

Advice PRSA



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

Note: This application form is for a Non-Standard PRSA (Personal Retirement Savings Account).

A Personal Details of PRSA Contributor

Note:
Please complete in
BLOCK CAPITALS.

<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Ms	Forename	<input type="text"/>
Surname			<input type="text"/>	
Address			<input type="text"/>	
			<input type="text"/>	
			<input type="text"/>	

Date of Birth	<input type="text"/>	→	Source of Evidence*	<input type="text"/>
*Note: E.g. a passport including passport number. Source of evidence is only required if the contribution is greater than 15% of Total Earnings; Not required for Pension transfers.			No.	<input type="text"/>

PPSN	<input type="text"/>	→	Source of PPSN	<input type="text"/>
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Note:
†Please indicate the Total Earnings (e.g. gross salary plus overtime) that you derive from the occupation shown in Section A 'Personal Details of PRSA Contributor'.

Civil Status	<input type="radio"/> Married	<input type="radio"/> Single	<input type="radio"/> Widow(er)	<input type="radio"/> Separated	<input type="radio"/> Divorced	<input type="radio"/> Civil Partner	<input type="radio"/> Former Civil Partner
Sex	<input type="radio"/> M	<input type="radio"/> F					
Telephone Number (work)	<input type="text"/>						
(home)	<input type="text"/>						
(mobile)	<input type="text"/>						
Email Address	<input type="text"/>						
Nationality	<input type="text"/>						
Country of Residence	<input type="text"/>						
Total Earnings†	€	<input type="text"/>	Selected Retirement Age	<input type="text"/>			

Special Instructions

Occupation (please tick one)

A. Employee

Manager, professional, technical and administrative

Clerical and secretarial

Personal and protective service

Trades, craft and other related

Plant and machine operatives

Sales

Other

Please specify

OR B. Not Employee

Agricultural self-employed

Other self-employed

Please specify

OR C. Not Economically Active/Unemployed

B Web Access to PRSA Information

You can look up details of your PRSA (including the current value) online at the Client Centre on www.zurichlife.ie

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

C Contribution Details (Complete 1 OR 2 below)

1 Non-salary Deduction

Contract Start Date

Billing Date 1st 7th 15th

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

Regular Contribution

Direct Debit Frequency Monthly Quarterly Half-yearly Yearly

Regular contribution amount per frequency above €

Please complete Direct Debit Instruction at end of this form.

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 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.

Once-off Contribution

If this is to be a once-off contribution, please specify amount here. €

Once-off contributions can only be paid by cheque or bank draft made payable to Zurich Life.

Does the once-off contribution represent a transfer payment 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.

If **YES**, from what type of pension arrangement is the transfer payment coming?

PRSA Defined-benefit scheme Defined-contribution scheme Retirement annuity contract (personal pension) Pension arrangement outside Ireland

Pension Adjustment Order

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

2 Salary Deduction/Employer Contribution

Name of Employer

Address of Employer

Employee Number

Month of First Salary Deduction for PRSA

The contract start date will be the first of the month following the month of the first salary deduction.

Total Earnings† € Selected Retirement Age

Frequency of Salary Payment Weekly Fortnightly 4-weekly Monthly

Note:

Relevant for regular contribution plans only.

Note:

†Please indicate the Total Earnings (e.g. gross salary plus overtime) that you derive from the occupation shown in Section A 'Personal Details of PRSA Contributor'.

Continued overleaf

Regular PRSA Contribution (per salary payment frequency above)

	€	OR	% of salary
Your regular contribution			
Your employer's regular contribution			
Total			

Once-off PRSA Contribution

Your once-off contribution	€
Your employer's once-off contribution	€
Total	€

For regular PRSA contributions, please tick one of the boxes below after consulting with your employer.

- Fixed contribution per month remitted to Zurich Life by employer
 Variable contribution per month remitted to Zurich Life by employer

If you do not want the offer of indexation to apply to the contract, please tick here.

Does the once-off contribution represent a transfer payment from another pension arrangement? Yes No

If YES, from what type of pension arrangement is the transfer payment coming?

- PRSA
 Defined-benefit scheme
 Defined-contribution scheme
 Retirement annuity contract (personal pension)
 Pension arrangement outside Ireland

If this once-off payment represents a transfer from another pension arrangement and is the subject of a Pension Adjustment Order (PAO) please tick here and supply a copy of the PAO.

Signature of Employer

X

Date

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Only required where Employer is contributing.

Please deduct from my salary until further notice the regular PRSA contributions agreed by me above, and any increases in contributions, and remit these contributions to Zurich Life Assurance plc.

Signature of PRSA Contributor (Employee)

X

Date

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Only required where Employee is contributing.

Zurich Life will collect contributions by monthly direct debit from employer. Employer must complete direct debit instructions at end of the form.

D PRSA AVC Details

Is this an application for a PRSA Additional Voluntary Contribution Contract, i.e. are you a member of an Occupational or Statutory Pension Scheme?

Yes No

If YES, how is this contract to be arranged?

As a Standalone PRSA-AVC contract

Please complete the Standalone PRSA-AVC Additional Information Sheet.

OR

Under the rules of an existing occupational or statutory pension scheme

In both cases, please give the name and address of the trustees in Section E below.

E Trustee Details

 **Employer:**
Please sign and date.

 **PRSA Contributor:**
Please sign and date.

F Your Investment Options

If you choose the Default Investment Strategy below then this investment strategy will apply to both single and regular contributions.

Please select either **Option 1** OR **Option 2**

Option 1 Default Investment Strategy

If you select the Default Investment Strategy, please **DO NOT** complete the Fund Choice section below.

Which Default Investment Strategy do you wish to follow? Default Investment Strategy (Annuity) OR Default Investment Strategy (Approved Retirement Fund [ARF])

If **Option 1** is selected, please go straight to Section **G**.

OR

Option 2 Fund Choice

If you wish to make a selection below, please **DO NOT** complete the Default Investment Strategy section above.

Declaration:

I hereby declare that I have elected **NOT** to have the Default Investment Strategy apply to the PRSA contract for which I am now applying.

 **PRSA Contributor:**
Please sign and date.

Signature of PRSA Contributor
X

Date

You may choose to invest in a maximum of 10 funds.

Fund Name	Single Contribution	Regular Contribution
Prisma 2	%	%
Prisma 3	%	%
Prisma 4	%	%
Prisma 5	%	%
Prisma 6	%	%
Cash	%	%
Active Asset Allocation	%	%
Cautiously Managed	%	%
Balanced	%	%
Performance	%	%
Dynamic	%	%
Long Bond	%	%
Dividend Growth	%	%
Active Fixed Income	%	%
Eurozone Equity	%	%
International Equity	%	%
5 ★ 5 Global	%	%
5 ★ 5 Europe	%	%
5 ★ 5 Americas	%	%
5 ★ 5 Asia Pacific	%	%
SuperCAPP	%	%
Irish Equity	%	%
Top Tech 100	%	%
Total	100%	100%

Note:

Parts A and B of this declaration must be signed.

G Declarations

Part A

(i) Data Sharing Consent

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. 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 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) Consumer Disclosure

I confirm that I have received a Preliminary Disclosure Certificate for the Non-Standard PRSA, for which I am now applying.

Does this contract replace an existing contract, in whole or in part? Yes No

If YES, and that contract is a Zurich Life contract, please specify contract number:

Warning: If you propose to enter into this PRSA contract in complete or partial replacement of an existing PRSA contract or a retirement annuity contract, please take special care to satisfy yourself that this PRSA contract meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing PRSA contract or retirement annuity contract. If you are in doubt about this, please contact your PRSA provider.

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

I declare that the statements in this application are true and complete (including any statements written down at my dictation), and I agree that this declaration shall be the basis of the proposed contract between me and Zurich Life Assurance plc.

I confirm that I have received in writing the information specified in the declaration in Part B below. I confirm that I have read and fully understand all parts of the above declaration and that I will be the beneficial owner.

Signature of PRSA Contributor
X

Date

Part B - This part should be completed by your Financial Advisor.

I hereby declare that in accordance with article 3 of the Personal Retirement Savings Accounts (Disclosure of Information) Regulations 2002, a Preliminary Disclosure Certificate has been provided to the PRSA Contributor and that I have advised the person concerned as to the financial consequences of replacing an existing PRSA contract or retirement annuity contract with this PRSA contract by cancellation or reduction and of possible financial loss as a result of such a replacement.

Signature of Financial Advisor
X

Date

Continued overleaf

 **PRSA Contributor:**
Please sign and date.

 **Financial Advisor:**
Please sign and date.

G Declarations (continued)

Part C - This part should be completed by your Financial Advisor.

Advice PRSA

An Advice PRSA rather than a Standard PRSA has been chosen because of one of the following:

- (i) Investment choice requested not available under Standard
- OR (ii) The client requires ongoing advice and monitoring
- OR (iii) Charges are more appropriate

OR (iv) Other

Signature of Financial Advisor
X

Date

 **Financial Advisor:**
Please sign and date.

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 **IE 4 3 Z Z Z 9 9 2 8 2 9**

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 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.
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