



### Special Instructions

## D Scheme Details

Commencement Date of the Scheme       (01/MM/YY) Renewal Date       (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







## 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)**

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## 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

IBAN  
(International Bank Account Number)

Signature(s) of Account Holder(s)

SWIFT BIC  
(Bank Identification Code)

Date of Signing

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.zurichlife.ie](http://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 November 2016 and may change in the future.

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