

# Standard PRSA

## Individual

**Please send to:**  
ZST7@zurich.com or

**or Post to:**  
Service Team 7,  
Zurich Life, Frascati  
Road, Blackrock,  
Co. Dublin.

A.P. Plan Type  
(office use only)

S.P. Plan Type  
(Office use only)

Intermediary Name

LA BROKERS LTD

Intermediary Number

0 0 9 2 8

Financial Advisor  
Name

John Geraghty

**Note:** This application form should be used by employees who are members of an existing Occupational Scheme, and who wish to make Additional Voluntary Contributions on a standalone basis via a PRSA. It should not be used if the AVCs are to be arranged under the rules of an existing occupational or statutory pension scheme.

**Note:**  
Please complete in  
BLOCK CAPITALS.



### Personal Details of PRSA Contributor

Mr

Mrs

Ms

Forename:

Surname:

Address:

Date of Birth:



Source of Evidence\*

\*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.

PPS Number:



Source of PPSN\*

Civil Status:

Single

Married/Civil Partner

Separated

Widow(er)

Divorced/Former Civil Partner

Sex:

Male

Female

Contact Number

Email

Nationality

Country of Residence

Are you a 20% Director?

Yes

No

Selected Retirement Age

**Occupation** (please tick one)

#### A. Employee

Manager, professional technical and administrative

Clerical & secretarial

Personal & 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

**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'.

### Special Instructions

Please post policy documents direct to client.

**B Web Access to PRSA Information**

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

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 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, € 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.

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
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**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

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

## 2 Salary Deduction/Employer Contribution (continued)

### Regular PRSA Contribution (per salary payment frequency above)

### Once-Off PRSA Contribution

	€	OR	% of salary	%		€
Your regular contribution					Your regular contribution	
Your employer's regular contribution					Your employer's once-off contribution	
<b>Total</b>						

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 payment from another pension arrangement? Yes No

Signature of Employer

Date

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)

Date

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.



**Employer:**

Please sign and date.

## D 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)

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.

Signature of PRSA Contributor

Date

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

<b>Fund Name</b>	<b>Single Contribution</b>	<b>Regular Contribution</b>
Prisma <b>2</b>	%	%
Prisma <b>3</b>	%	%
Prisma <b>4</b>	%	%
Prisma <b>5</b>	%	%
Prisma <b>6</b>	%	%
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	%	%
<b>Total</b>	<b>100%</b>	<b>100%</b>

**Note:**  
Part A and B of this  
declaration must be  
signed.

## **E** Declarations **Part A**

### **(i) Data Protection Notice**

Zurich Life Assurance plc ('Zurich Life', 'we', 'our') is a member of Zurich Insurance Group ('the Group'). Zurich Life is the data controller for this contract under data protection legislation. Our Data Protection Notice ('Notice') for this product is detailed at the end of this form. Please read this carefully.

By signing this form I confirm that I have read and understood the Data Protection Notice.

I authorise the Department of Employment Affairs and Social Protection or the Revenue Commissioners to advise Zurich Life of my most recent address on their records at any future time.

### **(ii) Marketing Preferences**

In the future, we may have offers and news that we would like to share with you about our products and services and those of the Group or third parties. Please let us know your marketing preferences below:

1. I **do not** want to receive information about Zurich Life products and services by:

Post      Email      SMS text message

2. I **do** want to receive information about Zurich Life products and services by:

Phone

3. I **do** want to receive information about Group or third party products and services by:

Post      Email      Phone      SMS text message

If you wish to change your preferences you can 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.

### **(iii) Taxes Consolidation Act, 1997**

I understand that no benefit under the contract(s) shall be capable of being surrendered, assigned or commuted except as provided by Part 30 of the Taxes Consolidation Act, 1997 - Chapter 2A, Section 787K and Chapter 4, Section 790D.

### **(iv) Consumer Disclosure**

I confirm that I have received the relevant Customer Guide(s) and that the Customer Guide(s) has been fully completed by my Financial Advisor.

Does this policy replace an existing policy(ies), in whole or in part?      Yes      No

If YES, and that policy is a Zurich Life policy(ies),  
please specify policy number:

**Warning: If you propose to take out this policy in complete or partial replacement of an existing policy, please take special care to satisfy yourself that this policy meets your needs. In particular, please make sure that you are aware of the financial consequences of replacing your existing policy(ies). If you are in doubt about this, please contact your insurer or Financial Advisor.**

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 agree to Zurich Life's requesting information from the Trustees and/or my Employer so that required calculations of maximum benefit can be made.



**PRSA  
Contributor:**

Please sign and date.

Signature of PRSA Contributor

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.



**Financial  
Advisor:**

Please sign and date.

Signature of Financial Advisor

Date

## Data Protection Notice

### About this Notice

Everyone has rights with regard to the way in which their personal data is handled. During the course of our activities we will collect, store and process personal data about you. The purpose of this Notice is to set out some information on the collection and processing of your personal data. Further information can be obtained in our Privacy Policy which is available at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

### The Data we collect

We collect the following personal data ('Data') from you (unless you are a member of a group scheme, in which case we may collect the Data from your employer or the trustee of the scheme):

- **Contact and identifying information** such as title, name, address, email, telephone number, gender, marital status, date of birth, occupation, PPS number, nationality, country of residence and photographic identification. We require this Data to identify you, contact you, conduct a suitability assessment (in the event of a sale via a financial advisor employed by or tied to Zurich Life), to fulfil our contract with you and to comply with legal obligations (e.g. performance of anti-money laundering checks). For investment products we also collect your US citizen status and your Tax Identification Numbers from other countries (if applicable) which we require to comply with Revenue law. If you are a member of a group scheme, we may also collect your employer's details.
- **Financial information** such as bank details, credit/debit card details (where needed) and income details (where applicable). We require this Data so we can assess the premium to be paid, to fulfil our contract with you and to comply with legal obligations.
- **Medical condition and health status** for protection products and some pension and investment products which also offer life and serious illness benefits, we collect medical information relating to: personal habits (e.g. smoking or consumption of alcohol), prescription information and medical history. For pension products we may collect disability information (e.g. if you apply for an early retirement due to ill health). We require this Data so that we can fulfil our contract with you.
- **Other sensitive information** - in certain cases, we may receive sensitive information from which it may be possible to infer your trade union membership, religious or political beliefs (e.g. if you are a member of a group scheme through a professional, trade, religious, community or political organisation). In addition, we may obtain information about your criminal record or civil litigation history in the process of preventing, detecting and investigating fraud. We may obtain your PEP (politically exposed person) status, which is necessary for compliance with anti-money laundering legislation.

### Data collected from third parties

We may collect Data from third parties if you engage with us through a third party e.g. through a financial broker/advisor or, in the case of a group scheme, through your employer. We do this in order to fulfil our contract and provide services to you. We may also obtain Data from third parties so that we can assess a claim.

### What do we do with your Data?

We collect and process this Data to manage and administer our relationship with you. We may use, process and store the Data, for the following purposes:

- Risk evaluation, product suitability, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, to provide annual statements, to create trustee annual reports (in the context of group schemes), for statistical evaluation, for survey purposes or to otherwise ensure the Group service delivery. Zurich Life or other members of the Group may contact you in connection with these purposes. We do this in order to provide you with the services for which you have contracted with us.
- We may check the Data you have provided against international/economic or financial sanctions laws or regulated listings to comply with legal obligations (e.g. anti-fraud and anti-money laundering requirements) or otherwise to protect our legitimate interests and/or the legitimate interests of others.

### Sharing of Data

In order to provide a seamless service, we may share your Data (where appropriate):

- With other companies in the Group such as branches, subsidiaries, affiliates within the Group, partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA').
- If you apply for, or purchase, one of our products through a financial broker/advisor or another third party (e.g. your employer if you are a member of a group scheme), we will, as appropriate, correspond with that third party in relation to your products: this may result in us sharing your Data with that third party.
- Without your consent or without consulting you, when we believe that it is appropriate to comply with our legal obligations, a Court Order or to cooperate with State bodies (e.g. Revenue, the Central Bank, The Pensions Authority and law enforcement agencies).
- On the sale, transfer or reorganisation of our or our Group's business (or any part of it).
- With business partners, suppliers and sub-contractors with whom we work and/or engage (e.g. auditors, cloud service providers, medical professionals, third-party claim administrators and outsourced service providers) to assist us in carrying out business activities which are in our legitimate business interest and where such interests are not overridden by your interests.
- In order to enforce this Notice or other legal rights, to protect the security and safety of others, and to prevent fraud.

For further information with respect to the third parties that we may share Data with, please see our Privacy Policy which is available at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

Continued overleaf

### **Data Protection Notice (continued)**

Where transfers take place outside the EEA, we ensure that they are undertaken lawfully and in accordance with appropriate safeguards. Data may be transferred to, and stored in Switzerland, which is outside the EEA but for which there is an adequacy decision relating to the safeguards for Personal Data from the European Commission. Data may also be transferred to, and stored in India, which is outside the EEA and for which there is no adequacy decision relating to the safeguards for Personal Data from the European Commission. Accordingly, appropriate safeguards have been put in place to protect your Data in the event that it is transferred to and stored in India. You may obtain a copy of those safeguards by contacting our Data Protection Officer.

If you have any questions about your Data, you can contact our Data Protection Officer, free of charge, using the contact details below.

#### **Marketing**

Depending on the marketing preferences you have expressed in any application forms for our products or services, we may send you details of offers and news that we would like to share with you. Please note that you have the right to change your preferences at any time by contacting us by phone on 01 799 2711, by email at [customerservices@zurich.com](mailto:customerservices@zurich.com), or by writing to Customer Services, Zurich Life Assurance plc, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

#### **Data Retention**

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or permitted. For more detail, see our Data Retention Policy at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

#### **Data Subject Rights**

You have the following rights in relation to your Data which is held by Zurich Life:

1. To ask for details of your Data held by us.
2. To ask for a copy of your Data.
3. To have any inaccurate or misleading Data rectified.
4. To have your Data erased.
5. To restrict the processing of your Data in certain circumstances.
6. To object to the processing of your Data.
7. To transfer your Data to a third party.
8. A right not to be subject to automated decision making.
9. The right to receive notification of a Data breach.
10. Where processing is based on consent, the right to withdraw such consent.
11. The right to lodge a complaint to the Data Protection Commission.

If you wish to avail of these rights, a request must be submitted in writing to our Data Protection Officer. In order to protect your privacy, you may be asked to provide suitable proof of identification before we can process your request.

Our Data Protection Officer is contactable by phone, email, or post via:

- Zurich Life Customer Services on 01 799 2711
- [dataprotectionofficer@zurich.ie](mailto:dataprotectionofficer@zurich.ie)
- Data Protection Officer, Zurich Life, Zurich House, Frascati Road, Blackrock, FREEPOST, Co. Dublin.

#### **Privacy Policy**

Please note that this Notice is not a stand-alone document and should be reviewed in conjunction with our Privacy Policy which is available at [www.zurich.ie/privacy-policy](http://www.zurich.ie/privacy-policy).

## SEPA Direct Debit Mandate

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)

X

X



**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.

Please Return to:

Creditor Name

ZURICH LIFE ASSURANCE PLC

Creditor Address

ZURICH HOUSE, FRASCATI ROAD, BLACKROCK  
CO. DUBLIN, IRELAND

Type of Payment

RECURRENT

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.zurich.ie](http://www.zurich.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 2018 and may change in the future.

Intended for distribution within the Republic of Ireland.

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