

Once you complete this form, please e mail it to info@LABrokers.ie and copy Jennifer.Donnellan@zurich.com

PRSA and PRSA AVC Signature Free regular and single premium

Once you complete this form, please e mail it to John Geraghty in LABrokers - info@LABrokers.ie and copy Jennifer.Donnellan@zurich.com

This data capture form is NOT an application form and should not be sent to Zurich Life for input. Once LABrokers input the application, Zurich will e mail you a secure link which is opened by a password texted to you. You need to fully review the application and all the data we uploaded is correct. After your full review of the application there will be an automatic page looking for you to approve and submit it to Zurich. You will receive your PRSA policy documents from Zurich by post and Zurich will set up access for you to view all your PRSA details on their secure client portal.

From time to time, we would like to contact you to keep you up to date with news and offers from Zurich Life and those of the Zurich Group or third parties that we recommend. If you are happy for us to do this, please choose how you would like us to contact you.
For news, updates and offers from Zurich Life by:
Post Email Phone Text/Digital message
For news, updates and offers from the Zurich Group or third parties by:
Post Email Phone Text/Digital message
If at any time you would like to change your preferences or remove your permission, all you need to do is contact us by phone on 01 799 2711, by email at customerservices@zurich.com, or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.
Plan Details
Is this a salary deducted or employer paid contribution?* No Yes
or
Is this a PRSA AVC? No Yes
First Name Surname
Date of Birth Retirement Age
Policy Start Date**
(first of the month)
Note:
*An application is deemed to be salary deducted/ employer contribution if all contributions either employee or employer are remitted from an employer's bank account. The contract start date will be the 1st of the month following the month of the first payroll deduction.
**For salary deducted cases, please note a policy start date assumes a prior month deduction from salary and/or contribution from employer through payroll. Example: A policy start date of 1st of November is in respect of October payroll

Contribution Details		
Regular Contribution	€	Pay less than €500 a month, You will receive 100% allocation for the life of the PRSA and Zurich's annual management
Payment Frequency	Monthly	charge will be 1%. Pay more than €500 a month, You will receive 100%
Method of payment	Direct Debit	allocation for the life of the PRSA and Zurich's annual management charge will be 0.75%.
Indexation required	No Yes	Lump sum Min of €5,000, max age at start of 63 next birthday and a min term of 5 years, will receive 100% allocation for the
Once off contribution	€	life of the PRSA.and Zurich's annual management charge will be 0.75%.
Method of payment	Bank Draft Che	eque Electronic Fund Transfer
Once off contribution basis	Personally paid cor	ntribution
	Employer paid/Sala	ary deducted
Start Date: Please note if single premium only, the commencement date will be the latter of the date of receipt of funds or valid fund choice received.		
Office Use Only		
RS Code / Structure		
Deulesemente		
Replacements Does this policy replace an existing policy, in whole or in part?		
Not a replacement Replacement of Zurich Life policy Replacement of other		
If this policy is a replacement of a Zurich Life policy,		

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. Default Investment Default Investment Which Default Investment Strategy OR Strategy (Approved Retirement Strategy (Annuity) do you wish to follow? Fund [ARF]) OR **Option 2** Fund Choice If you wish to make a selection below, please **DO NOT** complete the Default Investment Strategy section above. You may choose to invest in a maximum of 10 funds. Regular Single **Fund Name** Contribution Contribution Prisma Low % % % % Prisma 2 Prisma 3 % % Prisma 4 % % Prisma 5 % % Prisma Max % %

Personal Details	
Mr Mrs Ms First Name	
Surname	
Marital Status Married/Civil Partner Single Separated Widow	/(er) Divorced/Former Civil Partner
Date of Birth	
Date of Birth Evidence Birth Cert Passport Drivers License Other	
DOB Source of (Please attach evidence Evidence Number proof of date of birth)	e of birth cert, passport, driving license as
Gender Male Female	
PPS Number	
Source of PPS Number	
P60 Payslip Tax Cert Revenue Correspondance	Other
Country of Residency	
Eircode	
Residential Address	
Country of Nationality	
Type of Address PO Box Care of Standard address	
If the answer above is 'PO Box' or 'Care of', please confirm reason	
In between living arrangements Travelling Moving country Other	er
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 Pleas speci	
OR B. Not Employee Agricultural Self-employed Other Self-employed Special Self-employed	
OR C. Not Economically Active/Unemployed	
Total €	Please indicate the total earnings (e.g. gross
earnings	salary plus overtime) that you derive from the occupation shown above).

Note:

Please see below for definitions of these terms.

Politically Exposed Person (PEP) or Relative or Close Associate (RCA) of a PEP

Are you (or have you been within the last 12 months), a PEP or a RCA of a PEP?

Yes

No

Who is a Politically Exposed Person (PEP)?

A 'Politically Exposed Person' means an individual who is, or has at any time in the preceding 12 months been, entrusted with a prominent public function, (but not including any middle ranking or more junior official) and performs one of the following roles:

- a head of state, head of government, government minister or deputy or assistant government minister.
- a member of a parliament or a similar legislative body.
- · a member of the governing body of a political party.
- a member of a supreme court, constitutional court or other high level judicial body whose decisions, other than in exceptional circumstances, are not subject to further appeal.
- a member of a court of auditors or of the board of a central bank.
- an ambassador, chargé d'affairs or high-ranking officer in the armed forces.
- a director, deputy director or member of the board of, or person performing the equivalent function in relation to, an international organisation.
- a member of the administrative, management or supervisory body of a state-owned enterprise.

Who is a Relative of a PEP?

- · any spouse of the politically exposed person.
- any person who is considered to be equivalent to a spouse of the politically exposed person under the national or other law of the place where the person or politically exposed person resides.
- · any child of the politically exposed person.
- · any spouse of a child of the politically exposed person.
- any person considered to be equivalent to a spouse of a child of the politically exposed person under the national or other law of the place where the person or child resides.
- · any parent of the politically exposed person.
- any other family member of the politically exposed person who is of a prescribed class set out by the Department of Finance.

Who is a Close Associate of a PEP?

- any individual who has joint beneficial ownership of a legal entity or legal arrangement, or any other close business relations, with the politically exposed person.
- any individual who has sole beneficial ownership of a legal entity or legal arrangement set up for the actual benefit of the politically exposed person.

Contact Details		
Mobile Contact Number		Mobile number and Email address are compulsory as they will be used for the online approval process.
Email Address		
	Policy Information	
	otoile of vour policy (including	
You can look up d	etails of your policy (including	a daily updated value) online at the Client Centre on our website.

Premium payment details (ONLY APPLICABLE FOR SINGLE CONTRIBUTION POLICIES PAID BY YOU OR BY A 3RD PARTY)

Note:

Under the Criminal Justice (Money Laundering and Terrorist Financing) Acts, Zurich Life is required to obtain certain documentation and information about you, the method of payment being used and the origin of the funds used to pay the premium. Further information may subsequently be requested.

Who is paying the premium? Personal Payment 3rd Party If 3rd party, please provide the third party details below			
Third party pa	Third party payor details (If applicable)		
Please complete	e if third party payor is a person		
First Name		Surname	
Gender	M F	Country of Residence	
Residential Address			
Nationality		Type of PO Box Care of Standard	
Relationship to policy owner			
Please complete	e if third party payor is a Company		
Company Name			
Country of Residence			
Address			
Country of Incorporation			

Regular Premium payment details (ONLY APPLICABLE FOR REGULAR PREMIUM POLICIES)

Direct Debit colle	ction date 1st 7th 15th
Account Holder Name	
IBAN	

Employer and Salary Deduction details (ONLY APPLICABLE FOR SALARY DEDUCTED/ EMPLOYER CONTRIBUTION POLICIES)

Note:

Please complete in BLOCK CAPITALS.

Company Name	
Country of	
Incorporation Country of	
Residence	
	If Country of Residence is outside of Ireland, please confirm the following:
	Is the employee paid in euro in Ireland? Yes No
	Is the employee taxed via PAYE Schedule E? Yes No
	Is the bank account from which payments will be deducted held in euro? Yes No
	Is the bank account from which payments will be deducted SEPA reachable? Yes No
	Can the bank account from which payments will be deducted facilitate direct debit deductions? Yes No
Eircode	
Business Address	
Contact Name	
Office Number	
	Mobile number and E mail address are
Mobile Number	compulsory as they will be used for the
Email Address	online approval process.
Person Authorised	to Sign on Behalf of the Employer
	details of the person who is authorised to sign on behalf of the employer. This should be a
company director o	or someone that has been authorised by a resolution of the company to act on its behalf.
Authorised Signatory	
First Name	
Authorised Signatory Surname	
Mobile Number	Mobile number and E mail address are compulsory as they will be used for the
Email Address	online approval process.
Regular PRSA Con	ntribution (per salary payment frequency above) % of salary Once-off PRSA Contribution
Your regular contribution	€ OR % Your once-off contribution €
Your employer's	Your employer's
regular contribution	once-off contribution
Total	€ OR % Total €

Transfer payment details (ONLY APPLICABLE WHERE POLICY IS EXPECTING A TRANSFER PAYMENT).

Life insurance company	Policy number
If the transfer is from a Defined-Benefit or Define	d-Contribution scheme, please confirm the following:
Has the scheme been wound up? Yes No	
Please note that if the scheme has been wound up, thi scheme either in the form of a letter to Zurich or the R	is confirmation needs to come from the trustees of the evenue confirming the scheme has wound up.
If the scheme has not been wound up, please let us kn	now the following:
Has the client left that employment?	No
ls the transfer value less than €10,000? Yes	No
Is the transfer value in respect of Additional Voluntary	Contributions? Yes No
Does the payment represent a transfer of non-preserve	d benefits? Yes No
Email address of the contact within transferring Life	Insurance Company
Is this transfer the subject of a Pension Adjustment (If yes please supply a copy of the PAO	Order (PAO)? Yes No

AVC details (ONLY APPLICABLE FOR PRSA AVC POLICIES)

	AVC Scheme Details		
	Are you a 20% director Yes No		
	Date of joining employer Total Earnings		
	Gross Salary Current Value of AVCs		
	Please confirm if your current arrangement is Opefined Benefit Opefined Contribution		
	Contribution Details (Only complete if you have selected Defined Benefit above)		
Defined Benefit	Scheme Name Name of Trustee or Administrator Trustee Address		
	Which of the following best describes your current pension arrangement? Public Sector Scheme N60th N80th		
	Contribution Details (Only complete if you have selected Defined Contribution above)		
	Scheme Name		
	Name of Trustee or Administrator		
ution	Trustee Address		
Defined Contribution	Current value of Main Pension Arrangement		
ined	Contribution Basis		
Def	Amount Percentage of Salary		
	Employee €/%		
	Employer €/%		
	As AVCs €/%		
	Details of Previous Pension Benefits - Retained Benefits		
	Do you have pension entitlements from any source other than your main occupational pension? Yes No		
	Normal Retirement Age Current transfer value €		
	Are contributions still being made under the above Scheme/Policy(ies)? Deferred Retirement Benefits		

Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie Zurich Life Assurance plc is regulated by the Central Bank of Ireland.

Zurich Life Assurance plcZurich House, Frascati Road, Blackrock, Co. Dublin, A94 X9Y3, Ireland.

The information contained herein is based on Zurich Life's understanding of current Revenue practice as at October 2023 and may change in the future.



