

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 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 | | |

Monthly premiums are paid by direct debit to Zurich. See page 6 on this application form.

You'll find information on 'Indexation' in Section 6, page 8 of the contract document in your application pack.

One off contributions cannot be paid by direct debit to Zurich. They are normally paid by EFT to Zurich (Details sent to you after your application has been processed). If you prefer to call to Zurich in person you can pay by Bank Draft or Cheque.

Zurich do not allow us to offer any special discounts where a new Zurich PRSA replaces in part or in full an existing Zurich PRSA.

| 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 Ch | neque Electronic Fund Transfer | |
| Once off contribution basis | Personally paid co | | |
| | Employer paid/Sa | lary 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 | | | |
| | | | |
| 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, please specify the policy number(s): | | | |

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])

Option 2 Fund Choice

You'll find information on Option 1

the Default Investment Strategy in Section 7, page 8 of the contract

document in your application pack

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.

OR

| Fund Name | Regular Contribution | Single Contribution |
|--------------------------------|-------------------------|------------------------|
| Prisma Low | % | % |
| Prisma 2 | % | % |
| Prisma 3 | % | % |
| Prisma 4 | % | % |
| Prisma 5 | % | % |
| Prisma Max | % | % |
| Cash | % | % |
| Active Asset Allocation | % | % |
| Cautiously Managed | % | % |
| Balanced | % | % |
| Performance | % | % |
| Dynamic | % | % |
| Long Bond | % | % |
| Dividend Growth | % | % |
| Active Fixed Income | % | % |
| Eurozone Equity | % | % |
| nternational Equity | % | % |
| 5 ★ 5 Global | % | % |
| 5 ★ 5 Europe | % | % |
| 5 ★ 5 Americas | % | % |
| 5 ★ 5 Asia Pacific | % | % |
| Asia Pacific Equity | % | % |
| Medium Duration Corporate Bond | % | % |
| Short Duration Corporate Bond | % | % |
| otal | 100% | 100% |

| Personal Details | |
|---|--|
| Mr Mrs Ms First Name | |
| Surname | |
| Marrital Status Married/Civil Partner Single Separated Wi | idow(er) Divorced/Former Civil Partner |
| Date of Birth | |
| Date of Birth | ect and write in your driving licence / umber below. n evidence of your date of birth for example a |
| | passport or driving license. |
| 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 |
| Occupation (please tick one) A. Employee Manager, professional, technical and administrative | re Clerical and secretarial |
| Personal and protective service Trades, craft and other related | Plant and machine operatives |
| Other | Please pecify |
| OP P Not Employee | lease pecify |
| OR C. Not Economically Active/Unemployed | |
| Total € | Please indicate the total earnings (e.g. gross salary plus overtime) that you derive from the |
| earnings | occupation shown above). |

Total earnings is to see if the contributions are from Net Relevant Earnings and the percentage of the contribution to see if proof of PPSN is required.

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?

)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 | | | |
| Web Access to Policy Information | | | |
| You can look up details of your policy (including a daily updated value) online at the Client Centre on our website. | | | |
| Do you wish to reg | gister for the Client Centre? | Yes No | |

One off Contribution payment details

(ONLY APPLICABLE FOR ONCE OFF 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.

One off contributions cannot be paid by direct debit to Zurich. They are normally paid by EFT to Zurich (Details sent to you after your application has been processed). If you prefer to call to Zurich in person you can pay by Bank Draft or Cheque.

| 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 | $\bigcirc M \bigcirc F$ | 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)

Monthly premiums are paid by direct debit to Zurich.

Please double check the IBAN is correct.

| Direct Debit collection date 1st 7th 15th | | | |
|---|--|--|--|
| Account Holder Name | | | |
| IBAN | | | |
| | | | |

If your employer does not operate a salary deduction scheme for Zurich then on receipt of your application we will send the employer a form called a Letter Of Appointment. The employer completed the form and scans it back to us.

Page 7 is only for Employer and Salary Deduction applications (ONLY APPLICABLE IF YOUR EMPLOYER AGREES TO DEDUCT CONTRIBUTIONS FROM YOUR SALARY)

| Company Name | | |
|---|---|--|
| Country of Incorporation | | |
| Country of Residence | | |
| . 100.000.100 | If Country of Residence is outside of Ireland, ple | ease confirm the following: |
| | Is the employee paid in euro in Ireland? | s No |
| | Is the employee taxed via PAYE Schedule E? | es No |
| | Is the bank account from which payments will be de | ducted held in euro? Yes No |
| | Is the bank account from which payments will be de | ducted SEPA reachable? Yes No |
| | Can the bank account from which payments will be ded facilitate direct debit deductions? Yes No | lucted |
| Eircode | | |
| Business Address | | |
| Bacilloco / ladicoco | | |
| | | |
| Contact Name | | |
| Office Number | | |
| Office Number | | |
| Mobile Number | | Mobile number and E mail address are |
| | | compulsory as they will be used for the online approval process. |
| Email Address | | offinic approval process. |
| Person Authorised | to Sign on Behalf of the Employer | |
| | | habalf af the annulance This about the a |
| | details of the person who is authorised to sign on or someone that has been authorised by a resolution | |
| | | |
| 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 Cor | ntribution | Once-off PRSA Contribution |
| Your regular | | Your once-off |
| contribution | € | contribution |
| Your employer's regular contributior | | Your employer's € |
| Total | € | Total € |
| | | |

Person Authorised to sign -Usually the HR person or someone in Finance organises this authorised signatory. Note the importance of that persons mobile phone number which is only used so the PRSA can be approved.

Your employer deducts premiums at the agreed frequency from your salary. Zurich collects premiums from your salary on a monthly basis.

Page 8 is only for PRSA AVC applications

| | 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 | Defined Benefit Defined 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 | t nension arrangement? | |
| | Public Sector Scheme N60th N80 | | |
| | | | |
| | Contribution Details (Only complete if you l | nave selected Defined Contribution above) | |
| | Scheme Name | | |
| | Name of Trustee or Administrator | | |
| | Trustee Address | | |
| | Current value of Main Pension Arrangement | | |
| | Contribution Basis | | |
| <u> </u> | Amount Percentage of Salary | | |
| | Employee €/% | Monthly Annually | |
| | Employer €/% | Monthly Annually | |
| | As AVCs €/% | Monthly Annually | |
| | Details of Previous Pension Benefits - Reta | ined 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 S | Scheme/Policy(ies)? Yes No | |
| | Deferred Retirement Benefits | | |

Contribution details -Your HR department will have this or you may have a copy of an annual benefit statement

Current Value of main Pension arrangement - Most companies have an online facility so you can view your pension values. If this is not available, you can ring your customer services department to obtain details.

Details of previous pension - If you had a previous pension then you can either ring the provider or check your annual benefit statement.

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.



