionary Employer.

☐

Compulsory

☐

Voluntary (Employee)

☐

Discretionary (Employer)

Service Completed

Normal Retirement Age

Must be in range, age 60 to 70.

Vesting (See Section L - Point 2):

☐

Statutory Vesting (2 years)

☐

Immediate Vesting

Other

Definition of Pensionable Salary

☐

Basic Salary

OR

☐

Other
Please specify

F Contribution Details

For All Employee Categories

Method of Payment to Zurich Life ☐ Direct Debit ☐ Cheque ☐ Electronic Transfer

Basis for Pension Contributions ☐ Fixed[†] ☐ Variable^{††}

Frequency of Payment to Zurich Life ☐ In Advance ☐ In Arrears

☐ Monthly ☐ Quarterly ☐ Annually

Employee Category 1

Contribution Rates **Employer** € OR % **Employee** € OR %

AVC ☐ Yes ☐ No

Employee Category 2

Contribution Rates **Employer** € OR % **Employee** € OR %

AVC ☐ Yes ☐ No

G Investment Options - Please complete 1 and/or 2

The following investment instructions are:

☐ Default in the absence of individual member instructions OR ☐ Compulsory for all employees*

1 Choosing Personalised GuidePath as the scheme default

Growth Stage – The growth stage of the default Personalised GuidePath will be the **Medium Risk/Return** growth stage.

Retirement Planning Stage – For the **main scheme** (regular and once off contributions) the default Personalised GuidePath will target tax-free cash (25%) and annuity (75%) at the end of the retirement planning stage. **If you wish to select an alternative main scheme default**, please specify here:

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

For any **AVCs** the default Personalised GuidePath will target tax-free cash (25%) and annuity (75%) at the end of the retirement planning stage. **If you wish to select an alternative AVC default**, please specify here:

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

Strategy End Age – The default Personalised GuidePath strategy end age is the scheme normal retirement age.

If you wish to select an alternative default strategy end age, please specify here:

2 Providing scheme members with access to a range of funds

Please see the 'Fund Guide' on zurich.ie for a full list of available funds.

Select (i) or (ii) below

(i) Members should have access to the full range of available funds or

(ii) Members should only have access to the funds detailed below

Fund Name

Note:

[†]Contributions must remain fixed from one review date to the next and cannot be varied during the scheme year.

(See Section L - Points 3 & 4)

Note:

^{††}Contributions can vary during the scheme year.

(See Section L - Points 3 & 4)

Note:

*Any future redirections or switches will need to be countersigned by the Trustee.

Note:

Scheme members can personalise their growth stage, retirement planning stage and the strategy end age of the Personalised GuidePath via the Customer Dashboard.



If this is an AVC Scheme please give the name(s) of the Employer's Retirement Benefits Scheme(s).

Please include the name of the insurance office, if any.

[illegible]

Revenue Reference Number

S	F						
---	---	--	--	--	--	--	--

Pensions Board Registration Number

P	B						
---	---	--	--	--	--	--	--

Normal Retirement Age

--	--

Funding Method (please tick)



Registered Administrator of Employer's Existing Scheme

Please provide below details of the Benefit Structure under your existing Defined Contribution / Defined Benefit Pension Scheme. If more than one category exists in the Employer's main scheme, please give further information on the 'Additional Information' page at the back of this application form.

[illegible]

Our Group Centre allows you, the Employer/Trustee to view details of scheme members' policies online. You can also give scheme members access to view their policy details online. Please indicate whether you would like this online access to apply for:

●

Employer/Trustee**

Members

☐ Both

** If selected, please provide the name(s) and date of birth of Employer/Trustee below:

Name

[illegible]

Date of Birth

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

Name

[illegible]

Date of Birth

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

Name

[illegible]

Date of Birth

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

J Authorisation/Declarations

The Principal Employer and the Trustee(s) of the Plan

- Declare that the statements made in the previous pages and information provided by employees and any additional category details given are, in every respect, true and complete and shall be the basis of the proposed policy or policies to be effected with Zurich Life Assurance plc (hereinafter referred to as 'Zurich Life').
- Declare that the disclosure by, or on behalf of them, to Zurich Life of any information relating to the Members ('data') which shall include information contained in this application form (or provided subsequently in discussion or otherwise) is provided in accordance with all applicable data protection legislation. The Principal Employer and the Trustee(s) further declare that they shall ensure that any data supplied to Zurich Life by or on their behalf shall be accurate and up-to-date.
- Understand that the Group Retirement Benefits Plan is conditional on the approval of the Plan as an exempt approved plan under Chapter 1, Part 30 of the Taxes Consolidation Act, 1997.
- Acknowledge that Zurich Life may from time to time alter the fund choices available by changing the nature of the existing funds, creating new funds or closing existing funds.
- Confirm that the authorisation of the authorised signatories was agreed by the Trustee(s) and agree to notify Zurich Life as soon as any change to the authorisation occurs.
- Confirm that the authorisation is for administrative convenience and that any decision taken by the authorised signatories has been made by the Trustee(s).
- Acknowledge that Zurich Life will check the data supplied by the employer in this application form against international trade/economic or financial sanctions laws or regulated listings.

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

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

Registered Administrator

The Social Welfare & Pensions Act 2008 (Section 27) requires the Trustees of every Pension Scheme to appoint a Registered Administrator. Zurich Life will provide the service of Registered Administrator (Category 1 - Annual Report, Benefit Statements and Maintain Accurate Records) for the scheme unless advised to the contrary.

Note:

Both the Employer
Authorisation and Trustee
Authorisation sections must
be completed.



**Director/
Company Secretary**

Please sign and date.

Employer Authorisation

Signed for and on behalf of the Principal Employer

Signature of Director/Company Secretary on behalf of the Employer

X

Date

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

Print Name

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

Continued overleaf

J Authorisation/Declarations (continued)

Trustee Authorisation

Please select the following in terms of who the Trustee of the scheme is:

- (a) Principal Employer acting as Trustee ☐ Please complete part (a) below.
 (b) Corporate Trustee acting as Trustee ☐ Please complete part (b) below.
 (c) Individual Trustee acting as Trustee ☐ Please complete part (c) below.

Note:

If there is a combination of Trustees e.g. Principal Employer and Corporate, please complete each relevant section below.



Director:

Please sign and date.



Director/ Company Secretary

Please sign and date.



Director

Please sign and date.



Director/ Company Secretary

Please sign and date.



Individual Trustee(s)

Please sign and date.

(a) Where the **Principal Employer** is acting as Trustee this section must be completed:

(Two authorised signatures are required.)

Signed for and on behalf of the Principal Employer as Trustee

Signature of Director

X

Date

Print Name

Signed for and on behalf of the Principal Employer as Trustee

Signature of Director/Company Secretary

X

Date

Print Name

(b) Where a **Corporate Trustee** is acting as Trustee, this section must be completed.

(Two authorised signatures are required.)

Country of
Incorporation

Signature of Director

X

Date

Print Name

Signature of Director/Company Secretary

X

Date

Print Name

(c) Where **Individual Trustees** are acting as Trustee, this section must be completed.

Individual
Trustee Name

Address

Occupation

Nationality

Country of
Residence

Signature of Individual Trustee

X

Signature of Individual Trustee

X

Date

Date

K Application Checklist (to be completed in ALL cases)

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

Please tick ☒

- ☐ Any questions which are amended have been initialled.
- ☐ All employer details are fully complete.
- ☐ Documentation in Section C has been provided.
- ☐ All details of employer's existing scheme are complete, if applicable.
- ☐ Details of the Registered Administrator in Section J have been completed.

L Additional Notes

1. Subject to the Employment Equality Acts 1998 - 2008, the employer has discretion when determining to which employees they wish to offer membership of a pension scheme. They can have one rule for all employees, one rule for groups of employees (i.e. a category for managers and another category for staff with different eligibility conditions) or the employer can use their discretion per employee. For AVC only schemes eligibility will always be voluntary.
2. **Vesting:**
Statutory Vesting:
The Pensions Act 1990 requires that an employee who has at least two years' service as a member of a pension scheme must be provided with a preserved benefit on leaving service. A *qualifying employee* who has less than two years' 'qualifying service' as a member of a pension scheme would only be entitled to the value of his/her own employee and AVC contributions on leaving service. In this instance, the member would have no rights to the employer contributions.

Immediate Vesting:
If selected, on leaving service, all pension scheme members will be entitled to the value of the employer contributions, the employee contributions and all AVC contributions. However, if the member leaves service with less than two years' service as a member of the pension scheme and elects for a refund of contributions, this refund will only be in respect of his/her own employee/AVC contributions. In this instance the member waives the right to benefits accrued from the employer contributions.

Other:
The employer may select an alternative Vesting rule in between Statutory Vesting and Immediate Vesting. For example, the employer may decide that a member who leaves service after one years' pension scheme service will be entitled to 50% of the value of the employer contribution. As above, if the member leaves service with less than two years' service as a member of the pension scheme and elects for a refund of contributions, this refund will only be in respect of his/her own employee/AVC contributions. In this instance the member waives the right to benefits accrued from the employer contributions.

Basis of Refund:
A refund will be based on the surrender value of the employee/AVC contributions.
3. When choosing between a fixed and variable contribution basis, the employer will need to take into account how they propose to administer the contribution reconciling for employee and employer contributions. If the employer chooses fixed, the contributions can only be changed once a year (i.e. at the start of the policy and at each renewal date thereafter, which probably coincides with the employees' annual salary review). Alternatively, the employer might prefer to take account of fluctuating salary levels throughout the year (e.g. bonuses and overtime). In this event, the variable option would be more suitable.
4. To operate a 'fixed contribution basis' for weekly paid employees, the employer must use 'averaging' in respect of contribution payments, i.e. each month Zurich Life collects the weekly contribution multiplied by 52 and divided by 12.

Additional Information (if required)

.....

.....

.....

.....

.....

.....

.....

.....

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

SWIFT BIC
(Bank Identification
Code)

Date of
Signing

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

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.zurich.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 May 2018 and may change in the future.

Intended for distribution within the Republic of Ireland.

GR: 2428 Print Ref: ZL PP 278 0518

Product Ref: PA4, PAE, PA1, PA5, PAF, PAZ, PA8, PA9, PAU, PAV, PPB, PPO, PCD, PCE



ZURICH