

Note: **E** **Health Statement and Other Information (continued)**

Please answer carefully, giving full details and, if necessary, use a separate sheet for additional information. Tipp-ex should not be used on the application form. If you need to alter an answer please put a line through the incorrect part of the answer and initial the alteration.

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

Personal Details

- 1. (i) What is your height?
(ii) What is your weight?
(Please specify stones, pounds or kilos.)

<input type="radio"/> Yes <input type="radio"/> No

Details

- 2. Do you drink alcohol?
What is your average weekly consumption in units?

(One pint = 2 units, a bottle of beer is 1½ units, a standard glass of wine or a single measure of spirits is one unit.)

Occupation/Activities/Travel

- 3. Please state your occupation (describe fully).
- 4. As part of your occupation, do you work at heights greater than 40 feet / 12 metres or underground or carry out any other potentially hazardous activity?
- 5. Do you have any intention of flying other than as a passenger on a public airline?
- 6. Have you travelled or resided outside the EU for more than 3 months in the last 5 years?
(Travel to USA, Canada, Australia or New Zealand need not be disclosed.)
- 7. Do you have any intention or prospect of travelling or residing outside the EU other than on a holiday of less than 3 months duration?
(Travel to USA, Canada, Australia or New Zealand need not be disclosed.)
- 8. Do you take part or intend to take part in any hazardous pastime such as motor racing, diving, aviation or mountaineering?
- 9. Have you received a conviction for drink driving or driving under the influence of a controlled substance in the past 5 years?

<input type="radio"/> Yes <input type="radio"/> No

Details

Health

- 10. Have you ever suffered from or received treatment, advice or had investigations for any of the following:
 - (i) Cancer or tumour, leukaemia, Hodgkin's disease or lymphoma?
 - (ii) Heart attack, angina, cardiac failure, cardiomyopathy, heart valve or structural disorders or other heart disease?
 - (iii) Stroke, brain haemorrhage or brain injury through any cause?
 - (iv) Disease of the arteries or veins, aortic aneurysms, or poor circulation in the legs?
 - (v) Disease or disorder of the blood, including anaemia?
 - (vi) Multiple sclerosis, optic neuritis, Parkinson's disease, Alzheimer's disease, dementia or paralysis from any cause?
 - (vii) Epilepsy or any other disease of the nervous system (brain, spinal cord or nerves)?
 - (viii) Cirrhosis or any other illness affecting the liver?
 - (ix) Kidney failure or kidney disease including cystic kidney disease?
 - (x) Diabetes, thyroid disorders or any hormone abnormalities?
 - (xi) Any mental illness including anxiety, depression, stress or eating disorder, or have you attempted to harm yourself?

<input type="radio"/> Yes <input type="radio"/> No

Details

H **Declarations (continued)**

(iv) Permission to request further information

I agree to give Zurich Life permission to request medical information from any doctor that I have attended and to request relevant information from any other insurance office that I have applied to for life insurance cover. I agree that this authority will remain in force after my death.

I confirm that I have read, fully understand and agree to all parts of the above declarations ((i), (ii), (iii) and (iv)), the commitment to provide honest and complete information on page 1 and that I will be the beneficial owner of this policy.

I am aware that if I do not answer all questions honestly and completely, Zurich Life may decline to pay a future claim.



Life Insured:

Please sign and date.

X

Date

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.



Financial Advisor:

Please sign and date.

Signature of Financial Advisor

X

Date

I **Letter of Exchange (do not detach)**

Between the Employer:

And the Employee:

Date

Dear Employee,

The Employer hereby offers you the advantages of a Pension Guaranteed Term Protection Plan for the purpose of providing you with retirement benefits. The Pension Guaranteed Term Protection Policy commences on the date of this letter ('Start Date') and is governed by this letter and the Policy Conditions, a copy of which you will receive.

The Employer now establishes the Policy under irrevocable trust to be administered according to the Policy Conditions. This retirement benefits scheme is capable of being treated by the Revenue Commissioners as an exempt approved scheme to provide you with relevant benefits as defined in Chapter 1, Part 30, Taxes Consolidation Act 1997.

The Policy is an occupational pension scheme and a 'Defined Contribution' scheme within the meaning of the Pensions Act 1990, and this letter and the Policy Conditions will be construed subject to the provisions of the Pensions Act.

The Policy benefits will be provided by means of an assurance or assurances, under the policy or policies issued by Zurich Life Assurance plc ('the Life Office') in pursuance of the application, and any subsequent or supplementary applications made to the Life Office.

The Employer, as Trustee, will hold your Policy or Policies issued by the Life Office in relation to the Policy and any endorsements. You will receive copies for your information.

The contributions payable towards the assurance or assurances will be those contributions made by you and/or the Employer in accordance with the applications, subject to the Policy Conditions.

The appropriate Stamp Duty has been or will be paid to the Revenue Commissioners under the Statutes for the time being in force.

Please acknowledge receipt of this letter by signing below and returning it to me.

Yours faithfully,

Signature

X

Full Name (Print):

Position (Print):

I acknowledge receipt of this letter.

Signature of Employee

X



Authorised to sign on behalf of the Employer

Please sign.



Employee

Please sign.

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**

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.



Salary Deduction Instruction



Employee's Agreement and Authority to Deduct Contributions (to be retained by Employer)

To: Personnel Officer of Employer

Please deduct from my gross salary until further notice the appropriate gross amount agreed by me in Section B, on the appropriate dates, in respect of my contributions and any increases in contributions under the Pension Guaranteed Term Protection - Executive policy and remit these contributions to Zurich Life Assurance plc monthly.

Employee
Please sign and date.

Signature of Employee **X** Date

Name BLOCK CAPITALS

Employee/Personnel Number

Pay Group/Payroll Number

Department

Location

J 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.
- All medical questions are fully answered, including height/weight and family history.
- The occupation of the Life Insured has been supplied.
- The Declaration has been signed and dated by the Life Insured.
- The risk benefits and sums insured have been clearly stated.
- The information submitted with this application is consistent with any previously submitted online application.

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 May 2015 and may change in the future.
Intended for distribution within the Republic of Ireland.

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