

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

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This data capture form is NOT an application form and should not be sent to Zurich Life for input. Information which you, the customer, provide in this form will be input by your Financial Advisor (on your behalf and with your authority) in an online application form. The information provided in the online application form will be relied upon by Zurich Life. Before the application is submitted to Zurich Life, you will be asked to confirm that you have answered all questions honestly and with reasonable care. You will also be required to digitally sign the Consumer Declarations including: (i) the Contract Declaration, (ii) the Data Protection Notice, (iii) the Marketing Preferences, and (iv) the Customer Disclosure.

Marketing Preferences

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

€

LABrokers monthly >€500 = AMC 0.75%. < €500 month AMC = 1%. All cases the allocation is 100%.

Payment Frequency Monthly

Method of payment Direct Debit

Indexation required No Yes

Once off contribution

€

One off contribution it is 100% allocation and a 1% amc

Method of payment Bank Draft Cheque Electronic Fund Transfer

Once off contribution basis Personally paid contribution

Employer paid/Salary 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

LABrokers monthly >€500 = AMC 0.75%. < €500 month AMC = 1%. All cases the allocation is 100%. One off it is 100% allocation and a 1% amc

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])

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.

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	%	%
International 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	%	%
Total	100%	100%

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 Evidence Number

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 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

Total earnings Please indicate the total earnings (e.g. gross 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'affaires 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

Email Address

Email address & mobile contact number are compulsory as they will be used for the online approval process.

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 register for the Client Centre?

Yes No

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 payor details (if applicable)

Please complete if third party payor is a person

First Name Surname
Gender M F Country of Residence
Residential Address
Nationality Type of address PO Box Care of Standard
Relationship to policy owner

Please complete 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 collection 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 Email address & mobile contact number are compulsory as they will be used for the online approval process.

Email Address

Person Authorised to Sign on Behalf of the Employer

Note: Please insert details of the person who is authorised to sign on behalf of the employer. This should be a company director 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 Email address & mobile contact number are compulsory as they will be used for the online approval process.

Email Address

Regular PRSA Contribution (per salary payment frequency above)

Once-off PRSA Contribution

Your regular contribution	€ <input type="text"/>	OR	<input type="text"/>	%	Your once-off contribution	€ <input type="text"/>
Your employer's regular contribution	€ <input type="text"/>	OR	<input type="text"/>	%	Your employer's once-off contribution	€ <input type="text"/>
Total	€ <input type="text"/>	OR	<input type="text"/>	%	Total	€ <input type="text"/>

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 Defined-Contribution scheme, please confirm the following:

Has the scheme been wound up? Yes No

Please note that if the scheme has been wound up, this confirmation needs to come from the trustees of the scheme either in the form of a letter to Zurich or the Revenue confirming the scheme has wound up.

If the scheme has not been wound up, please let us know the following:

Has the client left that employment? Yes No

Is 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-preserved benefits? Yes No

Email address of the contact within transferring Life Insurance Company

Is this transfer the subject of a Pension Adjustment Order (PAO)? Yes No

If yes please supply a copy of the PAO

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 Defined Benefit Defined Contribution

Defined Benefit

Contribution Details (Only complete if you have selected Defined Benefit above)

Scheme Name

Name of Trustee or Administrator

Trustee Address

Which of the following best describes your current pension arrangement?

Public Sector Scheme N60th N80th

Defined Contribution

Contribution Details (Only complete if you have selected Defined Contribution above)

Scheme Name

Name of Trustee or Administrator

Trustee Address

Current value of Main Pension Arrangement

Contribution Basis

Amount Percentage of Salary

Employee €/%

Monthly Annually

Employer €/%

Monthly Annually

As AVCs €/%

Monthly Annually

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)?

Yes No

Deferred Retirement Benefits

Zurich Life Assurance plc

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

Telephone: 01 283 1301 Fax: 01 283 1578 Website: 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 October 2023 and may change in the future.

Intended for distribution within the Republic of Ireland.

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